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:

R. J. I. Bell, S. B. Benton, A. Clark, W. F. Cooper, H. V. Dicks, G. H. Dymond, C. R. M. Greenfield, A. Gross, F. P. Guilfoyle, C. W. Harrison, B. B. Hosford, G. L. C. Jones, R. H. Knight, R. A. V. Lewys-Lloyd, M. Mundy, D. C. Price, J. L. Reeve, O. Richardson, L. F. Smith, H. B. Stallard, G. M. Tanner, R. S. Tooth, E. A. White.

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.

GOULD, H. U., 13, Avenue Elmers, Surbiton (Kingston 1600); and 7, Richmond Road, Kingston-on-Thames.

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.

VOL. XXXIII.—No. 7.] APRIL 1ST, 1926. PRICE NINEPENCE.

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.

We very much regret to announce the death of Joseph Wilson, the Surgery Porter, which occurred in Smithfield Ward, on the 29th March. Wilson was the kindliest of men, and the news of his death will bring a sense of personal loss to the many generations of Bart.'s men who knew him during his twenty-five years' service.

* * *

We congratulate R. J. Brocklehurst, who has been elected to the Radcliffe Travelling Fellowship (University of Oxford). The Fellowship is to be spent in the study of medical science abroad.

* * *

The following prizes and scholarships have been awarded: Luther Holden Scholarship, R. T. Payne, F.R.C.S.; Lawrence Research Scholarship, H. Burt-White, F.R.C.S.; Kirkes Scholarship and Gold Medal, H. P. Gilding; Junior Scholarships in Anatomy and Physiology, (1) A. P. M. Page, (2) A. F. Davy; Foster Prize, A. M. Boyd; Treasurer's Prize, A. P. M. Page; Harvey Prize, C. N. Evans.

* * *

The following men have been nominated to House-Appointments from May 1st, 1926:

Junior House Physicians—	
Dr. Morley Fletcher.	H. A. Clegg.
Sir Percival Hartley.	G. Day.
Prof. F. R. Fraser.	H. V. Dicks.
Sir Thomas Horder, Bart.	W. F. Gaisford.
Dr. Langdon Brown.	H. L. Wilson.
Junior House Surgeons—	
Sir Holburt Waring.	J. R. Smith.
Mr. W. McAdam Eccles.	S. J. P. Gray.
Mr. L. B. Rawling.	M. G. Fitzgerald.
Prof. G. E. Gask.	H. B. Stallard.
Sir C. Gordon-Watson.	J. C. Hogg.
Intern Midwifery Assistant (Resident)	D. A. Brigg.
Intern Midwifery Assistant (Non-Resident)	H. F. Hiscocks.
Extern Midwifery Assistant	D. V. Hubble.* / N. Chilton.†
H.S. to Throat and Ear Departments	H. B. Savage.
H.S. to Ophthalmic Department	J. G. Milner
H.S. to Venereal and Skin Departments	J. E. Church.* / R. S. Johnson.†
H.S. to Orthopædic Department	L. V. Pearson.
Resident Anæsthetists	W. F. Cooper. / R. H. Bettington.

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

OBITUARY.

M. W. B. OLIVER, M.A., M.B., F.R.C.S.

WE much regret to record the sudden and early death of Matthew William Baillie Oliver on February 6th from pneumonia. Born in 1882, he was a descendant of the famous morbid anatomist, Matthew Baillie, M.D., F.R.S. From Cheltenham Oliver went to Trinity, Cambridge, and thence to Bart.'s, where he was Ophthalmic House Surgeon in 1906, later becoming Chief Assistant in that Department and at Moorfields.

While at Bart.'s he was "one of the keenest and hardest-working forwards of the Rugby XV."

In 1914 he obtained the F.R.C.S.(Eng.) diploma. In France he was Temp.-Major R.A.M.C., was mentioned in despatches, and received the O.B.E., and after the war did useful plastic work on the orbit at Sidcup.

Among many subsequent appointments he was Surgeon to the Central London Ophthalmic Hospital.

We publish part of a letter we have received:

"With each generation that comes up to the Hospital for their four or five years, there are sure to be a few men who will continue to be remembered afterwards, and such a one was M. W. B. Oliver. . . . Known by the odd endearment of "Bubbles" to his many friends, it may be truthfully said of him that he never had an enemy. . . . He was often to be seen at the R.A.C. playing a violent game of squash-rackets with more energy than skill, then after swimming a length or two of the bath he would hurry off to some other engagement. Although just past his 44th year, he continued to play games, golf, tennis, squash-rackets and swimming with enthusiasm. It is possible that the strain of this played a part in the fatal termination of his last and only illness. His kindness to all sorts of people was proverbial. . . ."

MYTH, PHANTASY AND *MARY ROSE.**

TOWARDS the end of the last glacial epoch, when civilization was just dawning round the group of Mediterranean lakes, the increasing mildness of the climate wrought an enormous disaster. For the melting ice so raised the level of the ocean that the Atlantic burst through the Pillars of Hercules and flooded these lakes, converting them into an inland sea, overwhelming the inhabitants. Of this there is ample geological evidence. We may justly infer that survivors climbed up on to the higher surrounding ground, for everywhere around that flooded area we find the legend of the Deluge, differing locally according to local experiences. Thus the Greek version differs substantially from the Jewish. I would suggest that some of those survivors, who reached the highlands of Asia Minor and established the Empire of Sumeria, did so by the aid of some primitive raft or boat, accompanied by their domestic animals, and thus gave rise to the story of the Ark.

* Being part of a lecture delivered to the Abernethian Society.

The first point I wish to make, at any rate, is that behind the myth there is generally a fact, mingled with a phantasy. The next is that myth is particularly apt to arise at some time of national danger and distress, when men's imaginations are keenly aroused. Such myths may be more potent when tradition is oral and not written, yet remembering such recent history as the Great War, one hesitates to affirm so much. For in a sceptical age, amid the clamour of the daily press, arose such legends as the Angels at Mons, the Russians pouring from Archangel through England on their way to the Western front, and Kitchener resurgent from the sea as Kerensky or Korniloff—it mattered little which.

The Greeks were the greatest of myth-makers, just because they had the gift of a supreme literary style, which has ensured the permanence of their legends. But it has been left to the present generation to exhume the historical basis of those myths which had been in existence for 3000 years. Excavations at Crete, Mycenæ and Troy have revealed indisputable evidence that the stories of the Greek Heroes symbolize and epitomize the struggles between the older Minoan civilization in the south and the invaders from the north. In this way arose such myths as the Minotaur. The bull was the national symbol of Crete, and the excavation of the palace of Cnossus has revealed his emblems everywhere; the whole palace is his labyrinth. The Athenians represented him as a cruel monster, demanding every seventh year his toll of Athenian youths and maidens. This merely means that for a time the Cretans levied tribute on the Athenians. The story of the Argonauts represents the efforts of the invading races from the North to trade and colonize along the Dardanelles and up to the Black Sea, which followed the destruction of the Mycenean civilization of Troy. The fight between Pallas Athene and Poseidon to decide who should be the tutelary deity of Athens has a similar significance, for Poseidon as the Sea King represented the naval power of Crete, and his defeat by Athene symbolizes the waxing of Athenian power.

We must always remember that between the earlier Minoan or Mycenean civilization and the classical age of Greece there was a gulf as deep and as dark as that which separates the fall of Rome from modern civilization. In that dark interval, the author, or, more probably, authors of the Homeric poems sang of glories they had never seen. That this earlier civilization was of a high grade we have abundant evidence in their palaces, their jewels and pottery. Their women folk wore a costume remarkably like that worn about thirty years ago, fitting tightly round the waist, and below this a bell skirt with about five rows of flounces. Their sanitation was admirably modern. But by 1000 B.C. all this had perished, and when the author of the *Odyssey* describes the return of Ulysses to his ancestral home we read of his faithful dog lying on a dung-heap before the front door of his palace; he tells us that Nausicaa, a King's daughter, was doing her own laundry work. The people of Homer's time had no idea of the style in which their predecessors had lived; they figured them as living under the simple conditions that they themselves knew, merely exaggerating the size of things. Just so Daisy Ashford in *The Young Visitors* pictured a peer living in "compartments" in the Crystal Palace, with strawberry ices for staple diet. The imaginings of primitive people and of childish minds are remarkably similar. But the important thing for us to realize is that these myths are based on facts and distorted by phantasy, just as the stories children make up are based on their own experience, similarly distorted. It has been well said that the dream is the myth of the individual life, and the myth is the dream of the national life. Certain it is that the dream assumes special intensity and significance when conflict occurs within the individual, just as the myth most readily springs out of national conflict.

Phantasy is a day-dream, arising like the ordinary dream out of the unconscious, and, like it, is often aroused by internal conflict, expressing unfulfilled desires. "Man is essentially an image-maker, but it is his human prerogative. In most animals, who act from what we call instinct, action follows on perception mechanically with almost chemical swiftness and certainty. In man the nervous system is more complicated; perception is not instantly transformed into reaction; there seems to be an interval for choice. It is just in this momentary pause between perception and reaction that our images, *i. e.* our imaginations, our ideas, in fact our whole mental life is built up. We do not immediately react, *i. e.* we do not immediately get what we want, so we figure the want to ourselves—we create an image. If reaction were instant, we should have no image, no representation, no art, no theology. In Greek mythology we have enshrined the images fashioned by the most gifted people the world has ever seen, and these images are the outcome, the reflection of that people's unsatisfied desire" (Jane Harrison).

It follows that in works of imagination we are very likely to find traces of the unconscious mind of the author, and that these are likely to appeal to a wide audience in proportion to the extent they resume and symbolize things of universal experience. Some of them, like Stevenson's *Dr. Jekyll and Mr. Hyde*, are admitted to have originated in a dream. This particular story shows another characteristic of a dream—the condensation of two characters into a single

personality. Sir D'Arcy Power tells me that Dr. Jekyll is a composite portrait of the late Dr. Radcliffe, of Cavendish Square, a man of fine presence, whose whole appearance was at times transformed by anger, and the late Dr. Anstie, of Welbeck Street, who was always experimenting on himself with drugs.

But I think that phantasy from the unconscious is a more common origin of imaginative works than dreams. Anthony Trollope did his own reputation as a novelist enormous harm by representing his writing as a purely business task which regularly followed his breakfast and his morning pipe. Much of his work is, in my opinion, of too subtle a character to make this likely; but the public resentment of such a mechanical origin was based on a sound if unrecognized feeling that this is not the way that literature is produced. That many novels can be thus written I am fully prepared to believe, but not Trollope's.*

That novelists may fail to recognize the source of inspiration in their own unconscious was demonstrated to me by a friend of mine, a woman novelist. To anyone who knew her upbringing and her family environment her reaction to them is sufficiently obvious in her stories, but she herself indignantly and, I believe, sincerely denies that any of her characters are drawn from life. She wrote to her sister saying that she hoped she did not think that a certain character was her portrait, as had been alleged. Her sister very neatly replied: "My dear, I am much too conceited to see myself in any of your stories." Yet to me the portrait seemed life-like.

Schubert said: "My music is the product of my pain—and that which has cost me the most pain to produce the world seems to have the most pleasure in listening to." His "Unfinished Symphony" is an obvious example of this, and the fact that it is unfinished expresses his failure to resolve the conflict it describes. Mr. Baldwin's striking description of "the drum-taps of destiny" in Beethoven's fifth symphony illustrates the same idea, but here the composer escapes from the mocking goblin music of the third movement into the triumphant finale.

For the physiologist, then, imaginative works of art spring from a failure of conditioned reflexes to achieve their purpose, and for the psychologist they express internal conflict. They are a house of defence. I have said elsewhere that the difference between a machine and a man lies in this. The more complicated the former is the more completely can it be arrested by a trivial defect, while a man confronted by obstacles which may appear overwhelming and crushing to the outsider, can turn them to advantage and make something fine out of his very difficulties. The satisfied man is not likely to be an artist. Morley Roberts has openly declared that his novels spring from dissatisfaction. The old wish, "Oh that mine enemy would write a book," assumes a new meaning now that the psychologist has provided us with a key which unlocks many things which the author imagines are safely hid. And I maintain that for the doctor to regard novels from this point of view is not merely playing the part of Peeping Tom. On the contrary, it will often help him to divine the hidden or unconscious motives in his patients and their friends in a way which will materially increase the usefulness of his work.

The old psychology started from the premise that man is a rational being, while the new merely regards him as in the process of becoming so. Consequently the old psychology conspicuously failed to help medicine, whereas the new is already fruitful in results. Yet the old Stoic philosophy had the root of the matter in it, for, as Gilbert Murray tells us, "Stoicism does not really make reason into a motive force. It explains that an impulse of physical or biological origin rises into the mind, prompting to some action, and then reason gives or withholds its assent." Unfortunately reason is not always a sufficiently powerful censor. H. G. Wells put it forcibly when he said: "The substance of man is ape still. He may carry a light in his brain, but his instincts move in the darkness. Out of the darkness he draws his motives."

The new psychology is in effect based upon the old biological law of recapitulation. Every animal has to climb up his own genealogical tree, and the higher he climbs the more difficult this becomes. Every step in development demands some break with the past. If we retain some atavistic trait this step may be impeded or impossible. The child with congenital heart disease can lead a normal intra-uterine existence, but the first breath he draws as a separate individual brings him up sharply against his incapacity. It is the same with his psychological development. To see things as they are is the task of growing up. To a certain extent we all tend to grow up in patches. Sir Arthur Keith has recently made the profound remark that the tendency to carry youthful characters into adult life has played a large part in the evolution of human races. He was speaking at the time of the variations which differentiated man from the anthropoids, and which first appeared in fœtal or young apes; but, like many of his remarks, it has a much wider application. This power of carrying youthful characters into adult life turned an ape into a man, but just as it may be a source of strength, so it

* Here the lecturer interposed a quotation from E. F. Benson, in which the novelist ascribes to the subconscious mind the origin of some of his creative work.

may become a besetting weakness. Its function is to maintain a plasticity out of which higher characteristics can be moulded; its weakness is that the childish or primitive attitude may persist. As ever, evolution offers a higher or a lower path. Failure to adapt physically leads to disease; failure to adapt psychically lies at the root of much unhappiness. This failure may express itself in one of several forms of atavistic thinking.

Thus under stress of emotion there may be, in effect, a return to the savage's belief in magic. The savage always attributes death to murder or magic. A few years ago a lady had the pleasure of paying £100 damages to her doctor for alleging that he had murdered her husband. A little appreciation of the reality principle would have convinced her that, putting it at its lowest, there are good and sufficient reasons why a doctor would not murder a patient who was a distinguished baronet. That is not the way practices are built up or maintained. The poor lady in the grief of her bereavement reverted to a primitive method of thinking. As recently as Tudor times allegations of poisoning followed every royal death, except where that death was clearly due to the executioner's axe. Well, we have outgrown that stage.

Another atavistic belief is in the omnipotence of thought. The savage believes he has only to want a thing badly enough for it to become true. In the same way the psycho-neurotic easily convinces himself that what he wants has come true, and closes his eyes to anything which would conflict with that idea. Thus he loses touch with reality.

But most commonly we see atavism in the fixation of some childish attitude of mind. What is normal for one epoch of life is abnormal for another. Let me deal with father fixation first. At a certain stage the father represents the idea of omnipotence to the child. "What do you think God is like?" said one little girl to another. "Rather like my daddy," said the other. "Like *my* daddy you mean," was the indignant reply. It is hardly necessary to say that this is a transient phase. The inability of most fathers to live up to such an ideal is too obvious. What is the reaction of a psycho-neurotic who has to face this failure? He very often will not give it up, but concludes that his alleged parent is really not his father. Only someone very much greater could have begotten such a wonderful being as himself. Thus, for Alexander the Great, not even Philip of Macedon was distinguished enough for a father, and he came to believe that he was the son of the god Ammon-Ra. In milder degrees such phantasies are quite common. Take one which came to my notice. A foundling grew up to be a gardener and married one of the servant-maids of the house. Their child was given a very good start by her employers, who thought highly of her. He rose to a successful position in the City, and then became convinced that his unknown grandfather must have been a very distinguished person. He pitched on the most aristocratic family in the neighbourhood where his childhood was spent, convinced himself that one of them was his grandfather, and to this day actually uses their family crest as his own!

But the next stage in evolution was the father as "the old man of the tribe." Fixation at this stage of thought produces a more unpleasant reaction. For the old man of the tribe excited jealousy and rebellion. This jealousy is often seen and may become intense. It is not too much to say that an important factor in exciting the outbreak of the Great War was the jealousy between a megalomaniac father and a degenerate son—surely the most disastrous effect of a reversion to the cave-man's way of thinking that the world has ever seen. Minor degrees of such reactions are quite common, and in many a household there is a veiled and often comparatively harmless conspiracy of the mother and sons against the father, by means of which the old man is successfully fooled.

There is another interesting aspect of the father-complex. Said Voltaire: "God made man in His own image, and man hastens to return the compliment." The disappearance from theology of an angry, jealous Jehovah who had to be placated, and the disuse of the term "God-fearing" as a term of approbation, I attribute to the almost complete disappearance of the autocratic, overbearing Victorian father. His maleficent influence can still be seen, however, in the psycho-neuroses of his unfortunate offspring.

Mother-fixation is another fruitful cause of psycho-neurosis. Dependence on the mother, normal during a certain stage of life, becomes pathological if it persists as the child grows up. Even if he escapes from it, such an individual merely seeks a substitute.

It really seems that the only happy marriage possible for a man in the toils of this complex is with a maternal cousin. Such a union may be very successful; Charles Darwin was an illustrious example of this. The death of the mother does not diminish the fixation; rather, it increases it by attaching to it an immortal memory. I have encountered painful examples of this in my practice, and it is well portrayed in Middleton Murry's novel, *The Things we are*. The cardinal feature has been described as "an inability to adapt to situations requiring any independence of thought and action," but it has many repercussions. Mother-fixation is usually accompanied by more or less of that hostile reaction to the father I have referred to. In girls the position

tends to be reversed—dependence on the father and hostility to the mother. I believe this complex will be found to enter into most cases of anorexia nervosa in girls. And behind anorexia nervosa there is always lurking the shadow of dementia præcox, the most disastrous consequence of a failure to grow up. For all these reactions the parents are probably the most to blame; they may fail to steer the due course between curbing egoism and encouraging independence—not an easy course, as many of you will find within the next ten years. Sooner or later any fixation leads to regression. Life cannot be static; either we must progress or regress. Some animals evade the struggle for existence by degeneration. Regression is the psychological parallel which attends the attempt to escape from reality. Involution is the physical change in old age which brings a mental change with it—that senile obstinacy which, as Clifford Allbutt said, "seems like mellow wisdom to its possessor." But regression is a psychological change which may occur at any age; it leads to a more and more infantile mode of thinking as the retreat from reality increases, till in extreme cases, amounting to dementia, the patient may even adopt the posture of the fœtus *in utero*. For a beautiful description in literature of regression I refer you to Stevenson's *Will o' the Mill*.

(*To be continued.*)

W. LANGDON BROWN.

SOME PITFALLS OF THE FINAL EXAMINATION AND THE FIRST YEAR OF PRACTICE.*

I HAVE chosen for my simple talk with you this afternoon some of the pitfalls of the final examination and some of the pitfalls of the first year of practice.

If, after my address, you have found I have illumined the edge of some of these dark and unknown pits, I shall be ever so pleased to have been of even that service. If you should come to the conclusion you knew of, and have guarded against, any or all of the traps to which I have alluded, I can then but realize you are of sounder common sense than I was nearly forty years ago!

* Being part of an address delivered to fourth and fifth years' students and recently-qualified practitioners at the British Medical Association House on February 25th, 1926.

THE PITFALLS OF THE FINAL EXAMINATION.

Let us start with the pitfalls of the final examination. One of the most profound pitfalls in the final examination is to have forgotten largely the facts imbibed in the preceding three years. Take anatomy, for instance. It is a concrete science in the main, but its details have a very tiresome habit of slipping clean from one's memory, and particularly aggravating is this circumstance when faced with an anatomical problem in the final examination.

I do not think it unwise to advise that two hours should be spent consistently each week on clinically applied anatomy during the fourth and fifth years of the curriculum. And remember anatomy is not only essential for the surmounting of the paths of the final examination, but is equally essential when dealing with the living human subject in practice.

All final examinations have at least two parts—written papers and oral questions and answers, the latter including usually clinical and other practical examinations.

Let us consider the written paper first of all.

It is the means whereby the examiner can estimate the worth of an unseen candidate, who has been, shall we say, calmly and deliberately in the quiet and repose of the examination room putting on paper his ideas of what should constitute an answer to the several questions.

The first pitfall of an examination paper is a failure to grasp fully the questions asked. I have even known an excellent answer on the sheets handed in, but not to any of the questions which appeared on the paper. In other words, the candidate had read the question entirely wrongly. Obviously such a mistake does not lead to any marks, which are essential for success.

The next pitfall is to spend far too long on the answer to a question which happens to be well-known to the candidate. Better, far better, to give a short, concise reply to each of the questions demanding an answer, than a kind of essay on one running to many pages, and to omit any reply to one or even two of the others. Another pitfall is to make your series of answers unattractive to the examiner who has to peruse your writing. Examiners are but human; they get tired like other people; they may have to work against time, and many factors in the manner in which the replies are written will tend to help the candidate to satisfy the one who must be satisfied. Good paragraphing, skilful underlining, even with coloured pencils, simple illustrative drawings and legible writing all make for success.

I have to my cost at 1 a.m., after some hours of paper reading, met the effort of a candidate for the final in the shape of some twenty closely and badly written pages, in which there was no break of any kind, where the reply to the next question began on the same line as the answer to the preceding one! How he passed his previous examinations remains a mystery!!

To learn how to write a paper is truly valuable, and the art is not sufficiently taught in the schools.

Leaving the written paper and coming to the clinical examination, it is important to remember that much store is set by this part of the test, for after all it exhibits how you will examine a patient in practice, and prove or not your ability to draw accurate conclusions from clinical observations.

Do not think that cases for the final examination are selected for their rarity; believe me, most of them for a qualifying examination are of a simple, straightforward nature. To diagnose, for instance, that an irreducible femoral hernia is a lymphangioma is to court disaster. A truly trying pitfall is to examine a difficult child. To cause it to weep may be fateful. Try and gain its confidence before you proceed to examine it for its lesion. How foolish are some candidates when, told to find out whether a child has early tubercle of the right hip-joint, they proceed to handle the affected side before they have fully investigated the sound limb. You can score quite a number of marks by a proper method of investigation, even if you fail to come to an accurate diagnosis.

Always carry the more common instruments for a clinical examination into the room with you, for an examiner will then perceive that you are a forearmed investigator.

For instance, an electric torch is far better than the old-fashioned match. True, the torch in a darkened room will trans-illuminate the palm of the hand, but the match may burn your fingers and the patient's skin.

In a final in surgery you are likely to have a real examination in operative surgery, or the same in dumb show, and either may be disconcerting. Let me give you a few examples of the pitfalls into which I have myself, when an examiner, seen candidates fall. When you have to perform an amputation be sure to bring a saw from the instrument table, for it is very trying when the moment for sawing the bone comes, and your watching examiner remarks, "What is your next step?" and the saw is missing.

I remember casually making this remark to a rather pompous candidate, and I had to give him some marks, for his prompt reply was, "My next step, Sir, would be into the kitchen for the meat-saw!"

Talking of amputations, it is not helpful towards passing the test, or in a living person for the patient, for the flaps to be made on the part which is to be removed. This means a second amputation higher up the limb, a loss to the patient, or an almost certain loss of letters after your name.

I shall never forget another over-careful candidate who showed me the basilic vein which he was going carefully to avoid when told to tie the brachial artery in the middle of the arm. The artery after incision of the deep fascia was retracted outwards with the biceps, causing a fruitless search for the blood-vessel. The perspiring candidate—for it was a hot summer's day—in desperation cut through the deep fascia again now from its deep aspect, and once more exposed the alluring basilic vein, and tied it after all, and departed happily! I gave him some marks for his primary avoidance, but not enough to allow him loose on the public! I am quite certain that in the final examination in both medicine and surgery there should be a test in anatomy, and that test should be on the living subject.

In surgery, a mediocre knowledge of anatomy is often a cause of failure. Here is a pitfall. The candidate is asked, "A man puts his hand through a pane of glass and divides the tendons and nerves on the front of the wrist. How would you distinguish between the severed end of a flexor tendon and the cut surface of the median nerve?" Well, the answer is quite simple provided you have not forgotten the essential anatomy of the part.

One budding medical practitioner who did not have this question put to him in his final shortly after commencing practice sutured the proximal end of a flexor tendon to the distal end of the median nerve, and the functional result was *nil*, but the practical result was an award of £200 damages against him—but that was in the last century. I must now turn to

THE PITFALLS OF THE FIRST YEAR AFTER QUALIFICATION.

Many of you may go into practice either as an assistant to another practitioner, or on your own. The ills to which human flesh is heir are so various, it is a toss-up as to what may be the lesion exhibited by your first patient. But here is a possible primary pitfall. I hope you will forgive the alliteration!

Your diagnosis and treatment of that first patient may literally make or mar your professional career.

Diagnosis is essential to efficient treatment. Diagnosis, at any rate in one's first year, requires full and careful examination. And even in this thorough examination there is a pitfall. Your patient may be averse to it, and think your principal a far more clever practitioner than yourself, because he is able to make the diagnosis without all the "fuss" the patient thinks you are making over it. Still, better to run the risk of

being thought a simpleton than to miss the actual condition from which the patient is suffering. Let me give you an example.

A very well qualified man was called to his first case, an old man of 80, the messenger saying that the patient had "gastritis." He went, found the patient had vomited several times, but the old gentleman said that had happened on several occasions when he had previously had gastritis. He resented even the suggestion of the examination of his gastric area, and so the practitioner merely made a cursory inspection and palpation of the upper abdomen. The patient died two days later, having continued to have the symptoms of the so-called gastritis, but a post-mortem examination revealed a partial enterocele in the right femoral region. Such a condition is assuredly difficult to diagnose, but it is unforgiveable to fail to examine the hernial apertures in every case of quasi-gastritis.

Here is quite another instance of an early pitfall. A young mother, with a first baby, is greatly distressed by the peevishness of her infant, and concludes the cause is "teething," and baby should be helped by the *new* doctor—ever so clever a man by reputation. Alas, the simple question by the mother, "Doctor, which tooth should baby cut first, and when should it come?" floors the young medico, and his hesitation and quibble in reply lowers his prestige to zero, and the "old family doctor" is again called in.

I know another instance in which a practitioner in his first year of practice spoilt his chances of success by real carelessness in using a strong carbolic-acid lotion instead of collodion in covering up a wound of a finger, with resulting gangrene of the digit, with consequent persistent rumours of incompetence and necessity for removal to a new sphere. This type of persecution is, of course, rare, and very hard, but the pitfall which occasions it should be avoided.

Another pitfall which should be known and shirked is the danger of depreciating one's own knowledge and worth. Maintain dignity and position, but with the utmost gentlemanliness and tact.

I can remember two instances in which it was difficult to do so. One in which a fond mother introduced her young medical son to a patient of the firm, the father being away and the son taking his place, with the words, "This is my baby"!

The other in which I took, temporarily, many years ago, my late father's general practice under similar circumstances, and a haughty octogenarian dame greeted me, when at her bedside with my best clinical manner, "Well, young man I knew you when you were in knickerbockers; what can *you* do for me now your father is away?" Fortunately I stood on my dignity, discovered adroitly what my father had been in the habit of doing and of prescribing, and went one better, and gained much *kudos*!

Always avoid the pitfall of masterly inactivity. There is hardly anything a patient or a patient's friends dislike more than a doctor who "does nothing," does not make a diagnosis, does not give any medicine, does not even look at the tongue and count the pulse.

Another pitfall that can be avoided is that of buying a whole mass of unnecessary material at the start of practice. It is astonishing how much money can be expended on impedimenta of the most useless kind. I will only enlarge on some of the points on the surgical side. A good surgeon is the one who can get along with a very few instruments, but those of the best kinds. Instrument makers, of course, have to make a living, but some of them make an extremely good living, because the newly qualified lay in a large stock of all sorts of instruments which they will never have occasion to use.

And there are some just starting who may even be imposed upon and be induced to buy lavishly because told by the seller that all these articles are essential. Beware of such "good sellers."

You are not going quickly to make a fortune out of medical practice, if ever. You may have a considerable amount of time on your hands at first, especially if you have put up a plate and are sitting in your consulting-room waiting for the longed-for patient. Never let this waiting time be wasted. You will remember that a great deal of what we know of Sherlock Holmes was written when Conan Doyle, as he has humorously said, had a consulting room, *and* a waiting-room!

Avoid the pitfall of despair. We are not allowed to "tout" for patients—that is the privilege of the unqualified and unregistered—but we do know that our best and legitimate advertisements are in the words of the humble charwoman, our second patient, who went away from our consulting-room to spread the tale in her village: "Now he is a good doctor, he is; why, he cleaned up my haricot ulcer just as if my leg had been a duchess's." A little kindness mixed with a little scientific knowledge in the treatment of a minor ailment goes a long way to ensure success.

And now I have to conclude by wishing those of you who have the final still in front of you success at the examination, and to those recently qualified a first year of practice free from pitfalls, and full of that satisfaction which always goes with work well done.

W. MCADAM ECCLES.

MEDITATIONS OF A TONSIL ON BEING DISSECTED.

IN that sweet month, the third in utero,
When entodermal buds did push their way
Midst mesoblast of branchial arch to grow,
I little thought the penalty I'd pay.
Asepsis o'er, the crowding cocci came;
Invaded they my innermost recess;
My beauty all destroyed, I became
Disorganized an inspissated mess.
Now must I die: my bleeding home farewell,
Let not thy tears no thought of morrow bring.
But stay! My aching heart can picture well
Some lingual pole from follicle may spring,
To mock the surgeon who at my dissection
Denied all future life and resurrection.

RISORIUS.

ABERNETHIAN SOCIETY.

At a meeting of the Abernethian Society on Thursday, March 11th, with Mr. F. H. K. Green in the Chair, Dr. L. G. Glover delivered the following lecture on "General Practice."

"I suppose that after thirty years in general practice one is entitled to believe that one knows something about it; I propose, then, to occupy a little of your time by discussing with you how best you may fit yourselves for, and later on fight in, the battle that lies before you.

"If you will allow me, I should like to speak first about your studies during the preparation for practice. I suppose some of you will aspire to enter into consulting practice; and what I have to say will, I think, be to some extent applicable to either consulting or general practice.

"Before, then, you start in any form of practice, will you let me urge upon you the wisdom of studying all the special branches—dermatology, eyes, ears and throats, children, and gynæcology. You learn the outlines of medicine, surgery and midwifery, but, prior to graduation, your time may be too occupied for attention to the specialities. You may take it from me that in general practice you are always up against these things; hardly a day will pass in a large practice without it being necessary for you to test your knowledge in one of these special branches.

"I was Ophthalmic House Surgeon in this Hospital in 1894, and I have never had reason to regret that time spent here. When I settled in practice I invested in various pretty knives and other instruments. I was going to see cases of acute glaucoma by the dozen; injuries to the eye with prolapse of the iris would be of everyday occurrence; cataract extractions would occur weekly, though I decided that Harley Street should do those; squint operations would be frequent. Well, I have given the anæsthetic for the needling of a congenital cataract, and one patient has had a diabetic cataract removed, and the subsequent ablation of the same eye. Two patients have had operations for entropion done, and that completes, I think, the operative work in the ophthalmological department of my practice during thirty years. On the other hand, I have done well with spectacle work, and ophthalmoscopic experience is of the greatest use; I commend both of them to you as being interesting as well as bringing grist to the mill. The majority of spectacle cases are perfectly easy if you have given a little study to the subject and gone through a course of 'eyes.'

"With regard to general surgery, you must make yourselves *au fait* with that. In London you may not need to do operations yourself: it will generally pay you better to assist someone else and take over the after-treatment as your responsibility; but in the country you may have to do operations whether you like it or not.

"Minor surgery you will have to do, and your training in aseptic methods will serve you in every department of your work.

"I cannot too strongly urge that each student before going into practice should hold a resident appointment—two or three if he can get them. It is only when you have responsibility that you begin really to mark, learn and inwardly digest what you have previously been taught. May I here put in a word for the study of 'treatment.'

"Diagnosis is necessary; prognosis is quite an interesting and sometimes a very important study; but the laying down of a course of treatment, and prescribing what will relieve the patient is what the latter expects, and for which he is willing to pay his doctor. I am afraid that the bottle of medicine has dropped out of favour; but whether it be the stuff in the bottle or the cheery smile with which you promise your patient he will be relieved of his trouble when he takes it, you will find as a matter of experience that you cannot discard it.

"Learn all you can about drugs, their effects, preparations and doses. Do not forget that the knowledge of them is often the results of clinical experience come down from the days gone by.

"There is nothing new under the sun; we do not give boluses made of animal excreta, or the hearts of lions to make people brave; but I have heard of extracts of liver, spleen and intestines among other as being in the alimentarium of physicians who consider themselves up-to-date. It is well to keep an open mind on these matters, and, while trying remedies, to disbelieve a large part of what is said or written about them, whether by commercial firms or medical enthusiasts.

"I should recommend everyone to have and to study the *Extra Pharmacopœia* of Martindale, and also the *British Pharmaceutical Codex*. You will find both these books of the greatest value and help in practice.

"I would like to give a little advice, if I may, on your own mental culture. I strongly urge you, both for your own happiness and not less for the help it is in binding you to your patients, to pursue some subjects outside your science. Whether it be literature or politics, or art or music, or some other branch of science which attracts you, endeavour to follow some line which will make you more human and more companionable to those with whom you associate in your walk through life.

Then, again, if you are to be a success, you must keep yourself up-to-date. In the early years you may have time and opportunity for post-graduate classes; but you must all through make time for reading the medical journals, and it possible the proceedings of learned societies of one kind or another. If you can do so, I urge you to become a fellow of the Royal Society of Medicine. You will then receive its Transactions, and be able to read the papers on new work read at its meetings. You will also get some idea as to who are the coming men, though you will doubtless exercise a wise discretion in this matter, as it is not always the man who talks most in societies and appears to know everything that makes the best consultant when you are in a difficulty.

"I am not going to say much to those who elect to be consultants, except two things.

"*Firstly.*—It is, in my judgment, better to be a first-class general practitioner than a third-rate consultant.

"*Secondly.*—That, unless you have a gift for teaching and research work, and a chance of getting on the staff at a teaching hospital, it may be better to go into general practice.

"I think that this generalization requires some modification with regard to country work, because it is possible to get attached to a country hospital and to do half consulting, half general practice work, and later on in life to drift into pure consulting work.

Well, then, you are going into general practice. You can set up in a house behind your plate or you can enter into partnership. A successful partnership is an excellent thing; but the joy of being your own master all through is, to my mind, better, and I have the experience of both. The disadvantage of being single-handed is the difficulty of holiday or time off duty."

Dr. L. G. Glover, having stressed the need for careful inquiry into the financial side of the prospective partnership, proceeded:

"As to buying a practice right out, I should never advise a young fellow straight out from hospital to do that. If you can make some arrangement of partnership with a view to ultimate succession in a few years' time, well and good; but to buy a practice with a six months' introduction is not for a young man just out of hospital, unless, of course, money is no object to him, and it is a practice, say in a country district, where there is no opposition whatever. It is always to be borne in mind that at the time of a change of doctor

in a practice, many patients will take that opportunity to call in some other practitioner who has been in the neighbourhood for many years and has been an opponent of the practitioner who is selling his business, and you must not think ill of such a brother practitioner, who takes advantage of that situation to enlarge his clientele, providing he does not tout amongst the patients. I do not think we often hear of that kind of thing nowadays.

"The question of running a practice single-handed or in partnership is one upon which it is not easy to generalize; so much depends on the circumstances of the individual doctors concerned, upon the class of practice, the neighbourhood and so forth; so that each case must be decided upon its merits; but I am quite clear in my own mind that I should hesitate a very long time before I would take on any partnership that was not limited in time.

"May I now say a few words about the running of a practice.

"*Firstly* (and this really should come before you enter practice—that is, as soon as you are qualified), it is absolutely essential that you should join one of the medical protection societies, either the London and Counties Medical Protection Society or the Medical Defence Union. Every medical man ought to be compelled to join them, in my opinion, and we should not then have these piteous appeals for subscriptions which occur in the journals from time to time, in order to help some unfortunate man who has been caught out, and who has not had the foresight to protect himself against such occurrences.

"*Secondly*, it is wise for you to cultivate business habits. As professional men we are notoriously unbusiness-like. You must have yourself properly equipped with instruments, diagnostic, as well as those for minor surgery. Then, as a business matter, you must always be ready; you are always on duty, and you must have at your hand all things requisite for emergency. If you are called up at 4 a.m. to a case of bad asthma you must take your adrenalin, morphia and atropin with you, and if you are in London you will ring up the taxi from your bedroom telephone, and in ten minutes from the time your patient has rung you relief will be at his hand, if not already under his skin; but if you have not these things in your armamentarium it will take you ages to ring up the chemist and get them from him. So readiness, promptness and reliability and forethought are the business essentials of the successful general practitioner.

"You are here accustomed and taught note-taking; when you get into practice that must be continued. Probably you will set up a card-index system of some kind; the notes you take will not be quite so elaborate as those you see taken in the hospital; but they must be sufficient to recall to your mind the essential points of the case. I will suggest to you that, if possible, you provide yourself from the outset with folders in which you can keep reports and also correspondence, together with the cards of notes of the patient. If you do not do that, you will later come to find all these in different places and a deal of time is consumed in looking for them.

"*Thirdly*, we come to finance. It used to be the custom for general practitioners to send out their bills at any old time—once a year, or whenever their bank balance was getting low. It is now, I think, fairly universal for the patient to receive his doctor's account every quarter. I always envy our Harley Street brethren, who do a cash-over-the-counter all-one-price business; it must save a deal of trouble—one book only to be kept and no bills to be sent out. Whereas you will keep first a *day book*, wherein you will record thus: 'William Jones, Esq., 17, Run-to-Seed Road, World's End. 1 visit, Mrs., special, night, 3 a.m., £2 2s.' Then this should be copied into a ledger wherein each patient has one page for his account, which at the end of the quarter is added-up and sent out; a record of the date on which it is sent and paid is kept in the 'Bill book.' Then of course, there is the bank paying-in book and the cash book, so that there is quite a lot to do in a busy practice in keeping the books. I think it is a good thing to have a fixed fee, so far as is possible. For instance, you should not say to yourself, 'Jones is richer than Brown, though they both live in the same street; I shall charge Jones 15s. and Brown 10s. 6d. per visit.' It is better to fix your charge according to the street or the district or the distance from your house, and fix it at the top; then if some cannot afford that, you can easily give them a rebate. That is charity on your part, whereas if you rob the wealthy man because of his riches, it is robbery on your part, and you cannot justify the practice in a court of law easily. The same remark applies to night visits, detention, confinement, operations and the like. When you settle in practice it is your duty to call on your fellow practitioners, leaving your card if they are out. If you do not do so you are assumed not to have learnt the ordinary courtesies of a gentleman, and you will be looked at askance by the other medical men of your neighbourhood. Then, when you have got to know your fellow practitioners, it is well that you avoid even the semblance of taking their patients. When a new patient comes to you, you can tactfully elicit why they have come to you, who was their last doctor, and whether they intend to change their doctor. Nothing derogatory of your brother doctor must ever pass your lips; you will hear many criticisms of doctors as you go, and the best plan is to listen and say nothing; still, if the patient persists that he is dissatisfied and is going to change, you can always say, 'Well, so long as you have made it clear to your previous doctor that you do not require his services any longer I can proceed with your case.' As soon as opportunity offers, a polite note from you to that doctor expressing regret that you have had to supplant him, but that only after an assurance that the patient had or would communicate with him, will bring back a courteous reply, and perhaps (as it always should in my judgment) a few notes about the case to help you. I think if you lay down the rule that the patient is the first consideration, the other doctor the second, and your interests come last, you cannot go far wrong. Do not be hurt when a patient leaves you for someone else. If you find they are about to do that, facilitate it by telling them you will give your successor all the information you have about the case. It is a very unpleasant thing to attend people who do not want you or do not like you. As a rule they are not worth keeping, and are better on somebody else's list than yours.

"It often arises with elderly folk that they like to see their doctor and tell him their little troubles, and a regular, periodic visit is a help and guidance to them. You may say it is dull work, that you are not furthering medical science, discovering the cause and treatment of cancer or similar wonders, in wasting your time, looking after such folk. No, you are not doing that; but you are doing something else of great value: you are giving comfort, and you are reading in the book of human nature, and as you get on in life, if you learn your lesson well you will find you have a storehouse full of treasure, wherewith you can enrich your fellow men and help them physically and spiritually along their life's way. It is the tact that comes with experience that is one of the great assets of the successful practitioner. You will always have a word of cheer for the patient, and you need not lie to him either; if he is going to die the next day it is of no use to tell him he is getting on quite well; at the same time you need not stress the hour of his dissolution. I always feel that patients have the right to know the truth about themselves, and if they ask a direct question, a direct answer should be given. Fortunately it is very rare for patients to put the question directly, but I believe direct honesty and truthfulness to be the best way in dealing with patients; the one trouble is that so often one does not know the truth and therefore cannot prophesy. You are asked if the operation is dangerous; you will, of course, reply that all operations needing a general anæsthetic are dangerous, but that there are degrees of danger, and will proceed to further enlighten and comfort your inquirers. What they want you to say is that there is no danger whatever; if you say that, your patient will stop breathing before the surgeon begins and your reputation is completely gone. You and I know there is risk to life in taking an anæsthetic, and there are risks of various kinds attached to operations. I have found it is best to be truthful and to explain things to the patient or his friends; they will then have far more confidence in you and feel that you are helping them to bear the burden of decision, which, of course, in the last instance is theirs alone. With regard to surgery, you have to steer between unwarrantable delay in calling in the surgeon to operate, and in allowing ill-advised attempts at repair of Nature's shortcomings. It is so easy, as a rule, to do an operation; but it is not so easy to say what the patient is going to get out of it. Each case must be considered on its merits, with due regard to the patient's present and future; and from time to time you will find yourself up against an exploratory operation in order to discover what is the matter and what should be done, and it is well in these cases to frankly explain that the operation is to find out what is the matter and to put it right.

"Will you allow me before I close to say a few words about personal appearance. It is not necessary, in these days, to wear a frock coat and a top hat, especially the latter on a car, but it is advisable that the doctor should be tidy and neat about his personal appearance, and he should see that his consulting-room is tidy also. Instruments should be clean and in order. I have heard many a stricture passed against doctors by patients on these matters. One celebrated electrician was criticized by a lady because his apparatus was tied up with string and she thought he was not over-tidy himself. These little things tell, and if one is punctilious without being extravagantly vulgar it is all to the good in general practice. It is an example to others, and it is well to be always tuned up to concert pitch. Then there is another little point: do not cultivate the parson and become the churchwarden or the deacon because you think it will be good for the practice. I think nothing is more hateful than pretence in religious matters. I hope all will practise their religion; but it is a bad thing to use religion to fill your pockets. Never let it be said of you that you gossip. I have heard that said of doctors, and it is not a nice thing, and on occasions gossiping may be even dangerous.

"I think I have, in these cursory notes, said as much to you as is necessary. General practice is hard work, and if you can make a living and give a decent education to your children out of it, you will do well; but it needs a great self-denial on your part. Your relations to your patients and your fellow practitioners are all summed up in the old saying 'Thou shalt love Thy God and thy neighbour as thyself.' That is the motto for the general practitioner—himself last; and I venture to think that if he practises that Gospel and makes it his rule of life, he will not go unrewarded."

MR. DARNES proposed an enthusiastic vote of thanks to the lecturer.

This was seconded by Mr. W. A. BOURNE, and carried with acclamation by a large and appreciative audience.

STUDENTS' UNION.

ANNUAL REPORT OF COUNCIL, 1925–26.

GENTLEMEN,—We have much pleasure in presenting to you our Twenty-second Annual Report.

The year 1925–26 has not been a very eventful one as regards the activities of the Union itself, but as regards the Clubs it has been very successful.

Rugby Football Club.—The season now coming to an end can be looked upon as a success from every point of view, except, perhaps, the financial one.

Five fifteens have been fielded regularly, and the Secretaries of the junior teams are to be congratulated on their work and their results.

The 1st XV entered on a fixture list which is perhaps the strongest the Hospital has ever had. At present we have 16 wins against 11 losses, and although we made an indifferent start, the team has settled down in a most encouraging way.

The best performances have been victories against Plymouth Albion, Bradford, Nuncation and Moseley.

In the Hospital Cup we lost against St. Thomas's Hospital, having reached the semi-final at the expense of London and St. George's.

The Hospital has been unfortunate in losing Row and Fitzgerald—both on the sick list.

What success we have had has not been due to any outstanding performer, but rather to team work.

Gaisford is at present playing better football than two years ago. Our halves, Williams and McGregor, are the mainstay of a back division which is handicapped by a lack of pace. The forwards are a variable quantity, at times being good and at others very bad.

The Club has had bad luck with the gates. The home fixtures have been ruined by the weather and we have consequently experienced some difficulty in meeting our expenses for away fixtures.

The outlook for next season is very encouraging, both in the way in which we have been approached by clubs for fixtures and also in the amount of young material available.

Cricket Club.—The Cricket Club has enjoyed a successful season, and is to be congratulated on tieing with Guy's in the final, thereby holding the Cup for six months.

Of the other matches 11 were won out of 20 played; the winning matches included the Clubs, Hampstead, Hornsey, Croydon, the R.A.M.C. and the Past Members. The last, as always, was a most enjoyable fixture, and it is hoped that more present as well as past members will come to this match in future to make it a day of reunion of old friends.

The 2nd XI showed considerable improvement and ability. They gained the final of the Junior Cup, but were beaten by Guy's.

Of the 1st XI it must be said that the excellent batting and bowling of R. H. Bettington was responsible for many of their successes, and he was supported by a good run-making team. High hopes are entertained for next season, as very nearly all last year's team are available.

Association Football Club.—The Soccer Club has so far this season been fairly successful. Last season was finished with a win over St. Thomas's in the Senior Inter-Hospital Cup. But the chance of regaining the cup this year has been lost to U.C.H., after we had beaten our old rivals, St. Thomas's, in the first round.

In the Junior Cup the 2nd XI has reached the semi-final without being called upon to play.

Of 13 matches played by the 1st XI, 6 have been won, 4 lost and 3 drawn. The 2nd XI have played 8, winning 4. The charity match against the "Cantele" Sports Association is again being played at Tufnell Park; high hopes are entertained for a good benefit gate for the Hospital.

The Fives Club.—The activities of the Fives Club outside the Hospital have this season exceeded any previous record. The fixture list comprises 20 matches as against 10 matches last year.

Of these matches, 13 have already been concluded—9 having been won, 3 lost and 1 scratched. Notable victories in these matches were those over the Bank of England and Cambridge University, which conclusively prove the worth of the Hospital Four.

As regards activities inside the Hospital, there was a record entry of 36 names for the Singles Competition. After some very fast and good play MacKie defeated Cook in the final.

Up to date twelve pairs have entered for the Doubles, but they have not yet been concluded.

The Rifle Club.—This Club was again successful in retaining both the Inter-Hospital Cups.

The Armitage Cup was won by a very comfortable margin, but the United Hospitals Cup was only won by a score of 239 against 238 by the London Hospital. This score was an exceptionally high one, being out of a highest possible of 250.

As regards individual performers at the Bisley Meeting, we can boast of providing two Internationals and a first place in the Donegal. One member got into the King's Hundred.

By economies in its normal expenditure the Club has saved sufficient to re-open the miniature range. This can be kept open only if self-supporting. It is therefore up to all interested to help by using it and by encouraging others to do so.

The Hockey Club.—The weather once again has been the cause of the scratching of no fewer than seven of the 1st XI matches this year. This has been a serious drawback towards building up a side.

Of the 10 matches played so far this season we have won 5, lost 3 and drawn 2. We have also reached the semi-final of the Inter Hospitals Cup, which we have high hopes of winning this year.

The 2nd XI has also reached the semi-final of the Junior Cup, which we hold, and has had fair success in a much improved fixture list.

The ground at Winchmore Hill has been much improved by the new drainage, although, in common with most hockey grounds, it could hardly be expected to withstand such an abnormally wet season as the present one.

The Athletic Club.—The season 1925 proved a very successful one for the Athletic Club. Activities were not confined to Hospital and Inter-Hospital Competitions only, but inter club matches were arranged as well.

At the Annual Meeting of the Club the attendance was rather larger than usual, the Staff, as usual, warmly supporting the Club.

At our matches with other Clubs we have kept intact an unbeaten record of three years.

No less than six Bart.'s athletes were selected for the University of London. As London won the Championship chiefly due to the efforts of those six, Bart.'s was offered the custody of the Championship Cup.

At the 54th Annual Meeting of the United Hospitals Club we were successful in regaining the Championship Cup lost last year to Guy's. The success was very largely due to the splendid running of the Captain, H. B. Stallard, who was awarded the Victor Ludorum Cup for his fine performance.

The following events were won for the Hospital: 100 yards, ½, 1 and 3 miles; hurdles; Victor Ludorum and Challenge Shield.

Stallard is to be congratulated on winning the ½, 1 and ¼ A.A.A. Championships in successive years.

Griffiths must be mentioned as an outstanding performer at the 100 and 200 yards, which brought him into the circle of first-class athletes.

A large proportion of the Club's success is due to the hard work and enthusiasm of the Secretary, Mr. Hinton, who spared no effort for the Club.

The Tennis Club.—In spite of the inclemency of our English weather, the Tennis Club enjoyed a most successful season during the past year.

Seventy-five per cent. of matches were won by the 1st VI and 85 per cent. by the 2nd VI. This, coupled with the fact that in a large proportion of matches a representative side was not available, makes the performance all the more creditable.

The 1st VI reached the final of the 1st Division Inter-Hospitals Cup-tie, but were beaten by Guy's.

The 2nd VI are to be congratulated on winning the Inter-Hospitals 2nd Division Cup, beating King's College Hospital 2nd VI in the final after an exciting match, in which apparently the laurels hung upon the last set.

The Boat Club.—The activities of the Boat Club have been entirely restricted to the Inter-Hospitals Challenge Cup and Junior Fours Race.

Training was carried out from the London Rowing Club. The Challenge Cup was lost to Guy's by 4 lengths, the race being rowed in a gale of wind. The Juniors lost to Guy's by ½ length after a magnificent race.

Considerable difficulty was encountered in raising a regular crew owing to exams. Our thanks are due to Mr. Spence for not only acting as coach, but later as rowing 3 in this race.

The Club won a great race from University College, Reading, by 2 feet. Their thanks are due to Dr. Donaldson for motoring over and acting as umpire.

Golf Club.—The Golf Club has had a fairly successful season, although after beating Guy's in the semi-final of the Hospital Cup and tieing with St. Thomas's in the final the replay was lost by rather a large margin. The play, however, was of a closer nature than the figures suggested.

The Staff and Student Foursomes was won by Mr. Just and A. E. Barnes after a close struggle with Dr. Graham and C. E. Woodrow. The match against the Staff was won by the Staff by 2 points. In all fairness to the team it should be added that the Staff get a start of 3 holes.

Four Club matches were played, 3 of which were won. C. E. Woodrow won the Hospital Cup, and tied with R. H. Bettington in the Girling Ball Cup.

Debating Society.—This Society has held three debates in the present season, which has been principally remarkable for the small number of speakers heard. It is impossible for the Committee to organize interesting meetings without a reasonable variety of debating talent to call upon, and to this end express the hope that hitherto silent members will address the house at ensuing debates. The most successful meeting of the season was that held in conjunction with the Abernethian Society, when the relative importance of the Art and Science of Medicine was keenly debated, resulting in a vote slightly in favour of the Art.

Abernethian Society.—During the past year the Abernethian Society has held seven meetings, most of which have been well attended. Three more meetings have been arranged to take place in March.

Four addresses have been given: the Summer Sessional Address by Sir Arthur Keith, F.R.S., on "Something Ancient," in which he gave a very graphic account of various prehistoric skulls; the Inaugural Address was delivered by Sir Anthony Bowlby, Bt., on "Surgical Experiences of Two Wars"; the Mid-Sessional Address was given by Prof. Leonard Hill, F.R.S., on "Ultra Violet Rays and Health"; and an Address on "Birth Control and Social Progress" was given by Dr. A. S. Tredgold, of the Eugenics Education Society, before a large gathering.

Two Clinical Evenings have been held, both well supported, at which seven cases have been shown.

A Joint Meeting with the Debating Society was held, when a debate on the motion that "This House considers that the patients benefit more from the Art than from the Science of Medicine" provoked animated discussion, the motion being carried by a small margin.

Meetings which have been arranged are: "A Discussion on the Treatment of Hæmatemesis," an address by Dr. L. G. Glover on "General Practice," and a terminal address by Dr. Langdon Brown on "Myth, Fantasy and Mary Rose."

This report, Gentlemen, would not be complete without reference to our President, Mr. Girling Ball, whose term of office expires this year. We wish to thank him heartily for the very valuable aid and untiring interest he has given us. We are sure he will continue to give us his support in future.

We remain, Gentlemen,
M. J. HARKER
A. C. BELL } *Hon. Secs.*

The following officers were elected for the ensuing year:

President: Reginald M. Vick, Esq., F.R.C.S.

Treasurers: W. Girling Ball, Esq., F.R.C.S., T. H. Just, Esq., F.R.C.S.

Vice-President: M. J. Harker, Esq.,

Council.—Constituency A: R. H. Bettington, J. H. Attwood, C. Wroth, W. E. Underwood, C. B. V. Tait. *Constituency B:* H. L. Hodgkinson, K. W. D. Hartley. *Constituency C:* M. L. Maley.

Secretaries.—A. C. Bell, W. E. Underwood.

Financial Secretary.—C. Wroth.

RUGBY FOOTBALL CLUB.

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

Cup-Tie Semi-Final.

The game was played on the Richmond Athletic Ground on March 9th, 1926, in fine weather, but the conditions were marred by a high wind blowing straight down the ground. St. Thomas's were worthy victors by three goals to a penalty goal, although Bart.'s had the misfortune to lose Gaisford early in the second half. The main impression left on one's mind after the match was that Bart.'s played infinitely below their real form as exhibited in previous matches, and compared with the Thomas's side they were somewhat "lifeless." On the other hand, Thomas's played above their usual form, as they have scarcely won any of their ordinary fixtures this season, every one of their men going "all out" throughout the match in traditional "Cupper" style.

Archer kicked off for Thomas's against the wind and the ball was carried well into Bart.'s territory, where Miller, of Thomas's, was "held up" only two feet from the try-line. Bart.'s relieved the pressure from the ensuing scrummage, but Miller, obtaining the ball on the left wing, made a lot of ground before passing inside. Pittard got back and tackled the man with the ball, but a Thomas's forward, Valentine, dribbled over the goal line for a try, the game having been in progress four minutes. The try was converted by Cooper.

From the kick-off Bart.'s took the game into the Thomas's twenty-five, where they were awarded a penalty kick for "off-side," Gaisford kicking a goal from an easy position. Soon afterwards MacGregor broke away on the blind side of a scrummage and made at least thirty yards, but there was no one up to support him. Bart.'s continued to press in the Thomas's twenty-five, and looked like scoring on two occasions, once through a forward rush, and once through Rowe, who was brought down by a magnificent tackle into touch. After twenty minutes' play Bart.'s were awarded a free kick for feet up, but Gaisford's long kick at goal failed, and this was followed by Bart.'s having to defend in their own twenty-five, where Thomas's kept up a sustained attack, which was relieved on two occasions by MacGregor kicking into touch. In spite of being helped by a strong following wind, Gaisford, to everyone's surprise, was frequently failing to find touch. The closing stages of the first half were uneventful as far as scoring went, but Thomas's were continually knocking on the door of our defence, the play being almost wholly confined to the Bart.'s twenty-five.

Half time score: Bart.'s, 1 penalty goal (3 pts.); Thomas's, 1 goal (5 pts.).

On the resumption the ball went out to Cooper, of Thomas's, who ran obliquely left, swerved in, and, beating the Bart.'s defence, scored a try under the goal-posts which he himself converted.

A few moments later Gaisford injured his knee and had to go off the field. Pittard being withdrawn from the scrum to fill the vacant position. Gaisford returned again after a few minutes, but had to retire later for the remainder of the match.

Ten minutes later Cooper repeated his manœuvres and again penetrated the Bart.'s defence to score under the goal-posts, himself converting.

During the remainder of the game there was no further scoring by either side, but the run of play was mostly in favour of Thomas's.

Vergette played well in defence, going down on the ball to put an end to several formidable forward rushes. Pittard deputized extremely well at full back, his kicking, fielding and tackling being without blemish.

Five minutes from full-time Bart.'s rallied and commenced to attack, play being carried into Thomas's territory, but they only looked like having a chance to score when MacGregor beat the Thomas's defence and ran forty yards, but again there was no one up with him.

Result: Bart.'s, 3 pts.; Thomas's, 15 pts.

Team: W. F. Gaisford (*full back*); A. H. Grace, H. W. Guinness, T. F. Ryan, J. T. Rowe (*three quarters*); H. MacGregor, T. P. Williams (*half-backs*); R. H. Bettington, J. W. D. Buttery, T. J. Pittard, M. L. Maley, C. R. Jenkins, R. N. Williams, J. A. Edwards, G. L. Colenso Jones (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL "A" *v.* ST. THOMAS'S "A."

Semi-Final Inter-Hospital Junior Cup.

Played at Chiswick on Thursday, March 4th. Two days after our seniors had succumbed to an exceedingly good St. Thomas's side at Richmond, the "A" XV met St. Thomas's "A" on their ground at Chiswick. We felt sure, therefore, that we were up against strong opponents. We also remembered that this side only lost in the final against Guy's, last year by one point. This, though, was not all, as we had lost J. T. Rowe to the 1st, taking the place of Pentreath, who was injured. The ground was in perfect condition, being so firm as to be hard, and a strong wind was blowing as Bourne, having lost the toss, kicked off for Bart.'s against the wind. It was most encouraging to the team to have the support of Mr. Girling Ball and some twenty-five members of the Hospital on the touch-line.

St. Thomas's attacked immediately, but fortunately for Bart.'s their handling was not so accurate as that of their seniors had been on Tuesday. The tackling of the Bart.'s "threes" was good, and the man with the ball was put down hard. The strong cold wind may be the reason why the handling and touch-kicking were, for the most part, bad. Hatton, however, was kicking well, and the mistakes in handling by the "threes" were retrieved by Frederick at full-back. The game had been in progress for twenty minutes when Norrish picked up from some loose play near the Thomas's line and barged his way over for a try near the posts. Robertson converted. Four minutes later McGregor gathered a dropped pass by an opposing "three" and dashed away up the field. When confronted by an opponent he passed in to Underwood, who in turn returned the ball to McGregor, who scored. Robertson failed to convert against the wind. In the remaining time of the first half Thomas's tried desperately to score. Play, though, was not confined to the Bart.'s "25," relief being obtained at times. In one of these periods Underwood, who was playing finely at scrum-half, cut in himself, drew the full-back and passed to Holmes, who went over the line, only to be recalled for a forward pass.

Soon after the commencement of the second half Thomas's appeared certain to score, but a timely tackle by Fells saved the line. A good mark by Dunkerley, about 35 yards out on the left, nearly added 3 points, but his drop at goal went wide. There had been no score for three-quarters of an hour, when Fells gathered the ball very neatly and ran on with three men in support. His pass out was bad, but Gonin took it on with his feet to score his usual try. Robertson failed to judge the wind with his kick. Soon after this Barling, the Thomas's hooker, was prostrate for a couple of minutes, but was able to resume. The forwards, annoyed perhaps by the blizzard, but more likely by the continual wheeling of the scrums, were charging into the scrum with amazing vigour. Some passing on the left, in which Reynolds made a fine swerving run, took the ball into the Thomas's "25." Dunkerley kicked over the line and beat the Thomas's back to score a try far out. Robertson's attempt from the difficult position hit the cross bar and rebounded. The final whistle blew immediately afterwards.

Result: Bart.'s (1 goal, 3 tries) 14 points; St. Thomas's, *nil*.

Robertson and Reynolds were doing valiant work in the scrum, while Gonin and Holmes were particularly prominent in the open. Bourne made good use of his height in the line-outs.

Though the scrumming must improve, the forwards played well. At scrum-half we have not seen Underwood play so effectively before. He was indefatigable. Hatton was good as his partner, but must make sure that all his kicks find touch. Fells started shakily, but improved as the game progressed. McGregor was a distinct success in the centre, but his wing must learn to follow him before the team can make full use of him. Dunkerley must watch the ball. We believe he will then have no difficulty in holding his passes. Frederick's fielding was erratic, but the wind was difficult, and after the first ten minutes he was playing with a badly cut hand. He was good at the feet of the Thomas's forwards. All the backs tackled well.

Team: E. V. Frederick (*back*); J. D. Powell, A. McGregor, R. R. Fells, J. T. Dunkerley (*three-quarters*); P. L. Hatton, W. E. Underwood (*halves*); M. Gonin, G. G. Holmes, R. E. Norrish, W. A. Bourne (Capt.), A. F. Alsop, J. Knox, H. D. Robertson, J. B. A. Reynolds (*forwards*).

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

Final Inter-Hospital Junior Cup.

On Thursday, March 18th, on the London Hospital ground at Hale End, St. Bartholomew's won the Junior Rugby Cup by beating Guy's in the final by a penalty goal and a try (6 points) to a try (3 points). Although winning, Bart.'s disappointed Mr. Vick and some fifty other supporters. We have seen the team play so very much better that it was a pity that it should give its least convincing display in the final. From the kick-off Bart.'s had the best of their more weighty opponents, and yet they could only score one try. Both the Bart.'s scores came in the first half, whereas the Guy's try came in the last minute of the match.

Bourne kicked off for Bart.'s with the wind, and for the first twenty-five minutes play was confined to the Guy's half, and much of it was inside their "25." This was due chiefly to the good work of the forwards in the loose and to the excellent kicking of Hatton. From one of many free kicks awarded to Bart.'s during this period Bourne kicked a beautiful goal from about 45 yards out. Soon afterwards Dunkerley kicked over the full-back's head, but the ball went dead. Bart.'s continued to press, but Underwood was handicapped by erratic heeling. After thirty-five minutes, from a scrum on the Guy's line, Reynolds scored a try far out. Bourne failed with the difficult kick. The Guy's "threes" then took the ball into our "25," but could not cross our line.

In the first five minutes of the second half Guy's attacked strongly, and Garland failed with an excellent attempt to drop a goal from 40 yards out. Hatton brought relief with a good kick from a very clever mark. Frederick was playing finely at full back and his tackling was beautiful. In a series of attacks on the Guy's line Powell and Dunkerley only just failed to score. Just on time the ball came out to the Guy's "threes" and went across to the left wing, who scored. Bart.'s looked on! The kick failed, and the final whistle brought relief to two tired teams.

The forwards may have been exhausted from the many scrums against their heavier opponents, for they only gave occasional flashes of their usual cleverness in the open. Hatton kicked very well, but did not get his "threes" moving in attack. He stood too far away from Underwood. Fells played his best game this season, and tried again and again to correct the direction and speed of the attacks. McGregor could not cut through as usual, but tackled very well. Powell and Dunkerley on the wings also tackled well, and Dunkerley has learned to take his passes. At full-back Frederick was as safe as the proverbial house. He was always in position and fielded well.

We will take this opportunity of congratulating Bourne and his team on their victory in the Cup. They have won the Cup by their immense keenness and training. In defeating London, St. George's, St. Thomas's and Guy's in turn they have scored 81 points to 6.

Team: E. V. Frederick (*back*); J. D. Powell, A. McGregor, R. R. Fells, J. T. Dunkerley (*three-quarters*); P. L. Hatton, W. E. Underwood (*halves*); M. Gonin, W. A. Bourne (Capt.), R. E. Norrish, G. G. Holmes, F. G. Scovell, J. Knox, H. D. Robertson, J. B. A. Reynolds.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* CLARE COLLEGE, CAMBRIDGE.

On February 20th the Hospital were the guests of Clare College at Cambridge, and a very enjoyable game resulted in a draw, each side scoring one. The Hospital, playing with the assistance of a strong wind in the first half, managed to keep the home backs busy, and some chances had been missed before Mailer scored from well out with a

good shot just under the bar. Clare broke away a few times, but only had Bart.'s goal in jeopardy on two occasions, on one of which Jenkinson was injured, and was little more than a passenger for the rest of the game.

In the second half Bart.'s found great difficulty in keeping the ball out of the goal, the Clare forwards showing great dash but poor finish. The bombardment continued, Ward making some fine saves, to be beaten late in the game after Huntley had failed to clear.

The game was fast, robust and enjoyable, though the Hospital forwards talked too much. Ward played his best game this season, and possibly the best he has ever played. All shots came alike, and but for his great display the Bart.'s team must inevitably have suffered a heavy defeat. The defence played strongly under difficult conditions and against a strong team.

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*.

1st XI *v.* London Hospital.

Semi-Final Senior Inter-Hospital Cup.

Played on St. Thomas's ground at Chiswick on February 25th, Bart.'s were beaten by 3 goals to 1 after extra time. For twenty minutes neither side showed any knowledge of football, although the London team took the man with a commendable quickness not shown by Bart.'s. Soon after this London carried out the only raid which looked like scoring, and Staunton had the bad luck to put through his own goal, thus saving two opponents the trouble and honour. After this reverse the Bart.'s forwards made a fine run, in which nearly all the line participated, and Burgess scored with a good shot. Further efforts just failed. In the second half the forwards feel back and thus lost untold chances. Clark, who was the best of the line, made some good runs, only to be foiled every time, and from one of the kicks given Crumbie made a good shot at goal. In the last minute of ordinary time Huntley was damaged and rendered useless for the rest of the game. From the kick-off of extra time London got their second goal, Ward being hurt and only staying a short while, when Mailer took his place. Bart.'s returned to the attack, but were let down by weak finishing, and in the second half London scored again.

On the day's play the better team won, Bart.'s showing a lack of combination, though when at full strength the defence played fairly well. While congratulating London on their win we can only wish that their tactics had been cleaner.

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*.

1st XI *v.* "Centels."

This annual charity match in aid of the Hospital was played at Tufnell Park on Wednesday, March 3rd, when the Centels won the Aldwych Cup by beating the 1st XI by 5 goals to 3.

Play was fast and fairly even, though Bart.'s backs often failed to clear properly under pressure. In the first half Stark and Clark were much in evidence with some good runs, but Clark fell off later on. The defence was full of misunderstandings, and these let the Centels have chances which were accepted, the half-time score being 3–1. In the second half the play was more even and Stark had bad luck in not getting hold of two first-timers properly, but atoned later for it with a really hard shot, which the goal-keeper was unable to hold. Two goals for each side were recorded in the second half, and a very enjoyable game finished with the above result.

Burgess, Stark and Phelps scored for Bart.'s.

Mailer played well in goal and the forwards were nicely together, with Burgess a trifle selfish.

Mrs. Edwards, who had kicked off, presented the Cup.

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

Both teams were entertained at the Aldwych Theatre on the night of the match, and spent a very enjoyable evening in excellent company and at an excellent show. We would like to take this opportunity of thanking those responsible for this pleasant evening.

In connection with the above match and with the same laudable aim, *i.e.* money for the Hospital, a dance was held at Australia House on Tuesday, March 9th. Dancing was continuous, two bands being present, and we must plead guilty to preferring the Bart.'s Band. From the numbers present and the demand for tickets the dance was a great success, and it is proposed to hold one again next year, when we hope more students will be present.

The exact total of the receipts is not yet to hand, but we understand it is in the neighbourhood of £50.

Other Results.

With the defence weakened by the loss of Ward and Huntley the scoring against the team has been heavy, for though in three matches the forwards have succeeded in scoring 7 goals, the defence has been pierced on 16 occasions and all three matches lost.

1st XI. *v.* St. John's College, Cambridge, home. Lost 2—6.
v. Aegean F.C., away. Lost 3—5.
v. Old Carthusians, home. Lost 2—5.

2nd XI.—Semi-final Junior Inter-Hospital Cup. *v.* Guy's Hospital, away. Drawn, 2—2.
Replay *v.* Guy's Hospital, home, Lost 1—2.

HOCKEY CLUB.

While not perhaps challenging the high standard of 1923, especially as regards their victory over Sandhurst, the 1st XI have won 7 matches and lost 3 in the course of this season. As 10 matches out of the 22 were scratched owing to appalling weather conditions and unfit grounds they did not get over-much practice. They were further handicapped for most of the season by the loss of Huntley, the centre-half, who damaged his knee and was incidentally a passenger for most of the game against Guy's in the second round of the Cup, which we lost 2—1. In the first round we took 6—1 off Middlesex. The Secretary was a tall tower of strength on every occasion, and the number of certain goals he and Windle saved between them cannot be counted. Attwood did his best for a half line which changed weekly. The forwards ran very fast, but Foster alone seemed to shoot goals, and even he is getting old. Next year's fixture-card is an excellent one, this season's best fixtures being repeated with the addition of a new game against Chatham Navy.

The 2nd XI won the first round of the Junior Cup on a 10–*nil* basis, but in the second round Guy's managed to secure the odd goal just before the final whistle, winning 2—1. We had three of our better players away. Walsh and Hay looked after the defence, and Tanner was the most conspicuous of a good line of forwards. Sixteen matches were scratched. We hope next year to come back to last season's form.

The 3rd XI only played eight games, but are gradually making themselves felt as a force in the hockey world. W. A. Briggs and G. M. Sinclair have been touring Belgium with the United Hospitals. At the time of going to press we do not know what they did there.

ATHLETIC CLUB.

The Annual Athletic Sports will be held on Saturday, May 1st, at Winchmore Hill, and it is hoped that everyone who is at all interested in athletics will enter for events and so make the entry list as large as possible. The list will be found posted on the Athletic Club board in the Abernethian Room.

In 1923 and again last year the Hospital won the Inter-Hospital Shield, and new talent will be required to take the place of those who ran last year and have now left the Hospital in order that we may retain the trophy for yet another season.

UNITED HOSPITALS HARE AND HOUNDS.

Inter-Hospitals Cross-country Race—Kent-Hughes Cup.

This race was held at West Wickham over a 7½ miles course on Wednesday, March 10th, resulting in a win for Bart.'s by 8 points. This is the first occasion on which the Hospital has won this cup for the past twenty years, the last being in 1906.

H. N. Walker (Bart.'s) led the field for the first 1½ miles, followed closely by G. H. F. McCormick (U.C.H.), J. F. Varley (Bart.'s) and R. C. Lightwood (King's). At the end of this distance McCormick took the lead, which he held to within half a mile of the finish, when Lightwood, with well-timed judgment, came to the front to win by 19 seconds.

W. W. Darley (Bart.'s) very sportingly turned out for the Hospital, having just recovered from a severe attack of influenza.

C. S. Wise and J. D. L. M. Savage both ran strongly, showing marked improvement on their previous form of this season.

Owing to King's being unable to field more than four men they were disqualified from the race as a team.

Team scoring was as follows:

	min.	sec.
1. G. H. F. McCormick (U.C.H.)	44	37
2. J. F. Varley (Bart.'s)	45	23
3. H. N. Walker (Bart.'s)	46	39
4. I. B. Morris (Guy's)	48	1
5. H. G. McComas (Guy's)	48	20
6. J. W. Storey (U.C.H.)	48	30
7. W. W. Darley (Bart.'s)	48	52
8. J. H. Gaddum (U.C.H.)	49	31
9. C. S. Wise (Bart.'s)	50	5
10. J. D. L. M. Savage (Bart.'s)	51	0
11. E. R. Andrews (U.C.H.)	51	25
12. M. P. Way (Guy's)	51	49
13. G. S. Walker (U.C.H.)	54	45
14. R. C. Brock (Guy's)	57	25
15. G. W. Rake (Guy's)	63	48

Team placings:

1. Bart.'s, 2, 3, 7, 9, 10 = 31 points.
2. U.C.H., 1, 6, 8, 11, 13 = 39 points.
3. Guy's, 4, 5, 12, 14, 15 = 50 points.

ROWING CLUB.

St. Bartholomew's Hospital *v.* Reading University.

This race, which is a new fixture, was rowed at Reading over the Caversham Reach, at 3.30 p.m. on Saturday, February 27th, and resulted in a win for Bart.'s by the narrow margin of two feet.

This result was indeed a very fine performance, as the Bart.'s crew was of junior standing, and rowing under adverse conditions, in a strange boat, with strange oars, and on water which, though smooth, was very different from that of the tideway. They are to be congratulated on the way in which they rowed and the keenness and zest with which they underwent the ardours of training.

The race, over a course of a mile and one furlong, was a ding-dong affair, each eight at times leading by a few feet, until Bart.'s, just towards the end, with a fine determination and good judgment on the part of stroke, succeeded in catching up and passing their opponents almost at the finishing post.

Owing to the calls of Hospital work upon members of the crew they had not had half the opportunities of their rivals for practice, and so the above-mentioned result is excellent in every way, and augurs well for the annual race against Guy's in May, several members of the crew being free to row in this event.

It is hoped to make this new fixture a permanent one.

Dr. Donaldson, the Vice-President, motored down to Reading to see the race, and his presence on the launch was much appreciated. He also kindly consented to act as starter and umpire.

The crew was constituted as follows: bow, Fraser; 2, Dale; 3, Holbes; 4, Oxley; 5, Thackthwait; 6, Daline; 7, West; stroke, Andraeson; cox, Wyndham Lloyd.

REVIEWS.

Anatomy and Physiology for Junior Nurses. By Felicie Norton. (Scientific Press.) Price 1*s.* 6*d.*

This little book has the advantage of presenting its facts clearly and concisely, but contains only the minimum of information required for the preliminary part of the State Examination; it presents the bare facts, but does little to show the reasons of the various processes that it mentions, so that it could only be successfully used as a "cram"-book.

Handbook for Senior Nurses and Midwives. By Dr. J. K. Watson, M.D. (Oxford University Press.) 12*s.* 6*d.* net.

This book, although it shows considerable evidence of the author forgetting that he is writing for students of nursing, not students of medicine, should prove of great service for that large body of workers who feel the need of more than is contained in a purely nursing manual, but less than is found in the medical and surgical text-books. It is difficult to find any plan in the in- or exclusion of diseases why pneumonia should be given in the Children's but not in the Medical Section, or why nephritis should find no place, whereas the surgical necessities of the kidneys receive full notice. The print is good and clear, and the illustrations well reproduced.

The Causes and Prevention of Maternal Morbidity and Mortality. By E. Sydney Morris, M.B., Ch.M., D.P.H. Prize Essay, *Medical Journal of Australia*, September, 1925.

This essay gives a very interesting description of the factors which determine the incidence of puerperal sepsis. The account of the conditions under which midwifery is conducted in Australia is of great interest, and the statistical tables incorporated are illuminating. The essay furnishes an excellent summary of the ætiological problem in puerperal sepsis. It is very well written, and covers most of the general field. The suggestions for the improvement of the maternal morbidity rate are somewhat similar to those advocated in this country, namely, the more careful training of students in ante-natal work and also the establishment of properly staffed maternity hospitals, where men can obtain a large experience of practical work.

The essay is a contribution parallel to Dame Janet Campbell's well known report, and calls for careful study from all interested in the attack on the modern maternal morbidity rate.

Principles of Human Physiology. By Ernest H. Starling. 4th Edition. (London: J. & A. Churchill.) 25*s.* net.

Another edition of "Starling has been impatiently awaited by a number of people who have missed its solid support and regretted having to turn to the up-to-date foreigner for information. Though it arrived just after Prof. Lovatt Evans' *Recent Advances*, the two, of course, do not clash in any way, and merely afford an interesting lesson in the adaptation of methods to purpose. *Recent Advances* is exciting; "Starling" is very safe, old and wise.

While no one has ever accused Starling's *Physiology* of radical tendencies, this edition is rather surprisingly conservative in certain departments. For though in various laboratories a great deal of valuable and reliable work has been done in connection with the life-history of red blood-corpuscles, the storage of fats, polygraphic pulse-tracings, labyrinthine reflexes and the extra-pyramidal system, to take some points at random, all of which might, we think, be included in the realms of pure physiology, the accounts given remain serenely unchanged. This is the more surprising, as full and entirely up-to-date descriptions are to be found of conditioned reflexes, capillary circulation, heat formation in muscular contraction, auricular fibrillation, tissue oxidation and the properties of insulin, amongst many other subjects.

But with the new arrangement of the book, which has entailed immense work, we have no quarrel. While there are 46 chapters instead of 21, the number of pages has been reduced by 140, the subject having been pulled together and small type introduced for the more subtle points. The whole outlook strikes one as more balanced and detached. The index has been much clarified.

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

Allnutt, E. B., M.C., R.A.M.C. "The Effects of a Sting by a Poisonous Cœlenterate." *Journal Royal Army Medical Corps*, March, 1926.

Ball, W. Girling, F.R.C.S. "Stricture of the Urethra." *Lancet*, March 6th, 1926.

Brown, W. Langdon, M.A., M.D., F.R.C.P. "Discussion on the Clinical Aspects, Treatment and Prognosis of Nephritis." *Proceedings of the Royal Society of Medicine*, February, 1926.

Burrows, Harold, C.B.E., M.B., F.R.C.S. *The Muscular System.* 2nd Edition, 1926. London: The Scientific Press.

Cockayne, E. A., D.M., F.R.C.P. "Hypertelorism." *British Journal of Children's Diseases*, October–December, 1925.

Dally, J. F. Halls, M.D., B.C.(Cantab.), M.R.C.P. "Case of Hyperpiesia." *Proceedings of the Royal Society of Medicine*, February, 1926.

——— "Demonstration of a New Sphygmomanometer." *Proceedings of the Royal Society of Medicine*, February, 1926.

Ellison, P. O., M.B., B.S. (and H. Letheby Tidy, M.D., F.R.C.P., and L. G. Williams, M.R.C.S., L.R.C.P.). "A Case of Pneumococcal Peritonitis: Recovery without Operation." *Lancet*, February 6th, 1926.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Discussion on the Differential Diagnosis of Non-Tuberculous Coxitis in Children and Adolescents." *Proceedings of the Royal Society of Medicine*, August, 1925.

——— "Case of Unintentional Arthroplasty of the Hip." *Proceedings of the Royal Society of Medicine*, February, 1920.

FORBES, J. GRAHAM, M.D., F.K.C.P., D.P.H. "Discussion on the Diagnosis and Treatment of Splenic Enlargement in Children." *Proceedings of the Royal Society of Medicine*, February, 1926.

GARROD, LAWRENCE P., M.B., M.R.C.P. "On the Action of Certain Alleged Intestinal Antiseptics." *British Medical Journal*, February 27th, 1926.

GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "The Medical Staff of King Edward the Third." *Proceedings of the Royal Society of Medicine*, November, 1925.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "The Organization and Work of a Light Department in a Surgical Tuberculosis Hospital." *Lancet*, December, 1925.

HADFIELD, GEOFFREY, M.D. (CADBY F. COOMBS, M.D., F.R.C.P., G. H., and G. E. HENSON, M.R.C.V.S.). "A Note on the Endocarditis of Swine Erysipelas and its Relation to the Cardiac Infection of Man." *Proceedings of the Royal Society of Medicine*, February, 1926.

HALDIN-DAVIS, H., M.D., F.R.C.S. "Case of Lupus Erythematosus." *Proceedings of the Royal Society of Medicine*, October, 1925.

——— "Case for Diagnosis (? Mycosis Fungoides)." *Proceedings of the Royal Society of Medicine*, December, 1925.

HAMER, Sir WILLIAM H., M.D., F.R.C.P., D.P.H. "Discussion on the Control of Tuberculosis and the Milk Supply." *Proceedings of the Royal Society of Medicine*, September, 1925.

HAMER, Sir WILLIAM H., M.D., F.R.C.P., D.P.H. "Discussion on the Control of Tuberculosis and the Milk Supply." *Proceedings of the Royal Society of Medicine*, September, 1925.

HAMMOND, T. E. "Treatment of Movable Kidney." *Lancet*, February 13th, 1926.

HEATH, CHARLES, F.R.C.S. "Meatal Swelling for Diagnosis." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "Case showing Result of Conservative Mastoid Operation." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "Case showing Result of Conservative Mastoid Operation on Both Sides." *Proceedings of the Royal Society of Medicine*, January, 1926.

HERNAMAN-JOHNSON, F., M.D. "The Treatment of Rodent Ulcer." *Lancet*, February 20th, 1926.

HOBDEN, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "Discussion of the Treatment of Septicæmia." *Proceedings of the Royal Society of Medicine*, August, 1925.

HOWELL, B. WHITCHURCH, F.R.C.S. "Discussion on the Differential Diagnosis of Non-Tuberculous Coxitis in Children and Adolescents." *Proceedings of the Royal Society of Medicine*, August, 1925.

——— "A Case of Congenital Dislocation of Both Hips." *Proceedings of the Royal Society of Medicine*, September, 1925.

——— "Arthrodesis for Relief of Forearm Paralysis." *Proceedings of the Royal Society of Medicine*, September, 1925.

JAMESON, R. W., M.R.C.S., D.P.H. "Small Pox and Smallpox." *National Review*, July, 1925.

MAXWELL, J. PRESTON, M.D., F.R.C.S., J.L.(Lin.). "Tumours of the Placenta." *China Medical Journal*, December, 1925.

——— "Prolapse and Pregnancy." *China Medical Journal*, June, 1925.

McDONAGH, J. E. R., F.R.C.S. "Discussion on the Nature, Prevention and Treatment of Fibrositis." *Proceedings of the Royal Society of Medicine*, November, 1926.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. Discussion: "Is the Modification of Cow's Milk Necessary in Infant Feeding?" *Proceedings of the Royal Society of Medicine*, September, 1925.

——— "Case of Transposition of Viscera." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "Case of Congenital Cyanosis." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "Case of Amyotonia Congenita." *Proceedings of the Royal Society of Medicine*, February, 1926.

O'ILEA, J., R.N. "Discussion on Tuberculosis in the Services." *Proceedings of the Royal Society of Medicine*, October, 1925.

POOLEY, C. H., F.R.C.S. "Operative Treatment of the Lacrymal Sac." *Proceedings of the Royal Society of Medicine*, October, 1925.

CHANGES OF ADDRESS.

BELL, K. D., Surg.-Comdr. R.N., H.M.S. "Iron Duke," c/o G.P.O., E.C.

BULL, L. J. F., Pukekohe, Auckland, New Zealand.

CHATAWAY, J. H. H., c/o Crown Agents, Kenya Colony, B.E. Africa.

CLAXTON, E. E., c/o Chief Medical Officer, Penang, Straits Settlements.

COLBY, F. E. A., Little Wood, Sutton Green, Guildford. (Tel. Woking 304.)

FAULDER, T. J., 71, Harley Street, W. 1. (Tel. Langham 4225.)

ILLIUS, H. W., Lt.-Col. I.M.S., c/o T. Cook & Son, Ludgate Circus, E.C. 4.

STOCKER, Maj. E. G., 27, Morrab Road, Penzance, Cornwall.

APPOINTMENTS.

ANDERSON, R. G., M.B., B.S.(Lond.), appointed Casualty House Surgeon, Royal Chest Hospital, City Road.

CHESTER WILLIAMS, F. E., M.R.C.S., L.R.C.P., appointed House Surgeon at the Queen's Hospital for Children, Hackney Road.

CLAXTON, E. E., M.R.C.S., L.R.C.P., appointed Malay Medical Service, Penang General Hospital.

COOKE, E. A., M.Ch.(Oxon.), F.R.C.S., appointed Surgical Registrar, Charing Cross Hospital.

ELGOOD, C., B.M.(Oxf.), M.R.C.P., appointed Physician to H.B.M.'s Legation, Tehran, Persia.

FLOCKTON, P. H., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer at the Worcester General Infirmary.

LEWYS-LLOYD, R. A. V., M.R.C.S., L.R.C.P., appointed House Surgeon, Prince of Wales's Hospital, Cardiff.

LIESCHING, A. C., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the West Sussex Hospital, Chichester.

BIRTHS.

VINER.—On February 21st, at a nursing home, Watford, to Mona (*née* de la Mare), wife of Geoffrey Viner, of 27, Queen Anne Street, W. 1—a son.

WILSON.—On March 11th, at Leatherhead, to Kathleen, the wife of William Etherington Wilson, F.R.C.S.—a son.

MARRIAGES.

KILNER—BRENNAN.—On February 23rd, at St. James's Church, Spanish Place, by the Rev. Kenneth Wigg, T. Pomfret Kilner, F.R.C.S., of 56, Queen Anne Street, W. 1, to Florence, widow of Lieut. J. Brennan, Lancs Hussars, and daughter of the late Joseph O'Neill and of Mrs. O'Neill, of Kinsealy Hall, Malahide, co. Dublin.

LLOYD—ROUX.—On February 27th, at Pretoria, South Africa, Eric I. Lloyd, M.A., M.B., F.R.C.S., third son of John Henry Lloyd, of Birmingham, to Antoinette Marie, only daughter of Mr. and Mrs. Andrew Roux, of Pretoria. (By cable.)

DEATHS.

GOSLING.—On March 16th, 1926, suddenly, at his residence, Fivelands, Moseley, Birmingham, Charles Edward Gosling, M.D., fifth son of the late John Hunt Gosling, aged 73.

OVEREND.—On February 10th, 1926, at St. Leonard's, of heart failure, Walker Overend, M.D.(Oxon), aged 68.

NOTICE.

All Communications, Articles, Letters, Notices, or books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 310.

St. Bartholomew's Hospital Journal.

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

VOL. XXXIII.—No. 8.] MAY 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Sat.,	May 1.	—Annual Sports, Winchmore Hill.
Mon.,	,, 3.	—Special Subject Lecture. Mr. Rose.
Tues.,	,, 4.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed.,	,, 5.	—Surgery. Clinical Lecture by Sir C. Gordon-Watson. Golf Match *v.* Guy's Hospital. First Round Inter-Hospital Cup. Cricket Match *v.* Wanderers' C.C. Home.
Fri.,	,, 7.	—Medicine. Clinical Lecture by Dr. Langdon Brown. Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat.,	,, 8.	—Cricket Match *v.* Southgate C.C. Home. Tennis Match *v.* R.N.C. Away.
Sun.,	,, 9.	—Golf Match *v.* Verulam G.C. St. Albans.
Mon.,	,, 10.	—Special Subject Lecture. Mr. Elmslie.
Tues.,	,, 11.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed.,	,, 12.	—Surgery. Clinical Lecture by Mr. McAdam Eccles. Tennis Match *v.* Guy's Hospital. Away.
Fri.,	,, 14.	—Medicine. Clinical Lecture by Dr. Morley Fletcher. Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat.,	,, 15.	—Cricket Match *v.* Winchmore Hill C.C. Home. Tennis Match *v.* R.M.A. Away.
Sun.,	,, 16.	—Golf Match *v.* S. Bedfordshire. Luton.
Mon.,	,, 17.	—Special Subject Lecture. Dr. Cumberbatch.
Tues.,	,, 18.	—Prof. Fraser and Prof. Gask on duty.
Wed.,	,, 19.	—Surgery. Clinical Lecture by Mr. McAdam Eccles. Golf: Annual Match, Staff *v.* Students. Sandy Lodge. Tennis Match *v.* Northwich Estate L.T.C. Away.
Thurs.,	,, 20.	—Cricket Match *v.* M.C.C. Home. **Last day for receiving matter for June issue of the Journal.**
Fri.,	,, 21.	—Medicine. Clinical Lecture by Sir P. Horton-Smith Hartley. Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	,, 22.	—Tennis Match *v.* Putney. Home.
Mon.,	,, 24.	—Bank Holiday. Cricket Match *v.* Croydon C.C. Home.
Tues.,	,, 25.	—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed.,	,, 26.	—Surgery. Clinical Lecture by Sir C. Gordon-Watson. Cricket Match *v.* Winchmore Hill C.C. Away. Golf Match *v.* R.A.F. Sandy Lodge.
Fri.,	,, 28.	—Medicine. Clinical Lecture by Dr. Langdon Brown. Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat.,	,, 29.	—Cricket Match *v.* Metropolitan Police C.C. Home.
Mon.,	,, 31.	—Special Subject Lecture. Mr. Scott.

EDITORIAL.

AT this particular season, when flickers of sunshine between showers tantalizingly invite man to risk white and attack each his own particular variety of ball, to walk where he would usually have gone by tube, and to fling all advice to the post-equinoctial winds, it behoves us to be especially careful what we are about.

It is a time when we make decisions without a thought for consequences. Ill-fated ones have been known to become engaged and even married before waking from their spring delirium. As we trip lightly to confirm our appointments for the next three months, we forget utterly to inquire whether that firm makes us listen to unremitting wisdom on Wednesday afternoons or drags us halting up on Saturdays. Now must we decide. Are we like everyone else weakly to be sacrificed to the whimsical Moloch of Queen's Square, to be devoured by the Demon of Toil, or to walk in the wind and live? Shall we follow the cuckoo to the Surrey Hills, the Wandering Voice personified by Orpheus or Faunus, by Cu-Chulain or Papageno, or must we with curved shoulders and aching eyes pursue the grim vagaries of Carless or Macrae? "Too much time in studies," says Bacon, "is sloth; to use them for ornament is affectation." In this hectic age (which will soon tire itself out) only the gods can afford to be idle, but it is worth recalling that our immortal germ-plasm existed long before people discovered the portal collateral circulation, or the use of quinidine in flutter.

Instead, therefore, of learning very large books by heart, follow Tagore: "I have laughed with merry-makers on festival nights. On grey mornings of rain I have crooned many an idle song." All good Greeks knew that Fate overtook Œdipus for neglecting Sophrosyne or happy moderation, and beginning to "think thoughts that are above mortality." Do not fall to slavery as Crœsus did for neglecting the words of Solon:

"Knowing these things, I make it my design that you in unambitious quietness should earn the name of happy from all mankind." He would most surely have advised a comfortable little practice in the shires surrounded by horses and the family.

Forget, then, for this month that you are clever, and adopt the eminently rational attitude of James Stephens's Mad Patsy:

> "And then he stretched out in the sun
> And rolled upon his back for fun,
> He kicked his legs and roared for joy
> Because the sun was shining down;
> He said he was a little boy
> And would not work for any clown."

* * *

The Sports on May 1st provide a great opportunity for beginning this new life. Upon the warriors who win anything cups and medals will be showered by Lord Stanmore's sister, the Hon. Nevil Gordon.

The Athletic Club wish to take this opportunity of thanking most cordially Sir Charles Gordon-Watson for his timely presentation of a Challenge Cup for the Three Miles. The universal opinion is that the first home in this arduous race thoroughly deserves such a reward.

* * *

But behind all this we hear the rumbling of distant thunder. By the time this number takes its first breath, the starting pistol may have been exchanged for the truncheon, and Commandant Ball and his special constabulary may be, as a cynic expressed it, "wandering about alone in the dark getting knocked on the head." We wish them a stout time and well-fitting uniforms.

St. Bartholomew's Hospital War Memorial.

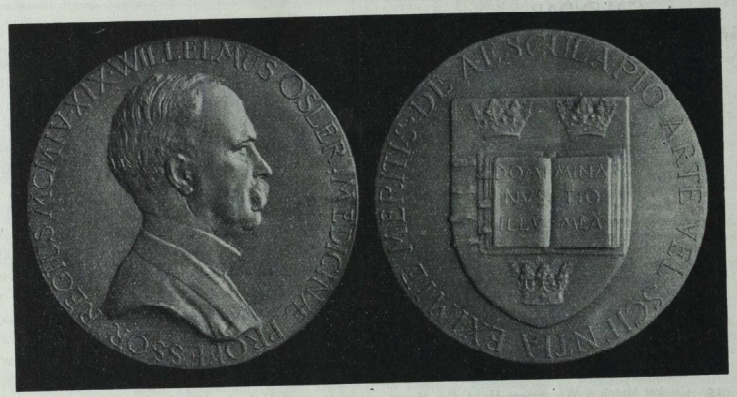
The Committee is able to announce that H.R.H. The Prince of Wales has consented to unveil the Memorial on the afternoon of July 8th, 1926, at an hour yet to be fixed.

Tickets for admission to the ceremony will be issued to two relatives of each man whose name appears on the Memorial. Each subscriber to the fund will also be invited to be present. A further announcement of the arrangements will be made at a later date.

* * *

The Osler Medal.

By a decree enacted in Convocation on May 19th, 1925, the University of Oxford declared that a bronze medal should be awarded once in every five years "to the Oxford Medical graduate who shall, in the opinion of the Board of Awarders hereinafter mentioned, have made the most valuable contribution to the science, art, or literature of medicine." The first recipient of this the highest distinction conferred by Oxford University on its medical graduates is Sir Archibald E. Garrod, K.C.M.G., F.R.S., D.M., F.R.C.P., Regius Professor of Medicine in the University of Oxford, student of Christ Church, and Consulting Physician to St. Bartholomew's Hospital and the Hospital for Sick Children.



The Osler Medal: Obverse and Reverse.

For the accompanying illustration we are indebted to the *Lancet*.

* * *

Fleet Street Week this year has been fixed for October 10th to 16th. Students' Collecting Day will be Wednesday, the 13th, so every brilliant scheme should at once be registered.

The Davos Third Post-Graduate Vacation Course.

The Post-Graduate Vacation Course dealing generally with the subject of tuberculosis and alpine climate (the third of its kind) will be held in Davos from August 22nd to 27th. The programme will comprise lectures and demonstrations by the medical men of Davos on the climatology, pathology, diagnosis and prognosis of tuberculosis. The lectures are given chiefly in French and German languages, but arrangements are being made this year for certain lectures and demonstrations to be given in the English language. It is hoped that many English medical men will avail themselves of this opportunity of seeing the great tuberculosis centre of Davos, and of making themselves acquainted with the work which is being performed there. In former years this course has been very largely attended by the Continental medical men and students, but it is regretted so far that the English attendance has been very meagre. If the writer can give any help or information concerning this course, he will be only too pleased to do so. Full particulars will be available in due course. Special railway and hotel rates will be available. Communications may be addressed to Dr. Bernard Hudson, The Victoria Sanatorium, Davos-Platz, Grisons, Switzerland.

* * *

To Mr. E. A. Crook, F.R.C.S., our good wishes on being appointed Surgical Registrar.

* * *

We congratulate Nurse Hungerford on winning the Blue Belts' Gold Medal.

* * *

S. Gurney-Dixon, M.A., M.D.(Cantab.), has been appointed a Justice of the Peace for the county of Hampshire.

MYTH, PHANTASY AND *MARY ROSE*.*

(*Continued from p.* 102.)

WITH which lengthy preamble I hope I have sufficiently cleared the way for a discussion of *Peter Pan* and *Mary Rose*. But here I may have to meet the objection that Barrie is impossible on account of his sentiment. I can quite understand that to youth of the war and post-war periods sentiment is abhorrent. I can even understand why Epstein appeals to them, though not to me. Let me illustrate my point from a rather striking letter which recently appeared in the *New Statesman*: "The dominant characters of subhuman and of the lower level of human nature have been displayed with the insight and force of genius in the Epstein Rima. A very large section of the public look at Nature through the rose-tinted glasses of a pseudo-romantic sentiment. They visit the bird sanctuary expecting to see their vision charmingly embodied, as it actually is in the statue of Peter Pan across the water. They are confronted with the less pleasing truth seen by Mr. Epstein's naked eye. Disappointed and shocked, they exclaim against the ugliness and falsehood of his work. But the spirit of Nature he has expressed with unforgettable power; and it is well that we should all be compelled to look at it in the face of Rima." That is the reason for the spirit which rejects sentiment, and it is chiefly the outcome of the war, the spirit that recognizes how thin is the veneer of civilization. But it is sufficient for my purpose this evening if you will admit the view that sentiment "is an intensely human emotion, intimately linked with our self-pity, our vanity, our impossible aspirations," for then you must also admit that if Barrie's sentiment enables us to understand more of the workings of the mind, especially at the subconscious level, he is worth studying for the light he throws on problems with which every medical man has to deal. If you go on to urge that Barrie's sentiment is not sincere, I should be inclined to agree with you on occasions, but would claim that the victim of a fixation is apt to hide his real feelings behind dramatized emotions. For that Barrie is the subject of an intense mother-fixation is sufficiently obvious; his biography of his mother *Margaret Ogilvy* proclaims it aloud. He even published his first articles under her maiden name, adopting the pseudonym "Gavin Ogilvy." The child that "might have been" in *Dear Brutus* is called Margaret. It was his mother as a child that appealed most to his childish imagination. He says: "I soon grow tired of writing tales unless I can see a little girl, of whom my mother has told me, wandering confidently through the pages. Such a grip has her memory of her girlhood had upon me since I was a boy of six." And the consequence of this mental attitude is seen in his statement that "the horror of my boyhood was that I knew a time would come when I also must give up games"; it leads him to the astonishing remark, "Nothing that matters after we are 12 matters very much." In praise of Robert Louis Stevenson he says, "He was the spirit of boyhood tugging at the skirts of this old world of ours and compelling it to come back and play."

His mother said she would have "liked fine" to have been the mother of a great explorer, of Carlyle, or Gladstone. Evidently her maternal instinct was intensely strong, but it is the tragedy of such forceful personalities that they defeat their own desires by holding the son

* Being part of a lecture delivered to the Abernethian Society.

in eternal bondage. Said Barrie to her of his books—"Mother, what a way you have of creeping in."

When Peter Pan came flying back home he found the nursery window barred, but for Barrie that window was always open, and therein he found his retreat. From his books and plays one can construct the life-history of the genus Peter Pan, that elusive creature who wanted Wendy for a mother, firmly declining any more adult relationship. You will find his earliest phrases in *Sentimental Tommy*—the boy who at the age of six had the imaginative and imitative faculty so developed and had such a craving for sympathy that he simulated at one time a reformed prisoner and at another an epileptic. "His pity was easily aroused for persons in distress, and he sought to comfort them by shutting their eyes to the truth as long as possible." In spite of this equipment for becoming a successful doctor, he firmly determined on reaching the fatal age of 12 not to grow up any further. The next phase of the boy forced to go on with life while never attaining manhood is to be found in *Tommy and Grizel*—not at all a good novel, but an enlightening book. Tommy, apt at simulating emotion, became a popular author by the time he was 22, though his book was such as to lead Grizel to say, "If writing makes you live in such an unreal world, it must do you harm." The whole book seems to have been written to express contempt for the artistic temperament. But perhaps we have the key at the end, where Barrie says, "Have I been too cunning, or have you seen through me all the time? Have you discovered I was really pitying the boy who was so fond of games that he could not with years become a man, telling nothing about him that was not true, but doing it with unnecessary scorn in the hope that I might goad you into crying 'Come, come, you are too hard on him.'"

On another page he says of Tommy: "He was still a boy, trying sometimes to be a man, and always when he looked round he ran back to his boyhood as if he saw it holding out its arms to him and inviting him to come back and play. He was so fond of being a boy that he could not grow up. In a younger world where there were only boys and girls, he might have been a gallant figure."

Then note how he comforts himself when faced by the next step: "If she would only have let him love her hopelessly. Oh, Grizel had only to tell him there was no hope and then how finely he would behave. He saw himself passing through life as her very perfect knight." But when he found himself in danger of being accepted he was appalled. He knew that he had reached the critical moment in her life and his, and that if he took one step forward he could never again draw back. He had a passionate desire to remain free. He heard the voice of his little gods screaming to him to draw back. In spite of himself he becomes engaged, breaks it off, and then writes a touching book called *Unrequited Love*, which, of course, gains him all the sympathy and her all the odium for the rupture. The same capacity for describing emotions he does not feel was evinced in another of his touching books called *The Wandering Child*—a reverie about a little boy that was lost: "His parents find him in a wood singing joyfully to himself because he thinks he can now be a boy for ever; and he fears that if they catch him they will compel him to grow into a man, so he runs farther from them into the wood, and is running still, singing to himself because he is always to be a boy." But when Tommy was reading aloud one of the most exquisite chapters about the lost child, a real child in the room would not keep quiet, whereupon our sentimental author jumped up and promptly boxed that child's ears. No wonder that in a moment of self-recognition he said, "I seem to be different from all other men. There seems to be a curse upon me." There was—the curse of mother-fixation, which held him back in the chains of phantasy, and which may make an artist, but never a man. Aaron Latta said to Tommy, "Your mother was a wonder at make believe. But she never managed to cheat herself. That's where you sail awa' e'en from her." I have merely put extracts from this book together; they require no comment; they seem to me a complete description of the genus Peter Pan between the ages of 20 to 30.

Peter Pan in middle age is to be found in *The Little White Bird*. I do not feel that it is permissible to treat the writings of a living author as if they were strictly autobiographical, but it is pretty clear from the time this book was written Barrie's imagination was carried to a much higher flight. Apart from the sketches of life in Thrums I do not think that any of his work up to this point has much chance of immortality. But from this point onwards something new came into his books, or rather, his plays, for he wrote no more stories after this, finding the stage a better medium for his genius. And we know that something new came into his life at this time, for he found in Kensington Gardens some children who influenced his whole outlook. For the first time he ceased to look back regretfully on his own childhood and delighted in the next generation—the only hope for the middle-aged. The man or woman who looks back becomes, like Lot's wife, a pillar of salt—the symbol of unavailing tears. In this book we see Peter Pan the elder as the lonely bachelor, who, at his club, is called the confirmed spinster. He is, by the way, supposed to be a soldier—a pathetic attempt at compensation. He is also determined to dodge being called a whimsical fellow, but comes "agitatedly to the fear there may be something in it."

We next see him grown a little older, as Mr. Coade in *Dear Brutus*. He is described as "old, a sweet pippin of a man with a gentle smile for all; he must have suffered much, you conclude incorrectly, to acquire that tolerant smile." "His study walls are lined with boxes which contain dusty notes for his great work on the Feudal System, the notes many years old, the work, strictly speaking, not yet begun. He still speaks at times of finishing it, but never of beginning it." "I have often thought, Coady," he says to his wife, "that if I had had a second chance I should be a useful man instead of a nice lazy one." But the second chance shows him still busy with evasion, the "whimsical fellow" who faintly hears the Pan pipes and tries to imitate their music. Allied to Mr. Coade is Mr. Morland in *Mary Rose*—it is interesting to note, by the way, that the same actor was selected to play both these parts. Of all this group Morland alone achieves paternity, and he makes some sort of effort to shoulder responsibility. Still, he says of himself, "I have been occupied all my life with such little things—all very pleasant, I cannot cope, I cannot cope—" And he says his epitaph should be, "In spite of some adversity he remained a lively old blade to the end."

The last scene of all which ends this strange eventful history is to be found also in *Dear Brutus*. Here we meet Lob, who, grown inevitably out of these others, retreats from death. And note his Puckish attitude to life: "Those things most please me which turn out preposterously." But of Lob, Puck, Robin Goodfellow, call him what you will, two different views are possible. The harshest one is that of a creature who does not appear to sympathize with man's struggle to break his chains. He collects a number of people who are failures, pushes them out into the enchanted wood of the second chance, and chuckles at the thought that they must fail as surely the second time as they did the first. He laughs, "You'll fail, you'll fail: I said you would. Destiny and circumstance are too strong for you." And thus he excuses his own failure.

But a gentler view may be deduced from Barrie's own description of Lob as he stands there after sending them out into the wood for their second chance: "Quivers of rapture are running up and down his little frame." His glee is paramount; but his experiment suggests a wistful belief still in some transmuting power, in the light of which the individual can make something out of his second chance. I think he had hopes of Dearth, the artist, who in the wood becomes also a man, once he has found his daughter there. Witness his care for the things she is to see and know: he winces at her growing up, but he is ready to face it. Dearth alone justifies his second chance and makes good; all the others remain as they were. For he alone had been the victim of circumstance; the others failed again because they were what they were.

Lob, though so old, is still childish. Crossed in his wishes he creeps under the table, bursts into tears, crying out, "It isn't good for me not to get the thing I want." But he has learned, I think, something from life—an almost prankish benevolence, an uncanny insight into the wonder of youth and joy, of pity and tenderness. And this is Peter Pan grown old. The "strong hours indignant worked their will"; this is the final stage of the boy who would not accept a man's burden. And there are many such; indeed, there are not many who can truthfully say, "When I became a man I put away childish things." Lob retreats from death, I have said, and is it not the Lob spirit of Barrie himself which will achieve immortality?

I want specially to stress the whole genesis of Peter Pan from mother-fixation. You will remember that a little girl in a magenta frock and a white pinafore appears in front of the curtain before the play begins and bobs a curtsey to the audience. She appears several times in an inconsequent kind of way in the play, remarks that she is a married woman herself, and at the end flies off on a broomstick. She used to be called the author of the piece on the programmes, but this has now been dropped. Now Barrie told his mother she was really the author of all his books, and the closing sentence of *Margaret Ogilvy* is to the effect that he will always remember her as "a little girl in a magenta frock and a white pinafore who comes towards me through the long parks, singing to herself." Note that Grizel in *Sentimental Tommy* is similarly attired.

At the conscious level Barrie can speak of "a man I am very proud to be able to call my father," but that is about the only time he speaks of him at all, although he talks at length about his maternal grandfather. But in Peter Pan there is persistent lampooning of the father. For several years the part of Mr. Darling and Captain Hook were taken by the same actor, as if to stress the fact that the Pirate King of the phantasy represented the father. So that there shall be no mistake about this, Michael says when he sees his father on his return, "Why, he's not nearly so big as the pirate I killed on the ship." Then note the entirely different reaction of the father and the mother to the loss of the children; the mother is heart-broken, but the father actually gets satisfaction out of his penance of riding to the city in the dog-kennel. Mother-fixation always involves some degree of hostile reaction to the father, as I have already said.

(To be concluded.)

W. LANGDON BROWN.

THE RÔLE OF CLINICAL PATHOLOGY IN DIAGNOSIS.

ONE of the biggest factors in the progress of medicine is the gradual perfection of the art of diagnosis. There can be little doubt that those physicians who apply the results of laboratory work to their practice are chiefly responsible for this advance. Information given by the clinical laboratory does something to fill that gap of insufficient data which is responsible for most mistakes. Such observations are indeed so valuable to the clinician that students of medicine and others sometimes lead one to believe that they hope for a diagnosis from the clinical pathologist. "Clinical diagnosis by means of laboratory methods"—the title of an important work on clinical pathology—is an attitude as unfortunate as the extreme reaction which it provokes: that one may ignore more or less such methods, and rely solely on bedside observations. The views of the "laboratory physician" and those of the man who can do without pathology are alike confusing to students; wherefore an attempt to get the clinical pathologist in his right perspective may not be out of place. We can best do this by considering to what types of logical argument methods of diagnosis conform, and so analysing the mental processes leading a physician to ask for laboratory investigations.

Inductive logic is the reasoning by which we gather the general truth behind a number of particular observed facts. By a combination of this method with generalization and analogy we try to discover the morbid process responsible for a patient's symptoms. There are four stages of inductive logic, the first being observation. Applying the method to a medical case, the first stage is the collection of facts given by the history and routine physical examination. The second stage is the making of hypotheses. It is usual to select a group of salient facts, and to formulate the differential diagnosis—diseases which will account for this nucleus of observation. Analogy with other cases enables us to do this; it is a safe method for the purpose because the conclusions are to be used only as hypotheses. Generalization also is made use of, when a group of physical signs is reduced to one fact and expressed in terms of a lesion. Only in exceptional cases is clinical pathology needed at this stage. It sometimes happens, as, for example, in cases of pyrexia without physical signs, that we are unable to form a reasonably limited number of hypotheses without appeal to the clinical pathologist. So that to say, "I don't know what is the matter with this man; you might do his blood, urine and stools, and for heaven's sake find something," is a defensible method in some cases; but it is an indefensible habit. The question is sometimes raised whether certain laboratory investigations—for example, blood-counts—should not be done as part of the routine examination of every hospital in-patient. They should obviously not be so performed, for the reason that on the data given by the routine examination a differential diagnosis can almost always be set up, and a proper consideration of it will avoid omissions.

It may appear that there are several different methods in considering the differential diagnosis, but they will be found, I think, to be essentially the same. Take, as a simple example, a young adult who is found to have fever, a cardiac murmur, and a large spleen, and set up as the differential diagnosis infective endocarditis, generalized tuberculosis and typhoid fever. We may then ask if we can find any additional evidence in favour of the most probable cause. This very often demands further observations, sometimes clinical and sometimes pathological. After this new inquiry we may get a collection of facts which so increase the probability of our hypothesis that the other possibilities need not be considered; we may find, for example, Osler's nodes and a few petechiæ overlooked in the routine examination, a positive blood-culture and red blood-cells in the urine. But if we get no pathognomonic collection, it becomes necessary to review the evidence again in regard to the other possibilities, and we shall often need further investigations from this point of view.

Whether we proceed in this way or by the method of elimination, it is apparent that we are doing our best with the third and fourth stages of induction, namely deductive reasoning and verification.

In physical science one hypothesis is assumed to be true and deductions are drawn from it. Such inferences are compared with known facts, or experiments are made to determine whether they are true or not. Newton assumed the truth of the hypothesis that all bodies in space tend to fall towards each other. One deduction after another with regard to the movements of the moon and planets was found to be true, and the law of gravity became established. When many consequences of an hypothesis are found to be true, the hypothesis itself is probably true. The physician is under a disadvantage by comparison with the physicist. Deductions are more difficult; they are limited by the present state of knowledge with regard to the manifestations of disease processes, and those which can be made are often difficult to verify. Assuming, for example, the presence of infective endocarditis, we may argue that organisms are at some times present in the blood-stream, or that emboli will occur sooner or later, but we may have no means of testing these consequences of our assumption. It will be evident that facts on which we make a diagnosis are divisible into two groups, namely those we are given by the routine examination, and those we ask for, for the purpose of testing hypotheses. Laboratory observations fall into the second group, and should not be considered until the differential diagnosis has been made.

The more thoroughly we apply this deduction and verification stage, the more remote becomes the possibility of error. Laboratory observations should be used equally with other facts to bulk up the evidence for the diagnosis, but undoubtedly the best method is to consider all available clinical observations first; thus we can avoid an exaggerated view of the importance of the laboratory by seeing how far we can get without it.

That an important function of the clinical pathologist is to test some proposition prompts the digression that physicians should ask of him definite questions. I have heard the complaint how rarely the pathologist gives the physician a lead. Is it the pathologist's function to carry out tests not asked for, or to suggest what investigations should be made? Physicians rarely think so. How often is a sputum sent to the laboratory with the words "Organisms please," and how many hours have pathologists spent in searching for tubercle bacilli, to be told afterwards there was never any question of tubercle? One has even come to regard as quite natural such requests as "Urine please." To ask whether or no there is evidence in a cerebrospinal fluid of, say, spinal compression, or to ask for a chemical and cytological examination, displays a more logical habit of mind than does the request "C.S.F. please." The form of question may vary with the pathologist.

Having arrived at the disease responsible for the patient's symptoms, we still want to know the stage of the process and the amount of reaction in the patient. Evidence bearing on these points is sometimes to be had from the laboratory, especially as regards the reaction in the patient, of which a reliable index is of the greatest value from the point of view of treatment and prognosis. True, this evidence is sometimes misleading if considered apart from clinical observations; the presence of sugar in the urine of a diabetic who is gaining weight and is otherwise well is of doubtful significance; persistent occult blood in the stools of a patient with peptic ulcer is misleading if pyorrhœa is overlooked. But laboratory results are never considered apart from clinical observations.

Experienced physicians often appear to argue entirely by analogy, and to get results thereby. They will give a diagnosis on the grounds that the case is so very like one they saw the other day, which proved to be so and so. This method I suspect to be the essence of clinical intuition, a quality found in greatest degree in careful observers of wide experience; diagnosing "intuitively," they are subconsciously remembering similar cases. We are always arguing by analogy; our conclusions are often right and very often wrong. Jevons says: "There is no way in which we can really assure ourselves that we are arguing safely by analogy. The only rule that can be given is this—that the more closely two things resemble each other, the more likely it is that they are the same in other respects." Wherefore an experienced clinician can obviously argue by analogy more safely than the inexperienced.

In conclusion I am tempted to suggest that of bad methods of diagnosis, that of jumping to a conclusion and supporting it by what psychologists would call rationalization, and that of the "laboratory diagnostician," who believes there is something peculiar in the nature of his evidence which makes it immune from criticism, are the most striking examples.

KENNETH STONE.

ANATOMY IN RELATION TO SOME LOCALIZED INFECTIONS OF THE FINGERS.

AN earlier article in the JOURNAL of September, 1925 dealt with the anatomy of the tendon-sheaths of the hand in relation to suppurative teno-synovitis. The present article deals with some of the anatomical considerations in relation to localized infective processes of the fingers, mainly in connection with the terminal phalanges.

The following types of acute localized infections of the fingers will be considered.

I. Infectious processes in the region of the terminal phalanges, loosely called paronychia or whitlows. The following types exist:

(*a*) Subepithelial abscess.

(*b*) Felons, or infections of the pulp of the finger.

(*c*) Periosteal whitlows.

(*d*) True paronychia or "run-arounds."

II. Carbuncular infections.

The injury that so often precedes these lesions may be extremely trivial or pass unnoticed; the lesion itself is too often made light of by the patient, who consults the doctor after home remedies have failed and infection is established; and the "only a septic finger" of the O.P. Department may bring about an attitude

of mind that leads to a careless examination of an apparently trivial ailment.

Anatomy of the Terminal Phalanges.

On the palmar surface of the fingers the distal transverse crease is about ½ in. proximal to the line of the distal interphalangeal joint. When the fingers are flexed a prominence on the dorsum is produced by the head of the second phalanx; the line of the joint is $\frac{1}{12}$-in. distal to this prominence.

The tendon of the flexor digitorum profundus is inserted into the palmar surface of the base of the terminal phalanx, and at this point the flexor sheath ends and its coverings blend with the periosteum of the bone.

The terminal phalanges are about 2 cm. in length; the bases are broad, but they taper towards their distal extremities; the palmar surface is flattened and the dorsal surface convex. A horseshoe-shaped roughened and elevated area near the tip of the palmar surface supports the pulp of the finger.

A centre of ossification appears for the diaphysis about the eighth week of fœtal life; the basal epiphysial centre appears between the fourth and the fifth years. These two parts unite about the eighteenth to twentieth years. The tip of the phalanx is ossified in membrane, the remainder of the bone in cartilage.

Each interphalangeal joint has strong lateral ligaments. The insertion of the central part of the extensor tendon, which has no synovial sheath, into the base of the dorsum of the terminal phalanx acts as a dorsal ligament of the joint as it passes over it. The capsule of the joint is strengthened anteriorly by a fibro-cartilaginous thickening.

The pulp of the finger lies anterior to the diaphysis of the terminal phalanx. It should be regarded as a closed fibrous sac with multiple radiating septa which are attached to the periosteum of the bone. This connection is a very intimate one, the septa passing very deeply into the bone as Sharpey's fibres, so that it becomes difficult to differentiate the periosteum as in the case of most bones. The digital vessels give off their epiphysial branches before entering this closed sac.

The dorsal aspect of the phalanx is in relation to the bed of the nail. The nail represents the stratum lucidum of the epidermis. The stratum corneum ends at the nail sulcus as the eponychium. The extent of the root of the nail beneath the eponychium can easily be determined by pressure on the tip of the nail. The sole pad represents the "frog" of ungulates.

In the region of the tip of the finger the nerves consist of a deep cutaneous plexus which ramifies in the subcutaneous tissue and a superficial cutaneous plexus occupying the dermis; from this fine terminal branches pass into the epidermis. These nerve-terminals are richly beset with end-organs of various types, and the skin over the palmar surface of the terminal phalanx is, with the exception of the tip of the tongue, the area most sensitive to tactile impression in the body.

The infections about to be described are the result of minor trauma, such as pin-pricks, scratches, splinters, cracks, etc., and for which the patient does not think it necessary to consult a doctor at the outset. On the other hand, severe lacerations and crushes rarely become infected, since for these the patient is obliged to seek medical advice at once.

The part played by dirty and ill-kept nails should be borne in mind, and in this connection perhaps one may quote "A Lover of Physick and Surgery," who in 1724 published a pamphlet entitled *An Essay concerning the Infinite Wisdom of God, manifested in the Contrivance and Structure of the Skin of Human Bodies.*" This author states that nails were "created with wisdom," since they "are as weapons to defend us from the trouble that arises to us from some small living Creatures that often make their Habitation upon the Surface of our Bodies and to allay the uneasy Titillation by Scratching."

Though perhaps we may not agree with this author as to the direction of the protective function of the nails, his observations have considerable value in connection with infections of the terminal phalanges.

Subepithelial Abscess.

This may occur either as a local process or be associated with more extensive infection. The commonest site is near the margin of the nail, but it may occur anywhere on the finger. It is frequently seen in debilitated children who have impetigo on other parts of the body.

Treatment consists in removing the dead skin overlying the pool of pus, followed by dry dressings for a few days.

Untreated cases may spread in the subepithelial tissues, a typical paronychia (described below) may develop, and possibly in a few cases infection of the pulp of the finger may occur.

Felons or Infections of the Pulp of the Finger.

These are infections of the closed pocket or pulp of the finger described above. Infection probably passes *viâ* the glands from the subcutaneous tissues into this pocket. At the onset there is a pricking sensation in the tip of the finger, which at a later stage gives place to a severe throbbing pain. At this stage tenderness is most marked over the site of infection. With the formation of pus the throbbing pain is diminished and the tenderness becomes more diffuse.

In severe or late cases necrosis of the diaphysis may ensue, due to the cutting off of its blood-supply by distension of the pulp with inflammatory œdema or pus.

The treatment consists in making an incision on the side of the finger which is the more tender. The radiating fibres of the pulp are then cut transversely and the pocket of pus opened. There is no need to carry this incision round the tip of the finger to its opposite side; drainage by the method described is adequate, and a scar at the tip of the finger is a functional disability.

If the diaphysis is bathed in pus it should be removed, if only a small area is bare the treatment in this respect should be conservative.

In neglected cases the joint may become infected or the flexor sheath may become involved, but more often these complications are the result of faulty surgical technique.

In cases where incision has been late or inadequate necrosis of the diaphysis may occur, and a persistent sinus or sinuses will indicate this. Skiagrams should be taken, and any necrotic bone curetted away. Regeneration of the bone usually takes place, but even if this does not take place the disability is usually slight.

Periosteal Whitlows.

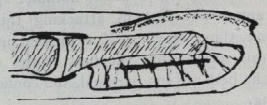
It is doubtful whether this term should be retained; the condition is probably a fulminating infection of the pulp, and its signs and treatment are described above.

True Paronychia or "Run-arounds."

If the term "paronychia" is to have any exact significance, it should be reserved for those infections which occur immediately around the nail and its bed.

THICK LINES INDICATE LINE OF INCISIONS FOR PARONYCHIA. STIPPLED AREA CORRESPONDS TO POSITION OF BASE OF NAIL-BED.

These may start as acute subepithelial abscesses by the side of the nail, and later become typical paronychia. But more often the process is subacute, commencing in some less grave infected area by the side of the nail, gradually leading to inflammation of the eponychium, and the formation of beads of pus at the side of the nail and between it and its bed. In time this process involves the whole nail, which is thus separated from its bed by a pool of pus.



THICK LINE SHOWS LINE OF INCISION FOR FELONS. STIPPLED AREA CORRESPONDS TO NAIL-BED. THE "SOLE-PAD" LIES BENEATH THE NAIL AT ITS TIP.

Treatment consists in making a longitudinal incision from the nail sulcus to the outer side of the nail-bed. If the infection involves the whole nail, incisions should be made on either side. The eponychium is now pushed back with gauze, and the portion of the nail that is detached from its bed should be removed with scissors. It is unnecessary to remove the distal healthy part of the nail. Care must be taken in making the incisions not to injure the underlying nail-bed, or a split nail may result. A dry gauze pack should be kept under the eponychium for 24 hours, and then removed. The nail regenerates at the rate of about ¼-in. per month.

Carbuncular Infections.

These occur typically on the dorsum of the proximal phalanges where hair-follicles are numerous. On the palmar surface of the fingers and on the dorsum of the distal phalanges hair-follicles do not exist, and in these situations carbuncles are rarely seen.

The characteristics of these lesions are the same as in other parts of the body.

The treatment consists in making a crucial incision which extends just beyond the margins of the infected area—the reason for this contravention of the rules of septic surgery is not clear, but it seems to be an important point. Each quadrant is then dissected up in the form of a flap from the underlying tissues. No good purpose is served by removing anything but obvious sloughs. The skin-flaps should be kept packed up by hot saline gauze packs for 24 hours.

Total excision of carbuncles on the dorsum of the fingers and hand should be deprecated. Healing in these situations is extremely slow, and skin-grafts frequently have to be used. The method described gives adequate drainage and leads to speedy healing.

For the after-treatment of these cases the reader should consult the article in the JOURNAL for September, 1925, mentioned above. REGINALD T. PAYNE.

HUMOUR AND THE HOUSE SURGEON.

ALTHOUGH from a much humbler sphere, one cannot but feel, in attacking this subject, something of what X expressed in the first article of this series—that the best stories cannot be told. All the best are too personal, too confidential, or too shocking.

One is reminded of a somewhat tardy return to duty on a Monday morning, and of that historic meeting in the Surgery corridor at the time; of amazing post-anæsthetic revelations; of tattooing in the strangest regions, and of the amusing foibles of Chiefs, and even of Sisters. Though a percentage of these will, no doubt, appear in one's autobiography, they must be excluded from this so honourable JOURNAL, which must be—as the schoolboy said of Cæsar's wife "all things to all men."

It is, of course, "a dog's life." Ask the Junior House Surgeon on duty as he munches his poached eggs on toast at 5.15 on a Monday evening if he has found his morning rather funny. He will point out to you that he entered the Surgery at 9 a.m., and has just emerged for the first time; that he has six "minor ops." booked for 5.30; that he knows the anæsthetist won't turn up; that there is one large breast abscess awaiting him and there is no bed for it in Radcliffe; that three doctors have 'phoned— . . . but here he will attack again this lunch-tea complex, and you will move to a more cheerful latitude, such as the skin doctor's table: he always has such good stories. What a haven of mirth Golden Lane must be!

Chiefs have ever been, and ever will be, a source of amusement. It must be admitted that one has usually heard all their funny stories before one comes on, but often their humour is unconscious, and instead of being expected to laugh, one must *not* laugh. Then, how one roars at dinner! Once, upon a ward round—but no, I remember Cæsar's wife. Sometimes the Chief shocks Sister, and this is a huge joke. There is one ward from which the young probationers are banished to the bath-room when a certain class of ailment is being discussed.

There is always a certain amount of amusement to be gained from sailing close to the wind. Once there was a house surgeon who hated the necessity of obtaining the requisite Chief assistant's signature on massage forms. So he carefully cultivated a forgery. It was excellent, and went undetected for many months. Then one day he happened to be in the Massage Department when Sister pointed out that Mr. — was still signing massage forms although he had been some weeks in America.

This point of signatures for patients sent to special departments is continually cropping up. A usually placid Chief was somewhat irate recently when he received a patient with a very crumpled paper bearing the sole legend, "For light, please." It is believed that the legend was hunted to its source, and the erring houseman received "light" on the matter rather than the patient.

The Chiefs from departments other than one's own give the best fun. Once there was a patient who had been treated by deep X-rays for a "recurrent nodule of malignant growth." After many weeks treatment the nodule was, if anything, rather larger. The surgeon was called in, and pointed out that the "recurrent nodule" had the usual characteristics of a sebaceous cyst. How he chuckled in the Square! Then there is the story (first told by Rahere) of the patient with abdominal pain who revealed in her past history that seven years ago she had been told by the Gynæcological Department that she had a "dangerous tumour that ought to be removed by operation." The guileless houseman asked what of the tumour now. "It has just started school," was the reply.

The Nursing Staff is a fertile source of humour to the H.S. Recently a somewhat chatty houseman was examining a case of femoral hernia, a nurse chaperoning. Musing aloud, and showing how well he had been trained in the differentiation between the two main varieties of hernia, he said, "There's the anterior superior iliac spine, there's the pubic spine, so that is the line of Poupart's ligament." "Oh!" said the nurse, "is that Poupart's ligament? I always wanted to know where it was. Now show me Murphy's button."

It *may* have been due to the fact that housemen write so badly, but recently a board with "Cust. Mase." on it was sent down to the Dispensary. It was returned with the note, "Not stocked here."

To be fair we must add at this point that it was a new dresser who, finding a woman with a minute fragment of casualty paper left, gave her a new one, copying on to it her name and the last prescription entry. The lady proudly took to the Dispensary a clean paper bearing the single illuminating entry, "Rep. Ambo."

Years ago Dr. Adolphe Abrahams wrote in this JOURNAL of the species "Dresser." He had not met some whom it has been our fortune to encounter. Will it ever be forgotten that a dresser recently sent up to the X-Ray Department for a bismuth meal a patient whom he had correctly diagnosed as suffering from a perforated gastric ulcer. The idea was excellent. What could be more convincing than to see the bismuth gushing forth from an aperture in the pyloric antrum, billowing over the folds of the great omentum and collecting behind the cæcum!

Then there was the gentleman whose command of English and knowledge of surgery rested hand in hand at a low level. This gentleman was the hero of the following remark overheard by the houseman: "He's a proper doctor 'e is—'e don't mind—'e 'urts yeh." Such is fame! The same gentleman was asked by his H.S. to treat a dear old dame's varicose ulcers with hypertonic saline. "Hah, the hypertonique—yes, I do it," he rejoiced. About a month later the H.S. noticed that this particular old dame had ceased her periodic visits and inquired of her from the dresser. "Yes, I treat her with the saline—the hypertonique like you show us." "Now just tell me what you did," sternly said the H.S. "Hypertonique like you tell us. I took one big handful of moist salt. I clap it on her leg, I put on moist lint—much wool quickly and a good bandage. She do not come again, no?"

The prime source of humour always has been, and always will be, the patient. Our patients' efforts at medical terminology are so quaint. Think of the poor old man who, according to his voluble wife, had "had an anæmia every day for a fortnight, but 'e's still blown up like a bladder and vomitin' 'is soul up." This reminds us of the young woman who stopped a nurse in the surgery and asked her, "Could you tell me where I can go to see the Lady Enema?" Another old lady, sitting desolate on the form outside the box, was asked what was the matter. "Unofficial," was the laconic reply. Questioned further, she showed evidence of embarrassement and repeated "Unofficial." Her paper was unearthed from her purse, and the new H.S. learned from it that she was suffering from anal fissure.

An article could be written on "Syatematized Nomenclatural Malapropisms." Perhaps the article would with difficulty rise to the level of the title, but there would be an interesting field for investigation. For example, in the patients' mind pathological processes always take place *on* and not *in* an organ. "She 'ad a miss on the womb, doctor, and she's bin loosin' ever since." "The panel doctor says 'e's got a hulcer on the stumick." Such statements are constantly heard. By a Hoxtonian mother one is frequently told, "Ever since 'e 'ad the measles 'e's 'ad pig-styes on 'is eyes, doctor." I was once completely nonplussed by a man who confided in me, "My wife's got a twisted wound." I was about to ask him where this wound, so weird and interesting, was situated, when I remembered the "wound" is a strange contortion of the word "womb" in some localities.

The patient who is too well up in medical terms is often even more amusing. A most "refained" lady in Martha, replying to the kind houseman's inquiry after her comfort, convulsed him by remarking, "The pain in the vulvah is bettah, but my urethrah is still sawah." Once a young man strayed by mistake into the accident box in the evening and said to H.S./D. "I've got dropped beats." "How do *you* know" said the H.S. "I've got a book with it all in," said the sufferer. "Well, you'd better read a bit farther and you'll find out how to treat them, for I don't know. Good evening."

Another strange habit is that of announcing, not the symptom, or the supposed disease, but the diseased organ. Thus it is usual to hear in the Ophthalmic Out-patients, "I've brought 'im up wiv 'is eyes, doctor." One is tempted to remark that it would be difficult to bring him up without them. If one has time to muse, one pictures the much-childrened mother coming up to the first floor and announcing, "I brought 'im up wiv 'is feet, doctor," presenting a daughter on the second floor with "I thought I ought to bring 'er wiv 'er throat, doctor," and at last presenting two brats on the third floor with "I've brought 'em both wiv their skins, nurse."

Porters, among other excellent qualities, are not rarely the cause of much amusement. One Surgery night porter, whose diagnostic powers were remarkable, frequently woke the H.S./D. in the early hours of the morning with the clarion call of "Gastricated ulcer in the Surgery, sir." To-day, the great joke is—"There's a little one downstairs, sir, with a runnin' ear and tender be'ind." In a few minutes the theatre is prepared for a "mastoid."

Analyses of humour are generally fairly futile, but one is tempted to comment that one of the best types of funny story is based on an unexpected reply born of a total misconception of the remark which called it forth. A lady who had been helped through many confinements by generation after generation of district clerks was about to go to Swanley to convalesce from an abdominal operation. The H.S., being in a fatuous mood, read out to her extracts from the list of disqualification as he made out the admittance form. "Are you of immoral character?" he questioned with mock seriousness. "Well, you ought to know; I've 'ad the young doctors from here every time" was the devastating retort.

From a provincial hospital comes the best house-surgeon story of recent times. A man was obviously dying. Throughout his illness he had been visited by a boisterous lady whom the H.S. took to be his wife. So serious was the patient's condition that the H.S. took the lady aside and explained the state of affairs to her. "Oh, that's all right. I've wired for his cousin, Mrs. Hamilton-Jones, and his uncle, Major Tompkins."

"But he is far too ill to see all these people. We have let you in because you are his wife." "I'm *not* his wife —I'm the woman he lives with." The H.S. felt this to be beyond his powers. The next day the man died, and a few hours later the lady returned to hospital with a large brown paper parcel. To Sister at the door she announced, "I've brought a shroud. I haven't aired it. Does it matter?"

If humour be the spice of life, jest on! "Y."

CANCER RESEARCH IN LITTLE BRITAIN.

THE following communication has recently reached me from the Steward's Office, and, after careful thought, I have come to the conclusion that it is my duty to place the authoress's message before a larger audience than can be reached through the minute book of the Radiotherapeutic Research Committee. The original manuscript has been transcribed for the readers of the JOURNAL with meticulous care, and I can vouch for the almost literal accuracy of every sentence. In a very few instances a letter has been altered where a slip of the writer's pen rendered the meaning obscure, and punctuation has been supplied throughout. If any false impression has been created by this minimum of editorial interference, then the fault is mine and I am prepared to take the consequences. Truth proverbially lurks in queer places, and it has before now been found even in damper ones than an area in Little Britain. It is clear also that no clue must be ignored which might lead to the capture of that will o' the wisp known as the "cause of cancer." No further apology, therefore, is needed for the contribution which follows, even though the authoress's name is unfamiliar in the world of science. The cogency of her arguments will be apparent to all, and the peculiar forcefulness of her style may well serve as a model for other contributors to the JOURNAL. The only uneasiness that makes itself felt in the suggested scheme of research is the doubt whether the Nursing Staff would tolerate for long the proximity of Chanticleer in close confinement in Little Britain. And I am terribly haunted by the thought of all those widowers.

G. L. K.

The Gentlemen of the School for Cancer Research, Bart.'s Hospital.

April 6th (1926).

GENTLEMEN,—AN Announcement In to Days Daily Exspres About Cancer By A Woman Scientist, Who Thinks that White Blood is tested in Chanticleer the cause of cancer, But Does not know Unless Inoculated in Human Beings; now Here is my Suggestion—take 1 Healthy Chicken Female, Feed It on the Same food as Human Beings, *via* A Rasher for Breakfast And one Egg, (all these can Be cut up Small) 1 cup of tea, Sugared of course, milk, keep in a Damp Place, Say, for Instance, in An Area Running up Little Britain, And A Dinner of Cabbage, meat, Potatoes and Desert, tea as usual, And Supper, Bread and Cheese, tea or Beer; in A few weeks on Human Diet Keep Him, then Inoculate Him With Human White Blood or Pink cancer Blood Before Decomposition Has Begun; cancer Blood owing to Strangled Circulation Is thin And not glutinous, As you know, the Ulcer Part Humour And Pink Red Kind of Blood of the Carcinoma type. Now I Have given my Close Attention to Human Cancer. Chickens Have no Strenuous Life to Lead; they Have no care About their off Spring. Cannot the Medical Realize This, that cancer comes to the Well fed? It comes to the Poor Working man and Woman. Why, It is Poor Ill-nourished Blood Which Soon Lays A Creature Low. Take Doctors for Instance, Working Hard, Anxiety, not often time to Digest their meals, Have to keep up A fine House, Servants And Perhaps A Family, Open to night calls in All Weathers. Can you Wonder if, Born Strong, even they go under? In cases of Blood Poisoning the Evil is there, And It only Wants an Exscuse for the System to Respond. I Have come to this Conclusion, that the mystery of cancer Lies In the Thyroid gland, And the Evil is that the Heart Does not Supply the nourishment that makes the glutin in the Blood; then How can the Brain Do Its Alotted Work if no Blood gluten is there? It Clearly Shows me that the consumption that Sets up in the Body must Be As the Life of the Flesh is in the Blood. Why I am so Interested is this: We Have Had consumption cancer on one Side, Heart Disease on the other. And Why married People Are Prone—take the usual Run of the case—and Anxiety of feeding, And Where A mother Does Her Duty, the Drudgery,—think then, Can She Always exspect to keep Strong when, in middle Life, She Has no Reserve force; there are many Widowers.

Gentlemen, In Apoliging For These Pieces of Paper Let me Say that I Have Seen The Strongest And Well Sett up People Die of this cancer; the Ancients call it Crab, And I Suppose that Dead Portion in Side the Shell Suggested the name. But I know this, that as Tartar can Eat Away Sound teeth, causing them to Appear Like A Cauliflower, But green in colour, the thyroid gland, in my opinion, Determines the Life or Death of A Cancer Subject. If you notice, the Heart And throat is Always Affected in cancer, And the Brain can carry the germs. Although it is not catching, it can Be generated Down By Parents of the same Disposition of nerve Exhaustion Taken from Life. If The Digestion in the Stomach [and] the Blood vessels [is] Renewed, much can Be Done to Arrest the Decay; the life of the flesh is in the Blood. I know of one thing which we All Lack that I Have taken A Large quantity of With An Inhaler, when, of 3 things, It worked A miracle in me. But there is just A Defect that can Be Dealt With.

I Remain,
Respectfully yours,
A. LLOYD.

ODE TO A DISSECTION OF THE GLUTEAL REGION (ROOM 1, SPECIMEN 136) IN THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

I envy you, my beaming boy,
And wish I could inherit
The lot to live my life like you
In pints and pints of spirit.

For there you sit in ecstasy
Like Love amidst the flowers,
And never take the slightest heed
Of legal closing hours.

Oh! would that those in Parliament,
Could see the look of sweet content
Infusing your integument,
And all with one accord relent,
And give to us with kind intent,
Your consummate environment.
If doing so they'd change those laws
(For which there never was a cause),
From legislation set us loose
To soak in alcoholic juice.

* * *

But after half an hour's reflection
Matters assume a new complexion;
It's plain the rapture of your soul,
Cannot be caused by alcohol,
For all the physiologists,
And quite the best histologists,
The presence heatedly deny
Of taste-buds in the glutei.

F. W. J. W.

ST. BARTHOLOMEW'S HOSPITAL REPORTS.

VOLUME LIX of the *St. Bartholomew's Hospital Reports* is due during the month of May. Its contents are as follows.

"An Obituary Notice of Dr. Joseph Arderne Ormerod," by Sir HUMPHRY ROLLESTON.

"The Rebuilding of the Hospital in the Eighteenth Century," by Sir D'ARCY POWER, K.B.E. (Part I).

"A Report to the Rockefeller Foundation on the Medical Schools of America," by FRANCIS R. FRASER, M.D., F.R.C.P.(Edin.).

"Perforated Gastric and Duodenal Ulcers," by W. GIRLING BALL, F.R.C.S.

"The Physical Basis of Light Therapy," by F. LL. HOPWOOD, D.Sc.

"Notes Relating to Immunity and Specific Therapy in Tubercular Disease," by C. C. TWORT, M.D.

"The Treatment of Intracapsular Fracture of the Neck of the Femur," by R. C. ELMSLIE, M.S., F.R.C.S.

"The Life-History of Hæmoglobin Clinically Considered," by W. LANGDON BROWN, M.D., F.R.C.P.

"Vaquez's Disease," by Sir THOMAS HORDER, Bt., K.C.V.O.

"Five Cases of Intra-Abdominal Accident," by HAROLD BURT-WHITE, M.B., F.R.C.S.

"Two Cases of Cerebral Hæmorrhage in Adolescents," by JAMES MAXWELL, M.D., M.R.C.P.

The volume will also include the Proceedings of the Abernethian Society, a list of Museum Specimens, books added to the Library, Scholarships, etc. A new feature is the inclusion of the Proceedings of the Paget Club, which, if considered satisfactory, will be amplified in future volumes.

Subscribers will receive this volume at 15*s.* and non-subscribers at £1 1*s.* Cheques and postal orders should be made payable to Dr. LANGDON BROWN, 31, Cavendish Square, W. 1.

STUDENTS' UNION.

FIVES CLUB.

During the months of February and March only two matches have been played, and these conclude the season.

The first took place on February 26th against the Old Citizens and resulted in a win for the Hospital by 55 points, the score being St. Bart.'s, 110; Old Citizens, 55.

The other was against University College, London, and again the Hospital won—St. Bart.'s, 116; U.C.L., 91.

In all fourteen matches have been played, and of these the

Hospital has won eleven and lost three. During the season 1640 points were scored for and 1219 points against the Hospital, thus concluding what may be regarded in every way an eminently satisfactory season. That this is so is largely due to the untiring efforts of the Captain, N. E. Cook, in producing the strongest possible side on each occasion, and also to the consistent brilliance of K. W. Mackie, whose value was especially realized when we had temporarily to dispense with his services, owing to a septic condition of his right hand.

GOLF CLUB.

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

Played on February 17th.

R. H. Bettington	1	L. A. Speakman	0
C. E. Woodrow	1	H. M. Creasy	0
H. O. White	0	A. B. Coote	1
H. V. Burt	0	E. Walker	1
E. H. Roberts	½	Capt. Parry	½
Stocker Harris	0	T. Rochford	1
Mr. Just	0	T. P. Rochford	1
Dr. Graham	1	Dr. Carson	0
	3½		4½
Bettington and Woodrow	½	Creasy and Coote	½
White and Burt	½	Walker and Parry	½
Roberts and Harris	0	Rochford and Dr. Carson	1
Just and Graham	0	Rochford and Daly	1
	4½		7½

Bart.'s lost by 4½–7½.

BOGEY COMPETITION.

Played at Sandy Lodge on February 24th.

C. E. Woodrow (7)	1 up
Dr. Graham (12)	1 down
R. H. Bettington (scr.)	2 ,,
H. O. White (7)	3 ,,
H. V. Burt (8)	3 ,,

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

Played at Sandy Lodge on March 9th.

R. H. Bettington	0	R. Nutt	1
W. A. Barnes	0	R. Nutt	1
C. E. Woodrow	1	H. V. Coverdale	0
H. O. White	0	N. M. Terram	1
N. V. Kendall	1	Clayton	0
H. E. Houfton	0	Morris	1
H. V. Burt	0	Yardley	1
Tideswell	1	Temple	0
	3		5
Bettington and Barnes	0	Nutt	1
Woodrow and Kendall	1	Coverdale and Morris	0
White and Houfton	0	Jerram and Yardley	1
Burt and Tideswell	0	Clayton and Temple	1
	4		8

Bart.'s lost 4–8

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

Played at Sandy Lodge on March 24th.

H. O. White	1	Mr. Gilliat	0
N. V. Kendall	0	Mr. Miller	1
H. V. Burt	0	D. J. MacMyn	1
E. H. Roberts	0	Mr. Negus	1
Stocker Harris	0	Mr. Everidge	1
J. G. Cox	1	Mr. Palmer	0
	2		4
White and Kendall	1	Gilliat and Miller	0
Burt and Roberts	0	MacMyn and Palmer	0
	3		4

Bart.'s lost 3–4.

ST. BARTHOLOMEW'S HOSPITAL *v.* MID-KENT.

Played at Gravesend on April 18th.

Barnes	0	Robson	1
White	0	Petrie	1
Woodrow	1	Andrewes	0
Burt	½	Lewis	½
Milner	1	Penman	0
Hartley	0	Colville	1
Rose	0	Talbot	1
O'Kell	0	Martin	1
	2½		5½
Barnes and White	0	Robson and Petrie	1
Woodrow and Burt	½	Andrewes and Lewis	½
Milner and Hartley	0	Penman and Colville	1
Rose and O'Kell	0	Talbot and Martin	1
	3		9

Bart.'s lost 3–9.

REVIEWS.

MIDWIFERY. By Ten Teachers. Third Edition. (Edward Arnold & Co.) Price 24*s*.

A third edition of this valuable text-book, published at so short an interval after the last, speaks well for the high position that it holds among students and teachers.

Although showing no large changes, many interstitial alterations and additions are to be found, keeping the book in line with recent advances in obstetrics. The presentation of the question of albuminuria and pregnancy is considerably altered.

Recent statistics on eclampsia are included, and the expectant treatment more fully detailed.

The section on hyperemesis gravidarum has been largely rewritten.

Several skiagrams have been added.

THOMSON AND MILES'S MANUAL OF SURGERY. Vol. I. Seventh Edition. (Oxford University Press.) Price 12*s*. 6*d*.

This edition appears five years after the former, the delay being largely due to the death of Prof. Alexis Thomson. Recent progress in surgery has been added, while every attempt has been made to avoid adding to the work.

The volume under review shows very few changes. Additions are made in the descriptions of the dental changes in syphilis, and there is some amplification in the section of diseases of bone—the term "osteitis fibrosa" being introduced in place of "osteomyelitis fibrosa," with an additional figure.

SWANZY'S HANDBOOK ON THE DISEASES OF THE EYE AND THEIR TREATMENT. Thirteenth Edition. (Lewis & Co., Ltd.) Pp. 698.

Like the two last editions of this work, this edition is edited by Louis Werner, M.B., F.R.C.S.I. There has been an entire revision, with many minor alterations and additions, and the book has been enlarged by twenty pages. The illustrations are profuse and good. There are a number of coloured plates showing physiological and morbid conditions of the fundus, and an excellent plate of types of congestion.

Methods of examination are well and fully described, and the chapter on derangements of the orbital muscles is particularly good. We should like to have seen the chapter on abnormal accommodation and refraction enlarged.

We have found the book a very useful one.

A COMPANION TO MANUALS OF PRACTICAL ANATOMY. By E. B. JAMIESON, M.D. Second Edition. (Oxford University Press.) Pp. 338. Price 8*s*. 6*d*.

The first edition of this work having passed through six impressions, a new edition is welcomed. The scope and general character of the book are unchanged, and the Baele nomenclature is used. The text has been revised and many minor alterations have been made. The account of the lymphatic system has been rewritten, many paragraphs on the nervous system have been recast, and the account of the projection tracts—a subject on which the author is so well qualified to speak—has been rearranged. The book will retain its reputation for usefulness among students of anatomy who appreciate a small volume for class- and dissecting-room reference.

SYNOPSIS OF SURGERY. By E. W. HEY GROVES. Seventh Edition. (Bristol: Wright.) Pp. 648. 13 plates. 150 figures. Price 17*s*. 6*d*.

This book is well known to many students of the Hospital, and by all such is recognized as a work of great merit. The present edition represents a real revision of the whole text, and the author has admirably succeeded in his object of producing a synopsis which shall include all important work and present it briefly and clearly.

A number of useful line drawings and plates have been added, and particularly to the point are those in the section on surface-markings.

We heartily recommend this as a book to be *bought* by all students of surgery.

SYNOPSIS OF MEDICINE. By H. LETHEBY TIDY. Fourth Edition. (Bristol: Wright.) Pp. 952. Price 21*s*.

This monumental work deserves the highest praise. While the volume keeps within a reasonably small size, little that it is essential for the student to know has been omitted. The general features are well known. The fullest use has been made of subheadings, clarifying classifications, and varied type. The most extensive alterations in this edition are in the chapter on diabetes. Insulin therapy and the treatment of hypoglycæmia are well presented. Considerable alteration has been made in the account of jaundice, and the recent work on the pathology of toxic and infective varieties is included, as is the technique and interpretation of the Van den Bergh reaction.

As the author reminds us in his preface, a "synopsis" cannot replace a text-book, but his book is worthy of a place on the shelves of every student of medicine.

DAINDRIDGE AND MENZIES' ESSENTIALS OF PHYSIOLOGY. Edited by Prof. C. LOVATT EVANS. Fifth Edition. (Longmans, Green & Co.) Price 14*s*.

To us it seems most appropriate that the production of this new edition should have been in the hands of the brilliant successor of the original senior author.

The characters of the book are well known in this medical college, where it has always been, and has every reason to remain, a most valued text-book.

This edition shows a number of interstitial alterations and additions which bring the book well up to date. A few new figures have been added.

BACTERIOLOGY FOR DENTAL STUDENTS. By Dr. R. B. HERVEY WYATT. (Oxford University Press.) Price 6*s*. 6*d*.

This book is prepared for the third-year dental student. Its practical points are well and clearly put, and the ground required by the dental student is amply covered.

The book is not prepared for the medical student.

THE DIAGNOSIS, TREATMENT AND END-RESULTS OF TUBERCULOUS DISEASE OF THE HIP-JOINT. By GEORGE PERKINS, M.Ch., F.R.C.S. (Humphrey Milford. Oxford University Press.) Pp. 118. Price 6*s*. net

This little book comprises the Robert Jones Prize Monograph for 1924.

The first chapter, which deals with diagnosis, sets out in an exceedingly clear, simple and yet complete manner the symptoms and signs of tuberculous disease of the hip; it then deals with differential diagnosis under the headings of limitation of movement, abscess, limp and pain, and ends with a useful summary of the contents of the thirty pages of the chapter.

The chapter on treatment is divided into general treatment and local (non-operative) treatment. For immobilization the author uses, in preference to others, the Pyrford hip frame, which is clearly figured and described.

The results of treatment are given in a most interesting chapter. Fifty-two cases are analysed; they are primarily divided up into groups according to which part of the joint is mainly affected. The question of the cause and nature of adduction is fully discussed and explained.

The author is to be congratulated on a delightfully written monograph on a subject which it is important for all medical men to study.

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

COMPTON, ALWYNE I., F.R.C.S. "A Case of Crossed Dystopia of the Kidney." *Lancet*, April 17th, 1926.

CUMBERBATCH, E. P., B.M., B.Ch., M.R.C.P., and ROBINSON, C. A., M.B., B.Ch., D.M.R.E. "Non-Infective Arthritis in Women." *British Medical Journal*, April 3rd, 1926.

——— *Treatment of Gonococcal Infection by Diathermy*. London: Wm. Heinemann, Ltd., 1925.

DUNHILL, T. P., C.M.G., M.D., Ch.B. "Treatment of Exophthalmic Goitre: Surgical Treatment." *British Medical Journal*, March 27th, 1926.

FRASER, FRANCIS K., M.D., F.R.C.P.(Ed.). "Treatment of Exophthalmic Goitre: General Management of Cases." *British Medical Journal*, March 27th, 1926.

HEWER, C. LANGTON. "The Present Status of Ethylene." *British Journal of Anæsthesia*, April, 1926.

HORDER, SIR THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. Lumleian Lectures on Endocarditis. *British Medical Journal* and *Lancet*, April 3rd and 10th, 1926.

MCDONAGH, J. H. R., F.R.C.S. "The Symmetrical Urea Compounds as Chemotherapeutic Agents." *British Medical Journal*, April 17th, 1926.

NELIGAN, A. R., M.D.(Lond.), M.R.C.S., D.T.M.&H.(Camb.). "Public Health in Persia." *Lancet*, March 20th and 27th, 1926.

POOLEY, G. H., R.A., F.R.C.S. "Two Cases of Penetrating Wound of the Globe." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "Discussion on Penetrating Injuries of the Eye." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "A Study of Some Aspects of Miners' Nystagmus." *Lancet*, April 10th, 1926.

RIDOUT, C. A. SCOTT, M.S., F.R.C.S. "Case of Epithelioma of Right Vocal Cord—Removed by Right Lateral Thyrotomy—Recurrence in Left Vocal Cord—Removed by Left Lateral Thyrotomy." *Proceedings of the Royal Society of Medicine*, August, 1925.

ROBINSON, C. A., B.A., M.B., D.M.R.E. *See* CUMBERBATCH, E. P.

ROBINSON, WILLIAM, M.S., F.R.C.S. "The Selected Papers of F. T. Paul." *Clinical Journal*, February 10th, 1926.

——— "A Quick and Easy Method of Removing the Eyeball." *Clinical Journal*, March 17th, 1926.

ROCHE, ALEX. E., M.A., M.B., M.Ch.(Camb.), F.R.C.S. "Discussion on the Mortality of Appendicitis." *Proceedings of the Royal Society of Medicine*, September, 1925.

ROLLESTON, SIR HUMPHRY, Bart., K.C.B., M.D., D.C.L., Hon. D.Sc. (Oxon.), LL.D., P.R.C.P. "Hodgkin's Disease in Man and Animals." *British Medical Journal*, February 6th, 1926.

——— "Discussion on the Diagnosis and Treatment of Splenic Enlargement in Children." *Proceedings of the Royal Society of Medicine*, February, 1926.

ROXBURGH, A. C., M.D. "Diseases of the Nails." *Clinical Journal*, January 27th, 1926.

——— "Case of Lupus Erythematosus affecting Covered Parts of Body." *Proceedings of the Royal Society of Medicine*, December, 1925.

——— "Case of Lichen Planus Hypertrophicus." *Proceedings of the Royal Society of Medicine*, December, 1925.

——— "Section from Case for Diagnosis (? Lupus Erythematosus)." *Proceedings of the Royal Society of Medicine*, February, 1926.

——— "Case of Cutis Verticis Gyrata." *Proceedings of the Royal Society of Medicine*, February, 1926.

——— "Case of Pityriasis Rubra Pilaris." *Proceedings of the Royal Society of Medicine*, February, 1926.

SAXBY-WALLIS, F. E., M.D. "Case of Carcinoma of Bronchus." *Proceedings of the Royal Society of Medicine*, February, 1926.

SCOTT, SYDNEY, M.S., F.R.C.S. "Discussion on Artificial Aids to Hearing." *Proceedings of the Royal Society of Medicine*, October, 1925.

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.

——— "The Origin of the Lutein Cells of the Corpus Luteum." *Proceedings of the Royal Society of Medicine*, January, 1926.

SHUKE, L. R., M.D., M.R.C.P., D.P.H. "Acute Dilatation of the Stomach Complicating Artificial Pneumothorax." *Lancet*, April 10th, 1926.

SOUTHAM, A. H., M.D., M.Ch.(Oxon.), F.R.C.S. (HUGH T. ASHBY, M.D., F.R.C.P., and A. H. S.). "Splenic Anæmia of Young Children Treated by Splenectomy." *British Medical Journal* March 6th, 1926.

THURSFIELD, HUGH, M.D., F.R.C.P. Discussion: "Is the Modification of Cow's Milk Necessary in Infant Feeding?" *Proceedings of the Royal Society of Medicine*, September, 1925.

——— "General Enlargement of Joints." *Proceedings of the Royal Society of Medicine*, September, 1925.

——— "Case of (?) Lymphocytic Leukæmia." *Proceedings of the Royal Society of Medicine*, November, 1925.

——— "Case of Granuloma Annulare." *Proceedings of the Royal Society of Medicine*, December, 1925.

——— "Case of Congenital Diaphragmatic Hernia." *Proceedings of the Royal Society of Medicine*, December, 1925.

——— "Discussion on the Diagnosis and Treatment of Splenic Enlargement in Children." *Proceedings of the Royal Society of Medicine*, February, 1926.

TWEEDIE, A. R., F.R.C.S. "The Otolith Reactions." *Proceedings of the Royal Society of Medicine*, January, 1926.

——— "Discussion on Artificial Aids to Hearing." *Proceedings of the Royal Society of Medicine*, October, 1925.

VERRALL, P. JENNER, F.R.C.S. "The Diagnosis and Treatment of Affections of the Sacro-Iliac Joints." *Clinical Journal*, February 3rd, 1926.

VINER, GEOFFREY, M.D., F.R.C.S. "Case of Epibulbar Sarcoma." *Proceedings of the Royal Society of Medicine*, October, 1925.

WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. "A New Diathermy Punch Operation for Prostatic Obstruction." *Proceedings of the Royal Society of Medicine*, August, 1925.

——— "Discussion on Sterility and Impotence in the Male." *Proceedings of the Royal Society of Medicine*, October, 1925.

WALKER, KENNETH M., F.R.C.S. "Sterility and Impotence in the Male." *Clinical Journal*, March 10th, 1926.

WEBER, F. PARKES, M.D. "Cutaneous Xanthosis, especially of the Palms of the Hands, in a Patient with Grave Diabetes Mellitus." *Proceedings of the Royal Society of Medicine*, September, 1925.

——— "Chronic Purpura, Cutaneous "Striæ," and grave Endocrine Disturbance (Abstract)." *Proceedings of the Royal Society of Medicine*, October, 1925.

"A Case of Morbilliform and Bullous Eruption with Jaundice from Luminal in a Choreic Child." *British Journal of Children's Diseases*, October–December, 1926.

——— "Granuloma with Foreign-body Giant Cells due to the Injection of Ether into the Panniculus Adiposus." *British Journal of Children's Diseases*, October–December, 1926.

——— "Discussion on the Diagnosis and Treatment of Splenic Enlargement in Children." *Proceedings of the Royal Society of Medicine*, February, 1926.

WHALE, H. LAWSON, M.D., F.R.C.S. "Discussion on Artificial Aids to Hearing." *Proceedings of the Royal Society of Medicine*, October, 1925.

WILLETT, J. ABERNETHY, M.A., M.D. "The Treatment of Placenta Prævia by Continuous Weight Traction: A Report of Seven Cases." *Proceedings of the Royal Society of Medicine*, October, 1925.

WOODMAN, E. MUSGRAVE, M.S. "Specimen and Lantern Slides Illustrating an Attmpted Ingestion of a 10-in. Table-knife during Puerperal Insanity." *Proceedings of the Royal Society of Medicine*, August, 1925.

WOODWARK, A. S., M.D., F.R.C.P. (J. P. S. DUNN, M.D., D.M.R.E., S. VATCHER, M.B., B.Ch., and A. S. W.). "Diabetes as Sequelæ to Acute Pancreatitis." *Lancet*, March 20th, 1926.

YATES, A. LOWNDES, M.D., F.R.C.S.(Edin.). "The Nasal Sinuses as a Route of Infection in Encephalitis Lethargica." *Proceedings of the Royal Society of Medicine*, November, 1926.

YOUNG, F. H., M.D.(Camb.), M.R.C.P. "A Case of Calcification of the Pleura of an Unusual Type." *Lancet*, December 12th, 1925.

BIRTHS.

ABRAHAMS.—On March 21st, to Adrienne, the wife of Dr. Adolphe Abrahams, of 86, Brook Street, W. 1—a daughter.

ATKIN.—On April 12th, at The Glen, Sheffield, to Nita, wife of C. S. Atkin, M.B.—a son.

CAPENER.—On March 30th, to Marion (*née* Stanhope Clarke) and Norman Capener, F.R.C.S., Chorley Wood—a daughter.

GURNEY-DIXON.—On April 14th, at Ober House, Brockenhurst, Hants, to Hilda, wife of S. Gurney-Dixon, J.P., M.D.—a daughter.

SCOTT.—On April 5th, at Bockum, Potter's Bar, to Maisie, wife of Dr. J. M. Duncan Scott—a daughter.

GOLDEN WEDDING.

KESTEVEN—FLINT.—On March 28th, 1876, at Croydon Parish Church, William H. Kesteven, M.R.C.S., to Beatrice, daughter of Richard Flint, Esq., of Croydon.

SILVER WEDDING.

FARMER—ROWLAND-RICHARDSON.—On April 16th, 1901, at St. Bartholomew's Church, Southsea, W. Henry Farmer, M.R.C.S., L.R.C.P., son of the late Mr. and Mrs. John Farmer, of Lydbury North and Shrewsbury, to Lydia Constance, daughter of the late Colonel and Mrs. Rowland-Richardson, of Southsea.

MARRIAGES.

HAMERTON—RUSE.—On April 8th, 1926, at the Church of Our Lady and the English Martyrs, Cambridge, by the Rev. Father Marshall, James Rowland Hamerton, M.B., of Herne Bay, elder son of Mr. James Hamerton, to Dorothy, only daughter of Mr. and Mrs. F. C. Ruse, of Cambridge.

HUNT COOKE—BRINSMEAD.—On April 8th, at St. Mark's, Hamilton Terrace, by the Rev. Bruce Cornford, Vicar of St. Matthew's, Portsmouth, assisted by the Rev. Percival Gough, Vicar, Robert, eldest son of Dr. and Mrs. Hunt Cooke, Hatchcroft, Hendon, to Joyce, younger daughter of Mr. and Mrs. Herbert J. Brinsmead, 502, Clive Court, Maida Vale.

MARSH—BANKIER.—On April 17th, at the Cathedral, Birmingham, by the Rev. T. R. Warrilow, of St. Andrew's, Grimsby, assisted by the Rev. Gordon Hooper, Private Chaplain to the Bishop of Southwark, and cousin of the bridegroom, Frank Douglas, elder son of Col. and Mrs. Marsh, of Northfield, Birmingham, to Edythe Milne, only daughter of Dr. and Mrs. A. M. Bankier, of Selly Park, Birmingham.

VON BRAUN—COLE-HAMILTON. On April 15th, at the British Embassy Church, Paris, by the Rev. F. S. Williams, M.A., C. R. B. von Braun, M.R.C.S., L.R.C.P., late Captain, R.A.M.C., to Nora Kathleen, only daughter of Major W. M. Cole-Hamilton, Beltrim Castle, co. Tyrone. (Swedish and Malayan papers, please copy.)

WATERS WILSON.—On March 25th, at St. Thomas's, Portman Square, Kenneth F. Darrell Waters, son of the late Samuel Waters and Mrs. Waters, of Elmhurst, Hampton Hill, to Doris Prudence Wilson, daughter of the late Daniel Wilson and Mrs. Wilson, and granddaughter of the late Arthur David Davies, of Goring Place, Llanelly.

DEATHS.

BATHE.—On March 22nd, 1926, at "Purton," College Place, Southampton, Anthony John Bathe, L.R.C.P., M.R.C.S., aged 72.

BELDING.—On April 15th, 1926, at East Dereham, D. Turner Belding.

BOTT.—On April 14th, 1926, at Washenden Manor, Biddenden, Henry Bott, M.R.C.S., L.R.C.P., late of Brentford, aged 73 years.

MARTIN.—On April 5th, 1926, after three days' illness of pneumonia, at Oriel House, Abingdon, Paulin John Martin, M.R.C.S., L.R.C.P., eldest son of Paulin Martin, M.R.C.S., of Clock House, Abingdon.

CORRECTED NOTICES.

ANDERSON, R. G., M.B., B.S.Lond., appointed Casualty House Surgeon to the Radcliffe Infirmary and County Hospital, Oxford.

BELL, K. D., Surgeon-Commander, R.N., H.M.S. "Barham," c/o G.P.O., E.C. 1.

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. 9.] JUNE 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Tues., June 1.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., ,, 2.—Surgery. Clinical Lecture by Prof. Cabot.
Cricket Match *v.* Stoics' C.C. Home.
Tennis Match *v.* K.C.H. Away.
Golf Match *v.* Royal Wimbledon. Away.
Fri., ,, 4.—Medicine. Clinical Lecture by Sir Thomas Horder.
Prof. Fraser and Prof. Gask on duty.
Cricket Match *v.* U.C.S. Old Boys' C.C. Home.
Sat., ,, 5.—Tennis Match *v.* Sir Gordon Watson's VI. Home.
Mon., ,, 7.—Special Subject Lecture. Mr. Elmslie.
Tues., ,, 8.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., ,, 9.—Surgery. Clinical Lecture by Prof. Cabot.
Cricket Match *v.* Honor Oak C.C. Away.
Tennis Match *v.* U.C.H. Away.
Annual Sports, Winchmore Hill.
Thurs., ,, 10.—Address to the Abernethian Society by **Prof. Cabot** on **"Travels with the North American Indians."**
Fri., ,, 11.—Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat., ,, 12.—Cricket Match *v.* Streatham C.C. Home.
Tennis Match *v.* University College (Oxford). Away.
Mon., ,, 14.—Special Subject Lecture. Mr. Just.
Tues., ,, 15.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed., ,, 16.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Cricket Match *v.* R.A.F. Uxbridge C.C. Away.
Golf: Medal Competition at Sandy Lodge.
Fri., ,, 18.—Medicine. Clinical Lecture by Sir P. Horton-Smith Hartley.
Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., ,, 19.—Cricket Match *v.* St. Anne's C.C. Away.
Tennis Match *v.* Northwich Estate L.T.C. Home.
Mon., ,, 21.—Special Subject Lecture. Mr. Rose.
Last day for receiving matter for July issue of the Journal.
Tues., ,, 22.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 23.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Tennis Match *v.* Guy's Hospital. Home.
Thurs., ,, 24.—Cricket Match *v.* St. Albans C.C. Away.
Fri., ,, 25.—Medicine. Clinical Lecture by Sir Thomas Horder.
Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat., ,, 26.—Cricket Match *v.* St. Thomas's Hospital C.C. Away.
Tennis Match *v.* U.C.H. Home.
Mon., ,, 28.—Special Subject Lecture. Mr. Elmslie.
Tues., ,, 29.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed., ,, 30.—Tennis Match *v.* R.M.A. Home.
Golf Match *v.* Wimbledon Park. Away.

EDITORIAL.

THE General Strike left the Hospital in comparative peace; it is true there were many rumours that yet one more battle was to be staged in Smithfield, but beds were prepared for casualties that did not come. We were fortunate not to have been in a storm centre, as the work in one or two London hospitals was seriously impeded.

There were, however, many indications that all was not normal. The Senior and Junior Staffs carried on their cars a small poster proclaiming themselves to be members of a profession which steadfastly refuses to advertise; we believe the G.M.C. has consented to overlook this slip in the case of first offenders.

The student abandoned his usual routine with such ardent enthusiasm (pleasing enough to the Home Secretary) that we hope the Examiners will take this national service into consideration when the day of reckoning comes; the Abernethian Room became, for the nonce, a "nest of singing birds" and the home of many bridge parties; the Great Hall (magnificent sacrilege) was converted into a doss-house, and in the morning presented a really notable appearance. Unfortunately for those who were unable to see it we have not managed to obtain a photograph. It was here that the special constables slept. But their activities merit a new paragraph.

* * *

Elsewhere in this issue two of them have dealt more or less light-heartedly with their doings, but the plain fact is that their work was usually boring, and occasionally dangerous, yet it was done with a vigour and enthusiasm that merited more useful service. Very unfortunately one of them, Mr. H. A. Tracey, was quite seriously wounded and was taken to St. Thomas's Hospital; we are glad to hear that he is well on the way to recovery.

View Day happened to fall on the day that the strike was abandoned, but even this did not prevent it from being an emasculated affair.

The customary ritual was observed as usual, but the number of visitors was very small and the Sisters did not need to entertain with the old lavish hospitality. We did not even hear anyone say afterwards in the Square, "I've had ten teas. How many have you managed?"

* * *

Our readers will have learned already that Prof. Hugh Cabot, C.M.G., of the University of Michigan, will be in charge of the clinical teaching on Sir Holburt Waring's firm from Monday, May 31st, to Saturday, June 12th.

We extend him a very hearty welcome. Prof. Cabot knows England and the English very well. During the war he was in charge of the Harvard Medical Unit and was awarded the C.M.G. for his services; and last year he visited us in company with the American doctors.

He is a very entertaining lecturer and he is already booked to deliver five lectures in the Hospital—four on clinical subjects and one to the Abernethian Society on Thursday, June 10th, entitled "Travels with the North-American Indians."

It will be remembered that Mr. Corbett wrote an article for us a few months ago describing the work in Cabot's Clinic at Ann Arbor. Mr. Hume had previously worked in the same clinic. We are convinced of the value of these international exchanges, and wish that more of them could be arranged.

* * *

We publish on another page an appreciation of the late Stephen Paget; the announcement of his death was lost in the clamour of the strike, and it was not until many days after that the *Times* printed an obituary notice.

He had been living in retirement for many years, and but for his books and his fine propaganda work for the Research Defence Society he would have been forgotten except by his intimate friends. His many biographical studies will, of course, continue to be read for many years; his essays, however, have not the same quality of permanence, but there is very much in them that is of interest, especially to the medical student. They are invariably well written, and on every page give evidence of a well-stored and cultured mind.

We have reprinted from his book, *Confessio Medici*, part of an essay on "Hospital Life," which shows well both the quality of his writing and the fine strain of idealism which runs through all that he wrote.

* * *

We draw the attention of our readers to a letter, in our correspondence columns, from Dr. Evans and Mr. Gask, asking for support from Bart.'s men who are subscribers to the Epsom College Foundation for the candidature of Michael Blakeway.

Our readers will remember that Harry Blakeway died soon after the war, and the Hospital was very much the poorer for the loss of so brilliant a surgeon.

We hope that there will be a large response to this appeal so that the boy's election may be assured.

* * *

The Cricket Match between Past and Present will take place on Saturday, July 10th.

It is hoped this year to make this popular fixture even more successful than usual. A band will play during the afternoon.

Will all old Bart.'s men who would like to play for the "Past" XI please communicate with Dr. Hinds Howell?

* * *

The Annual Sports, which were postponed on account of the strike, will be held on Wednesday, June 9th, at Winchmore Hill.

The prizes will be distributed by Lord Stanmore's sister, the Hon. Nevil Gordon.

* * *

Preparations are now well advanced for the Fifth Annual Charity Athletic Contest between the United Hospitals, Stock Exchange, Banks and Insurance Offices for the *Financial Times* Challenge Shield, to be held at the Crystal Palace on Saturday, June 26th.

Last year the United Hospitals won the Shield for the first time, wresting it from the Banks by the narrow margin of two points.

As in former years, *The Financial Times* is covering all expenses, and all the proceeds will be distributed among the Hospitals competing at the meeting.

Tickets, 1*s.* 6*d.* including tax, may be obtained from the Hon. Secretary, Mr. R. A. Lyons, Contributions Department, St. Bartholomew's Hospital, E.C. 1.

* * *

The St. Bartholomew's Hospital War Memorial will be unveiled by H.R.H. the Prince of Wales on the afternoon of July 8th. Mr. Girling Ball has been unable to trace the addresses of the relatives of some of the men whose names are on the Memorial; he would be glad, therefore, if any relative who has not been communicated with would write to him at 77, Wimpole Street, and a ticket of admission will be forwarded.

All subscribers to the Memorial are cordially invited to be present and each one will receive a personal invitation.

STEPHEN PAGET, F.R.C.S.

STEPHEN Paget was the distinguished son of a very distinguished father, Sir James Paget, Bt., F.R.C.S.(Eng.).

Born in 1855, as the fourth son of Sir James, he was the only one who entered his father's profession. He was educated at Shrewsbury and Christ Church, Oxford, proceeding from the latter to St. Bartholomew's Hospital. After obtaining the diploma of Fellow of the Royal College of Surgeons of England in 1885 he turned his attention to surgery, and in particular at first to the then but little-explored subject of surgery of the chest, and in 1896 wrote a treatise on this, which perhaps did not receive the credit which it should have done as a pioneer work.

It was not long before he was elected an Assistant Surgeon to the West London Hospital, and the present writer had the honour and pleasure of subsequently acting as his assistant surgeon when he was promoted as full surgeon to that hospital.

After a while Mr. Paget devoted his energies to aural surgery, and abandoned general surgery therefor, and he was elected Aural Surgeon to the Middlesex Hospital, a post which he held until he retired from professional work. But it must be admitted that the full gifts of his father as a surgeon never completely descended upon the son, whilst much of the ability of Sir James as a writer and a speaker of English in its finest expression became the possession of his son, and through him of the world of letters and of thought.

Biography, philosophy, particularly of the suggestive type, and defence of the advance of knowledge by experiment, all found in him an outstanding exponent.

Amongst his biographical works his *Memoirs and Letters of Sir James Paget* readily holds the field. What more appropriate biographer could be found of such an illustrious father than this son, whose reverence for him was that which he deserved?

John Hunter, Ambroise Paré and others have had their life and deeds expounded by Paget's facile pen.

But his delightful essays, some specially addressed to young folk and yet containing thought for the most learned, have become known throughout the English-speaking world. "I Wonder" and "I Sometimes Think" have perhaps been the best-liked of these fascinating chapters.

Keen to over-taxation of strength on the fight to show that experiments, and experiments upon living animals, were necessary for the advance of true knowledge, he was the life and soul of the "Research Defence Society," and it is to this Society and its work that he gave his labour when his illness came upon him.

Like his father in features and voice, he was beloved by all with whom he came in contact. He had deep reverence for higher things, and his faith was strong in the eternal. He was the true exemplification of an English gentleman.

W. McA. E.

HUMOUR AND THE CONSULTANT.

III. THE FRIENDS.

THERE is a hackneyed remark, attributed to quite a number of distinguished men in our profession, to the effect that medicine would be a very interesting pursuit if it were not for the patient's friends. No doubt the meaning of this dictum is that the patient's friends tend to be obstructive to the doctor's efforts in the search for truth and provoking to his temper. Though we may readily subscribe to both of these experiences, we ought to add, in fairness to the folk under consideration, that they contribute not a little to that humour which is the "spice of life."

Most of us (or so I think) take the patients' friends too seriously. This attitude is, I believe, responsible for the waste of time and spirit with which these good folk are, as already mentioned, almost proverbially debited. If we think of it, what is really more humorous than to listen to an absolutely untrained layman tying himself up into knots more and more tightly, struggling with terms whose meaning he but vaguely understands, in a vain effort to help us with the elucidation of his friend's illness? I know that some have a curt way with such people—an offensive way. Others—and may they be adequately rewarded for their virtue—hear the thing out very patiently and even ask for more. (But I strongly suspect these latter of being the source of the proverb with a reference to which I opened these lines.) My own way is different from both of these, and I commend it, with due humility, to my readers. I listen with great attention to the first irrelevant and gratuitous statement made by the friend, being careful not to interrupt the while. Then, with a face that is not too severe, I say, "Thank you, doctor, for your contribution to the consultation." Or, "Your view shall be given due consideration, doctor." Or else, "Were I assured of the thoroughness of your medical curriculum and experience, Sir (or Madam), I would see that your opinion receives adequate attention." As

I say, the face must relax a little when things like this are said. But if anyone doubts their effectiveness, let him try them. They are most valuable as time-saving devices, and I have never known even the most intensely serious friend hurt by them. They are, of course, to be reserved for the knowledgeable friend, who is, if truth be told, a greater bore than the knowledgeable patient.

The consultant who has been properly briefed by the patient's doctor learns to be very chary about the people he admits to his room. If a whole string of persons appears when he rings his bell—and he is sufficiently alert to be at the door to see how many emerge from the waiting-room—he carefully filters off the member of the group who looks most responsible, and at the same time the least obtrusive, and suggests that he or she accompanies the patient, the rest possessing their souls in patience as best they can. It is a pretty safe rule to make the dividing line immediately after the patient himself—and he is almost invariably the second in the queue. To attempt to eliminate the leader is generally futile, though some experienced colleagues, possessed of marvellous courage, make the effort, and even, at times, succeed. The leader is usually the wife, or is a relative or friend of the patient, who has so clearly taken control of the whole business, that to seek to side-track her is to invite more comment than, even with tact, may be the consultant's good fortune to endure inside his room.

There is humour attaching to the series of efforts oft-times made by quite well-meaning friends to prevent the consultant really coming to grips with the patient. First of all the knowledgeable friend comes in to "tell the doctor something about the case"—in most instances a garbled account of what he has already heard more accurately and concisely from the patient's medical man. Then, the patient having entered, and being questioned on quite intimate and highly subjective points, the friend answers. "Have you a headache?" "Yes, doctor," says the friend, "agonizing headaches." "Are you constipated?" "Yes, doctor"—again from the friend—"very." And so on. Sometimes—it is probably his first bold bid for freedom to live his own life and describe his own sensations—the patient's answer does not tally with that of the wife, and one listens to an almost acrimonious dispute between the patient and his spouse as to the real subjective state of the former.

Another, and common, situation that is full of comedy is created by various efforts made to warn us of the patient's extreme nervousness. We get a telephone message about this; a letter follows, and on no account are we to let it be known that we have heard from anyone; then there is a previous interview with the wife, or brother, or friend, begging us to be careful; the patient is such a nervous man, if there is anything really serious, will we tell *them* and not the patient . . . and, as often as not, in walks (ultimately) the one placid and stable person of the whole batch—the patient himself.

There is often something akin to the gruesome in many friends, who contribute a grim humour to an otherwise pathetic situation when they demonstrate an itch to tell the patient that he suffers from a lethal disease. They conceive it to be our duty to buttonhole the poor victim and say to him, "Look here, my man, you don't seem to realize that you have a cancer which is inoperable, and that it will kill you in a few months or weeks." It is well to make short shrift with such friends, lineal descendants as they are of Job's comforters.

I have already given instances in which Semitic tendencies in the patients' relatives are responsible for comedy in the consultant's life. It is notorious that one of these tendencies is to get as full value for money as possible. This particular tendency does not stop at the infliction of pain or discomfort to the patient. I was once talking to a woman's husband about her pneumonia, and had finished my account of the diagnosis and had given a good prognosis. The case was a very simple one. "Is there anything else you would like to do before you go, doctor?" said the husband. "No," I said; and seeing he was still dissatisfied, I added, "What have you in your mind?" "Well," said he, "is there nothing you would like to take away with you to examine?" "No," I said, "she has no expectoration." "Well, but," said he, "*don't you want to prick her ear?*"

The anxious mother of an only child provides many sources of humour. Amongst these is her concern that our methods of examination should conform to her ideas of what is usual and correct. I was once examining a boy who was sent to me for an opinion as to whether he should have his tonsils enucleated. In the course of my examination I was investigating the condition of the gums and teeth before I came to the inspection of the throat. The mother was watching the process intently. She was obviously much perturbed, and she turned to me, unable to conceal her dissatisfaction any longer, and she said, "Don't you tell him to say 'Ah,' doctor?"

My junior colleague on the Surgical Side said last month, "It humour is the spice of life, jest on." 'Twas a fine paraphrase. But the Editor has been too generous to me. Let others follow with the condiments that season the dish and make our lives more palatable.

X.

MYTH, PHANTASY AND *MARY ROSE*.*

(*Concluded from p.* 117.)

IF Peter Pan is the boy who wouldn't grow up, Mary Rose is the girl who wasn't allowed to grow up. I think in some respects Mary Rose is Barrie's greatest work. To deal with it fully is impossible; it would be too like Archbishop Whately's edition of Bacon's *Essays*—pages of obvious commentary for every one of Bacon's terse, telling sentences. For it seems to me one of the completest expositions of the working of the unconscious mind to be found in contemporary literature. As Dr. Constance Long said, "A universal problem is dramatized (in it), and one which is of supreme importance in the development of each individual."

The story begins near the end, with the return of Mary Rose's soldier son to the ancestral home, now emptied of everything but a scared caretaker and a ghost. And as he dreams by the fire, the lives of those to whom as a child he meant so much rise up again before him and re-enact their story in its old setting. Mr. and Mrs. Morland cannot realize that Mary Rose is growing up. They are in love with her as a child, and child she must remain for their delectation. When Mrs. Morland realizes that Simon is in love with her daughter and she with him, it is a terrible shock, but Mr. Morland simply won't face it. He thinks Simon is expecting his usual tip, until his wife says, "James, you may as well be told bluntly; it isn't your liver that Simon wants, it is your daughter." And Mary Rose, still bound in the chains of a father-fixation, says, "Daddy, I am so awfully sorry this has occurred." While she says to Simon, "It isn't you I'm thinking of; it is father, it is poor father—Oh, Simon, how could you? Isn't it hateful of him, Daddy." Barrie does not fail to show that charming as the home life of the Morlands was, it was a charm that belonged to the nursery, and was fatal to due development of character.

And now Simon had to be told of a strange event when Mary Rose was about 12 years old; of a visit to the Hebrides, to a small island "that likes to be visited." There seemed to be nothing very particular about the island, unless, perhaps, that it was curiously complete in itself—a sort of miniature land. Thus Mr. Morland described it. Here Mary Rose suddenly disappeared for twenty days, and as suddenly reappeared, ignorant that she had been out of the world at all. I think there is no doubt that Barrie symbolizes thus a retreat into the world of phantasy at the dawn of puberty. Just when the need came for a more adult adjustment she retreated into a day dream, as might be expected in a child so secluded from life. And the world of phantasy is curiously complete in itself—a microcosm. An island implies isolation. The technical psychological term for this retreat is a "fugue." I do not know whether the man who coined this apt term meant simply that it was a flight, or whether he was also thinking of its musical connotation, which involves a repetition of the flight. Certain it is that the individual who once experiences a fugue is likely to have another. The neuroses of the war have forced us to recognize the reality of such fugues, but they existed before the war. I saw an example in the South African war, but, of course, failed to recognize its significance.

And then comes a delicious piece of dialogue:

"SIMON: 'You told no one?'

"Mr. MORLAND: 'Several doctors.'

"SIMON: 'How did they explain it?'

"Mr. MORLAND: 'They had no explanation for it, except that it never took place.'"

I appreciate this sly hit at the pre-war materialism of our profession. We had no explanation of the symptoms of our neurotic patients except that they never happened. Phobias, obsessions, fugues! Nonsense! Rubbish! Buck up; pull yourself together. That was all. Very satisfactory to the doctor, no doubt, who thanked God he was a sensible fellow. But perhaps it was a less satisfactory attitude for the patient.

Some time ago I gave a clinical lecture in this room on types of fugues, in which I mentioned the theory that some types of epileptic fits are really violent attempts at a motor escape from an intolerable environment, and gave instances. But I also gave an example of a purely psychological fugue.

But to return to our story. Simon asks, "It has had no effect on her, at any rate." Mr. Morland replies, "None whatever—and you can guess how we used to watch." But Mrs. Morland had more insight, and she replies, "Simon, I am very anxious to be honest with you. I have sometimes thought that our girl is curiously young for her age—as if—you know how just a touch of frost may stop the growth of a plant and yet leave it blooming; it has sometimes seemed to me as if a cold finger had once touched my Mary Rose." There is the penalty of living in a life of phantasy—it is a retreat from life that checks growth.

And now an interesting thing happens. The island had completely faded from Mary Rose's memory. But her engagement makes a new demand on her to grow up, and she remembers her island and wishes to revisit it. The infantile personality faced with a new situation always wants to retreat. It is the fashion to despise

* Being part of a lecture delivered to the Abernethian Society.

Dickens to-day, but his quick eye for the abnormal in appearance and behaviour enabled him to describe hypopituitarism and achondroplasia before the medical profession recognized them. And you may remember that he describes Dr. Manette in the *Tale of Two Cities* as a sufferer from fugues. Whenever he was faced with a difficult situation he retreated from it to become a prisoner in the Bastille again.

In the next act we are on the island; Simon and Mary Rose have been married for four years; their baby son is 2¾ years old. Cameron, who rows them over, is a student at Aberdeen in term time; in the vacation a boatman, or a ghillie, or anything you please, to help pay his fees. He tells them weird stories of the island. Cameron is a delightful character—a fine blend of the intuitive and the rational; in the Hebrides, full of phantasy, in Aberdeen the classic and philosopher. One may compare him, as Dr. Crichton Miller has done, with the double personality of William Sharp, who, severely intellectual when writing under his own name, found an outflow for his phantasies under the pen-name of Fiona Macleod, inspiring Rutland Boughton to compose *The Immortal Hour*. No nation has ever equalled the Scots in driving phantasy and intellect in double harness. No wonder it has enabled them to achieve greater things than any other Celtic race. The Irish drive them tandem, phantasy leading and repeatedly bolting. Many of you have probably seen "Juno and the Paycock"—a terrible picture of the tragedies that result from phantasy predominating in the Irish character. There, mother love, the first spiritual value to emerge from the slime, appears as the only genuine and beautiful emotion. And to my mind "The Playboy of the Western World" is another picture of the ludicrous disaster that phantasy wreaks on the Irish temperament. As for the Welsh, they appear to harmonize the conflict between the intuitive and the rational largely by means of what Mr. Winston Churchill euphemistically calls "terminological inexactitudes."

While they are preparing to leave the island the mysterious call again comes for Mary Rose. Note that it comes at a time when they have to return to the business of life, and their baby has just reached the age when the development of his own character should begin. Again Mary Rose retreats into phantasy—she vanishes from real life as though she had never been.

When the next act begins, twenty-five years have passed. Mr. and Mrs. Morland are engaged in just the same pleasant, trivial round of life; but they are old and grey now. Mary Rose has been all but forgotten by her father; but her mother says a little tremulously, "I suppose it is all to the good that as the years go by the dead should recede farther from us . . . we have to live in the present for a very little longer. . . . Even if we could drag her back I think it would be a shame." Simon enters, just promoted to be a captain in the Navy—full of delight at his good luck. He, too, has almost forgotten Mary Rose. And at that very moment they have news of her return. She is approaching the house; Simon had seen her at the station and failed to recognize her. Divided between fear and joy they prepare to receive her, and then she enters, just the same as she was twenty-five years ago. She leaps towards her mother in the old impulsive way, but the vanished years step in between them, as an impassable barrier. "What is it?" she keeps saying; "tell me, tell me." She rushes to the nursery, expecting to find her son, Harry, still there as a baby. But he ran away to sea years ago, and has vanished from their ken. Moreover, he would be a man of nearly 28 by now. Thomas Hardy himself could not have conveyed more vividly a sense of the impermanence of all things human than has Barrie in this scene.

To me it seems that one of the most poignant moments in the play is Mr. Morland's obvious distress at her return, which finds expression in his cry—"Do you think she should have come back?" On this Dr. Constance Long comments thus: "For the infantile character nothing that disturbs serene existence *ought* to happen. There ought to be no irrational occurrences, no sex problems, no revolution, and no death, and, most of all, no resurrections. For such, all ought to happen according to the wish—an end that can only be fictitiously accomplished through phantasy."

You will remember that Bernard Shaw made the various powers that be quite willing for Joan of Arc to be canonized so long as it was quite understood that she was dead and in no danger of resurrection.

After a lapse of twenty-five years Mr. Morland did not really want his once-beloved daughter back. Time marches on relentlessly, and the tracks close up as casualties occur. Were the dead to return they would find their places filled, and a disaster greater than death would be enacted, as in the case of Mary Rose. Deep within us, however unwillingly, we must say with Swinburne:

> "We thank with brief thanksgiving,
> Whatever Gods may be,
> That no life lives for ever,
> That dead men rise up never;
> That even the weariest river
> Winds somewhere to the sea."

With Morland's forlorn cry still sounding in our ears the scene fades away, and we are back in the dismantled room, where Harry, the soldier son, is staring wide eyed into the fire. He tells the caretaker as she returns, "Things of the far past—things that I knew naught of

—they came crowding out of their holes and gathered round me; I saw them all so clear that I don't know what to think." He asks questions about the ghost, and gathers that it is Mary Rose, his dead mother, who haunts the house; seeking, seeking continually for something. He realizes that she is searching for him, but for him as a child, and he says grimly, "There are worse things than not finding what you are looking for; there is finding them so different from what you had hoped." And when he is left alone again the ghost of Mary Rose appears. He realizes that she has taken the knife he left lying about. Here we have the symbol of the all-powerful mother who would keep the man as a child and rob him of the power he had painfully acquired. While it is in his mother's hands he is defenceless; his individuality is in danger of being killed." (Constance Long).

In *The Little White Bird* we find so many germs of Barrie's later work as to justify my statement that it marks a new development in him. Herein we read, "The only ghosts, I believe, who creep into the world are dead young mothers, returning to see how their children fare. What is saddest about ghosts is that they do not know their child. They expect him to be just as he was when they left him. . . . Poor passionate souls, they may even do him an injury. . . . How could the pretty young mother know that the grizzled interloper was the child of whom she was in search?" Harry had escaped from the home that would always have been a nursery into the world of reality; whereas his mother had escaped into a world of phantasy. And note that he had escaped by the apple tree in which Mary Rose was wont to hide. Here again the symbolism is clear, for that apple tree first appeared in the human drama in the Garden of Eden.

You will remember that Mr. Morland wanted to cut down that apple tree—the typical senile way of dealing with all difficulties that the tree of life has introduced into the world. Repress it, deny its very existence is the cry of the old—it cumbereth the ground.

Harry tries to comfort the ghost and makes her quote her own words: "The loveliest time of all will be when he is a man and takes me on his knee, instead of my taking him on mine"—an example, as Dr. Crichton Miller says, of our fancied adjustments, those we never succeed in making. For when Mary Rose sits on her son's knee she begins to talk baby talk, *i.e.* she regresses more and more to an infantile personality. Harry breaks out, "How should the likes of me know what to do with a ghost that has lost her way on earth; I wonder if what it means is that you broke some law, just to come back for the sake of—of that Harry?" And by this time our author has, I think, left us in no doubt as to what law she had broken—the law that requires under penalty of deterioration of our whole personality that we should accept to the full the responsibilities that life throws upon us, that we should go on and not look back.

But Mary Rose's search is ended and she is set free. The voices call her again, and "the weary little ghost knows that her long day is done." Trustingly, peacefully she steps out into the night of stars and vanishes. The play is ended.

Here I think Barrie means that, not as an individual, but as part of a much greater unit shall man ultimately find rest. That I believe is the conclusion to which many minds are tending these latter days. But that lies outside my present topic.

I am acutely conscious that I may have two very different points of view to encounter in my audience—one that Barrie is too sentimental to be worth consideration; the other, that his work is so beautiful that to analyse it is almost sacrilege. My reply to both such views is much the same—it is worth while to find out what the author really means if he can teach us something. You may ask whether he meant it consciously; are you prepared to tell me whether Titian realized the tremendous psychological significance of his glowing harmonies of colour? Well, let us agree that geniuses do not entirely comprehend the significance of their own work; it makes us feel cleverer, at any rate, because we think we do. But I do feel that in *Dear Brutus* and *Mary Rose* Barrie has found himself more fully than ever before, and knew what he meant.

It is a tremendously important fact that every one of us has to resume and repeat in nine short months the whole history of life on the earth, from its very inception as a single protoplasmic cell. No wonder if after this breathless flight we arrive a little puzzled by our environment. Making lungs and a heart—that's easy, it has been done so many times, though even that is occasionally bungled. But when it comes to harmonizing ourselves with our environment, that's all so new. The attempt hasn't been made 400 times in succession yet. Put 400 "greats" on to your grandfather and you find him squatting in a cave, gnawing rhinoceros bones. And then the environment keeps changing too. It's a relatively uncharted sea—and of course we are too proud to learn from the mistakes our predecessors made. Evolution is a slow process, and has only been recognized as a fact for a little over 60 years. Our grandfathers thought the world was created in B.C. 4004—it takes a little time to realize all that is implied by the much vaster outlook that evolution teaches us.

Physical infantilism we have clearly recognized for years, and psychological infantilism calls for equal

recognition. When one realizes the difficulties that beset growing up, it is surprising that we accomplish it physically and psychologically as well as we do. Failure to do so adequately lies at the root of most psycho-neuroses.

The province of medicine is co-terminous with life. Nothing that throws light on life is alien from the subject to which we have to devote our very existence. Medicine started as a branch of priest-craft and magic, but gradually the sciences came flooding in one by one and transformed it. And now the youngest science, that of psychology, is clamouring for our attention. It places a new weapon in our hands, a new means of combating suffering. It refuses to accept the theory that man is merely a test-tube in which certain chemical reactions occur. To understand all the affirmations it makes will transcend the lifetime of anyone here present. But the life of an institution like this is not limited to three score years and ten. Some of us remain here till our heads are as grey as the walls of this old Hospital, and our arteries grow almost as hard. But you represent the new life that is always pouring in, and it is for you to carry on the task, sustained by a vision of medicine as it is yet to be.

W. LANGDON BROWN.

A TREATMENT OF VISCEROPTOSIS.

AS a result of many years' experience of the physical treatment of visceroptosis, certain conclusions as regards this malady may, perhaps, be of some importance and possibly of some help in determining what can be done to cure it or to relieve the serious symptoms accompanying it, outside the practice of advising a certain diet, various aperients and the wearing of a belt.

The physical treatment of visceroptosis herein described was evolved from the treatment, by physical and breathing exercises, of a very large number of gunshot wounds of the chest during and after the war. In developing the lower costal region it was very evident that not only was a large increase of expansion for the lungs acquired, but the abdominal viscera were also given a much increased accommodation by the same movement that improved the lung capacity. I described this treatment of chest wounds in the *Lancet* of October 2nd, 1915, also in a paper that I read at the Medical Society of London on January 17th, 1916, reported in vol. xxxix of the Society's *Transactions*, and again, with several results of treatment, in the *Lancet* of April 26th, 1919. It was soon apparent that closely allied to this treatment was the successful treatment of visceroptosis. When I was convinced of this fact and patients had been sent to me for treatment, I described the various aspects of it in the *Practitioner* for October, 1921, the *British Medical Journal* of July 8th, 1922, and in the *Lancet* of January 10th, 1925. I am indebted to the Editor of the *Lancet* for the reproduction of the exercises employed in treatment set out at the end of this article.

There is no doubt the patient with visceroptosis often suffers seriously with extraordinarily little sympathy or understanding from other members of his or her family. The debilitated condition is regarded as a neurosis and sufferers are urged to pull themselves together and all will be well. Eventually medical aid is sought, and, as a result of examination of the abdomen and frequently of X-ray photographs, the true condition is revealed. Then comes the question of treatment. Considerable improvement of symptoms occurs, no doubt, as a result of aperients, diet and support in some cases, but how much improvement takes place it is difficult to say from my point of view, as when a case is sent to me it is one that is generally making little or no progress, or is steadily getting worse.

The patient who comes straight from a period of lying in bed with the body raised towards the feet for some weeks is naturally much better than before, but what will occur in the future if he or she resumes a normal method of living and working again? It is, I believe, a generally accepted fact that the prognosis of severe visceroptosis under the usual methods of treatment is not good. Alternatively there is the operation of colopexy. It is, of course, a big operation with a long convalescence. I see several cases after this operation, and give them physical treatment within three weeks of operation to ensure a strong abdominal wall, but prophylactic treatment is, surely, far more desirable if it can be applied.

In observing a patient with visceroptosis one almost invariably sees a marked protrusion of the abdominal wall and during inspiration a further advance occurs. The muscles are often so weak that they feel like a child's half-inflated air balloon. Nearly always—and there are exceptions—the lower ribs will have fallen in to a degree corresponding with the advance of the abdominal wall. The costal angle will be seen to be very acute. Tenderness is marked all over the abdomen. Severe constipation is nearly always present and the complexion generally bad. All patients complain of headache, and many of a bad pain at the back of the neck. Vomiting occurs in some cases, and practically all are conscious of great impairment of the memory and the power of concentration. The acute case has no bright days. Life is one long misery and the outlook to the patient seems hopeless. Perhaps I may here insert a word of warning as regards the use of paraffin in certain cases. Its delayed action adds the last straw to their misery.

The above is no exaggerated description of numbers of cases of visceroptosis. I know that it is often thought that the ptosis is the result of neurasthenia, and no doubt this is true in many cases, but it is also true that very often the ptosis is the cause of the neurasthenia. The keen desire to get well and the extraordinary and successful efforts put up to do so in several cases do, I think, prove this; also the ptosis following childbirth is, of course, quite out of the first category.

I have been asked if I do not think that it is very bad for patients to be given their X-ray photographs showing the dropped stomach and colon. My opinion, for what it is worth, is that the understanding of the photographs is of enormous value to the patients. They can be assured that the photographs show no organic disease, and that what is seen is amply sufficient to account for all their misery and discomfort. These are, I believe, very important points. Naturally the patients are self-introspective and suspicious of symptoms. The photographs can very often be made to allay all anxieties.

The exercises set out explain themselves, and it will be seen that the lower ribs are expanded very carefully. The expansion is increased until the lower costal region is in a vertical line with the axilla. This expansion automatically supplies an adequate accommodation for the large viscera, and accommodation must necessarily have become very restricted as the ribs fell in, with the advance of the abdominal wall, during the progress of the ptosis. Nor can the original accommodation possibly be regained without a deliberate development of the lower costal region. As this development occurs the costal angle will be seen to be disappearing as an angle and will take on a marked domed appearance. The abdominal muscles are eventually made to contract almost to the spinal column and with the aid of the operator's hand the organs are pressed upwards. The rectus, transverse and oblique muscles of the abdomen become extremely powerful by the daily exercises and are well able to support the viscera which gradually begin to resume their normal functions.

Each treatment with an operator lasts for 40 minutes, with plenty of rest between the series of exercises. Once a good portion of the viscera is established no operator is required and the exercises are reduced to about 10 minutes daily.

I have collected a series of results, and these, with others, I hope to publish before long. I hope and believe that they will prove the efficacy of this physical treatment. Above all, perhaps, I would claim that this treatment has an immense effect on the mind of the patients. They see the meaning of it and know that they are regaining health very largely by their own efforts. The result in some cases is that the improvement is in advance of the physical treatment.

In conclusion, I wish to make it clear that this physical treatment is in every case prescribed by a member of the medical profession. Cases frequently require some form of medical treatment in addition to the exercises, and often the case is examined at intervals by the doctor, who will decide or agree at what period the patient can be left to carry out the exercises alone. The sooner this is possible the better: it proves to the patient that all is well. The average number of treatments with an operator is six to twelve, and treatment is generally given once a week. Daily exercises are carried out by the patient.

The Exercises Described.

The following exercises are those which I have found most efficacious in patients with visceroptosis. Each exercise should be carried out 18 times, with a rest after each 6 movements of the exercise. All the exercises should be carried out in a recumbent position, with the head and shoulders slightly raised. It is most important that the act of inspiration and expiration should be silent.

1. The operator places his hands on the side of the lower ribs level with the bottom of the breast-bone. The patient should breathe in through the nose, and the lower ribs should be felt to be expanding strongly. There should be as little movement as possible of the upper chest. When the fullest inferior lateral costal expansion is acquired, the patient should breathe out through the open mouth, and the ribs should be felt to regain their normal position.

2. The patient should breathe in in 3 distinct movements, and the lower ribs should be felt to expand with each breath. By degrees the expansions are increased to 5 movements.

3. The abdominal wall should be contracted inwards, and then allowed to recover its normal position so that an in-and-out movement is made. The operator helps this contraction by pressure on the lower portion of the abdomen. (This is a physical and not a breathing exercise. It should be carried out in series of 10 contractions until 50 contractions in all have been made.)

4. The same movement as in No. 3 exercise, but the contractions are made in 1—2—3 movements instead of 1 movement. On each contraction the operator

presses upwards with his hand, increasing the amount of pressure on each contraction.

5. Combine exercises 1 and 3—*i. e.* the patient breathes in through the nose, and the lower ribs are felt to be strongly expanding. The mouth is then opened, and the abdominal muscles slowly and strongly contracted so that the air is driven from the lungs.

6. The same inspiratory movement, but the breath should be held and the abdominal muscles contracted in 3 to 5 deliberate movements before breathing out. The operator helps the contraction as before.

7. The patient should breathe in deeply, the breath should be held and two more breaths taken in through the nose and, as air is inspired, two simultaneous contractions of the abdominal muscles should be made. (*N.B.*—This exercise is somewhat severe, and at first should only be carried out 6 times.)

The following exercises are given so that the muscles of the chest are made very elastic, and resistance to the contracting power of the abdominal muscles is thereby reduced very considerably. These exercises are carried out with the breath held.

8. Grasp the right wrist of the patient with the left hand, carry the arm forwards, and bring it to a right angle with the body. The operator should then place his right hand well under the scapula of the patient, and pull the arm backwards and downwards as the patient strongly contracts the abdominal wall. Changing the hands, do the same movement on the other arm of the patient.

9. Grasp the wrists of the patient as the arms lie at the side of the body, the operator standing behind the patient. Draw the arms outwards and upwards to above the head, pull on the arms steadily when the arms are at their fullest extent, then relax the pull. The patient should then breathe out quickly.

10. Arms as before. Bring them together in front and carry upwards to a right angle. Part the arms strongly backwards and horizontally.

11. The same exercise as the preceding one, but the arms are carried backwards at an angle of 45° upwards.

12. Commence with the patient's arms above the head, with the palms of the hands facing each other. The operator grasps the arms between the wrists and the elbows and presses the arms strongly downwards, and when the elbows approach the sides the abdominal muscles should contract. Force the elbows into the side and make the patient breathe out strongly.

The question of supporting belts is important. Mild cases certainly should not need them, but in a case of long standing they are a necessity for a time, but, if exercises are not indulged in, they are apt to cause the muscles to become extremely weak, and the weight of the viscera is thrown into the belt, with unpleasant results. By degrees the belt should be discarded at intervals and, eventually, in many cases it should be discarded altogether. In no case should it entirely replace physical exercises.

CORTLANDT MACMAHON.

HOSPITAL LIFE.*

By the late STEPHEN PAGET.

WILL anybody say that the *genius loci* is all nonsense, and that a great Hospital is only a big machine? My answer is, that I know what I am talking about. Sickness, as Lucretius says of impending death, shows us things as they are: the mask is torn off, the facts remain. That is the spiritual method of the Hospital: it makes use of sickness to show us things as they are. This delicate word, *sickness*, includes drink, the contagious diseases, infant mortality, starvation, the sweating system, the immigrant alien, dangerous trades, insanity, childbirth, heredity, attempted suicide, accidents, assaults, and all the innumerable adventures, tragical or comical, which end in the Casualty Department. To a young man of good disposition, tired of the preliminary sciences, and of humanity stated in terms of anatomy and physiology to the satisfaction of the examiners, this plunge into the actual flood of lives is a fine experience. Hitherto he has learned organisms; now, he begins to learn lives. He need not go, like other young men, for that lesson, to the slums; for they come to him, and that thrilling drama, *How the Poor Live*, is played to him, daily, by the entire company, hero and heroine, villain and victim, comic relief, scenic effects, and a great crowd of supers at the back of the stage—undesired babies, weedy little boys and girls, Hooligans, consumptive workpeople, unintelligible foreigners, voluble ladies, old folk of diverse temperaments, and many, too many, more comfortable but not more interesting people. It all happens so naturally, with such a quick and sure touch: the reality of the day's work, the primal meaning of the crowd, the clash of hand-to-hand encounter with diseases and injuries, urge him to unexpected uses of himself. Here are the very people of the streets whom he passes every day; here they are coming to him for help, to him of all men, telling him all about it, how it happened, what it feels like, why they did it: looking to him, right away, for advice and physic. They are no two of them quite alike: and their records, laid before him, range through

* Being part of an essay on "Hospital Life" reprinted from *Confessio Medici*, by kind permission of the publishers, Messrs. Macmillan & Co.

every intermediate shade from purest white to a nauseating black. He begins to see that he has more to learn than the use of a stethoscope: he must learn lives. The problem of lives exalted, or sunk, or messed away, knocks at his heart. Let other young men write lurid little books, and tear the veil from the obvious, and be proud of that achievement: what are they to him, who entertains daily, as a matter of course, both Hell and Heaven?

I say that he sees things as they are; but I do not say that he puts a right interpretation to all that he sees. At first, I think, he is apt to look too hard at the dark side. There are times when all London seems to him rotten with the contagious diseases and sodden with drink, a city as gross and vulgar as Rome under Nero; and down with a crash come Faith, Hope, and Charity, and he reads the universe as a bad job, and half wonders what is the good, in such a world, of being good. That is the shock of collision with things as they are: and you may hear him quoting, *Hell was a city very much like London*. But the bright side, the courage and patience of the majority of his guests, their courtesy, their honour, their humour, are always before him: which may help him to set up again, on stronger pedestals, these three.

He works under the guidance of his seniors, and refers some of his perplexities, but not all, to them, and is but a point in a system. He cannot feed the hungry, but he can give them cod-liver oil, and, if the Hospital can afford it for out-patients, maltine; and he knows how to get at the Samaritan Fund. He cannot clothe the naked; but he can tell the drunkards not to drink the shirts off their backs. Poor himself, he enjoys the exercise of hospitality, and his alms and kind acts are of singular felicity. His acquaintance with his guests is off hand, but fairly accurate so far as it goes: he has wide generic names for them, Polly, Tommy, Granny, Daddy, and for the immigrant alien the vague title of Abraham. Not all deserve his compassion, and it is his duty to tell some what he thinks of them, for he sees parents dead-drunk, girls beaten by the men who live on their shame and children dying of neglect: he is bound to rage, not grin, over such cases. But, if he rages, it is to good purpose; if he chaffs, it is taken in good part: and the voluble lady, sipping his well-meant pint of mild tonic on the Hospital steps, calls him a nice young chap, and advises the neighbourhood to be sure they have him next time they go there.

In the wards, where quiet and order reign, he has further opportunities for insight, and for more deliberate observation. He learns, with higher exactness, to trust and to distrust himself, to be slow to find fault with other men and quick to help them: he becomes acquainted with heavy responsibility, with the full bitterness of a bad mistake, the full delight of pulling people out of death's way. He begins to be able to read characters, and to see, by the scars on the lives allotted to his care, what havoc we make of our chances.

Finally, if he obtains, when he is qualified, the office of a house physician or a house surgeon, he has a time so happy, so rich in friendship, advancement, and experience, that he hates the day when he must say goodbye to the Hospital. *Deus in medio ejus*, says he; *non commovebitur*. Years ago he brought his gifts to the shrine, and they were accepted: and the spirit of the place has approved his long and faithful service.

Contrast, with these crowded years, the narrow outlook and bookish studies of young men reading for the Bar, or for the Civil Service: who have no Hospital, and entertain nobody. Or look away, from the sleepless energy of a great Hospital, to the emptiness of the City after office-hours, and the wastes of South Kensington from Saturday to Monday. There is not one profession that we need envy: for there is none that gives to its students such a good introduction to things as they are.

I have attributed to my imaginary student a more emotional temperament than the public admires in its doctors; for I wanted to say, as clearly as I could, that a great hospital is something more than a big machine. All the same, the public is right: emotional students do not make successful practitioners. *A man of sentiment: well, there is nothing in the world so noble as a man of sentiment*, says Sir Peter Teazle. Then, down comes the screen, and he changes his mind: *If you have any regard for me, never let me hear you utter anything like a sentiment*. So says the public, when it is ill, really ill, to the practitioner.

Now that I have mentioned the practitioner, I must end and sum up this discourse *de Religione Discipuli*. Every student ought to bring to the service of his Hospital the gifts of a good disposition, a good home, and a good public school. He need not bring gifts which will hardly be wanted: the spirit of the place is a rustic deity, caring little for elaborate offerings. He should love the Hospital life; remembering, that it is likely to be changed. Tribal worship, rival shrines, and all such paganism, must reckon with the University of London, whose faith hath centre everywhere. Already in the teaching of the threshold sciences, this change is beginning: and the time may come when it shall be said, on behalf of medical education, that even for clinical teaching the Hospitals of London ought to work together, abandon competition, break their distinctive idols, throw open their sacred groves, and pool their patients. That would be a new version of the

story of Bethesda: and the waters of that pool would indeed be troubled. A Hospital patient has no desire to be associated with any body but his own. He likes the off-hand, homely, old-fashioned kindliness of a good Hospital: he makes a friend or two, and keeps them. Of us, who entertain him, it may be for a day, it may be for months, he is of opinion that we are a very decent lot, especially Sister. He does not always admire us all: but he would not care to be run by the London County Council, or by the Labour Party; and I agree with him. In medical education, let us welcome loyally any change that will help us to do more for our patients; but let us hold fast to the unity of Hospital life, and to our bounden duty to the spirit of the place.

THE THIRD JUNGLE BOOK: BLUE MEN.

(By an Admirer of Mr. Rudyard Kipling.)

What of your truncheon, constable bold?
Brother, the watch was long and cold.
What of the quarry ye went to kill?
Brother, he crops in the dockyards still.
Where is that job for which you sighed?
Brother, the blooming Inspector lied.
Where is the haste that ye hurry by?
Brother, I'm feeling most dismally dry.

IT was after the formation of the Bart.'s Company of Special Constables that the pleasantest part of Mowgli's life began. He had the good conscience that comes of joining up in the National Service, the policemen were his friends, and the public just a little afraid of him. The things that he did and saw and heard when he was hurrying from one riotous area to another with or without his brave companions would make many, many stories, each as long as this one. So you will never be told how, in the company of professional sleuths, he raided a Communist Press which produced daily for one day badly-typewritten articles about "scabs" and "blacklegs"; how he lost five golden sovereigns in two days playing at vingt-et-un, and how he won most of them back at bridge; how twenty picked bridge players were conveyed by expensive cars at a moment's notice to Scotland Yard; how he hurried, full of hope, several times afterwards to that same Yard, where, in the company of many of his kind, he was herded for hours at a time and taught by eminent police officers how to use his truncheon; how he marched at dawn over London Bridge to meet the wild men of Tooley Street, and how they stood in groups and grinned at him; how two sergeants, incorrigibly convivial, insisted upon shouting a different "step" in booming voices, and how a third specialized in spreading rumours; how he guarded Hyde Park all night against nobody in particular; how the gallant Commandant remained night and day at the end of a telephone wire; and how—

But we must tell one tale at a time. One twilight when Mowgli was trotting leisurely across to the White Hart to give a friend the half of a bottle of Whitbread, he met Sub-Inspector Vergette coming away (this was quite in order), who told him to sleep in the Great Hall. So in good time he found a suitable mattress, rolled the other man's clothes off it and spread his own things over it. Conscience was not an organ with which Mowgli concerned himself. He had drunk good beer and he knew the pub it came from. He knew that recruits throve and increased, and that there were now 160 of them, masterless, full-voiced, clean-footed constables, and that Inspector Stephens had told them they ought to gather themselves together and sleep head to head as became the Free People.

At midnight Mowgli went to bed; at 12.30 someone stepped on his head, and then moved him (not roughly) out of the way in order to make himself more comfortable, and shortly after began to snore in the bass clef. Mowgli's hand went to his knife, but he checked, the blood in his face, his eyebrows knotted; and went quietly to sleep again. At 3 in the morning there came a call for twelve men in uniform, and a friend took Mowgli's coat and overcoat off him, which left him cold; after ten minutes the twelve came back with loud exclamations of chagrin and the friend came up and apologized handsomely. Mowgli paraded with the pack at 7 in the morning and they were dismissed till 6, when they stood by bravely till 10 and were told to parade at 7 again early the next day. Mowgli's mathematics were not good and all this seemed very difficult to him, so he determined to sleep at home that night; but when, after a stiff hour's walk, he strode in at the appointed hour with the milk, a charwoman told him there was no parade. Mowgli took a deep breath and ran to the Catering Company, which was closed. The day passed somehow with alternate eating and sleeping (a life Mowgli loved), and that evening the whole pack was hurried in cars to Hyde Park to guard it through the night. This, he was told, was really a mistake, but one pack was as good as another. And Mowgli sat through it all in the rain by Stanhope Gate, wandering at intervals from one canteen to the other, till the day broke and he drew back before the gaunt body of Inspector Stephens. "Good hunting," said Stephens, and then over his bitten shoulder to the others, "Howl dogs, the company is dismissed till to-night."

But of all the pack of 200 fighting specials whose boast was that all jungles were their jungle, and that no living thing could stand before them, not one used his fists or his truncheon or his feet on any living man or beast except in fun.

THE P.C.'s SONG TO THE SPECIALS.

His armlet's the joy of the special, his whistle's the officer's pride;
Hit hard, for the skull of the docker makes up for the space left inside.
If ye find that a half-brick has hit you, or a kitchen utensil instead,
Don't worry the big angry strikers, but call a policeman instead.
Oppress not the Terrors of Tooley, nor the flash coves of Poplar-on-Thames,
For war-like or insolent measures this tough crowd severely condemns.
But if rowdies put tongues out upon you, and if they be little or weak,
Up! at 'em! Lay hold and arrest 'em, and hale 'em along to the Beak.

F. C. R.

TEN SPECIAL CONSTABLES.

TEN Special Constables—not knowing where to dine,
One chose the Catering Co. and then there were nine.

Nine Special Constables—watched at Hyde Park Gate,
One said "I think I know you . . . ," then there were eight.

Eight Special Constables—looking up to heaven,
One said "Hic! I see two moons," then there were seven.

Seven Special Constables—worshippers of "Jix,"
One was called by Mr. Cook and then there were six.

Six Special Constables—glad to be alive,
One said "Steve" instead of "Sir"—then there were five.

Five Special Constables—thirsting after gore,
One pricked his finger and then there were four.

Four Special Constables—bridge from dawn till tea,
One murmured "Cut-throat," then there were three.

Three Special Constables—a striker shouted "Boo,"
One marched him off to quod and then there were two.

Two Special Constables—looking out for fun,
A siphon burst in Theatre C—then there was one.

One Special Constable—"Strike me pink, I'm done,"
Went to chase the White Hart, then there was none.

DEPARTURE.

TIME'S baton marks the ending of a phrase;
Seven crowded years have glided swift away
And here begins another, longer phase
Beneath a more austere, demanding sway.

In those first unaccustomed, weary hours
The step from "Lumbricus" to "Rana" seemed
One far too great for all our feeble powers . . .
And yet of dressers' coats we, daring, dreamed.

At last there came a day of startling wonder,
When life and death seemed in our mortal hand;
When voices called and it was ours to answer:—
We proudly felt a power in the land.

Now others take the reins, our day has past . . .
Yet ever will a glorious memory last.

STUDENTS' UNION.

GOLF CLUB.

STAFF AND STUDENT FOURSOMES.

1st Round.—Mr. Rose and Stocker-Harris beat Dr. Hill and Tidswell at the 20th.
Dr. Garrod and Houfton beat Mr. Just and Kendall 3 and 1.
Dr. Roxburgh and Woodrow beat Mr. Corbett and Burt at the 19th.
Dr. Graham and White beat Mr. R. Scott and Bettington 2 up.
2nd Round.—Mr. Rose and Stocker-Harris beat Dr. Garrod and Houfton.
Dr. Graham and White beat Dr. Roxburgh and Woodrow 3 and 1.
Final.—Dr. Graham and White beat Mr. Rose and Stocker-Harris at the 19th.

STAFF v. STUDENTS (May 19th) at Sandy Lodge.

Singles.

Mr. Rose	0	R. H. Bettington	1
Dr. Howell	1	C. E. Woodrow	0
Dr. Graham	1	H. O. White	0
Dr. Hill	0	H. V. Burt	1
Mr. Corbett	1	E. H. Roberts	0
Mr. Just	1	J. C. Cox	0
Mr. Scott	1	J. G. Milner	0
Mr. Griffiths	0	R. G. Williams	1
Dr. Garrod	0	Rose	1
Mr. Russell	1	Hartley	0
Sir C. G. Watson	0	Stocker-Harris	1
Mr. Foster Moore	½	A. C. Bell	½

Foursomes.

Mr. Rose and Dr. Hill	0	Bettington and Woodrow	1
Dr. Howell and Graham	1	White and Burt	0
Mr. Corbett and Russell	0	Roberts and Cox	1
Mr. Just and Scott	0	Milner and Williams	1
Dr. Garrod and Griffiths	0	Rose and Hartley	1
Sir C. G. Watson and Mr. Foster Moore	0	Harris and Bell	1

Staff beaten by 2 points.

The following have been received from the Hon. Sec., United Hospitals Golf Club:

UNITED HOSPITALS GOLF CLUB SPRING MEETING (FULLWELL).

36 Holes Open.—
1. H. M. Yardley (St. Thomas's) 79+80=159.
2. N. M. Jellam (St. Thomas's) 83+85=168.

36 Holes Handicap.—
1. C. D. Malone (13) (Guy's) 83 | 86—169—30=139
2. H. M. Yardley (5) (St. Thomas's) 79+80=159—10=149.

1st 18 Holes Handicap.—
1. C. D. Malone (15) (Guy's) 83—15=68.
2. {J. D. Vernon (12) (Guy's) 86—12} =74.
{H. M. Yardley (5) (St. Thomas's) 79— 5}

2nd 18 Holes Handicap.
1. C. D. Malone (15) (Guy's) 86—15=71.
2. L. W. Cann (5) (Guy's) 79—5=74.

L. G. CLAYTON,
For R. NUTT, Hon. Sec. U.H.G.C.

CRICKET CLUB.

The combination of weather and strike has so far prevented any match from taking place, therefore it is difficult to make any forecast for this season. Judging from last year the season ought to be very satisfactory, as all of last year's team, with two exceptions, are still available.

Unfortunately our matches with Southgate, the Wanderers, Winchmore Hill and the M.C.C. had to be scratched, but the fixture list is considerably stronger than last year; new fixtures have been arranged with the Stoics, Honor Oak, Moorcroft House and North Middlesex, and a friendly fixture with St. Thomas's Hospital.

The team is captained once again by R. H. Bettington, whose personality is so valuable to the team apart from his great cricket abilities.

The match with Dr. C. M. Hinds Howell's team, originally arranged for June 5th, has been postponed until July 10th. It is hoped that all old Bart.'s men will endeavour to attend the match and turn it into an annual reunion of Bart.'s men.

All those who wish to play in the "Past" team are requested to send their names to Dr. Hinds Howell as soon as possible.

CORRESPONDENCE.

EPSOM COLLEGE FOUNDATION.

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

DEAR SIR,—We write to remind all Bart.'s men who are Governors of Epsom College that they will shortly be receiving their voting papers, and their support is earnestly requested on behalf of Michael Blakeway, who is a candidate for a Foundation Scholarship. His father, Harry Blakeway, who was Resident Assistant Surgeon to the Hospital, died on February 15th, 1919, at the early age of 35, leaving four young children, and inadequate means for their education.

Any readers of this appeal who are not already subscribers to Epsom College will greatly assist our appeal if they will become subscribers to Epsom College Foundation, or send a donation at once. One guinea subscription or one guinea donation carries with it ten votes. Cheques should be sent at once to either of the undersigned, who are Hon. Secretaries and Treasurers of Epsom College at Bart.'s.

Yours faithfully,
GEOFFREY EVANS,
GEORGE E. GASK.

23, Park Square East,
London, N. W. 1;
May 14th, 1926.

REVIEWS.

INFANT WELFARE. By H. H. CHODAK GREGORY. (London: H. K. Lewis & Co., Ltd.). Price 4*s*. 6*d*. net.

Infant Welfare gives practical advice such as only those with an intimate knowledge of the work can give. The author puts before one the home conditions and other difficulties of preventative medicine and the remarks on the clothing of young children, care of mouth, ears and nose, and the chapter on artificial feeding will prove of interest to all working in this branch of medicine.

ELEMENTARY HYGIENE FOR NURSES. By H. C. R. DARLING. (London: J. & A. Churchill.) Price 15*s*. net.

H. C. R. Darling's *Elementary Hygiene for Nurses* is already well known and valued by those who are studying for the State Examinations. The third edition, now on sale, has several very valuable additions to its text.

TEXT BOOK OF PATHOLOGY. By BEATTIE AND DICKSON. General and Special. 3rd Edition. (William Heinemann [Medical Books], Ltd.) 499 Illustrations. 17 Coloured Plates. Pp. 1103.

As a matter of convenience, the two original volumes—General and Special—have now been published both separately and also incorporated into a single volume. This single volume necessarily has the disadvantage of bulk, but against this must be weighed the great advantage that it presents the foremost exposition of the whole range of pathology in one book.

The general character of this work is well known to most of our readers, and by them is as well spoken of. This edition contains only minor alterations and such additions as shall bring it up to date.

Minor criticism of this excellent work is rather out of place from a reviewer whose object is heartily to recommend it, but in some sections classification could be made more clear. Gangrene may be instanced as an example, the position of the infective varieties being left a little ambiguous.

We urge students to obtain the work, and feel confident that they will be satisfied with their selection.

MONOGRAPHS ON PHYSIOLOGY: THE SECRETION OF THE URINE. By A. R. CUSHNY, M.A., M.D., LL.D., F.R.S. (Longmans, Green & Co.) 2nd Edition. Pp. 287. Price 16*s*.

Though Prof. Cushny's sudden death in February of this year was an unexpected shock, he had already corrected the galley-proofs of this second edition, and so his comments are available both upon all the recent work which has served to strengthen the "modern theory of renal secretion" which he elaborated and has fought for so fiercely, and upon the new conceptions of glycosuria, diuretics and renal disease.

Reabsorption in the tubules he has found proved to the hilt by the new Wearn-Richards experiment, in which chloride was obtained by fine cannula from the glomerulus, while the urine passed at the same time was chloride-free. As regards diuretics, his remarks on pituitary extract are especially interesting. The "anti-diuretic" action seen in urinæ potus and diabetes insipidus he suggests may be due to accelerated absorption in the tubules, and when this is rendered impossible by the effects on osmosis of salts and urea this action of pituitary extract disappears.

Nephritis has probably caused more ill-feeling between eminent physiologists and eminent pathologists than any other subject. People have said that physiology in this connection simply didn't work. But Prof. Cushny has now confessed to having his eyes opened by Dr. Mayrs and Prof. Dunn respectively in connection with colloids and the effect of nephritis on tubule cells. In some forms of nephritis the tubule cells lose their power of differentiation and reabsorption is governed by simple diffusion; and this is especially interesting in the case of urea.

Prof. Cushny argues that investigators of kidney function in disease have directed their attention too much to the tubules (although the evidence for the belief that test substances are eliminated mainly by them is becoming less and less convincing), the reason being that they claim the dominant histological picture, the delicate glomeruli and capsules being often functionally damaged without demonstrable change. He would have kidney function tests in future more correlated with the clinical changes and with prognosis. It would be interesting to note if this leads anywhere.

AN INTRODUCTION TO THE STUDY OF X-RAYS AND RADIUM. By HECTOR A. COLWELL, M.B.(Lond.), D.P.H.(Oxf.), and CECIL P. G. WAKELEY, F.R.C.S.(Eng.), F.R.S.(Edin.). (Oxford University Press: Humphrey Milford.) Pp. 203. Price 10*s*. 6*d*. net.

Both the writers are, of course, well-known men, and they have quite evidently achieved their object in writing this book, namely, to give the reader in a clear and simple manner some idea of the nature and applications of X rays and radium. It is not to act as a text-book on X-ray diagnosis or therapeutics, though there are some valuable notes on these subjects.

The book has the advantage of being more readable to those who are not experts in electrical physics than most dissertations on this subject, and as it starts from the beginning of things (including notes on induction and descriptions of radio-activity, and of the atomic theory) it can be read with advantage even by the grossly ignorant.

The authors stress their opinion that radiation therapy is no substitute for operative measures at the present time. Their four indications for its use are: As a post-operative measure: in certain cases of rodent ulcer: in inoperable growths: and when the patient refuses operation. There are 37 illustrations, which range between apparatus and atoms.

FAVOURITE PRESCRIPTIONS. By ESPINE WARD, M.D.(Belfast). (J. & A. Churchill.) Pp. 96. Price 5*s*.

There are, of course, many very busy practitioners who only succeed in absorbing the first symptom of their 250th patient, and have to dive for a satisfactory prescription without wasting a minute. This small book would be for them a valuable acquisition at 5*s*. Still, it is a little upsetting to come suddenly upon a page the headings of which read successively: Angina Pectoris. Anus. Aphrodisiac. Asthma. The author calls it a "modest volume," but we are not so sure. If, however, in spite of such an exhaustive series, the above practitioner is really foxed, he has only to turn to the delightful quotation at the beginning of the book:

"Motto—
"'For many Patients, Hope is the Best Medicine.'
"(Prof. J. A. Lindsay.)"

There are also dosage tables and some valuable hints for the treatment of poisoning, which includes mushrooms, oysters, scorpions and sewer gas in addition to the usual list.

DISEASES OF CHILDREN: A SHORT INTRODUCTION TO THEIR STUDY. By HECTOR CHARLES CAMERON, M.A., M.D.(Cantab.), F.R.C.P. (Lond.). (Oxford University Press: Humphrey Milford.) Pp. 199. Price 15*s*.

The author has a delightfully broad outlook reminiscent of Robert Hutchison, but it may be that the study of children tends to give a common philosophy of a specially benignant form. He is rightly rather annoyed, however, at the lack of attention paid to his subject in teaching, considering its importance in practice. He mentions a paper in a final medical examination in which there was one question on pædiatrics, this reading—"Give detailed instructions for the feeding of (*a*) a child of 6 months, (*b*) a child of 3 years." He feels he would like the position reversed, and his one question on general medicine would be—"Give detailed instructions for the feeding of a man of 40."

He does not describe the classical disorders of text-books, which are rare in practice, but deals almost exclusively with alimentary and nervous derangements, with an interesting chapter on "Catarrhal Infection," these forming in one year at Guy's 84 per cent. of cases. We could have wished, however, for some account of the common respiratory disorders.

THE CLINICAL EXAMINATION OF THE NERVOUS SYSTEM. By G. H. MONRAD-KROHN, M.D.(Oslo), M.R.C.P.(Lond.), M.R.C.S.(Eng.). 3rd Edition. (London: H. K. Lewis & Co., Ltd.) 52 Illustrations, including 10 Plates. Pp. xvi + 201. Price 7*s*. 6*d*.

This admirable book, written by a Norwegian in extremely good English, combines in 200 pages at a small price a truly remarkable amount of clinical information with a well-balanced method of presentation. The skilful use of varieties of type has much clarified the argument.

The present edition has been thoroughly revised. The technique of cisterna magna puncture, the use of lipiodol injections in conjunction with X-rays and pharmacological tests on the vegetative nervous system (by adrenalin, pilocarpine and atropine) are new features. There are 19 new illustrations, including some excellent plates of various paralyses and typical forms of "gait."

PRACTICAL PHYSIOLOGICAL CHEMISTRY. By S. W. COLE, M.A. W. Heffer & Sons, Ltd. Pp. 470. Price 16*s*. net.

The appearance of the seventh edition of this book will be welcomed in many quarters, especially by the advanced student of physiology and by those engaged in the instruction of classes in practical physiological chemistry. It has been considerably enlarged by the addition of more theoretical matter generally, and by the introduction of new chapters dealing with those aspects of the subject which are receiving much attention from research workers at the present time.

The subject of biological oxidations and reductions is concisely and clearly summarized. There is a new chapter on blood analysis, in which the simplest and most modern methods are described. Hydrogen ion concentration and methods of its estimation are ably dealt with from both theoretical and practical aspects.

The book will be found to be very useful, and can be thoroughly recommended to those who are engaged in the study of this subject.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Chir.—W. A. Barnes.
B.Chir.—J. C. Hogg, R. L. Rhodes.

Second Examination for Medical Degrees, April, 1926.

Part III. Pharmacology and General Pathology.—W. R. Ashby, G. H. Bradshaw, J. T. Dunkerley, M. C. Hounsfield, B. Rait-Smith, F. A. Richards.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, March, 1926.

Part I. Organic Chemistry.—A. Barber, D. A. Beattie, T. T Bedford, C. M. Bell, A. Caplan, W. D. Coltart, R. W. Dunn, J. F. Fisher, L. Freeman, A. H. Grace, G. C. Knight, L. J. Lanuaman, J. S. MacVine, I. W. Matheson, J. H. Pierre, E. Renbom, J. I. Rerrie, R. S. Risk, A. H. T. Robb-Smith, M. Schlaff, H. Silverstein, H. Stark, E. M. Ward.

Part II. Anatomy, Physiology and Pharmacology.—A. Bennett, W. R. Bett, A. M. Boyd, C. N. Evans, A. D. Everett, G. M. Flemming, K. W. D. Hartley, A. T. Pagan, A. W. Patton, I. Preiskel, R. A. C. Rice, R. D. Robinson, J. A. Robson, J. M. Scott, E. M. Sharples, D. Warshawsky, T. C. Yip.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination, April, 1926.

Chemistry. H. D. Roberteon, J. B. Rubenstein.
Physics.—R. T. Davidson.

First Examination, April, 1926.

Biology.—D. S. Morris.

Second Examination, April, 1926.

Part I. Anatomy and Physiology.—C. L. Carter, G. L. McDermott, G. K. McKee, I. E. Phelps, A. S. Philps, H. A. Simaika.

Anatomy only.—W. A. Bellamy, A. L. Climer, G. A. Y. Parker, G. W. Sturgess, C. R. Todd.

Part II.—Materia Medica and Pharmacology.—C. H. Devin, S. Farfel, M. W. Gouin, H. L. Hodgkinson, G. A. Y. Parker, E. O'C. Parsons, J. S. Zidel.

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

J. R. Armstrong, J. C. H. Baird, O. H. Bellerby, A. G. Chamberlain, S. M. Coleman, R. A. P. Corkery, J. G. Cox, G. H. Crisp, D. A. Dewhirst, M. N. El Din, J. N. C. Ford, W. I. Gillhard, K. A. Hamilton, H. J. Heatheote, T. H. Hobbes, D. Imber, F. F. Imianitoff, D. M. Johnson, H. P. Lehmann, E. D. Moir, E. W. Morgan, J. E. C. Morton, H. P. Nelson, R. Okell, F. C. Roles, J. de la M. Savage, O. R. Tisdall, F. H. A. Walker, H. Winch.

ROYAL COLLEGE OF PHYSICIANS.

The following have been elected Fellows:
R. R. Armstrong, Sir G. S. Buchanan, F. R. Fraser, H. Pritchard.
The following have been elected Members:
E. R. Cullinan, H. W. Hetherington.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

Diploma in Tropical Medicine and Hygiene.

The following have had the Diploma conferred on them:
E. E. Claxton, F. G. Greenwood, R. D. Reid.

CHANGES OF ADDRESS.

ALEXANDER, J. FINLAY, Suffolk Place, Sevenoaks. (Tel. 12.)
ARTHUR, G. K., Golden Rock, Trichinopoly, S. Indian Railway, India.
BAILEY, T. B., Thorncroft, South Hill Avenue, Harrow.
BATTERHAM, Capt. D. J., R.A.M.C., c/o Messrs. Glyn Mills & Co., 3, Whitehall Place, S.W.
BOLTON, R., Wesleyan Mission, Hangkow, Central China.
BURN, I. W. H., c/o Hongkong and Shanghai Bank, 9, Gracechurch Street, E.C. 2.
CARLYON, I. B., Hartley, Longfield, Kent.
COLLINGRIDGE, W., Yarrel Croft, Pennington, Lymington, Hants.
COYTE, R., 152, Harley Street, W. 1. (Tel. Langham 1698.)
DAVIES, J. H. T., 1, Belvedere Terrace, Brighton.
ELLACOMBE, G. W., Valesta, Camp Ground Road, Rondebosch, nr. Cape Town.
GARDNER, H. W., Coombehurst, Church Stretton, Shropshire.
GREY, H. M., 26, Park Crescent, Portland Place, W. 1. (Tel. Langham 1715.) And (private) 1, Newcastle House, Northumberland Street, W. 1. (Tel. Langham 4302.)
IMIANITOFF, F. F., 30A, Avenue Charlotte, Antwerp, Belgium.
JAMES, C. A., 27, Warwick Road, Upper Clapton, E. 5. (Tel. Clissold 1530.)
KEMP, J. H., 10, St. Matthew's Gardens, St. Leonards-on-Sea, Sussex.
MACKENZIE, Surg. Lt. Comdr. K. A. I., R.N., Royal Naval College, Dartmouth.
MARSHALL, E., Wahnia, c/o Post Office, Hoeys Bridge, Kenya, B.E. Africa.
MORTIMER, J. D., 20, Balcombe Street, N.W. 1. (Tel. Paddington 3497.)
NELIGAN, A. R., 14, Compton Road, Winchester.
O'HEA, Surg.-Capt. J., R.N., Admiralty Recruiting Dept., 30, Canning Place, Liverpool.
POLLARD, Surg.-Lt. E. B., R.N., H.M.S. "Laburnham," New Zealand Station, c/o G.P.O., London.
RHODES, R. L., San Remo, Grange-over-Sands, Lancs.
RICHARDSON, G. B., Oakdene, 6, Tower Road, Newquay, Cornwall. (Newquay 19.)
ROCHE, A. E., 15, Harley Street, W. 1.
STONE, KENNETH, 86, Harley Street, W. 1. (Tel. Langham 2186.)

APPOINTMENTS.

ARTHUR, G. K., M.R.C.S., L.R.C.P., appointed Medical Officer to the Bombay and Baroda Railway, Trichinopoly, India.
BACH, F. J., B.M., B.Ch.(Oxon.), appointed Casualty Officer to St. Bartholomew's Hospital, Rochester.
BRADFIELD, Lt.-Col. E. W. C., I.M.S., appointed Civil Surgeon, Trichinopoly.
BURNE, T. W. H., M.B., B.S.(Lond.) (Acting Chief Surgeon), appointed Chief Surgeon, Selangor, F.M.S., as from February 3rd, 1925.
CASTLEDEN, L. I. M., appointed Senior House Surgeon, Royal West Sussex Hospital.
CUTTING, P. E. J., M.R.C.S., L.R.C.P., appointed Assistnat House Surgeon, Westminster Hospital.
DE CAUX, F. P., M.R.C.S., L.R.C.P., appointed Anæsthetist to North Middlesex Hospital.
EAST, C. J., M.R.C.S., L.R.C.P., appointed Surgeon, S.S. "Herefordshire" (Bibby Line).
GREY, H. M., M.R.C.S., L.R.C.P., appointed Hon. Radiologist to the Royal Eye Hospital, Southwark.
GREEN, R., M.R.C.S., L.R.C.P., appointed to the Royal Hospital for Diseases of the Chest, City Road.
KLABER, R., M.B., B.S.Lond., D.T.M., appointed House Physician at the Radcliffe Infirmary, Oxford.
MANSFIELD, H. Y., M.D., B.Ch.(Cantab.), appointed Certifying Surgeon for Yarmouth (I. of Wight) under the Factory and Workshop Acts.
PARSONS, F. B., M.R.C.S., L.R.C.P., appointed Senior House Physician, Hospital for Epilepsy and Paralysis, Maida Vale.
SMITH, H., M.R.C.S., L.R.C.P., appointed Casualty Officer at the Metropolitan Hospital, Kingsland Road.
SPACKMAN, W. C., M.B., B.S.(Lond.), Major I.M.S., appointed Civil Surgeon and Supt. of Medical School, Ahunadadabad, India.
VINER, G., M.D.(Lond.), F.R.C.S., appointed Hon. Consulting Ophthalmic Surgeon to the Watford and District Peace Memorial Hospital.

BIRTHS.

COLLYNS.—On April 28th, to Rachel (*née* Freston), wife of P. C. Collyns, Dulverton, Somerset—a son
GRIFFITHS.—On April 22nd, at 90, Harley Street, to Doris, wife of H. E. Griffiths, M.S., F.R.C.S.—a daughter.
PECK.—On May 22nd, at 27, Welbeck Street, W. 1, Marie (*née* Tubby), wife of Dr. Eric F. Peck, of Limassol, Cyprus, of a son (stillborn).

MARRIAGES.

FLETCHER—WILLINK.—On May 26th, at St. Aldate's, Oxford, by the Rev. C. M. Chavasse, M.A., M.C., brother-in-law of the bride, Herbert Morley Fletcher, M.D., F.R.C.P., 98, Harley Street, W. 1, to Mary Christina, second daughter of the late W. E. Willink and of Mrs. Willink, 26, Aigburth Drive, Liverpool.
RHODES—MOLYNEUX.—On April 28th, at St. Paul's Church, Allithwaite, Richard L. Rhodes, M.A., B.Ch., son of the late Rev. D. Rhodes and Mrs. Rhodes, of Grange-over-Sands, to Kathleen Margaret, youngest daughter of Mr. and Mrs. A. J. Molyneux, of Allithwaite Lodge, Grange-over-Sands.
WALKER—WILSON.—On April 24th, at All Saints', Fulham, by the Bishop of London, assisted by the Rev. H. C. Thomas, Kenneth Macfarlane Walker, F.R.C.S., of 86, Harley Street, to Eileen Marjorie Wilson, only daughter of Mr. and Mrs. F. H. Wilson, of 38, Marlborough Mansions, Cannon Hill, N.W.
WAYLEN—ANSTIE.—On April 28th, at St. Mary's Church, Walton-by-Clevedon, Somerset, George H. H. Waylen, M.C., son of G. S. A. Waylen and the late Mrs. Waylen, of Devizes, to Elizabeth Honor, younger daughter of Mr. and Mrs. G. E. Anstie, of Walton-by-Clevedon.

SILVER WEDDING.

KENDALL—IZARD.—On April 30th, 1901, at All Saints', Blackheath, Nicholas Fletcher Kendall, of Chiddingfold, Surrey, to Kathleen Addison Izard, The Paragon, Blackheath.

DEATHS.

FLOWER.—On April 30th, 1926, at his residence, 6, Upper Phillimore Gardens, Kensington, after many months of suffering borne with great fortitude and patience, Sir Ernest Flower, J.P.
GUPPY.—On April 23rd, 1926, at Martinique, on the return voyage from Tahiti, Henry Brougham Guppy, F.R.S., F.R.S.E., F.L.S., M.B., of the Red House, Fowey.
PAGET.—On May 8th, 1926, at Furzedown, Limpsfield, Stephen Paget, F.R.C.S., aged 70.
RANKING.—On April 25th, 1926, at Accra, West Africa, of yellow fever, George Lancaster Ranking, dearly loved younger son of the late Dr. John E. Ranking, of Tunbridge Wells, and of Mrs. Ranking, "Dursley," Woodlandvale Road, St. Leonard's-on-Sea, aged 48.
THOMPSON.—On May 18th, 1926, at 31, Beaumont Street, Oxford, after a few hours' illness, Harold Thompson, M.R.C.S., L.S.A., dearly loved husband of Fanny Thompson, aged 73.

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. 10.] JULY 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Fri., July 2.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat., ,, 3.—Cricket Match *v.* Hornsey C.C. Away.
Tennis Match *v.* Highgate. Away.
Tues., ,, 6.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., ,, 7.—Cricket Match *v.* Moorcroft House C.C. Away.
Thurs., ,, 8.—**The Unveiling of the War Memorial by H.R.H. the Prince of Wales.**
Fri., ,, 9.—Prof. Fraser and Prof. Gask on duty.
Sat., ,, 10.—**Past *v.* Present Cricket Match at Winchmore Hill.**
Tennis Match *v.* K.C.H. Home.
Tues., ,, 13.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Thurs., ,, 15.—Cricket Match *v.* North Middlesex C.C. Away.
Fri., ,, 16.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat., ,, 17.—Cricket Match *v.* Hampstead C.C. Home.
Tues., ,, 20.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Last day for receiving matter for August issue of the Journal.
Fri., ,, 23.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., ,, 27.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 30.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

EDITORIAL.

WE hope that Prof. Hugh Cabot enjoyed his visit to us as much as the whole Hospital delighted in his presence. In the fortnight he was here his unobtrusive charm of manner endeared him to everyone.

He possesses to a full degree the American's facility for humorous phrase-making; this power enlivened not only his conversation, but even his clinical lectures, and to hear a lecturer refer to a group of organisms well shown in a section of a kidney as "those little devils sitting on the rail and waiting to pounce" is very refreshing to an English audience. We are sure these visits have an international value; we cannot imagine that any Englishman will in the future talk so glibly of the conceit of the American when he recalls the modesty and entire absence of "swank" which are Prof. Cabot's most notable characteristics.

* * *

Unlike most other hospital journals we do not make a practice of publishing clinical lectures. This, of course, is not without its disadvantages; if we did it might possibly lead to their more careful preparation. On the whole, however, it is probably better to maintain the distinction between the impressionist methods of the speaker and the more precise and ordered art of the writer.

We have made an exception in the case of our distinguished guest, and are honoured with his permission to reproduce his lecture on "The Present Position of Prostatic Surgery."

* * *

It is with very great regret that we announce the retirement of Mr. W. E. Sargant, Registrar of the Medical College and Manager of the JOURNAL.

Of his work in connection with the Medical College we are not qualified to speak—but that he has treated every student with the greatest courtesy and patience is common knowledge.

In his capacity as Manager of the JOURNAL, however, we have been intimately associated with him, and of his devoted work it is impossible to speak too highly. A few months after the inception of the JOURNAL in 1893 he was appointed Manager, and he has retained that post for thirty-three years.

The fact that this JOURNAL succeeded where two other ventures had previously failed was mainly due to the efforts of three men, Mr. McAdam Eccles, Mr. Harmer and Mr. Sargant—and Mr. Sargant's service has been the longest of the three. He has been a very present help to a long succession of editors, and we are sure that we are writing in their name when we thank

him for his long service and wish him the greatest happiness in his retirement.

We welcome Mr. Willans as College Registrar and Manager in his place.

* * *

We once again draw our reader's attention to the fact that H.R.H. the Prince of Wales is coming to the Hospital on Thursday afternoon, July 8th, at 3 p.m., to unveil the War Memorial. Only subscribers and relatives of men whose names are commemorated will be invited to the ceremony—but we are sure that all men will foregather to give the Prince a hearty reception.

* * *

It is hoped that the Past *v.* Present cricket match at Winchmore Hill on Saturday, July 10th, will be an even greater success than usual.

It is to be a happy combination of cricket match and garden-party, so that the surgeon who is bowled neck and crop by his youngest dresser may console himself by listening to the sweet strains of "Valencia," and any wife who is ashamed of her husband's painfully sedate behaviour in the outfield may comfort herself with the reflection that, anyway, his income is larger than the young man's who is flogging the bowling, and she may proceed to spend some of it in the cool shade of the trees while her chosen-one toils after an ever-receding ball in the hot sun.

We have dared to mention the sun because this festival is traditionally favoured with fine weather—and, anyway, by that time July will be blotting out the memory of a spoil-sport June.

* * *

We have received very few notes of cases recently for publication in the JOURNAL. It is a pity that many interesting cases that are in the Hospital from time to time should go unrecorded.

If chief-assistants and housemen have not time to write up these cases themselves we should be glad if they would stimulate their clerks and dressers to do so.

* * *

Congratulations to Dr. Geoffrey Bourne, who has been awarded a Rockefeller Medical Fellowship tenable in the United States during the year 1926–27.

* * *

The following scholarships and prizes have been awarded:

Baily Scholarship in Clinical Medicine, F. H. K. Green.
Brackenbury Scholarship in Medicine, A. W. Spence.
Prox. acc., K. Hamilton, C. F. Watts.
Skinner and Burrows Prizes, C. F. Watts.
Brackenbury Scholarship in Surgery, É. D. Moir.
Willett Medal in Surgery, W. Pickup-Greenwood.
Walsham Prize, J. H. O. Roberts.

THE PRESENT POSITION OF PROSTATECTOMY.*

IF one is to discuss the status of anything, one must compare it with something else, and I am inclined to compare the present situation in regard to obstructive diseases of the prostate to that obtaining a quarter of a century ago. At that time the situation was undeniably bad; the operative mortality was high, even in good hands—by which I mean the hands of those who were dealing with many of these cases. In their hands it was at least 25 to 30 per cent. The results, quite apart from mortality, were not good. Many of these people had persistent complications, in the form of fistulæ—perinæal fistula, recto-vesical fistula, recto-perinæal fistula, and so on, including supra-pubic fistula. And, finally, a not inconsiderable proportion of them, though better off than they had been before, were by no means well enough off to lead a comfortable existence. The situation to-day shows a very great drop in the mortality. The mortality now, in the hands of the same group of people, experts, is probably between 5 and 10 per cent., and the complications are relatively few. That result has come about chiefly through a recognition of the fact that we can divide the risk to these patients into various stages or portions, and of them the most important is that of drainage. At the beginning of the century most of the operations were done on patients with a large amount of obstruction—larger, on the average, than is true to-day. Many of them were done on patients with complete obstruction, which had often gone on for many hours, even a day or more. The greatest risk to those people, though by no means the only one, comes in the sudden change of pressure under which the urinary apparatus is working. Slowly it has been recognized that preliminary drainage is essential for good results. Drainage may be carried out in one of two ways: it may be carried out by the introduction of a catheter, which is fastened in for a period of time, or by opening the bladder above the pubes and putting in a tube. Both methods are satisfactory; there is no choice between them provided they work, but they must work. In about half the cases the in-lying catheter will not provide satisfactory drainage; either it is gravely uncomfortable, which is a sufficient contra-indication, or it does not drain. This failure may be due to the peculiar conformation of the neck of the bladder, so that the end

* Delivered at St. Bartholomew's Hospital on Wednesday, June 9th, 1926, by Prof. Hugh Cabot (University of Michigan).

of the catheter sticks straight in the air; or it may be because the amount of inflammation of the bladder or of the kidney provides a quantity of mucus or muco-pus sufficient constantly to obstruct the drainage and make it unsatisfactory. Obstructed drainage is probably worse than no drainage at all. One should always assume—though it is not always true—that the upper urinary tract has been subjected to pressure, that the ureters are more or less dilated in company with the renal pelves, and that, in a proportion of cases what proportion one cannot tell—the bladder and kidney pelves are a continuous canal. Obstructed drainage means a constant backwash, and the transference of the infection of the bladder, which is often greater than that of the upper urinary tract, back and forth from kidney to bladder, in a way which destroys the results of drainage. Drainage must be continuous, and must not become obstructed if it is to do its work. Occasional obstruction of drainage is not fatal, but any series of accidents which relatively frequently obstruct drainage suffice to provide a contra-indication to that method. Finally, there is the possibility that the presence of the catheter and its pressure against the middle lobe will produce ulceration, than which nothing is more uncomfortable to the patient, or more disastrous to drainage. In the face of these conditions, urethral drainage must be abandoned and supra-pubic drainage instituted. This requires only a simple operation, can be carried out, if necessary, under local anæsthesia, and should, of itself, cause very little upset to the patient.

The results of drainage are, I think, two-fold. One of the results is certain; the other is somewhat less certain, but is hardly less important. The certain result is the relief of the kidney from a more or less continuous back-pressure, under which it has been working, in some cases, for years. It is a de-compensation, which is followed immediately by congestion and important interference with urinary secretion. If one watches the functioning of these kidneys during the first few days or a week after drainage has been instituted, one will almost always find a sharp drop in the function, which may run so low, as indicated by the sulpho-phenol-phthalein test, that it is practically immeasurable; and in the worst cases the nitrogenous content of the blood will rise, showing that apparently the condition of the kidney has been made worse by drainage. That was a condition which we elected to assume was part and parcel of the operation in the days when we undertook to open the bladder and proceed to remove the prostate at one sitting. In the uninfected cases, in which one sees an over-distended bladder and clear, uninfected urine, there is another sequence, which is inevitable, and that is infection. There is no method, I think, by which infection of a urinary tract hitherto uninfected, which has been subject to obstruction and back-pressure, can be avoided. I am inclined to regard infection as by no means an entirely objectionable business, but we should try to separate it from the insult incident to the operation of prostatectomy. In the case of the uninfected patient you must face an infection to which the kidney has not been subjected before, and in the case of the infected patient you often must face an increase of infection, but it is desirable that these should be separated, in point of time, from the insult of the operation itself. It is probably true that as a result of that infection, which quiets down though it does not get well in a reasonable time, a condition of immunity temporarily results. Consequently when you undertake the operation upon the prostate itself, you have not to face this infection of the upper urinary tract, which, at an earlier date, was inevitable. Therefore as a result of dividing the process into two or more stages, one now has the insult to the patient incident to decompensation of a urinary tract subject to back-pressure, later in infection, not immediately superimposed upon decompensation, and finally, at a time which we can select for ourselves, we have the insult of the operation. In earlier days all those came at once, and with very lethal consequences.

How long should drainage be continued? This question can only be answered in terms of the kidney function. There are many methods of testing kidney function, many of which are valuable. Those should be selected which can be done relatively easily and accurately, without needing a very high degree of skill, that is, you should select the methods which give reasonably sound evidence, and which do not require the constant presence of expert chemists or laboratory experts of any kind. We have come to depend on two groups of tests: those with a dye, which is, with us, sulpho-phenol-phthalein, which tests a part of kidney function, and the other the nitrogen content of the blood, either as urea nitrogen or non-protein nitrogen. Many of the tests, as I say, are valuable. There is no particular reason for preferring any, so long as you elect to use one set, and continue to do so, and thus create for yourself a standard with which you can compare all your patients.

Drainage should be continued until the kidney function of that patient is as good as it will become. That is universally less than one would regard as normal kidney function, though perhaps not importantly less than one regards as normal kidney function for people of the age of these patients, which, on the average, is something over 70 years. They are people whose kidneys have lived through a rough-and-tumble existence,

and would not be expected to be normal under any conditions.

You will probably ask how to decide when function has become as good as it will become. Function will return at first slowly, to a point sometimes below, sometimes above its permanent level, and it will be found vacillating over a fair period of time. During this period of vacillation it is unwise to finish the operative procedure. The period of low function may persist for months, even for years. We have patients who are continued on drainage—never catheter drainage, because that cannot be continued for months with reasonable comfort, but supra-pubic drainage—for a year, occasionally for two years. At the end of that time there is achieved a stability of function which generally results in giving a satisfactory situation on which to superimpose the final insult of this episode, the operation itself.

It is probably true that, in the average patient who has not been the subject of prolonged retention, whose residual urine is not very great, and who does not come to you with clear uninfected urine, drainage for two or three weeks will be sufficient. The majority of cases will fall into that group. The patient with uninfected urine should always be excepted from that group, and should be expected to take six to eight weeks to get over, first the de-compensation, and then the infection, with a return to a stable condition of moderate chronic catarrhal pyelitis, which protects them, I think, from a further infection at the time of the operation.

The question of how the attack should be made, assuming that the conditions are suitable for attack, may now be considered. The genito-urinary world has been torn for at least two generations between the school that favoured the high approach and the school which favoured the low approach. I, for my sins perhaps, was brought up as a perinæal operator, and probably I essayed all the various bizarre types of perinæal operation which have been put forward by sound authority. I am frank to confess to you that, though brought up in that school, I have entirely abandoned it, and have become a most confirmed supra-pubic operator, because I am convinced that in a large series of cases the best results will be obtained by that method. Looked at from your point of view, for those who have not come to a fixed opinion on this matter and are still young enough to change your minds with advantage, it may be said that the supra-pubic method of attack is a far simpler method, is open to fewer complications, and requires less skill on the part of the surgeon. The perinæal attack, I think, requires long experience and high skill, because there are other structures which have an inconvenient trick of getting in the way. The rectum is supposed to occupy a normal and fixed position, but I ask you to take it from me that it does not always do so. It will be found in highly inappropriate positions, particularly at a time when one is demonstrating to one's colleagues the high degree of skill and deftness with which one can adhere to the line of cleavage betwixt wind and water in getting to the desired goal the prostate. Opening the rectum does not always do much harm, and you can learn to patch the leak without much trouble, but in the hands of the relatively inexpert it does cause long-standing and troublesome complications. There will come to you regularly in the future patients upon whom someone else has had the accident of opening the rectum and has left the patient with a recto-vesical or perinæal fistula—a condition often very troublesome to repair!

I have convinced myself that, on the whole, the suprapubic method of attack deals with the problem here presented more satisfactorily. It is true, and it is a convincing argument to those who believe, even belligerently, in the suprapubic route, that, in dealing with the conditions causing obstruction, most of the obstruction, and in many cases the whole of the obstruction, will lie in the proximal half of the prostatic urethra. It may even lie at the extreme vesical termination of the prostatic urethra—a point readily accessible to suprapubic approach, and uncomfortably far from the perinæal approach. One ought to admit, I think, that the discussion is by no means ended, that the expert is quite entitled to proceed by either route, or by both, in appropriate cases, and that there is no reason for dogmatism in the matter. For the occasional prostatic surgeon—and with us, at least, probably more than half the operations upon the prostate are done by men who only occasionally deal with this condition—for the occasional surgeon I believe that the suprapubic method of approach should be regarded as the safer one. The suprapubic operation may be done as a second stage in the case of patients in whom one has elected to drain the bladder by the suprapubic route. In the worst cases, in the shaky patients, I believe it to be wise always to do prostatectomy by the suprapubic route, and in two stages, the first stage being suprapubic cystotomy with drainage, and the second stage simply the introduction of the finger into the suprapubic wound for the enucleation of the prostate. The first stage has had two desirable results—stabilized the kidney function, and walled off all the tissues surrounding the approach, so that infection will not occur. One of the important complications at an earlier date, and to-day an occasional complication of the one-stage operation where drainage has been carried out by the urethra, is the infection of the pre-vesical space, infection taking place rather

easily there because of the fat and loose connective tissue, and the results of such infection are sometimes pretty serious. Earlier it was a common complication; to-day it is seen in the one-stage operations, never in the two-stage operations. For the very shaky patient who, apart from the condition of his urinary apparatus, is old, who has arterio-sclerosis, with, probably, emphysema, and, not unlikely, chronic bronchitis, and whose machine carries on simply by the Grace of God, the two-stage prostatectomy seems to me to be very desirable, even in the hands of the very expert; I do not except anybody in that field. I would further point out to you that though none of you would be interested in your mortality statistics, but would be willing to accept any mortality which might come to you in the proper prosecution of your work, yet some of your colleagues will be concerned as to the precise figures of their mortality. By the two-stage prostatectomy you can practically eliminate a large part of the mortality, because if these patients are going to die, it will be after the first stage, the drainage of the bladder, which is not prostatectomy! It is commonly the more risky procedure of the two in the shaky type of patient; he may not survive the de-compensation and the infection or the increased infection, which must necessarily supervene, and so he will be gathered to his fathers without being added to your prostatectomy mortality statistics. This is likely, I suggest, to be at the bottom of some of the extraordinarily low mortality rates which one sees recorded, even in highly reputable publications. There are other methods, I know.

(*Here the lecturer showed some slides on the screen.*)

Here is a schematic drawing of the normal prostate showing the position of certain groups of glands, which are of first-class importance in the matter of adenomatous enlargements. Note the sub-cervical group, concerned chiefly with changes in the middle lobe. You see a real connective-tissue division between the lobes even in the normal prostate—a division much accentuated when the lateral or median lobe becomes the seat of adenomatous change.

This shows a cross-section through a prostate, indicating the extremely intimate relation between the adenoma and the mucous membrane. In some of the operations, particularly through the perinæum, it has been alleged that these adenomata are enucleated from beneath the mucous membrane. In my view that is a figment of the imagination, and cannot, in practice, be done. Here the mucous membrane has become atrophied, and compared with it, wet tissue paper is thick.

Next I show a low-power view of the changes in the so-called hypertrophied prostate, showing a structure which used to be called "the surgical capsule," and has sometimes been referred to as "the capsule," but it is neither. It is, in fact, the prostate itself. The growths, which you see, compress the tissue of the prostate, forming a capsule, out of which the enucleation takes place. The lines of cleavage follow the outer limits of the adenomata, leaving behind the prostate. In earlier literature it was frequently said, "Mr. Jones, by his operation, removed the whole prostate." Nobody, by any operation, ever did anything of the sort; the pathologist is the only person who can remove it entirely.

This is a cross-section showing a large increase in the lateral lobes and, to some extent, a compressed prostate behind. Adenomatous enlargement of the prostate never involves the posterior lobe.

This drawing shows what happens when you have instituted supra-pubic drainage, and I call your attention to this button-catheter. Some such arrangement is desirable to enable one to pull the tube away from the prostate. At an earlier period this operation was commonly followed by great bladder irritation because the tube rested on the top of an already irritated middle lobe, and nothing could have been devised more certain to cause discomfort to the patient.

The next picture shows a common method of enucleating these large prostates through the suprapubic wound. The finger is introduced from above into the urethra and pushed forward until the apex of the enlargement is felt, at which point the mucous membrane is cracked through, and that point coincides very accurately, in most cases, with the openings of the ejaculatory ducts. After the enucleation has been started the finger is swept round towards the bladder, concerning itself with the structures of the sphincter, which may lie in varied relation to the adenomatous masses.

Here is shown the advantageous method of using the finger, that of the left hand, in the rectum to raise the prostate towards the finger which has been introduced through the suprapubic opening. It gives accurate control, and enables one to proceed without fear of breaking through what is sometimes a fairly thin layer lying between the adenomatous mass, if it is large, and the rectum.

Here is shown the other of the benign types of obstructing prostate, sometimes called the sclerotic, sometimes the atrophic, sometimes the senile. The fact is that the prostatic gland tissue has largely disappeared and has been replaced by fibrous tissue. I see no reason to think that any inflammatory process is importantly concerned. The nett results of operation are never as good as with the larger prostates.

Here is an instrument which was devised by Dr.

Young, of Baltimore. It has an obturator, which is introduced through the shaft, with a circular cutting knife. It is introduced well into the bladder and the obturator withdrawn; then it is pulled back so that the vertical notch hooks against the bar. The knife is then pushed forward, and the portion shown is excised. It may be moved so as to take out any amount of tissue which is thought desirable. It was put forward to deal with patients without opening the bladder. But, in my hands, the bleeding is such that it requires the services of expert suckers to keep the bladder free from clot. So I have used the instrument largely at the second stage in patients whose bladder had been opened above. There, under the guidance of the finger, with this instrument one can nip out sclerotic tissue to any reasonable extent.

At the earlier period to which I alluded, the mortality of the operation was also due, not inconsiderably, to failure to control bleeding. I was brought up—and carried on for many years—in the day when the amount of blood lost at operations on the prostate would be a shock to the same surgeon if he had been doing any other operation in surgery. Blood poured from the wound, and the surgeon packed gauze in, put in a tube, and went home. Later he telephoned to his house-surgeon, "Did Jones bleed very much?" "No, not very much, sir." What is "very much?" I don't know. They bled in disgusting quantity, and a large number of them died, of "uræmia," of "pneumonia," of "septicæmia," according to the classification. I hold the view that most of them died of hæmorrhage. I do not mean to say the bleeding killed them, but the bleeding reduced these necessarily shaky old people to the point at which they could not resist, where their kidneys would not work, where hypostatic pneumonia supervened, or infection was given free play. Therefore, as part of any operation you are likely to do, you must control hæmorrhage. This can be done by various methods. The method we use is the introduction of a rubber bag which can be blown up. This is pulled into the urethra by a tube passed from above, and fills the cavity from which the mass has been removed. In this way the bleeding can be absolutely controlled. Other surgeons use various methods of packing. Another group makes a larger wound and sutures the neck of the bladder, picking up the bleeding points. I did that some years ago, but abandoned it, because it added unnecessarily to the time of operation.

I want to say just a few words on what one should regard as a good result. A good result should be the entire relief of the symptoms recognizable by the patient as obstruction. It should mean that the residual urine—whatever it may have been—should be reduced to between 1 and 2 oz. If it is insisted that absolutely complete restoration of bladder function is to be achieved by this operation, I say I do not think it is possible. I do not think these old bladders are always capable of entirely emptying themselves. But the residuum should not exceed 2 oz., and rarely reach 1 oz. If infection has existed before the operation, it should have disappeared or be much less. In not a few cases, infection which has persisted for years, due to the obstruction and the residual urine, will disappear; and in a fair number of cases the infected bladder, and, I hope, the urinary tract, will be restored to an uninfected but not a normal condition. You are entitled to require of this operation for the treatment of benign types of prostatic obstruction that the patient shall be restored to what is, for him, a normal condition.

HUMOUR AND THE CHILDREN'S DOCTOR.

HUMOUR in other fields of medicine is often a fruit slightly soured with the tartness of cynicism; in that of children's disease it is of a bolder, less subtle flavour. The child, by his very directness of action or of words, upsets in a moment the conventions of generations, and therewith the gravity of his elders. Often this reflects more upon the foolishness of the conventions than upon himself, but the refuge in either case is in laughter. Mothers, of course, are necessary to children, therefore they are involved in any exposures to be made hereafter.

Such directness savours of the farce and of the burlesque, and is akin to the primitive forms of humorous drama. A good example of this direct action was seen in the case of the long-suffering husband whose wife had brought her young baby son to hospital for vomiting and constipation. She had been asked whether the vomit was in any way unusual and had replied that it was not. While she was dressing the child, the husband, waiting in the next room, was approached. His first question was, "Did she tell you how the vomit shoots out?" On receiving a negative answer he said, "Well, it does. And I know, as I have to clean up the mess!" Thus the infant, all unconscious, projects its innocent humour. Another infant was the cause of an incident for the truth of which the author is prepared to vouch. A friend of his was working in the children's out-patient department of a London hospital. To him, in the middle of his morning's toil, entered a lady doctor who was similarly engaged next door. She was of the type who

scented rarity from afar and browsed in many foreign journals. "I have a most extraordinary case," she said with a mysterious air; "would you care to see it?" To inquiry as to its nature, "I have never heard of such a thing before," she replied. Stricken with the silence of pleased anticipation he followed into the next room, where upon a couch lay a male infant naked except for a bandage round the penis.

"He's got a primary sore!" whispered the lady, in delicious horror. The visitor called to his aid an iron effort at repression, and after some non-committal remark stepped out with bursting temples and rigid thorax for the door, which he safely reached. Recurrent attacks of hysteria ruined his morning's work. She had apparently never heard of the usual treatment for phimosis.

A mother once referred to a suspected injury to the same area in the words, "Would you mind, doctor, takin' a look at 'is twig and berries?"

In the early months, when the gift of speech is making its first appearance, unconscious humour is one of its first-fruits. A well-known physician, stately and middle-aged, was entering his ward at a children's hospital for his weekly round. He was met at the door by house physician, sister and a nurse—also by a penetrating and accusing infant voice crying "Daddy, daddy!" A scene of some confusion followed.

Diseases by the Cockney tongue of mother or of child often assume weird and vivid shapes. Whether some strange mental connection with St. Patrick and Irish snakes is to blame, who can tell—but St. Viper's dance is famed throughout East London. A similar predilection for striking phrases is probably responsible for the survival there also of the term "glass pox," a most descriptive synonym of chicken-pox. Further, there was the mother who described the volatile demise of a former child in the words, "Well, yer see, 'er pore sister she went off in ammonia!" Another mother, after long-continued attendance at the out-patient department, had picked up enough of the correct terminology to describe her tiny daughter's recent persistent diarrhœa in the words, "Yus, sir, and since last Friday she's been all emotion, slimy and green."

New institutions or measures will not, by their newness, escape curious transfigurations of speech. On being asked about the early feeding of a rickety child, a mother, in defence of a certain dried food, replied, "Well, ye see, doctor, I took 'im to the Farewell I did." Again, another mother was heard telling to her crony the long tale of her son and heir's rickets. "They've tried these 'ere wittymeans, and they've tried messige, and now they talks of trying the violent rage treatment—kill or cure as you might say." The modern mother in all classes is notoriously unable to control the actions of her offspring, but it was going rather far in apportioning the blame to say, "She do give way to 'er legs so, doctor."

A small boy had had a severe accident, and many measures—including subcutaneous and rectal salines—had been taken to combat the shock from which as a result he was suffering. A recently qualified house surgeon had at some length explained to the mother the various means by which it was hoped to restore her son's health and strength. She was heard retailing these to a friend who was waiting with her. "D'ye know what they been a givin' to my poor 'Erb?" she inquired. On being acquainted with her friend's inability to read thought, or to see through walls, "Essence o' sea-lions," she whispered in a husky, almost reverent tone. One sees visions of Arctic explorers spearing vast creatures among icebergs in order that in a refined and liquid state they may be inserted, a diminished but revivifying extract, into the rectum of Herbert Smith.

A small girl had been brought up with some bronchitis consequent upon a severe cold. After she had been examined, and while the appropriate expectorant prescription was being written out, the mother leaned forwards and whispered breathily. "Excuse me, doctor, but would yer mind a writing of me a sustificit?" "What for?" was the reply. "Ter give ter the scyule-board. Fer the scyule-board 'e fair worrits the life out of yer if yer ain't got no sustificit." And again after a further pause, and at an increased rate, "Yer see, my pore sister she 'ad a little girl, she 'ad, and she brought 'er to this 'ere 'orspital, she did, and the doctor 'e didn't give 'er no sustificit, 'e didn't. And the scyule-board 'e came and 'e did fair worrit the life out of 'er, 'e did, and when she was in 'er box 'e 'ad ter come rahnd and s'y as 'e was sorry." One can almost see a Heath Robinson bureau of school inspectors, and the tactless sub-inspector Smith being told off to the duty of apologizing to a husband for having worried his wife into her grave.

Children themselves not infrequently are the authors of humour—usually unconscious, of course. The writer was doing a round attended by house physician, sister and nurse. A shy little girl, a new patient, watched his approach. "Well, girlie, what's the matter with you?" A timid smile was the only reply. Bending lower over her the question was put again, and a husky, incoherent whisper resulted. "What did you say?" "Well, doctor, I got the twipy gwipes," came out in a high, ringing treble.

A small boy, aged 5, was severely ill with acute nephritis. He was œdematous, and had a systolic blood-pressure of over 200. The history indicated that his

throat condition might have been the starting-point of his infection. The unusual nature of the case stimulated an exhaustive talk with the house-physician upon the causes of nephritis in small children, and upon the possible theoretical causes of œdema and upon the treatment. At the end of a considerable discourse a move was made to the next bed. The small boy called to a nurse and said, "Nurse, I didn't quite understand everything that the doctor was talking about, but I heard him say I ought to have my tonsils out—and I think he's quite right."

Next week, this story having been retailed, the small boy was visited again and reference was once more made to the throat condition. After we had left the ward he called to sister and said, "Sister, if they take my tonsils out *I* will have them buried." He did not say what size hearse would be necessary!

Two small girls were heard playing together with their dolls. One said, "When I'm grown up do you know what I'm going to have?" "No," said the other. "Well, I'm going to have triplets." "Oh," replied the second, "that's nothing; I'll have quadrupeds."

Upon another occasion a mother of two small boys returned to find them running about the house with sticks in their hands and without a shred of clothing on. Upon expressing considerable surprise she was informed, 'Oh, you see, we're dressed up; we're Indians."

Another small boy was always asking questions, and at the end of a meal heavily punctuated with inquiries came the final one: "Mother, why does the treacle soak into my rice pudding?" The mother, whose patience had become finally exhausted, replied, thinking to produce a deadlock, "Well, dear, it's the law of osmosis." A considerable pause followed, at length broken by the question, "Mother, why did Osmoses' father and mother give him that name?"—and answer came there none.

PARA B.

THE KING'S ENGLISH.

First doctor: I think he is a gastric ulcer.
Second doctor: I deny it; he is a man.
F.D.: I mean he is a case of gastric ulcer.
S.D.: I deny it; he is a patient, not a case.
F.D.: Have it your own way; it is a case of gastric ulcer.
S.D.: I agree with you; he has a gastric ulcer.

GAMMA.

A VISIT TO HOLLAND.

IT is very difficult when visiting a foreign country for a short time to get into touch with the true character of its people. The object of my visit to Holland was to see a certain aspect of surgical work, namely the treatment of fractures, by Prof. Noordenbos, at Amsterdam. In this I was extremely lucky, for I found a man who is fired by the traditions of his country, and whose work, it seemed, bore very strong evidences of the Dutch national character. Besides the proverbial cleanliness of the Dutch race, one of the corner-stones of Holland's success has been its fight against Nature as represented by the North Sea. The reclaiming of vast tracts of land has produced fine engineers and craftsmen. They are extremely thorough, and leave nothing to chance.

I arrived in Amsterdam early Whit-Saturday morning, after quite a comfortable journey by the Harwich boat and the admirable State railway from Hook. Breakfast was had on the train, so that after a general scrub-up at the hotel I walked along to the Binnengasthuis, literally the central, or inner "Guest house." This corresponds to the University Hospital, and is approached by way of a picturesque old street alongside one of the many canals of Amsterdam. I was just in time to meet Prof. Noordenbos before he commenced operations at 9 o'clock. Welcoming me in charming manner and most delightful English, he soon made me feel that I had met an old friend. The operation he did was one of his favourites, namely, for fracture of the neck of the femur. This consists of a homogeneous, intramedullary graft, and is done for every case of intra- or extra-capsular fracture; by this means he claims to get far better results than by ordinary non-operative methods. Before commencing, meticulous care was taken to obtain accurate position of pelvis and limb, for upon this depended success in getting the correct direction for driving the intramedullary peg. This peg is formed from 8 to 10 cm. of the patient's own fibula, complete with periosteum, and is driven through the neck into the head of the femur from the outer side of the great trochanter. Plaster-of-Paris is applied afterwards and retained for 3 months. Age seems to be no contra-indication.

After the operation the unit gathered in the Theatre Nurses' storeroom, where some most excellent tea was served. It seems that the Dutch nurses are no different from English nurses in their secret tea-drinking habits! In many other ways they did not seem a bit foreign. Except that their theatre was more modern in construction than any of ours, one might well have been at Bart.'s. When the professor was not present there was the same mild cross-fire of humour between nursing staff and residents. The Dutch language I found much more like English than the spelling had led me to expect, especially as regards intonation. Dutch nurses are all called "Zuster." I don't know whether it was due to a desire to overcome the difficulties of providing suitable headgear for modern methods of hairdressing, but I noticed that the nurses wore nothing on their heads when on ordinary duty. During operations the senior theatre nurse is responsible for the handing of all swabs, instruments and ligatures, the ward sister being present merely as an onlooker. As far as practical work in the theatre is concerned, students are kept severely in the background until quite late in their clinical years, and even then it is only at relatively minor operations that they assist.

The Binnengasthuis is an ancient institution, originating, very much like Bart.'s, in the 12th century. Its present buildings are modern, and contain about 500 beds. There are two surgical clinics, the larger of which, having 120 beds, is under Prof. Noordenbos, and is contained in a separate building, with its own operating theatre, pathological laboratory, radiographic plant, out-patient department, and residents' living-rooms. Adjoining the operating theatre is a large demonstration and lecture theatre. Here the Professor gives a clinical lecture every morning at 8 o'clock. It is also fitted up as an operating theatre and used for all septic surgery. The main operating theatre has quite recently been reconstructed and contains nothing but absolute essentials, the walls being enamelled a rather pleasing grey-brown colour. So as further to relieve the surgeon's eyes from the glare of brilliant white, all towels and gowns used by him and his assistants are of a dull blue colour. As to the organization of the clinic, it was obvious that the Professor was the centre upon whom the whole activity of the unit revolved. He is an indefatigable worker; starting, as I have already said, by a lecture at 8 a.m., his activities in the hospital end every day by a full round with the whole "firm" after tea. The personnel, apart from the Professor, comprises a *chef-de-clinique* (who was away while I was over there, but who, I gathered, was a surgeon with private practice in Amsterdam), together with four assistants. The 1st assistant (resident) corresponds more to the post of resident surgical officer at many English hospitals, and having had previous experience, he holds his post under Prof. Noordenbos for three years. The 2nd and 3rd assistants (also resident) correspond to our senior house-surgeon, although a large amount of their responsibility is taken by the 1st assistant. The 4th man is non-resident, and has little to do when compared with our junior house-surgeons. I learnt that the Casualty Department is worked by a number of local general practitioners, who come in and remain on duty for a fixed number of hours in turn.

The general tone of the Clinic was wonderful, everybody being as keen as mustard. The Professor gave his assistants no rest, and they in return gave him great affection. Their knowledge of surgical literature was enormous. Recent German, French, American and English work seemed at their finger-tips. They manage it in this way: First, they are familiar with foreign languages; for Holland is such a small country, that every educated person must know German, French and English. Furthermore, Dutch medical journals have so small a circulation that they must go to foreign journals if they want wider information. Indeed, some Dutch work is for this reason published in foreign countries. Secondly, the whole of the Professor's staff meets at his house once a fortnight, and each member reads a short paper on a different subject prepared from his study of recent literature in the four languages. The Professor takes the chair, and criticizes both paper-writer and the work dealt with.

Having rather strayed from the matter-of-fact description of my first day in Amsterdam, I continue. After the operation on the neck of the femur, the Professor took me along to see his nursing home, where he has some private work. It was a gloriously sunny day, and we walked through the city by way of the "grachts," a series of tree-lined canals, which at all times of the day and night are delightful places along which to stroll. The nursing home is by the side of Prinzensgracht. It is owned by a private company, and occupies a straggling but rather pleasant mansion, once the property of a wealthy merchant. Here, as I had already seen elsewhere, I came across "the eternal clean." After a short visit to another hospital in the town, the Professor took me home to a very pleasant Dutch lunch. In the afternoon, after a walk through the Vondelpark, he conducted me round the Rijksmuseum (their National Gallery), which contains a large collection, almost exclusively of Dutch paintings. Prof. Noordenbos has a great knowledge of art and history, which, together with his keen sense of humour and insight into character, made him an altogether delightful companion. The afternoon terminated by my helping him to buy a new hat! Then back to the Binnengasthuis, where, after a simple cup of tea, the whole clinic turned out for the evening round, during which it was evident that the Professor was respected as kindly by his patients as by his staff. Dinner over, a visit to the local cabaret with the 1st assistant completed a rather full first day in Holland.

Whit-Sunday I spent on the Zuyder Zee. Every

tourist goes on such a trip, visiting the Island of Marken and the village of Volendam on the mainland. At both places the inhabitants parade in national costume, complete with bonnets, bloomers and clogs. I am afraid I was rather bored. The whole thing seemed very artificial, giving the impression, as Mr. E. V. Lucas suggests, that villages, natives, costumes and tourist steamers were all run by a combine.

Whit-Monday is a holiday in Holland also, and I spent it by visiting the old town of Haarlem. It is famous for the resistance it gave to the Spaniards in the Eighty Years' War, for Franz Hals, and for its bulbs, which were unfortunately over when I was there. The Franz Hals Museum, which occupies some picturesque old almshouses, contains a large number of this master's wonderful portraits of smiling cavaliers.

The next day the Professor was away; however, Dr. Wynen, his 1st assistant, conducted me round the clinic, where he has been working for three years. He was extremely kind in taking great trouble to show me the practical details of Prof. Noordenbos's treatment of fractures, the principles of which Dr. Wynen is shortly publishing. The essentials of this treatment consist in the almost complete absence of splints. The limbs are slung in small counterpoised hammocks, and direct skeletal extension obtained by the use of Steinmann transfixion pins. I was much struck by the happiness of the patients undergoing this treatment. Not only do they sit up, but they enjoy a large measure of functional activity in the injured limb. Furthermore, I was convinced that the patients do themselves *enjoy* this activity, and that it was not simply carried out to give enjoyment to the surgeons.

On Wednesday and Thursday I was busily engaged in attending all the activities of the Clinic—clinical lectures, operations, rounds and the polyclinic. The latter, held two or three afternoons a week in the large demonstration theatre, corresponds to our surgical out-patients, cases being selected previously by the Professor. At the Thursday polyclinic the following cases were demonstrated:

1. Suppurative cervical lymphadenitis due to tonsils.
2. A case of spontaneous fracture of the humerus in a boy, due to osteitis fibrosa cystica.
3. Carcinoma of the lower lip in a clay-pipe smoker.
4. Secondary deposits from abdominal cancer in left supra-clavicular region.
5. Tuberculous cervical lymphadenitis with abscess.
6. Tuberculous mesenteric glands simulating ureteric calculus.
7. Tuberculous elbow ankylosed in bad position after long suppuration. Now complaining of spondylitis deformans.

I was interested to hear from the Professor that he gets a considerable amount of gall-bladder surgery. The prevalence of gall-stones he ascribed to the large fatty diet of the population. Certainly "fair, fat females of forty" are the rule in Holland. For all his abdominal operations Prof. Noordenbos uses only transverse incisions, dividing the rectus muscle when necessary.

On Friday morning I left Amsterdam at 6.30 a.m. to meet Mr. Dunhill and Mr. Keynes at The Hague. The morning was spent with Dr. Shoemaker in his operating theatre. I wish I had more space to describe all that we heard and saw here. Dr. Shoemaker seems veritably to be bristling with technical ingenuities; his twin theatres must surely be almost perfect in construction, lighting and colour scheme. His attitude towards his work was admirably expressed when he compared a surgeon at operation to the first violin in a string quartette. An operation has its *tempo*, which must be sternly adhered to by the whole quartette—surgeon, assistant, sister and anæsthetist. The *tempo* is regulated by the nature of the operation, and by the capability of the surgeon and his assistants. The surgeon must maintain the balance and there must be no going back, all stages of the operation being completed step by step. A string quartette cannot retrieve a mistake once made.

Thus it is that perfection in his art and craft is the keynote of Dr. Shoemaker's work. He did four operations:

1. For dyspepsia which turned out to be appendical in origin, cholecystectomy and appendicectomy were performed.
2. Nephrectomy for tuberculous kidney.
3. Intra-medullary peg for fractured neck of femur.
4. Skin-grafting by Braun's method. A small flap of epidermis was raised as for Thiersch and minute islets of this were cut off and were pushed through the granulation-tissue of the affected area with fine-pointed forceps so as to rest on the subjacent deep fascia; these islets were placed at intervals of about ½ in., and were said to give rise to a very fine thick new skin.

After an excellent lunch an hour or so was spent at the Mauritzhuis, which is a small picture gallery, but nevertheless a gem of great price.

Late in the afternoon I returned to Amsterdam for further instruction in the use of Steinmann pins. My stay in Amsterdam came to an end on Saturday evening with dinner *en famille* at Prof. Noordenbos's hospitable board.

When in Holland I soon appreciated the reason why so many surgeons go to foreign countries to visit their colleagues there. I am convinced that it is not only to learn something new or different, but to obtain that primitive enjoyment of the British man in the street, namely, the idle inspection of someone else working. I revelled in this sensuous pleasure. Some people, however, go abroad for the sheer joy of returning home again. One of my companions (who is no stranger at Bart.'s) in the breakfast car on the homeward journey from Harwich to Liverpool Street was heard suddenly to exclaim that he now felt that his journey to Holland had really been justified. I looked round and noticed that he had just finished his last mouthful of English fried kipper.

NORMAN CAPENER.

RAHERE LODGE NO. 2546.

THE Installation Meeting of the Rahere Lodge was held in the Great Hall, St. Bartholomew's Hospital, on Tuesday, June 15th, 1926, at 5 p.m. Previous to the installation Prof. Lovatt Evans and Mr. Wilfred Shaw were initiated into Freemasonry by W. Bro. Reginald M. Vick, the Worshipful Master. The Charge was given by W. Bro. Girling Ball.

The Installation Ceremony was performed by W. Bro. Reginald M. Vick, who installed Bro. Geoffrey Evans as Worshipful Master of the Lodge for the ensuing year. The following officers were appointed:

W. Bro. H. D. Gillies	S.W.
Bro. H. W. Henshaw	J.W.
Bro. The Rev. R. B. Dand	Chaplain.
W. Bro. Ernest Clarke, P.M., P.G.D.	Treasurer.
W. Bro. Girling Ball, P.M.	Secretary.
W. Bro. C. H. Perram, P.M., P.G.D.	D.C.
Bro. Howard Jones	S.D.
Bro. Sir Bernard Spilsbury	J.D.
W. Bro. H. E. G. Boyle, P.M., L.R.	Asst. D.C.
W. Bro. E. Laming Evans, P.M., L.R.	Almoner.
Bro. Llewellyn G. Smith	Organist.
Bro. John Cumming	Asst. Secretary.
Bro. C. Hamblen Thomas	I.G.
W. Bro. E. P. Furber, P.G.G.S.W. Surrey	Senior Steward.
Bros. Whitehead Reid, Frank Coleman and N. S. Bonard	Stewards.
W. Bro. A. H. Coughtrey, P.P.G.S.B. Herts	Tyler.
Bro. E. W. Hallett	Asst. Tyler.

A P.M. Jewel was presented to W. Bro. Reginald M. Vick at the end of his term of office. A P.G.D. Jewel was presented to W. Bro. Swinford Edwards, and a P.A.G.D.C. Jewel to W. Bro. Anderson.

The brethren and their guests afterwards dined at the Royal Adelaide Gallerica (Gatti's Restaurant)

THREE CASES OF PNEUMONIA.

THE following notes of three cases of pneumonia have been published because they illustrate well the infectious nature of the disease, and because they show uncommon and interesting complications.

On Christmas Day, 1925, seven people were together in one house in Islington. The younger of the two brothers, Albert Edward F—, æt. 34, a dairyman, had been unwell for six weeks with a pain in his right side, a cough and shortness of breath; his doctor, according to the man's account, diagnosed his condition as "rheumatic pleurisy" and bronchitis. Two or three days before Christmas his condition greatly improved and he ate a normal Christmas dinner.

On Boxing Day he became aware of an acute pain in his left side, and in the evening he began to bring up thick, blood-stained sputum. On the following day he became worse and his doctor diagnosed pneumonia.

On December 28th he was brought to Hospital and admitted to Smithfield Ward.

Richard F—, æt. 40, although feeling vaguely unwell, had accompanied his brother to hospital, and on his return home he was suddenly overtaken with a sharp, stabbing pain in the right chest, and he coughed up blood-stained sputum; he was admitted to the Hospital the same evening and was placed in the next bed to his brother. This was soon seen to be therapeutically unwise, and Richard was moved into the back ward.

Three days later the sister-in-law, Alice J—, æt. 33, started a similar attack, and on January 3rd, 1926, was admitted to Annie Zunz Ward.

She was found to have pneumonia of the right lower lobe; the lung resolved satisfactorily, the fever defervesced by lysis in a few days, and she rapidly made an uneventful recovery.

Not so, however, with the two brothers.

Albert F— had been gassed in France in 1917, and he stated that he had suffered since then from bronchitis; otherwise there was nothing of importance in his history. There was no history of alcoholic excess. When he was admitted to hospital he presented the typical appearance of a patient with pneumonia. His flushed face, bright eyes, expression of alert anxiety, the short, shallow respirations—restricted by lancinating pain—these, with the glairy, rusty sputum and the character of his temperature chart sufficed to make the diagnosis.

His temperature varied between a morning 100° and an evening 103°; the pulse-rate was 110 and his respirations 35 to the minute. The signs in the lung on admission were slight impairment of percussion note from the fourth rib behind down to the left base, poor vesicular murmur and characteristic crepitant *râles* over the same area.

Bronchial breathing and bronchophony were not heard until the seventh day of the disease.

Pneumococci preponderated in the sputum, and a pneumococcus was isolated in pure culture from the blood. (Unfortunately we were

unable to get the strain of pneumococcus typed.) The white count on admission was 17,200.

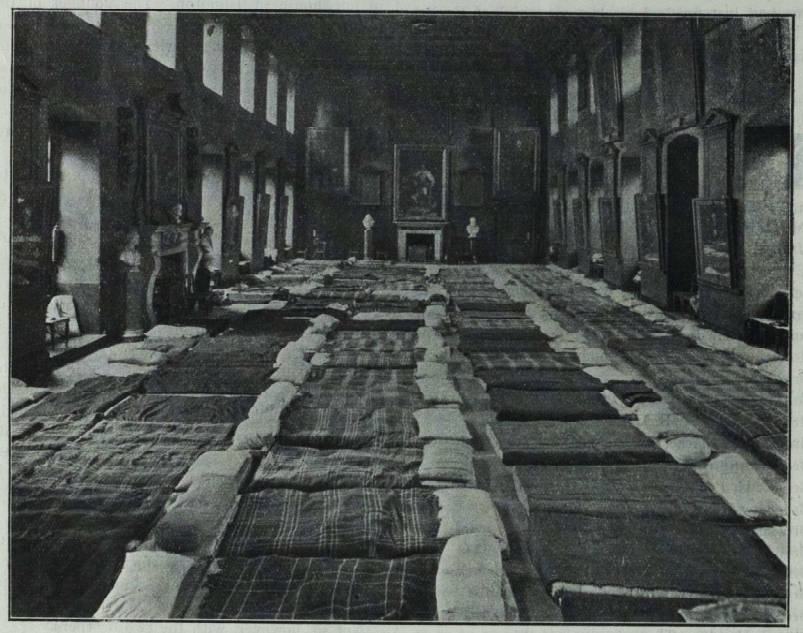
On the fifth day of the disease the patient developed an inflammatory swelling of the right elbow, which fluctuated on palpation; the next day a large red swelling (3 in. in diameter) appeared in the right gluteal region, but fluctuation could not be made out here.

The next day (the seventh of the disease) the patient was seen by Sir Charles Gordon Watson, who advised incision of the elbow-joint and aspiration of the gluteal swelling. This was done under nitrous oxide anæsthesia, and a considerable amount of pus was obtained from the elbow but none from the buttock.

By this time the patient's white blood-count had climbed to 35,600 and his general condition was worse. The signs in the lung climbed to 75,000. The presence of an empyema was discussed, but not diagnosed. On the eleventh day of his disease he died.

Richard F—, æt. 40, was a warehouseman and a full-blooded, plethoric individual; the only things of interest in his history were that he had bronchitis every winter and the fact that he drank six pints of beer a day.

He was not so ill as his brother on admission. At first there was only made out an impaired percussion note, friction and weak vesicular murmur in a small area below the right scapula. The sputum, however, was blood-stained and pneumococci were found in it. The white blood-count was 13,200. He soon developed the signs of pneumonia of his right lower lobe, and for eight days he ran a fairly normal course and the prognosis appeared to be good. On the



THE GREAT HALL DURING THE GENERAL STRIKE.

were more definite—the percussion note was almost absolutely dull below the fourth rib behind, in the axilla and in front encroached on the cardiac dullness—and bronchial breathing and bronchiophony were heard all over the dull area.

The signs in his lungs did not alter noticeably until his death, except for signs of œdema of the right lung—many scattered sub-crepitant *râles* being audible all over. For thirty-six hours after the incision of the elbow-joint the patient's condition seemed to improve slightly, but the following night he was obviously worse.

There was more respiratory distress, cyanosis was increased, and his body-surface was cold and clammy. His temperature fell to normal by lysis; his pulse-rate fell, too, but the pulse rhythm began to be very irregular—there was a large pulse deficit—so that the auricle was thought to be fibrillating. The area of cardiac dullness did not extend to the right of the sternum by percussion, and pericarditis was not suspected.

His respiration rate went up from 40 to 55, and until his death oscillated between 40 and 60. The white blood-count had by now eighth day, however, he developed signs at his left base which were soon typical of pneumonic consolidation. His white blood-count was, by this time, 47,800.

On the next day a post-mortem was performed on his brother (*vide infra*), and the findings there suggested the advisability of an exploratory aspiration of the chest, although the signs were equivocal; two days later the right chest was aspirated and 5 oz. of semi-purulent pneumococcal fluid were withdrawn. Two days later 12 oz. of pus were taken from the left side of the chest, and then, until his death, the two sides of the chest were aspirated on alternate days.

It was decided that it was unwise to attempt a rib-resection until the respiration-rate had fallen considerably, indicating that the pneumonic process had terminated.

For two days before his death his general condition had considerably improved (his white count fell to 16,400, the temperature was below 100° and the respiration-rate averaged 30), and the day before he died a surgeon was asked to see him with a view to performing a rib-resection. The same night for the first time he had brief spells of delirium, and in one of these attacks started up in bed, shouting, and with his left arm swept the sputum-pot off his locker.

A little later he became unconscious and died on the nineteenth day of his disease.

At the post-mortem Albert F— was found to have a purulent pericarditis, the pericardium containing 25 oz. of pneumococcal pus, and a recent pneumococcal endocarditis of the mitral valve.

In the left pleural cavity was an empyema of about 10 oz., commencing to be inspissated, both lobes of the left lung being in the condition of grey hepatization. The lung juice examined bacteriologically showed many Gram-negative bacilli resembling Pfeiffer's bacillus, as well as large numbers of pneumococci. There was pus in the right elbow-joint.

Unfortunately the brain was not examined.

The post-mortem on Richard F— disclosed ulcerative vegetations on the aortic, pulmonary and mitral valves, together with recent infarcts in the kidneys and spleen.

There was a purulent meningitis limited to the interpeduncular space and the upper surface of the cerebellum.

There was a bilateral empyema; the lower lobes of both lungs were collapsed, while the middle lobe showed pneumonic consolidation.

The occurrence of the above complications is given by Osler and McCrae in *Modern Medicine* to be as follows:

Empyema, 2·2 per cent.

Acute endocarditis, ·44 per cent. by clinical records and 5·8 per cent. at autopsy. (Three-fourths of the cases are ulcerative.) It is demonstrated by statistics to be almost always a fatal complication.

Acute pericarditis, 1·2 per cent. clinically and 12·6 per cent. at autopsy.

Meningitis, ·24 per cent. clinically and 3·5 per cent. at autopsy.

Acute arthritis, the least common of all complications, occurs in only ·5 per cent. of collected cases.

Of these complications only the arthritis (which was sufficiently obvious) and the empyema in one man were diagnosed before death, but if anyone be inclined to cast the first stone a reference to the statistics quoted above may detain his hurrying hand.

The endocarditic, pericarditic and meningitic complications of pneumonia, although suspected by the clinician, are commonly diagnosed by the morbid anatomist.

I am indebted to Dr. H. Morley Fletcher for permission to refer to the Annie Zunz case, and to Dr. Graham, under whose care the two men were, both for permission to report their cases and for help in preparing these notes.

DOUGLAS HUBBLE.

ANOTHER TRUE TALE.

SHOULD you ask me whence this story,
Whence this legend and tradition,
I will answer, I will tell you.
It was not in days of Rahere,
Or in days of Abernethy,
But it was last Thursday fortnight
That a patient with a headache
Staggered up with gait ataxic
(Also very slightly spastic),
Staggered up into the Path. Lab.,
Where a very clever doctor
Pushed a very slender needle
To the centre of his backbone.
Forth there spurted under pressure
Clear and limpid spinal fluid,
Quite enough for diagnosis.
He withdrew the slender needle,
Pulled it out "secundum artem,"
And applied a small gauze dressing;
Told the patient to recline him
On a couch of hardest timber
Till he felt a little better.
Then the very hungry doctor
Went along to tea and left him.
But the fluid went on dripping,
Through the gauze and through the bandage;
On the floor a pool was forming.
Soon the patient felt quite thirsty,
So he drank a quart of water,
And secreted much more fluid,
Which kept flowing ever onwards
'Neath the door and down the lift-shaft,
On the patent gateway switchbox,
Where its quite unwonted presence
Fused the wire and closed the circuit.
Then the lift stopped with a shudder
Just between the third and fourth floors,
And within the lift imprisoned
Was a most distinguished surgeon,
Using most distinguished language
Till they found the electrician,
Three hours later, and released him.
When they sought the wretched patient
Who had caused this sad disturbance,
All he said was—"Look 'ere, guvnor,
That there prick is just the limit,
Made me feel that bloomin' thirsty,
I'm across the road to 'ave one."

Now you see, O gentle reader,
Why the lift that's in the Path. Block

Sometimes falters on its journey,
Sometimes stops with you inside it.
Should this hap to be your fortune,
Cease your unbecoming language;
Use your unaccustomed leisure,
Climb the stony hill of knowledge:
Meditate upon the functions
Of the mystic choroid plexus,
Functions most of which perplex us.

ABERNETHIAN SOCIETY.

SUMMER SESSIONAL ADDRESS.

THE first ordinary meeting of the Society was held in the Medical and Surgical Theatre at 8.30 p.m. on Thursday, June 10th, 1926. Mr. Barnsley in the Chair.

When the minutes of the last meeting had been read and confirmed, Mr. Hume rose to propose Prof. Hugh Cabot as a member of the Abernethian Society; this was seconded by Mr. Corbett, and carried with enthusiasm.

Prof. CABOT, in a brief speech, expressed his gratification at the honour done to him.

The PRESIDENT then pointed out that Prof. Cabot's visit to the Hospital was regarded as being an event of as much importance as the Australian Cricket Tour, or the coal strike, and called upon him to give his address on "Travels amongst the North American Indians."

The lecturer said he was going to talk about the Indians of Canada, those of the United States being millionaires in their own rights, and consequently uninteresting. The Canadian Indians had been fairly dealt with by the Hudson Bay Company—a big power in the land, comparable with the East India Company in India. The company was always friendly with the Indians and ready to assist them in every way, and all dealings were on a basis of absolute honesty. The Indians brought furs to the various settlements, and received in payment, food, traps, ammunition and the incomparable Hudson Bay blankets, or these commodities could be obtained in advance, in which case proof of death was the only excuse admitted for failure of repayment.

There were many tribes, and little was known of their ancestry, although some light had been thrown on the matter in the case of the Micmacs by the suggestion that they were Irish-Scottish. Those out of contact with the Hudson Day Company suffered from the effects of a seven-yearly famine, when the rabbits, perishing from want of food, resulted in the Indians doing the same. In religious matters the Indian was disinclined to take chances: a professed Christian when in the settlements, he played for safety out in the wild by observing the religious customs of his fathers, for, as he pointed out, "The Padré's God, he very nice man in settlement, but he be lost out here."

The unit was the family, and hunting-grounds were strictly marked out. A man might trespass for food, but not fur, and anyone breaking this rule could be shot at sight and no questions asked.

The cache was also sacred, and reserve stocks of food could be hung on trees anywhere with the knowledge that they would be touched by no man until the owner cared to return.

Prof. Cabot then went on to the story of a trip he and an Indian guide, "Tom," undertook to rediscover the old route by which the Indians travelled from St. Anne on the St. Lawrence across the Gaspé Peninsula to Chaleur Bay. They had little information to help them, and this proved to be entirely fallacious, and the survey map was quite inaccurate. They travelled light in a small canoe, with a 2½ lb. silk tent, firearms and ammunition, axes, and little else. The journey was uneventful until the head of the Great Cascapedia River was reached, when their adventures really began. On one occasion, after travelling upstream for a day, they pitched camp, and after a short walk of 100 yards inland he was very disturbed at coming across a fresh camp fire, until he recognized it as their own of the night before. The Indian had the enviable gift of being able to keep advice to himself highly developed, and as an instance of this the Professor related how he spent a very "moist" day floundering about in a cedar swamp in search of a lake on the east side of a mountain when Tom knew quite well it was to the west, but did not care to point this out as it was none of his business, and *he* had lost no lake. On another occasion at the end of a fruitless morning's fishing under Tom's dispassionate eye he asked if there were any fish there. "No," replied Tom, pointing out after some cross-questioning that there must be a fall somewhere ahead and that fish could not come up over it.

Several slides were shown giving an idea of the impressive scenery encountered on the trip.

The lake communicated with the St. Anne, down which they proceeded, not a little exercised in their minds as to the exact whereabouts of a 60-foot fall which, according to the survey map, existed somewhere on the river. The water was rough throughout, and could only have been navigated by a very skilled waterman. One night, when they had pitched their camp on a point between the St. Anne and a tributary, they awoke to find they were lying in 2 in. of water, which was rising rapidly. By morning the river was in full flood and they found themselves quite unable to go on, and, what was worse, separated from some caribou calves in which they were both profoundly interested. Here it was that Prof. Cabot feared that any reputation he had ever had as a sportsman was permanently blasted, because the sight of salmon jostling each other out of a pool was too much for him, and he readily fell a victim to Tom's suggestion that they would be easy to spear. A diet of rabbits is apt to pall.

Eventually St. Anne was reached, where the language, reputed to be French, was of a brand quite unknown to the travellers, resembling no tongue the professor could recall ever having heard. Here they were taken aboard a semi-occasional steamer going to Quebec, but the apparently sacred remains of prehistoric fish caused a hasty reconsideration of their decision, and they rapidly discharged themselves.

The lecturer brought his story to an end by paying tribute to the Indians as travelling companions. One could go anywhere with them provided they were not taken out of their way, and they gave no signs of elation or depression when one proposed oneself as a fellow traveller; they were quite prepared to welcome or bid farewell with equal imperturbability.

The PRESIDENT, in calling upon Sir Anthony Bowlby to propose a vote of thanks, was grateful for the graphic description of a race that he knew personally only as companions of the sheriff and his posse of police as they galloped at amazing speed across the screen.

Sir ANTHONY BOWLBY said he first met Prof. Cabot in France, when surgeons were urgently wanted at the front for the Paschendaele offensive. Sir Anthony suggested that the Americans should be asked to assist, but was told that they were available for work at the Base only. As the result of a short discussion with Prof. Cabot it was decided that the simplest solution was for the Professor to write a letter offering their services, and Sir Anthony to answer then and there, accepting. The Cabots were a family of explorers, and possessed untiring energy. At one time as many as 200 operations under anæsthetic were conducted in twenty-four hours in the Professor's hospital, but he was always ready for more. He had great pleasure in proposing a hearty vote of thanks for the extremely interesting lecture.

Mr. CORBETT, in seconding, said that he had very pleasant memories of his stay at Michigan under Prof. Cabot, where he was impressed by the latter's energy, doubtless inherited from those ancestors who had made the name so famous.

Prof. CABOT, in replying, said that words came readily enough to him except when he was deeply moved. He had a feeling, which he thought was common to other Americans, that when he came to England he came back home, and nowhere did he feel this as strongly as he did at Bart.'s.

STUDENTS' UNION.

ANNUAL SPORTS.

THE Annual Sports were held at Winchmore Hill on Wednesday, June 9th, presided over by Dr. Morley Fletcher.

In spite of entries for events being about the same as usual, the actual turn-out was poor, but this was probably due to the Sports having been postponed from May 1st owing to weather conditions. The postponement, however, was all to the advantage of spectators, for had the Sports been held on their original date they would have obtained little enjoyment in return for their journey to Winchmore Hill, whereas on June 9th the weather conditions were excellent except for rain during the last half hour, and judging by facial expression everyone seemed thoroughly to enjoy themselves. It is greatly to be regretted that it was impossible to notify everyone on May 1st of the postponement, and that some turned up at Winchmore Hill doomed to disappointment. To these the Athletic Club offers its profound apology, and trusts that it will not prevent their attendance and support in future years.

Once more H. B. Stallard was seen at his best in the mile and half mile. Another outstanding competitor was J. H. Pierre, who won the 220 yards in 23⅗ sec. and the long jump with a leap of 20 ft. 4½ in., and was also second in the 100 yards. It is hoped that we will hear even more of him in future years.

A new feature of the afternoon was the children's race, which proved a great success, and it is to be hoped that this will become a permanent event in the Sports.

An excellent afternoon's sport was concluded by the distribution of prizes by the Hon. Nevil Gordon.

RESULTS.

100 Yards: 1, T. R. Griffiths; 2, J. H. Pierre. Time, 10½ sec.
120 Yards Handicap: 1, R. E. Norrish (4 yds.); 2, M. W. Platel (6 yds.). Time, 12 sec.
220 Yards: 1, J. H. Pierre; 2, W. S. Hinton. Time, 23⅗ sec.
440 Yards: 1, B. B Hosford; 2, J. D. Powell. Time, 55⅗ sec.
880 Yards: 1, H. B. Stallard; 2, R. Perkins. Time, 2 min. 4½ sec.
1 Mile: 1, H. B. Stallard; 2, W. W. Darley. Time, 4 min. 42 sec.
3 Miles: 1, J. F. Varley; 2, W. W. Darley. Time, 15 min. 34⅘ sec.
120 Yards Hurdles: 1, J. P. Hosford; 2, M. W. Platel. Time, 18⅗ sec.
Long Jump: 1, J. H. Pierre; 2, R. E. Norrish. Distance, 20 ft. 4½ in.
High Jump: 1, W. S. Hinton; 2, B. B. Hosford and N. E. Cook. Height, 5 ft. 1 in.
Throwing the Hammer: 1, G. H. Day; 2, J. W. O. Holmes. Distance, 74 ft. 7 in.
Putting the Shot: 1, G. H. Day; 2, P. R. Viviers. Distance, 29 ft. 4½ in.
Relay Race: 1, 4th Rugger; 2, Abernethian Society.
Tug-of-War: 2nd Year beat Light Blues.

INTER-HOSPITAL SPORTS.

THE Inter-Hospital Sports were held on the Crystal Palace track on Wednesday, June 16th. Dr. Morley Fletcher presided, and among the few spectators present was Mr. Vick. Bart.'s were unlucky to lose the Shield to Guy's by a margin of 6 points in spite of the excellent running by H. B. Stallard and T. R. Griffiths. The tug-of-war team provided by the 2nd year did great work in beating London in the first round, but were unlucky to lose to Guy's in the final. J. H. Pierre was unable to run owing to leg trouble. R. StJ. Honner, of London, broke the long jump record with a leap of 24 ft. 4½ in.

The following won events for Bart.'s:
100 Yards: 1, T. R. Griffiths.
220 Yards: 1, T. R. Griffiths.
440 Yards: 4, K. Perkins.
880 Yards: 1, H. B. Stallard; 4, W. W. Darley.
1 Mile: 1, H. B. Stallard; 2, J. F. Varley.
3 Miles: 2, J. F. Varley; 3, W. W. Darley.
120 Yards Hurdles: 3, J. P. Hosford; 4, M. W. Platel.
Long Jump: 4, R. E. Norrish.
High Jump: 4, W. S. Hinton.
Throwing the Hammer: 3, G. H. Day.
Putting the Shot; 3, G. H. Day; 4, J. W. O. Holmes.
Tug-of-War: 1, Guy's; 2, Bart.'s.
Relay Race: 1, Bart.'s; 2, Guy's. Bart.'s Team: W. D. Coultart, T. R. Griffiths, W. S. Hinton, H. B. Stallard.
Scoring: 5, 3, 2 and 1 for the first four places.
Result: Guy's, 55; Bart.'s, 49; London, 15; St. Thomas's, 10; King's, 8.

CRICKET CLUB.

RESULTS.

May 24th, v. Croydon.—The opening match of the season against Croydon resulted in a win after an excellent game. For the Hospital Maley scored an excellent 72 not out, and Cook bowled well, taking 7 wickets for 57 runs.

Result: St. Bart.'s, 182; Croydon, 173.

May 26th, v. Winchmore Hill. The Hospital batted first and were dismissed for 142; thanks to steady bowling by Maley, 6 of the opponents' wickets were down for 73 runs, but a stand was made and the Hospital's total passed without any further loss.

Result: St. Bart.'s, 142; Winchmore Hill, 105.

May 29th, v. Metropolitan Police.—The Hospital again batted poorly, but thanks to the later batsmen a total of 131 was reached. Our opponents scored 157.

Result: St. Bart.'s, 131; Metropolitan Police, 157.

June 5th, v. U.C.S. Old Boys.—This resulted in a most sporting match. The Old Boys declared at 169 for 6 wickets, and the Hospital lost 9 wickets for 162 in an effort to make a finish. Maley and Cook each scored 50.

Result: St. Bart.'s, 162 (for 9); U.C.S. Old Boys, 169 (for 5, dec.).

June 9th, v. Honor Oak.—After a close game the Hospital won in the last over for the loss of 8 wickets; Bettington (60) and Mackie (65) were chief scorers for the Hospital, and Bettington took 8 wickets for 84 runs.

Result: St. Bart.'s, 196 (for 8); Honor Oak, 185.

June 10th, v. Charing Cross Hospital.—In the second round of the Cup the Hospital had an easy victory. Bettington and Maley took 4 wickets for 16 runs and 5 for 22. The Hospital passed the Charing Cross total without loss, Cook scoring 71 not out and Bettington 44.

Result: St. Bart.'s, 161 (for 1); Charing Cross, 49.

June 16th, v. R.A.F. (Uxbridge).—The Hospital did well to score 178 for 8 wickets against good bowling, Cook scoring his third 50 this year. Cook and Meeser shared the wickets, taking 5 for 16 and 5 for 25.

Result: St. Bart.'s, 178 (for 8, dec.); R.A.F., 43.

It is hoped that the Garden Party held on July 10th on the occasion of the Past *v.* Present Match at Winchmore Hill will be supported by both present and former Bart.'s men. A band will play during the afternoon and teas will be obtainable on the ground.

All those wishing to play for the "Past" are asked to communicate with Dr. C. M. Hinds Howell immediately.

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

ANDREWES, C. H., M.D. (W. E. GYE and C. H. A.). "A Study of the Rous Fowl Sarcoma No. 1: I. Filterability." *British Journal Experimental Pathology*, April, 1926.

BALL, W. GIRLING, F.R.C.S. "Recovery after Massage of the Heart." *British Medical Journal*, April 24th, 1926.

BERRY, Sir JAMES, B.S., F.R.C.S. "Large Salivary Calculus which had undergone Spontaneous Fracture, leading to Eburnation of the Broken Surfaces." *British Journal Surgery*, April, 1926.

BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. "Implantation Dermoid of the Terminal Phalanx of the Thumb." *British Journal of Surgery*, April, 1926.

COLDREY, R. SHEARSMITH, M.B., B.S. "Intestinal Obstruction by Gall Stone." *British Medical Journal*, May 1st, 1926.

GARROD, Prof. Sir ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. (LEONARD MACKEY and A. E. G.). "A Further Contribution to the Study of Congenital Porphyrinuria (Hæmatoporphyria Congenita)." *Quarterly Journal of Medicine*, April, 1926.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "The Treatment of Tuberculous Disease of the Spine." *Lancet*, April 24th, 1926.

GILLON, G. GORE, F.R.C.S.(Ed.). "Chronic Pyloric or Duodenal Ulcer: Posterior Gastro-jejunostomy with Jejuno-jejunostomy." *British Medical Journal*, April 24th, 1926.

GOSSE, PHILIP, M.D. "Tuberculous Adenitis Treated by Radium." *Lancet*, April 24th, 1926.

GRAHAM, GEORGE, M.D. "The Treatment of Diabetes. I. Dietetic Treatment." *Lancet*, May 1st, 1926. "II. Insulin Treatment." *Lancet*, May 15th, 1926.
HADFIELD, GEOFFREY, M.D. "Fat Necrosis of the Breast, with an Account of a Case." *British Journal of Surgery*, April, 1926.
HORDER, Sir THOMAS, Bart., K.C.V.O., M.D. "Lumleian Lectures on Endocarditis": Lecture I, *British Medical Journal* and *Lancet*, April 3rd, 1926; Lecture II, *ibid.*, April 10th, 1926; Lecture III, *ibid.*, April 24th, 1926.
HURRY, JAMIESON B., M.A., M.D. "The Breaking of Vicious Circles by Massage." *Journal of Chartered Society of Massage and Medical Gymnastics*, March and April, 1926.
MILES, W. ERNEST, F.R.C.S. *Cancer of the Rectum*. London: Harrison & Sons, Ltd., 1926.
POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Thomas's Hip Splint." *British Journal of Surgery*, April, 1926.
RIVIERE, CLIVE, M.D., F.R.C.P. "A Lecture on the Principles of Treatment of Pulmonary Tuberculosis." *British Medical Journal*, May 1st, 1926.
ROLLESTON, Sir HUMPHRY, Bart., K.C.B., F.R.C.P. An Address on "The Medical Aspects of Tobacco." *Lancet*, May 22nd, 1926.

CHANGES OF ADDRESS.

ANDERSON, H. G., c/o C.M.S. Hospital, Mienchuh, Szechuan, W. China (Temporary).
ANDREW, J., "Nava Rutnam," Grand Avenue, Worthing, Sussex.
BRAIMBRIDGE, C. V., The European Hospital, P.O. Box No. 138, Nairobi, Kenya Colony, E. Africa.
BROWNE, Surg.-Comdr. E. MOXON, R.N., R.N. Hospital, Bighi, Malta.
CLARKE, P. S. SELWYN, Senior Sanitary Officer, Kumasi, Gold Coast.
CURRIE, JOHN, 107, Eastbourne Road, Darlington, co. Durham.
DAVIS, H. HALDIN, 52, Harley Street, W. 1. (Mayfair 4382.)
DOYLE, J. L. C., 150, Harley Street, W. 1. (Tel. Langham 1440.)
ELLISON, P. O., 48, Harley Street, W. 1 (Langham 2047), and Buckhurst, Gerrards Cross. (Gerr. Cross 582.)
HAMILTON, W. G., Col. I.M.S., Inspector-General of Prisons, United Services Club, Calcutta.
HARVEY, F., 152, Harley Street, W. 1. (Langham 1698.)
JONES, G. P., Lynn Cottage, Shooters Hill, S.E.
MILNER, S. W., c/o Bank of New South Wales, Auckland, N. Zealand.
SPARKS, J. V., 27, Kensington Mansions, Earls Court, S.W. 5. (Kelvin 8318.)
WATTS, H. M., Priory Lodge, 31, Pembury Road, Tonbridge, Kent.
WEDD, G., Tyrone House, Church Street, Wellington, Shropshire.
WROUGHTON, A. O. B., Col. R.A.M.C., c/o Messrs. Holt & Co., 3, Whitehall Place, S.W. 1.

APPOINTMENTS.

ADAMS, P. E., M.D.(Lond.), appointed Assistant Medical Superintendent at Douglas House, West Southbourne, Bournemouth.
BAIRD, J. C. H., M.R.C.S., L.R.C.P., appointed Fourth House Surgeon at the Royal Halifax Infirmary.
BELLERBY, O. H., M.R.C.S., L.R.C.P., Royal Alexandra Hospital for Sick Children, Brighton, Sussex.
CHAMBERS, G. O., F.R.C.S.(Eng.), D.P.H., appointed First Assistant Medical Officer, and Surgeon, St. Mary Abbots Hospital, Kensington, W. 8.
CURRIE, JOHN, M.R.C.S., L.R.C.P., B.Sc., appointed Medical Officer and Public Vaccinator to Darlington County Borough and District.
HARKER, M. J., B.A., M.R.C.S., L.R.C.P., appointed House Surgeon, Addenbrooke's Hospital, Cambridge.
MORGAN, E., M.R.C.S., L.R.C.P., appointed House Surgeon, Bury Infirmary, Bury, Lancs.
ROBINSON, V. P., B.M., B.Ch.(Oxon.), appointed House Surgeon to the Sunderland Royal Infirmary.
SHIELDS, D. G., M.R.C.S., L.R.C.P., appointed Senior House Physician, Devonshire Hospital, Buxton.
TANNER, G. M., B.A., M.R.C.S., L.R.C.P., appointed House Surgeon, Addenbrooke's Hospital, Cambridge.
THOMPSON, B. W., M.R.C.S., L.R.C.P., appointed Assistant in the Out-Patient Department, The Miller General Hospital, Greenwich.

BIRTHS.

COYTE.—On June 14th, at 152, Harley Street, to Dorothy, wife of R. Coyte, F.R.C.S.—a daughter.
LYNDON SKEGGS.—On June 11th, 1926, at Bickner Lodge, High Street, Stevenage, to Gladys Jessie, the wife of B. Lyndon Skeggs, M.R.C.S., L.R.C.P.—a son.
MACKAY.—On April 22nd, at 29, Warrior Square, St. Leonards-on-Sea, Norah, wife of E. C. Mackay, M.D.—a daughter.
SMITH.—On May 31st, at Haeremai, Felixstowe Road, Ipswich, to Nancy, wife of A. Cloudesley Smith, F.R.C.S.—a daughter.
STANLEY.—On June 22nd, at 51, Rue des Belles Feuilles, Paris, to the wife (*née* Trenor Park) of E. Gerald Stanley, M.D., M.S., F.R.C.S.—a daughter (Susan).
WRIGHT.—On May 25th, in Dublin, the wife of Surgeon-Commander F. C. Wright, R.N., H.M.S. "Caledon"—a son.

MARRIAGES.

BROWN—BANNERMAN.—On June 9th, at All Saints' Church, High Wycombe, by the Rev. G. F. Irwin, B.D., assisted by the Rev. Canon Carnegie Brown, uncle of the bridegroom, Walter Graham Scott Brown, M.B., B.Ch., elder son of the late George A. Brown and Mrs. Brown, of Lyncroft, Wallington, to Margaret Affleck Bannerman, M.D., D.S., only daughter of Dr. and Mrs. G. D. K. Bannerman, of Riversdale, High Wycombe.
CARTLEDGE—SMITH.—On June 1st, at St. Marylebone Parish Church, Norman E. D. Cartledge, L.R.C.P.(Lond.), M.R.C.S.(Eng.), of Hertford, to Barbara M. Smith, late of Buntingford, Herts.
KEENE—DAVIES.—On June 12th, at St. Mark's, Woolston, Hants, Reginald Keene, M.B., B.S., youngest son of Mr. and Mrs. H. F. Keene, of Muswell Hill, London, to Edith Winifred, only daughter of Mr. and Mrs. F. H. Davies, of Woolston.
ROBERTS—ROBINSON.—On April 24th, Dr. H. F. Bodvel Roberts, of Napsbury, to Mrs. Irene Robinson, 208, Great Portland Street, W. 1.
SLOT—COHEN.—On April 27th, at the West London Synagogue, Gerald Maurice Slot, M.D., M.R.C.P., eldest son of Mr. and Mrs. G. Slot, of Holland Park, W., to Evelyn Irene, younger daughter of Mr. and the late Mrs. P. Cohen, of 42, Aberdare Gardens, Hampstead.
TAYLOR—NEILD.—On April 21st, at All Saints', Margaret Street, by the Bishop of Sherborne, assisted by the Rev. H. Whitby and the Rev. G. Heald, Harold George Taylor, F.R.C.S., to Elizabeth Mary, daughter of the late John R. S. Neild, and Mrs. Neild, of 72, Burton Court, S.W.

DEATHS

AMSDEN.—On May 24th, 1926, at 62, Lancaster Gate, W. 2, after a short illness, Walter Amsden, M.R.C.S., L.R.C.P., F.R.G.S.
COLENSO.—On June 2nd, 1926, Robert John Colenso, M.D., of 8, Southwell Gardens, S.W. 7, only surviving son of the late Lord Bishop of Natal, aged 75.
COWAN.—On May 28th, 1926, suddenly at 32, Fitzroy Square, W., Horatio William Alexander Cowan, M.D., aged 52.
CROUCH.—On June 25th, 1926, at 5, Harley Place, Clifton, Bristol, Charles Percival Crouch, F.R.C.S., aged 65.
HANNA.—On June 13th, 1926, at Summerleaze, Exmouth, George Gray, eldest son of Dr. and Mrs. G. H. Hanna.
HOOD.—On May 27th, 1926, at Tower Place, York, William Hood, M.R.C.S.(Eng.), L.S.A.(Lond.), aged 88.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C. 1.*

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

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St. Bartholomew's Hospital Journal.

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

VOL. XXXIII.—No. 11.] AUGUST 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Tues., Aug. 3.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Fri., „ 6.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Tues., „ 10.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 13.—Prof. Fraser and Prof. Gask on duty.
Tues., „ 17.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri., „ 20.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

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

Tues., „ 24.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 27.—Prof. Fraser and Prof. Gask on duty.
Tues., „ 31.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

EDITORIAL.

TO those who are compelled to suffer London in August we offer our sympathy; we hope they may glean some comfort from the tiring reiteration of our newspapers that London has now become *the* summer resort of Europe, and although all good Americans may go to Paris when they die, yet they come to London in August to taste life at its brightest and best; for ourselves we find more consolation in the prospect of leaving it in September.

Meanwhile there are phantoms of delight to be enjoyed in August—among them the last, palpitating Test Match at the Oval, which threatens to outlast the patience of a crowd which finds its chief delight in the more rapidly moving forwards of Tottenham Hotspur.

Anyone strong enough to stand all night in a queue and sufficiently myopic to endure the squalor of the gasometers will probably have some excitement.

It is only necessary for the Australians to introduce a really good stonewaller like Mr. Charles Kelleway into the team to make certain of a riot.

* * *

We are postponing the account of the Unveiling of the War Memorial by H.R.H. the Prince of Wales until the September issue.

The reason for this is that it is intended to send that issue to all old Bart.'s men the world over, so that, even if they do not subscribe to the JOURNAL, they may read of the ceremony and see photographs of the Memorial.

* * *

We are reproducing, by the courtesy of the Editor of the *London Hospital Gazette*, a remarkable article, entitled "A Subjective Study of Encephalitis Lethargica." This article is of such unique interest that it deserves the widest possible attention.

* * *

The Fleet Street Week Committee (with Lord Stanmore as chairman), which consists of influential men and women in the newspaper and commercial worlds, has been indefatigable in its labours. They have been very fortunate in securing the co-operation of the *Tatler* in their publicity and artistic adventures. It is hoped this year to overcome the previous tendency for the Week to be run by everyone but the inhabitants of Fleet Street, while contributions from every source are, of course, welcomed; Fleet Street is to be the centre of operation.

Fertile brains have devised, weighed and rejected many schemes, including banquets, treasure hunts and collecting races; sub-committees are sitting in secret, and a special edition of the *Westminster Gazette* has been

arranged for, to be on sale the whole week; 125,000 copies have been guaranteed and paid for. There are several notable contributors, but students of the Hospital are to be responsible for the four inner pages, so that anyone with a flair for exhibitionism or a love of charity may find an outlet for his personality. Contributions must be light even to frivolity.

Among the events that have already been fixed for the week are:

On Monday, October 11th, there is to be an Auction Sale at Bush House; on Tuesday, October 12th, there will be a collection by students in the city; and on the following Thursday and Friday there is to be a Bazaar at the Mansion House. We hope that every student will do all in his power to make the Week a success.

A SUBJECTIVE STUDY OF ENCEPHALITIS LETHARGICA.

(*By permission of the Editor of 'London Hospital Gazette.'*)

NEUROLOGISTS have advised the writer that a subjective study of encephalitis lethargica would be helpful. A brief account of the illness will first be given; various manifestations will then be discussed.

A medical man, æt. 46, was attacked on the evening of January 17th with acute coryza. From the evening of the 19th he remained in bed for four days with pyrexia, which reached a maximum of 102° on the 20th. On the 21st and 22nd there was effortless morning vomiting, with hardly any nausea—a type which the patient considered cerebral. The pyrexia subsided, the patient got up on the 24th, and was at work again on Monday the 26th, though not feeling really well. Later in the week there was increasing weariness, which, however, could easily be overcome.

On Tuesday, February 3rd, a visual defect was noticed when backing his car; that evening there was marked diplopia and the patient felt very tired. Having had some experience of encephalitis lethargica, he was already in no doubt as to the diagnosis, but hoped the attack would be abortive. At 9 p.m. he retired, rather uncertain of the morrow, and awoke at 8 a.m. after a heavy but not dreamless sleep, feeling better, the diplopia no longer present for central vision. An ophthalmic surgeon examined the eyes on this morning (February 5th), and discovered bilateral paresis of the external recti. The night had been spent away from home, and after the eye examination, the patient, although heavy and tired, was able to see several patients and drive his own car 63 miles. On reaching home he telephoned to a colleague and retired to bed.

Next day, and subsequently, paresis of accommodation developed with slight weakness of convergence, and the whole vision became misty. Drowsiness became more marked, with intervening restlessness; tremors, myoclonic movements, muscular inco-ordination and facial weakness supervened. An expert report on the condition about February 19th ran something as follows: "I found the patient with the typical Parkinsonian facies; he was very restless and extremely ill and weak." From this time recovery gradually took place; the patient left home early in May and returned to work on August 31st, not, however, absolutely well.

Now to consider the symptoms *seriatim*.

Mental condition.—Sleep and restlessness alternated, but drowsiness, sometimes intense, predominated. It was as if control had been removed, upsetting the rhythmic balance, which normally prevails, between sleep and wakefulness. One condition changed readily to the other; a word spoken, a door opening, sufficed fully to arouse the patient. The awakening was similar to that experienced when one goes to bed hoping to snatch some slumber before an inevitable night call; the call comes and you awake, expecting it, and with a certain alertness. The condition was accompanied by profound depression, naturally more marked during the restless intervals.

As soon as the eyes closed, if unconsciousness did not at once follow, the mind fell into a hypnogogic state and a variety of pictures and ideas succeeded one another. When awake it was sometimes difficult to sort out reality from imagery, and some confusion arose. For instance: Were the children away at school or at home? A moment's normal thought would show that they must be away, but in the patient's mind there was uncertainty.

The restlessness might well be called *impulsive restlessness;* it came on rather suddenly and sometimes subsided rapidly. It made the patient more than previously sympathetic with those cases of impulsive insanity which attain such medico-legal prominence. Suddenly he felt impelled to sit up, move about, get out of bed and walk. By an effort of will and some mental side-tracking the impulse could be overcome, but the effort needed was so great that it caused flushing of the face and sweating; then indeed the impulse might end in a desire to micturate, which compelled rising. The patient discovered that the best way to deal with the condition was to take a middle course permitting himself a little movement, such as sitting bolt upright or hanging the legs out of bed, but not rising or walking round the room. Apart from this feature self-control was normal and the patient could converse normally.

In every-day life we all have our days of hebetude, when we appear to ourselves exceptionally stupid, and also what I have called "mind pockets"; that is, when conversing, or perhaps speaking in public, the mind becomes suddenly blank, subject and argument alike forgotten. It is only momentary; a drink of water, or a cough, fill the gap, and the thread is resumed; but for a moment we have fallen into a "mind pocket." In this illness mind pockets and periods of hebetude became much more marked. The memory also was tricky, though this was often only a slowness in remembering, part of a general slowness of thought. Nevertheless, during the illness the patient wrote letters, drew up agenda for meetings, and was only for two or three weeks entirely divorced from mental activities.

There were also occasional aphasic tricks. For instance, speaking to his daughter about two friends seen passing on a tram—"I saw two of your schoolgirls on the top of the pram." The error was pointed out and the patient endeavoured to repeat the sentence correctly, but said the same again, and a conscious mental effort was necessary to get the right word. Another occasion when beginning a sentence there was no hesitation, but the same word was repeated several times, as "slim, slim, slim, slim," and then the sentence, the word "slim" having no obvious relation to the sentence.

Dreams deserve special mention. Amid a medley of incongruities, two types of dream are worth notice.

One I would call the *single image dream*; it occurred frequently at the height of the illness. The dreamer sees before him some simple picture; a head, a table, let us say, or a geometrical outline in black on a red ground; there is no action, just this image remains. Sometimes the head or figure might move a little, occasionally the picture changed to a more usual type of dream, but generally the image remained alone and unchanged.

The second type, which occurred twice, I would call the *apache dream*, and is also rather simple. The dreamer stands in a bare room in which there is another individual with his back towards him. To this stranger he bears the fiercest animosity and feels impelled to strike him violently, though there seems no reason whatever for such action. But the dreamer will not strike from behind, and waits, speechless with anger, until the stranger turns a leering, unpleasant face towards him, when he strikes violently and repeatedly with the greatest relief to his feelings—as much indeed as a long cool drink on a thirsty day. The room in which the encounter takes place is bare, the walls a pale terra-cotta colour, with a crude structure like a mantelpiece somewhere beyond the stranger on the left. To the dreamer this seems a kind of pagan altar.

Two other dreams may be mentioned, but they occurred during the patient's convalescence, and may have been related to his knowledge of the disease and not special manifestations.

One might be called a *larceny dream*. The patient is young again; he has obtained the key and opened the top of a pillar box. Inside are parcels, which he removes in order to show them to a younger brother; there is no thought of theft and no feeling of turpitude. Later in the dream he finds himself realizing that the action will be considered a theft, and schemes to avoid detection.

Another dream contained two rather brutal murders, not committed by the dreamer, but which are attributed to him. He has no feeling of horror at the crimes, only annoyance and anxiety at finding himself suspected.

Since the illness it has also been observed that dream characters speak more loudly than in the past.

Perhaps these dreams are worth recording, even at the risk of unpleasant interpretations by psychologists. Dreams may be regarded as babblings of the unconscious mind, and the study of them, especially of "common" dreams and those occurring in diseases or under special circumstances, may yet help us to sort out factors in psychology which will lead to a more accurate appreciation of mental conditions. Freud has focused our attention on dreams, but unfortunately it is mainly due to his influence that biased speculations have so largely replaced careful observations. Until some common cause can be discovered for common dreams (such as flying, falling, or the nightmare with cloying footsteps), the explanations remain, to me, unconvincing.

Concerning the two early dreams just narrated, the single image may have been due to sleepiness clogging the machinery of dreaming, or the dream may have originated at a lower brain level than normally. The apache dream suggests an emotional disturbance which did not reach the surface of every-day life.

Impulsive restlessness eased within four weeks; excessive drowsiness continued for about a week longer, but there have been occasional, more or less, transient recurrences.

Eyes.—The paresis of external recti cleared up in two weeks; the paresis of accommodation gradually improved, but some still remains, seven months after the onset. The mistiness of vision caused objects to appear as seen through a fog; it came on rather suddenly and cleared up within three months. A candle looked at through the fog would show four, or perhaps six images, suggesting to the patient a central defect rather than a local paralysis.

Before the illness, vision with the two eyes seemed equal, but now objects appear rather less bright with the left eye, and on waking especially, a slight, rather patchy

mist may be noticed in the left eye. At the height of the disease when the eyes were closed there once appeared to the left of the visual field a bright, rather square light, surrounded by a dark ring. This oscillated rapidly from side to side and then faded. The eyes were red and there was some itching of the lids soon after the onset. The orbicularis palpebrarum was weak; soap got into the eyes when washing and the lower lids sagged a little. There was also a good deal of rapid flickering of the orbicularis, especially noticed when closing the eyes to sleep.

Muscles. Twitchings, tremors, inco-ordination, weakness and muscle pains were noted. With the facial muscles twitching was mainly on the left side, and involved chiefly lev. ang. oris, lev. lab. sup., and orb. palp. Tremors of the lips were so noticeable at the height of the disease that drinking terminated in a sound like "wow, wow, wow." There was also general weakness, so that at one stage the mouth dropped open during sleep, and whistling was almost impossible. This last has not yet completely recovered.

The *voice* deserves special mention. A feeling of constriction occurred as if someone were gently gripping the thyroid cartilage, and speech became increasingly difficult and uncomfortable, the sensation resembling that which accompanied a slight laryngitis. There was special difficulty in producing lower tones, but with an effort of will it was sometimes possible to speak normally. During one or two days words would not come in a stream, but singly, each one with an effort. These troubles passed in about three weeks, but have recurred transiently from time to time, mainly as a feeling of constriction and causing nothing that would be detected objectively.

There seemed at the height of the disease some disturbance of the *pharyngeal* mechanisms, and the patient was often roused from sleep by naso-pharyngeal secretion trickling into the larynx, and such actions as hawking seemed a little abnormal. The tongue also was tremulous when used within the mouth for a period of about ten days.

There were one or two gross *movements*, say of the forearm, when the disease was at its height, otherwise twitches have been mainly fibrillary or fascicular. The left forearm and right leg were mainly affected, but at one time there was a feeling as of a faradic current running over body and limbs. Later there were single twitches, or series of twitchings, varying in strength, reminding the patient of morse signalling as heard by wireless, or by lamp, as seen at sea. Very many muscles were affected, but never the masseter or temporal muscles. Having once taught anatomy, the patient was interested to notice twitching of such muscles as left tensor tympani, troublesome at one time, right posterior belly of omohyoid, right rhomboideus major, flexor brevis pollicis, coccygeus, and so forth. The twitching did not run the whole length of the muscle, but was felt almost exclusively at certain sites of election. In the triceps this was at the junction of the middle and lower thirds; latissimus dorsi at the level of the lower angle of the scapula; pectoralis major junction of middle and inner third; rectus femoris, femoral adductor group, tensor fasciæ femoris, gluteus maximus and sterno-mastoid all about the junction of middle and lower thirds, but the site in the left forearm extensor group was in their upper third. A second site in the triceps was very low down on the inner side, just above the epitrochlea, and there was a site very low down in the vastus internus to the inner side of the upper part of the patella.

Twitching was noticed during relaxation, and ceased when the muscle actively contracted, recurring sometimes when activity passed. On palpation the affected portion of the muscle was sometimes tender, but this was usually transient. The flickering did not affect function. Single twitches and morsing still occur, but are variable, being on some days practically absent, on others obvious.

Tremors were easily perceived at the height of the disease, but later might well be missed without special elicitation. Thumb and little finger were the chief offenders. To elicit the left thumb tremor, the patient holds the pronated hand in front of him, thumb hanging below an angle of 60 to the index finger; on gently raising the thumb towards the other fingers, keeping it slightly abducted, tremor might occur. In the right thumb, movements were brought out best by gentle cigarette-rolling movements over the outer aspect of the proximal phalanx of the index finger. Tremor of ring and little finger was usually induced by gently touching the tips of the fingers in succession with the tip of the thumb; on reaching the middle finger, ring and little fingers tremble; on proceeding to the ring finger the little finger movements increase. Or the arm may be held in front, hand loosely supinated, the fingers extended; the ring and little fingers are then flexed at the meta-carpo-phalangeal and proximal interphalangeal joints, towards the position of a Dupuytren's contraction, tremor is induced. A left pronation tremor is best elicited with the patient on his back, hands above the head, palms uppermost; on gently increasing the pronation a left pronation tremor results.

The tremors were inconstant, but the exact conditions determining their presence were difficult to ascertain, especially as there has been a tendency to diminish. It was, however, noticed that they were more marked on rising from an afternoon's rest, but quieted, or ceased, after moving about for a time. Excessive activity or excitement might cause them to return.

Some irritant lesion was suggested to the writer as the cause of the tremors, but it seems more likely that a partial nerve-block, rather like a heart-block, was present and hindered controlling impulses, which, fluctuating in strength as do most impulses, sometimes got through the blockage and at others failed.

Coarser movements occurred just before sleep. Most of us (all, perhaps, if carefully observed) have experienced a jerking of the limbs or body just before sleep, in the writer's case nearly always the sudden extension of one or both flexed limbs. It is as if the higher centres slept first, so removing control.

During this illness these "slumber jerks" became much more marked and varied. Flexion of a lower limb, movements of thumb or fingers, jerking of head or trunk might occur, and there was a tendency for muscles to jerk which had been specially used during the preceding day. One night, for instance, after some percussion, the right middle finger suddenly gave a spontaneous percussion movement, and there was on another occasion a curious jerk of the right arm slightly forwards and downwards, pectorals and latissimus dorsi both involved, which on reflection appeared similar to the initial action in starting a car; there was also a finger-and-thumb flexion which resembled the movements used in sounding the horn. The patient named these "twitch photographs." Analysis of other movements might have shown these also to be photographic.

I have watched a dog suffering from "chorea" after distemper, and the flexion and extension jerking of the limbs when the animal was half asleep were very similar to those observed in this case of encephalitis lethargica, and in no way resembled the familiar movements of rheumatic chorea.

Pains.—Slow, but transient, localized cramp-like pains occurred in the muscles. The whole muscle was very rarely affected, but only an area which felt about the size of a hen's egg, occurring generally, but not always, in the same vicinity as the twitches. The lower limbs were chiefly affected: quadriceps, calf, hamstrings and abductor groups, usually about the junction of middle and lower third. On palpating the muscle the affected portion was usually tender, and it was noticed, especially on the flexor aspect of the forearm, where the site was situated deeply between the bones at the junction of the middle and lower thirds, that pressure caused a return of pain after a long latent period of four to ten seconds.

There were also slow, transient, local, cutaneous pains, usually sharp, less frequently burning, and again chiefly on the lower extremities. It was not a painful point, but an area, usually one inch in diameter, occasionally rather larger.

Slight *inco-ordination* was noticed, chiefly in complicated finger movements. It was especially to be seen when the patient attempted a "scale," moving the fingers as if playing on the piano, synchronously with both hands, five notes in succession up and down. This could not be done; the right hand moved more quickly, while the left frequently played two notes simultaneously, and sometimes the fingers flexed and crumbled up. Later the left hand was noticed to miss out a finger from the scale, usually the ring or index finger. A movement of the right foot, as if to press the accelerator pedal of a motor car, was performed jerkily, and the same applied in placing the great and second toes of one foot on either side of the opposite tendo Achillis.

Respiration at the height of the disease was a little hurried, 24 to the minute, and seemed to patient rather deeper than normally. Now again, however, breathing became shallow and infrequent, giving the impression of a fitful and irregular Cheyne-Stokes' rhythm. About every 100 breaths there was a deeper sighing inspiration. To-day sighing is not noticeable, but undoubtedly more frequent than before the illness

Nails.—If more clinical observation was devoted to the nails, our knowledge of medicine would probably increase. The difficulty is to be certain that the nail was smooth and normal before the illness: fortunately this patient had smooth and normal nails. The effect of the illness was to cause three transverse grooves, separated by an interval of about 1 mm., the last shallower than the two preceding. The whole nail texture below the first groove was thinner, and in some nails there was a little irregular pitting. The middle fingers showed the changes best, and the nail was affected for a distance of about 1 cm.

After concussion this same patient showed a deeper groove on all the nails; a gangrenous appendix caused a broader, shallower groove.

In another patient who attended periodically a series of meetings, entailing considerable mental exertion, it was noticed that the event was marked by a transverse row of white dots on some of the nails. This last observation needs confirmation, but, together with those previously mentioned, suggests that all body tissues react more swiftly and to a greater extent than is generally recognized to any disturbance of health.

Infectivity.—At the time the patient was attacked, the prevailing "influenza" epidemic was characterized by a rather sudden onset, with sickness, giddiness and pyrexia; it was described by one practitioner as "an epidemic of vomiting on the carpet." During the

patient's absence from home on the night of February 4th, a daughter, aged 8, slept in his bed, and exactly three weeks later she was suddenly attacked with dizziness, vomiting, pyrexia and a certain amount of lethargy. She recovered in a few days, but a week later developed acute otitis media and a mastoid operation was subsequently performed. Pyrexia did not at once subside, and there was a puzzling congestion round one or the other eye during the illness and subsequently. The patient's wife became affected with a similar "influenza" attack a few days after the child, which was followed by phlebitis, and about the same time an infant, aged 2, vomited rather violently on two successive days, and a third time two days later. In her case, however, there was no alteration in general health; even the appetite remained unaffected.

About three weeks before his January illness, the patient, late in the afternoon, when feeling tired, had seen a young woman suffering from an "influenza" attack accompanied by such prolonged drowsiness that encephalitis lethargica was suspected, but who subsequently made an uneventful recovery. It may be suggested that the patient with whom this paper deals was attacked with two symbiotic organisms, one paving the way for the other, and that the other patients avoided the symbiosis. But it seems simpler to suppose that all cases were due to one and the same agent, and that one of the many causes of the numerous epidemics labelled influenza which swept over the community, especially in the late winter and early spring, is the virus which occasionally gives rise to encephalitis lethargica. In epidemics accompanied by bronchitis, a few fulminating septicæmic pneumonias will be encountered, so it is not surprising that during epidemics in which cerebral symptoms predominate, a few instances of encephalitis may occur.

Prognosis.—As in most cases of encephalitis lethargica, this can best be summarized by a quotation: "Oh that a man might know the end of this day's business ere it comes; but it sufficeth that the day will end, and then the end is known."

Lubbock wrote that one of the "pleasures of being ill" was that it enabled the patient to realize and appreciate his friends. In case the Recording Angel forgets, my grateful thanks are due to many colleagues; to the Bart.'s man who treated the patient with untiring patience and kindness, to the expert (a "London" man) who travelled all night to be there at a critical time; to another old "Londoner" who read to the patient daily and without fail for three months; and to another "London" man who travelled 30 miles on two occasions to see if he could be of any help.

E. WARD.

THE TECHNIQUE OF THE OPERATION OF GASTRECTOMY BY THE MOYNIHAN II METHOD.

THERE are many methods of performing the operation of gastrectomy, but probably that of Moynihan is the safest and the easiest. Most gastrectomy operations are described as modified Polyas when, in reality, it would be more accurate to call them modified Bilroths. This surgeon performed the operation many years before Polya published his classic description.

The removal of the pylorus, or the pylorus and a portion of the stomach, is essentially the operation of Bilroth; but it is in the anastomozing of the duodenum, or jejunum, to the remaining portion of the stomach that individual surgeons have described modifications which bear their names.

In this article I will detail the operation as performed by Moynihan, but with certain differences in technique which, in my experience, are improvements on the method as originally described and practised.

The incision.—This should be generous, and should never be less than 5 in. As a rule it starts 2 in. to the right of the xiphi-sternal joint and proceeds vertically downwards to 2 or 3 in. below the umbilicus. The anterior sheath of the rectus is divided in the line of the skin incision, and the rectus muscle is dissected clear and retracted outwards. Before the peritoneal cavity is opened, tetra-cloths are clipped on to the skin edges.

The peritoneum is now freely incised, and soft, thin, pliable macintosh sheetings are fixed to the margins with large curved artery forceps before the exploration is conducted. A general systematic examination of each of the abdominal organs is the next step. The *whole* of the stomach must be examined. The lesser curvature in its whole extent, the greater curvature, the anterior and posterior surfaces, the pyloric and œsophageal regions must be seen and palpated.

The examination of the posterior surface of the stomach is best conducted through an opening made in the omentum just below the middle of the greater curvature. Through this opening the hand can be introduced, and this portion of the stomach can be brought into view.

The nature of the lesion, its position, size, shape, degree of fixation, etc., and the condition of the neighbouring lymph-glands are noted before deciding on the extent of the operation.

Operation.—A large Cripps's pad is placed behind the spleen to push the stomach forwards, and the right kidney pouch is packed off with a large strip of gauze soaked in hot salt solution. The rent previously made in the great omentum is enlarged to the right and to the left, and the right and left gastro-epiploic arteries are clamped in two places, divided and tied off with No. 2, 30-day catgut. The thin, filmy middle portion of the gastro-hepatic omentum is torn through with the fingers, and the stomach is picked up about its middle and drawn through the wound.

Very often the stomach is adherent to the pancreas by a few weak adhesions, and occasionally it is firmly fixed by a large eroding ulcer. The weak adhesions are easily divided and do not in any way interfere with the operation. On the other hand, where the viscus is attached to the pancreas or liver by a large chronic ulcer, the operator proceeds to the next step in the operation, leaving this to be dealt with later on.

The pyloric artery is seized between two forceps and divided as close to the first part of the duodenum as is possible. The divided ends are tied off at once with stout catgut ligatures. The pyloric end of the stomach and the duodenum are now freed in their entire circumference from all their attachments. Two Payr's clamps are applied side by side and are made to crush the gut just distal to the pyloric opening. These clamps should be made a little larger, stronger (and without a terminal tooth), than those usually supplied. Large artery forceps which are occasionally used at this stage, and sometimes for enterectomies, are quite useless, as they are not hæmostatic and they are very poor crushers.

The duodenum is then severed between the clamps with a knife, and a macintosh swab is clamped over the divided pyloric end. The duodenum is closed with an "inverting" stitch of No. 00, 30-day chromic catgut, and a few reinforcing stitches of fine Pagenstecher thread are introduced here and there to strengthen the suture line. Further support is given to the suture line by the application of an "omental pad."

If the ulcer is firmly adherent to, or actually eroding, the pancreas, it is simpler and safer to cut it away from the stomach and leave it *in sitú*. The base of the ulcer can be touched with pure carbolic, or with the actual cautery, but I have not found that it is necessary even to do this. If the ulcer is removed with a portion of adherent pancreas the dangers are twofold—hæmorrhage and pancreatic fistula. I have seen a case of acute hæmorrhagic pancreatitis occurring three days after a gastrectomy, in which the ulcer was removed in this way.

The ligation of the coronary artery may be one of the most difficult features of the operation. It must be tied as close to its origin as possible, and in order to simplify this, the stomach should be drawn downwards and rotated slightly inwards. If the artery is not seen, it can at least be felt between the two layers of the gastro-hepatic omentum. The artery is sometimes embedded in a mass of inflammatory tissue and surrounded by numerous lymphatic glands. As soon as the artery is definitely identified and isolated, it is picked up and divided between two artery forceps and the ends tied off with strong catgut. The distal portion of the artery together with the lymph-glands and fat is swept downwards towards the lesion. This necessarily leaves a raw area high up on the lesser curvature, and it is important to cover this by drawing together the edges of the peritoneum with fine catgut before proceeding further.

As a rule, one removes two-thirds of the stomach, but in cases of large, doubtful ulcers, and in carcinoma of the pylorus and middle portion of the stomach, one excises considerably more according to circumstances. In a routine operation, all that remains of the cardiac end of the stomach is a fifth of the lesser curvature and two-fifths of the greater curvature. The glands along the lesser curvature and the majority of glands along the greater curvature together with a large part of the great omentum are taken away when the stomach is removed.

After high division of the coronary artery, 2 to 3 more inches of the stomach can be drawn through the wound. Using the stomach as a retractor, and pulling it downwards and inwards, a gastro-enterostomy clamp is applied to the cardiac pouch, some 2 to 3 in. below the œsophageal opening. This clamp, when in position, will be vertical, with the blades pointing towards the pubes. Parallel to, and 1½ to 2 in. distal to this clamp, a large Payr crushing clamp is applied. Below this Payr again another gastro-enterostomy clamp is applied, and the stomach divided between them and removed.

The Payr clamp in the remaining portion of the stomach is now rotated to the left, thus bringing the posterior surface of the stomach into view.

The duodeno-jejunal flexure is then sought for and identified; and a loop of jejunum some 4½ in. below this is brought over the transverse colon and applied to the under-surface of the stomach—the direction of the loop being from left to right. The portion of the jejunum to be anastomosed to the cut end of the stomach is seized with a gastro-enterostomy clamp. A peritoneal 00, 30-day chromic catgut stitch approximates the jejunum to the under-surface of the stomach about ½ in. proximal to the crushing clamp. One or two reinforcing fine Pagenstecher thread sutures are introduced here and there.

The Payr's clamp is then removed, and the crushed edges of the stomach are pulled apart by fine French

vulsella forceps. With a tenotomy knife the jejunum is incised parallel to the cut end of the stomach, and the incision is of the same length. Redundant mucous membrane of the jejunum is cut away, and the margins of the gut retracted with vulsella forceps.

The operation now proceeds as for a gastro-enterostomy, the inner stitch picking up all the coats and being of the ordinary "running" stitch variety. If a Connell stitch is used, it is important for the catgut to be thicker than the No. 00, 30-day. With the completion of the peritoneal stitch, the suture line is reinforced at its corners with a few fine Pagenstecher sutures. The remains of the great omentum are now brought over the stomach bed and affixed to the cut margin of the gastro-hepatic omentum. This manœuvre effectively smooths over the raw areas in this region.

The abdomen is closed in layers in the usual way, but before doing so the appendix is removed.

Treatment of Ulcers high up on the Lesser Curvature.

The operation of gastro-enterostomy is only occasionally successful for ulcers in this situation; excision is very often impracticable, cauterization of the ulcer is dangerous, and Braithwaite's cholecyst-gastrostomy is physiologically unsound. I have, therefore, abandoned these methods in favour of gastrectomy with excision of the entire lesser curvature of the stomach; and the results have been so gratifying that I consider it to be the operation of choice.

The technique is the same as that already described for gastrectomy with the following additions:

1. The stomach is removed 2 or 3 in. *distal* to the ulcer.
2. The remaining portion of the lesser curvature together with the ulcer is removed between two large curved crushing forceps.
3. The lesser curvature is reconstituted before proceeding with the anastomosis.

RODNEY MAINGOT.

PROCTOCLYSIS IN THE TREATMENT OF SEPSIS AND POST-OPERATIVE COLLAPSE.

TISSUES which are either dehydrated or poisoned, or both, require large amounts of fluid.

In health, of food taken by the mouth, very little of the watery part is absorbed until the food reaches the colon. Man eats with his small intestine, but drinks with his large bowel.

When, for any reason, a patient is unable to take sufficient liquid by mouth, copious amounts of fluid can be supplied *per rectum*.

Saline solution, when run slowly into the rectum, is carried back into the colon, probably by anti-peristalsis and by the ascending mucous currents, described in 1906 by C. J. Bond, and absorbed by the colon.

Almost any drug which is soluble in water can be given in the saline solution.

Over twenty years ago the late Dr. John B. Murphy, of Chicago, described his method, known in America as "the Murphy drip," by which a patient is enabled to absorb quickly *per rectum* large quantities of saline solution.

Many faulty methods have been described as that of Murphy, who himself wrote: "We have visited hospitals numbers of times, and have been shown patients who were receiving the 'Murphy treatment.' We should not have recognized it without the label."

Moynihan (1), writing on proctoclysis, says: "The mode of administration best adapted for the purpose is that originally introduced by Murphy; there have been several subsequent modifications by other surgeons, but no improvements."

The crowded curricula of students and nurses rarely include instruction in the essentials of Murphy's method of proctoclysis. Murphy's directions are that "the flow must be controlled by gravity alone, and never by a forceps or constriction on the tube, so that, when the patient endeavours to void flatus, or strain, fluid can rapidly flow back into the can, otherwise it will be discharged into the bed. It is this ease of flow, to and from the bowel, that insures against over-distension and expulsion on the linen."

The elaborate machines in which the rate of flow is regulated by a "dropper," tap, or clip, limit the amount of fluid which reaches the rectum in a given period of time, and prevent the patient from straining fluid and flatus back into the reservoir.

No form of apparatus is suitable unless it provides for a free passage from the rectum to the reservoir, and also for a further supply of the solution to the rectum, as soon as the fluid already in the rectum has been absorbed.

Apparatus.—The simplest and best apparatus is an ordinary douche-can, of capacity at least a quart, without a tap, and carrying 5 ft. of rubber tubing, stout-walled to prevent kinking, and having an inside diameter of at least ¼ in. At the end of the tubing is a soft rubber nozzle, in the bulbous end of which are several large holes. It is essential that these holes should be large and multiple, there being always a possibility that a single opening, such as the eye of a rubber catheter, may become blocked either by a fold of mucous membrane or by a plug of fæces.

If, instead of the rubber nozzle, a rubber catheter is employed, it must be large, size No. 14–16 English gauge, and should have two extra eyes cut near its tip.

The solution.—The saline solution is made by dissolving one and a half drachms of sodium chloride (common salt) in each pint of warm water. Two pints of the solution, at a temperature of 105° F., are poured into the can to commence with. The solution will have cooled to about 100° F. by the time it reaches the rectum.

The can is covered with a bag, made of several layers of flannel to preserve the heat. For convenience in handling, the tube near the can may be occluded by a clip, *which must be removed before the administration is commenced.*

If the can is not graduated, strips of strapping are fixed horizontally on the outside of the can, to indicate the level of the surface of the solution, when the can holds respectively one and two pints.

Administration.—The patient, as a rule, will be in the "Fowler" position, but the method of administration is the same, whether the patient be propped up or lying on his back or on his side. In an operation case, the best time to commence the administration is as soon as the patient is back in bed, before he comes out of the anæsthetic. The can is filled with two pints of warm solution. A written account is kept of this, and of all subsequent amounts. After emergency operations, when it has been impossible to prepare the patient by emptying the lower bowel, the rectum, if found to be loaded with fæces, must be emptied by a simple enema before commencing the administration. The can is fixed, either to a bed-rail or on a stand or table, with its bottom 3 in. above the level of the top of the mattress. The rubber tube is laid on the sheet which covers the mattress, the nozzle being compressed between the nurse's finger and thumb. The end of the nozzle is held over a bowl, at the level which the nozzle will occupy when in the rectum, and a little of the solution is allowed to run into the bowl. (When estimating the amount of fluid absorbed, the few ounces lost in the bowl are deducted from the two pints in the can.) If the solution spurts out instead of just trickling from the nozzle the can is too high, and must be lowered until the solution slowly dribbles out. The rubber tubing must not dip below the top of the mattress. Then the nozzle, pinched between the finger and thumb, is inserted into the rectum until its tip is 3 in. above the anal margin. In ordinary cases the nozzle, being wet, is easily inserted. Should hæmorrhoids be present, the nozzle is lubricated with a thin oil. Vaseline is liable to block the holes in the nozzle and should not be used. A large pad of absorbent wool, placed against the anus, prevents the nozzle from being expelled. As a further precaution, the tubing may be fixed to the thigh with strapping.

If, after fifteen minutes, no fluid has left the can, the can is raised for one minute by 2 in., in order to start the flow, and then replaced in its former position. If the fluid escapes through the anus, or if the patient complains of feeling blown out, the can is too high and must be lowered 1 or 2 in.

The flow from the can is not continuous, but repeatedly stops for some minutes and then starts again.

If at any time the can is found to be empty, the nozzle must be taken out of the rectum and the can and tubing refilled with solution before resuming the administration. If this is not done, the air which is in the tube may either be forced into the rectum, or, by remaining in the tube, prevent the solution from leaving the can.

Absorption of large quantities of saline solution causes copious secretion of urine, necessitating emptying of the bladder, either naturally or by catheter, at least every four hours. The administration can be continued for many hours on end. It is a good rule not to let the fluid in the can fall below the one pint mark, and when replenishing a pint at a time, to employ solution at 110° F., to compensate for the loss of heat in the solution remaining in the can. If the patient strains, some of the solution, often discoloured by fæces, together with flatus, passes back into the can. The discoloured solution needs removal only when solid fæces, large enough to partly obstruct the eyes of the nozzle, are present.

In regard to the amount which should be absorbed, no rate which is less than eight pints in the first twenty-four hours is satisfactory. Many patients, especially those who are both dehydrated and toxæmic, will absorb twelve or more pints in this time. For instance, a man, operated upon by the writer for a perforated duodenal ulcer with spreading peritonitis, at the end of the operation was collapsed, with a feeble pulse of 120 and a temperature of 95° F.

In the first thirty-six hours after operation twenty pints of saline solution were absorbed *per rectum*, bringing the temperature up to 99° F. and the pulse down to 90. Absorption of large quantities of fluid by a dried-up and poisoned patient gives him a sensation of well-being and relief from distressing thirst—benefits obtainable by no other treatment.

Apparent Defects in Murphy's Method.

1. The rate of flow from the nozzle will vary according to the height of the solution in the can. It does so vary,

but only by becoming slower, and, in practice, it is found that this slight diminution in the rate of flow is negligible.

2. The temperature of the solution, both in the can and in the rectum, tends to fall. It does, but, provided the temperature of the fluid in the rectum does not fall far below body-heat, absorption is unimpeded.

3. The patient will absorb too much and will become œdematous. The writer, in a twenty years' experience of Murphy's proctoclysis, embracing several hundred administrations, has looked constantly for such œdema, but has never found the slightest sign of it. He has seen œdema occur when saline solution has been given by other routes, notably the intra-venous. Moynihan (1), after referring to the possibility of throwing undue strain on damaged kidneys by absorption of more than twelve pints in twenty-four hours, says, "Nevertheless, in my own experience, nothing but good has resulted from this lavish administration of fluids; it is possible that the colon ceases to absorb so greedily when the needs of the body are satisfied." In this connection it should be remembered that, although twelve or more pints may be absorbed in twenty-four hours, at no one time do the patient's tissues contain this amount.

After the absorption of the first few pints the patient begins to get rid of fluid, and in septic cases of toxins, by the usual emunctories, especially the kidneys, while, in cases of peritonitis which have been drained, the peritoneum pours out fluid, in amount sufficient to repeatedly saturate the dressings. The details which ensure rapid absorption of large quantities of fluid are: (1) The provision of a free passage, from the rectum to the reservoir, for fluid and flatus, whenever the patient strains, and (2) the maintenance in the rectum of a small pool of saline solution, from which the colon takes frequent sips.

REFERENCE.

(1) MOYNIHAN.—*Abdominal Operations*, 4th edition.

C. HAMILTON WHITEFORD.

'GUY'S HOSPITAL REPORTS,' VOL. 76, NO. 2; 'ST. BARTHOLOMEW'S HOSPITAL REPORTS,' VOL. LIX.

THE opportunity for reviewing simultaneously numbers of the *St. Bartholomew's* and *Guy's Hospital Reports* is one of considerable interest. Comparisons are in several ways suggested. The former appears annually, and the latter is a quarterly production. This difference invites the further comparisons respecting quantity and quality. One would desire to find that, quantity being equal, quality favoured the less productive volume by four to one!

A further point for reflection is the function of such reports in relation to the more widely read journals, such as the *Quarterly Journal of Medicine* and its surgical equivalent.

A worker whose conclusions are of general interest and likely to influence others interested in his subject should surely embody them in the periodical that will soonest catch the public eye. Interesting observations that are worthy of being put upon record, though their exact implication is not quite understood, can be housed safely in less wide-read leaves. They will then be ready for the correlator who is searching the literature for evidence upon some specific point. The two other worthy functions of a local scientific journal are the relation of matters of definitely local interest, and the opportunity to young writers of correlating observed facts and of reporting cases of interest. As stated in the foreword, the *St. Bartholomew's Reports* are, as far as possible, a record of the work going on at the Hospital.

There is a further function of more doubtful merit. Should a periodical be used by members of a school as a receptacle for work of first-class importance with the idea, whether admitted or tacit, of heightening the prestige and enlarging the influence of that school? One comes here upon the principle of competition as opposed to socialism. Competition would say, "Yes; for the keener our fight the better the results." Socialism would say, "No, for effort is wasted."

One certainly receives the impression that the *Guy's Hospital Reports* are largely—not of course entirely—an expression of the intense vitality and versatility of their brilliant Editor. The *St. Bartholomew's Hospital Reports* are less individualistic.

There is in each volume an "In Memoriam" notice. The loss of Guy's in the death of Dr. G. H. Hunt is the heavier, for he was only entering upon his best years, and the sympathy of St. Bartholomew's men will be extended to the sister hospital in her bereavement.

The scientific matter of the *Guy's Reports* includes a valuable posthumous article upon heart disease and pregnancy by Dr. Hunt. The bearing upon the added risks during pregnancy of valvular disease, with and without enlargement, and of auricular fibrillation is carefully analysed for a series of 156 patients. The presiding genius of Dr. Hurst is manifest in a valuable series of articles describing digestive and eliminative subjects. A case of achalsia of the cardia, with histology, is fully described by Dr. Pake, a case of posterior pharyngo-œsophageal pouch with the surgical treatment by Mr. Tanner, and a valuable series of cases of duodenal ileus by Dr. Hurst, Mr. Rowlands, Mr. Gaymer Jones and Dr. Ryle.

Mr. Rowlands describes the technique of enterostomy for acute obstruction of the small intestine, and Dr. Ryle gives a clear clinical picture of the condition of "ball-valve" accumulations in the rectum. The concentration of salicylates in the bile, as obtainable by experimental dosage of animals by mouth, is investigated by Dr. Knott, and finally there is a lengthy and comprehensive chapter on tumour-formation by Dr. G. W. Nicholson.

The contents of the *St. Bartholomew's Hospital Reports* begin with a most interesting historical account of the rebuilding of the hospital in the eighteenth century by Sir D'Arcy Power, complete in its circumstantial detail. This is followed by Prof. Fraser's report to the Rockefeller Foundation upon the teaching of clinical medicine in medical schools in America. It is chiefly valuable in emphasizing the fact that with the progress of science, schools will more and more tend individually to cater for different types of medical men—one to produce general practitioners, one to produce the research worker and the consultant. Many of the present difficulties seem due to the all-embracing nature of the curriculum. A valuable analysis of the results of the operative treatment of perforation of gastric and duodenal ulcers, by Mr. Girling Ball, lays emphasis upon the supreme importance of early diagnosis, and suggests that where possible local treatment of the ulcer should be accompanied by gastro-enterostomy. Full case-reports are appended. Dr. Hopwood writes an illuminating article upon the basis of light therapy from the point of view of its physics, and Mr. Elmslie upon treatment of intracapsular fracture of the femur. The notes, by Dr. Twort, upon immunity and specific therapy in tubercular disease have the great merit of independence of thought. They emphasize the importance of a fundamental knowledge of the physiology, chemistry and animal pathology of acid-fast bacilli to workers who hope to try out successfully any new remedy in tuberculosis. Certain valuable basic principles are enunciated. Dr. Langdon Brown deals, in his usual fascinating manner, with the life-history of hæmoglobin in the body, with its clinical bearings.

The remarks of Sir Thomas Horder upon Vaquez disease and its complications, with notes of seven cases, constitute a very full and valuable contribution to the clinical symptomatology of the condition. He combines as usual clarity of style with clarity of clinical vision.

G. B.

AS SHE IS WRIT.

(This correspondence speaks for itself; the letters came to the Steward's Office.)

SIR,—Somewhere about 25 years ago I was inpatient for few days because of forcing a catheter and breaking a small vein half way down Eureathea or can be reached by short fingers length up funderment. I have never had actual stoppage of urine, therefore the under doctor at your hospital gave wrong advise in ordering me to use catheter seeing my urine has always passed rather freely. The first trouble starting from this cause, I have been thinking your hospital ought to be the first to offer an attempt to heal. I was in patient in your hospital, but nothing was actually attempted at healing.

About five years ago I had one inoculation of 606, which has left a nasty pain at the spot in vein mentioned.

No discharge is seen from Eureathea or funderment but I know perfectly well I have a wound of some kind on the spot.

Between the legs is very soft, therefore a linseed poultice placed their for two hours daily by my own hand would make that part porous in time and draw on the said wound to ripen or loosen pus at that spot.

For some years I have adapted myself to having severe vapour baths for one to two hours with cold showers (not turkish baths).

This severe vapour heat has no doubt helped to keep me alive and in fairly good health, and such baths also help to act on the wound and spine to draw and remove internal matter.

For treatment I also propose a low diet, and injection to funderment of warm borasic or perman pot. A compostick of linseed solidified similar to iodoform stick for Eureathea could be pushed up funderment a few inches to dissolve or soften itself for healing and drawing without creating much pain or inconvenience.

I am fifty four years of age and am fairly robust and developed, therefore it is not like dealing with a worn out man.

But Ethea or Chloroform I must not have for reasons not necessary to state here. But I know there is chemicals now used which will deaden lower part of body it necessary to examine or open out funderment.

No attempt has yet been made to heal this wound, and the ideas proposed are comparatively harmless and of little risk. I have no blemishe on body of any kind, and consider stiff vapour baths with iodide of potassium more likely to cleanse a persons blood than a course of 606.

For instance years ago I had boils and rash at back of neck which any fool might have seen was syphilitic. Since I commenced these stiff vapour baths, I have never been troubled with these nasty syph boils or rash.

It is plain I cannot treat myself in my own place for the said catheter wound to hide the matter from my son. Hoping you will answer this letter soon as possible and offer to see what can be done for said wound. Your hospital has a good name, and I myself consider are more humane in manners and treatment than some hospitals.

I ask for no healing of stricture which is no trouble, the catheter wound midway in Eureathea is the one and only matter I ask may be healed, the trouble lays (actually) in the funderment. I send stamped addressed envelope for reply

Am yours respectfully

SIR,—I received your type-written letter, No matter where I have received type-written letters from on different matters, I always treat them with considerable contempt, a type-written letter to my mind, is like receiving a letter from a dummy with no brains and giving no confidence.

I also decline to be a gazing stock for your medical staff, and consider I have forgotten more than the whole bunch of them ever knew in *their* line of business.

I can tell your staff how to eat away the roots of cancers without pain. How to pass up an instrument to catheter wound complained of and spray it in a new fashion to purify that wound without pain, and the thing is *positive* but your *bald* letter in type written form has destroyed any intentions I had to do good. You persons are like the the gover-nment and Home-Office, You persons are too big for your shoes, I hope you do not run away with the idea I am some common cheap-jack. I could have told you how to take cateracts off the eyes painlessly and how in many of most cases paralasis can be healed.

The Home Office posess these secrets from me.

I decline to give them to your hospital, send me no more type written letters I have done with hospitals unless a more confidential style of letter *written* in ink is sent

Am Sir
Yours truly

Isaiah
Fury to his adversaries, to the isles he will repay recompense.

A PATIENT AT ST. THOMAS'S.

(Our readers will recollect that Mr. Tracey was wounded during the strike, and was taken to St. Thomas's Hospital.—ED.)

ON arriving at the patients' entrance of St. Thomas's Hospital I was carried in feet first (that I was not removed in the same fashion says something for the skill with which I was treated), and taken into the Casualty Box, where I had a number of things, but vaguely remembered, applied to various parts of my person. In the receiving-room I was divested of clothes and chattels; thence I was taken to the theatre, where, hoodwinked by a Clover's apparatus, I surrendered what remained of my personality.

Two days later, coming back to life in a small private ward, I was asked by the Sister if I was a teetotaller—the loss of two pints of blood had left me so thirsty, that I did not stop to wonder whether anything I might say would be taken down in evidence against me; however, my enthusiastic reply was not taken amiss, and the supply of drinks that followed would not have discredited an American bar.

Having made Sister's acquaintance, I turned my expert eye (for I have been warded in a dozen hospitals) to the nursing staff. Here I made an initial error: for some time I regarded those ladies who wore blue belts with much awe, only to hear one of them say, "I will ask nurse if you may have an air cushion instead of a water bed"; apparently Florence Nightingale ordained that probationers should wear the emblem of the Bart.'s staff nurses.

Florence Nightingale is the patroness saint of the St. Thomas's nurses, and she bequeathed to them her cap (a rather unbecoming one), and to the hospital her famous lamp; moreover she apparently arranges that the hospital shall have a sufficient supply of recruits, for there is always a "special" nurse forthcoming if one is needed for the particular welfare of any patient.

Later on, when I got to know them better, it gave me great joy to show them how to make a bed with the cunning of our own ladies—demonstrating the correct way of turning in the corners at the foot of the bed, and of arranging the pillows to simulate an armchair.

It is difficult to speak of the overwhelming kindness with which I was treated; numerous privileges were allowed me—privileges that upset the routine of the ward which is so dear to the heart of a good Sister (and mine was superlatively good), and so necessary for the efficient conduct of the ward.

However much a Bart.'s man may love the Square, it is impossible not to be envious of St. Thomas's supreme possession—the Terrace and the River.

The delight of getting out of the wards (long, light and airy though they are) on to the riverside, where one may watch the traffic coming in at the height of the tide; the everlasting fascination of London's river—"liquid history" in someone's fine phrase; the view of the river by day and night, in sunshine and moonlight—these make a host of unforgettable memories.

During the last week of my stay I lived entirely on the Terrace. I only went indoors for a bath and breakfast—and this took place at the hour of 8 a.m. instead of at 6 a.m., which is a patient's unfortunate lot in other hospitals.

Lying at night on the Terrace I, incidentally, enlarged my vocabulary. To listen to the coo of the gentle bargee when his tug collides with a buoy or some frail racing motor launch is a liberal education. I count this not the least of my gains—already I have shocked and surprised more than one taximan.

I take off my hat in gratitude to this ancient and honourable foundation of St. Thomas's. Long may it flourish!

H. A. TRACEY.

A VISIT TO HADES.

BY THE FIFTH ASSISTANT TO ANY UNIT.

IT had for a long time been my ambition to visit Hades to gain a first-hand knowledge of the advance of medical science there, with special inquiry into the treatment of burns, in which subject the Hadesians are terrestrially presumed to have had exceptional opportunities for research.

A few months ago I was able to gratify my desire—perhaps you missed me. I am attempting in this little article to record a few of my impressions; my only excuse for so doing is that thereby I may induce some of my colleagues to make a similar trip. I am hopeful that some of them may be tempted to reside there eternally.

I chose the route across the Styx, first discovered by the Greeks, and more recently repopularized by Mr. Sutton Vane in his play *Outward Bound*. It is only fair to say that everything is done on the journey to make one comfortable; all meals are free, but for the benefit of American citizens it should be stated that drinks are extra, so that it is well to take more than a solitary *obolus* in one's mouth.

I cannot adequately described the enchanting scenery through which we passed, as there was not a Baedeker in the ship's library. I spoke to Charon about this, and received the very interesting and welcome information that Herr Baedeker, on passing over, had commented on the same lack, and had received permission to make good the omission. Unfortunately for my readers, this great work is not yet completed; when finished it should give a great impetus to Stygian travel, and articles like mine will be made so much the more interesting by adequate splashes of local colour.

For those who suffer from *mal-de-mer* (and who does not in Stygian waters?) the long journey is unpleasant, and a Society has recently been started to promote the Erection of Bridges across the last Four Circles of the Styx. At the moment of your greatest distress the Steward invites you to subscribe to the Society. I became a Death-President.

It is, of course, the ever-present objection to foreign travel that foreigners are unable to converse with us in our native tongue; the English language is obviously the only medium of conversation for a civilized community, and it was a great disappointment to me that this had not been officially recognized in Hades. As a matter of fact the Customs official was a Bantu speaking West African, who failed entirely to recognize the distinction between a white skin and a black one. It is only fair to add that this was the only inconvenience I suffered during the whole of my very pleasant stay.

On producing my letters of introduction I was led at once to the house of a well-known medical man who entertained me lavishly during my stay; my own charm of manner soon put him entirely at his ease.

At dinner the same evening over the liqueurs I explained to my host the object of my visit. His reply, although slightly pontifical, seems to fit in so well with the mood of this article that I give it in full:

"You have come," he said, "to learn of our advances in medicine; had you thought for a minute you would not have done so. Here as you know there is disease, but no death. Here there is no marriage, and therefore no midwifery.

"What is the one thing that drives a man to undergo a surgical operation? The fear of death. Here, then, is no surgery.

"What is the one bright spot in the life of a physician?"

"His home?" I queried boldly, but without much hope.

He ignored the suggestion.

"Where is it that his wit is most scintillating, his sarcasm most caustic? Where is it that he experiences the joy of the hunter whose quarry never escapes him—the futile pleasure of the small boy who fails to solve his problem and turns to the end of the book for the solution?"

I like my metaphors as I like my drinks—unmixed. But I was silent, and he swept on.

"Where is it that his eyes light with the triumph of a diagnosis justified? Where is it that he sees the failure of his brother physicians and the mistakes of his brothers the surgeons?" (I thought in the half-light that his mouth twisted ironically at the word *brothers*.)

"The autopsy chamber," I cried, fearing that worse should come.

"Yes," he smiled, "no *mors*—no post-mortems; no post-mortems—no medicine. Ichabod!"

He sat silent for a few minutes and I was grateful for the brief respite; the fact that my arduous journey seemed to have been in vain overwhelmed me. I saw that any advantage that I had hoped to gain by my enterprise over my stay-at-home colleagues was almost entirely lost (even if they believed my story); I might as well have gone to Vienna or even to Holland for all the professional kudos my visit would give me.

I desperately played my last card.

"In one branch of therapeutics at least you must have outstripped us," I said. "How do you treat your burns?"

"Burns!" he cried, "Burns! There are no burns!"

My last illusion was swept away. What is Hell without a fire?

I perceived that I should have to devote myself to a study of the habits and political economy of the Hadesians, and it is on this subject that I propose to write ANOTHER HEAVY INSTALMENT NEXT MONTH.

(No, thank you.—EDITOR.)

STUDENTS' UNION.

CRICKET.

v. St. Albans, June 24th, at St. Albans.

The Hospital played a very weak side and were fortunate to score a total of 189. St. Albans treated the Hospital bowling with contempt and scored very quickly to gain an excellent victory. Result: St. Bart.'s, 189; St. Albans, 196 (3 wickets).

v. Hornsey, July 3rd, at Hornsey.

This match ended in a draw, greatly in favour of the Hospital; Bourne and Cook were largely responsible for the Hospital's total of 213. Result: St. Bart.'s, 213 for 9 wickets declared; Hornsey 151 (9 wickets).

v. Moorcroft, July 7th, at Moorcroft.

The Hospital gained a rather easy victory by 5 wickets, Cook again making a large score. Result: St. Bart.'s, 183 for 5 wickets; Moorcroft, 74.

v. Past, July 10th, at Winchmore Hill.

As always, this match was very enjoyable despite the fact that the "Past" were not up to their usual strength. The Hospital, batting first, made the total of 224. The Past batting failed badly before Bettington's bowling, and were dismissed for 60 runs. Result: St. Bart.'s, 224; Past, 60.

v. St. George's Hospital, July 13th, at Chiswick House.

The Hospital were badly defeated in the semi-final of the Inter-Hospital Cup. Batting first on a damp wicket, Bart.'s were dismissed for 86, of which Bourne made 18. George's passed our score with 5 wickets in hand. Result: St. Bart.'s, 86; St. George's, 151.

v. Hampstead, July 17th, at Winchmore Hill.

This match ended rather tamely in a draw. Hampstead scored easily against a poor bowling side, and the Hospital had no difficulty in making a draw. Result: St. Bart.'s, 96 (4 wickets); Hampstead, 275 (5 wickets, declared).

v. Guy's 2nd XI.

In the semi-final of the Junior Inter-Hospitals Cup Bart.'s were badly defeated by Guy's. Result: St. Bart.'s 2nd, 101; Guy's 2nd, 213 for 7 wickets declared.

UNITED HOSPITALS' ATHLETIC CLUB.

THE Annual Charity Contest in aid of the London Hospitals between the Banks, Hospitals, Stock Exchange and Insurance Offices for the *Financial Times* Challenge Shield was held at the Crystal Palace on Saturday, June 26th.

The meeting ended in a win for the Hospitals, who have now won the shield on two occasions to the Banks' three.

In spite of the Hospitals only being able to field a weak team owing to three of their "stars" competing in other meetings, they put up a fine performance, as was shown by the running of T. R. Griffiths, of Bart.'s, who won the 100 yards in 10½ secs., and was only beaten into second place in the 220 yards by inches, and C. C. Craner, of London, who won the quarter-mile in the excellent time of 52 secs. Other outstanding performances of the afternoon were those of V. E. Morgan (Stock Exchange), the old Oxford blue, who won the half-mile and 1 mile, and H. A. Johnson (Insurances), who won the 3 miles in 14 min. 47½ secs.

The result shows that were the United Hospitals Athletic Club well organized and on a sound financial footing, they would be able to field a team equal to the best in the country.

RESULTS.

100 yards.—1, T. R. Griffiths (H.); 2, C. W. Gill (I.); 3, H. A. Mayer (S.). Time, 10½ sec.

220 yards.—1, C. W. Gill (I.); 2, T. R. Griffiths (H.); 3, H. A. Mayer (S.). Time, 22⅖ sec.

440 yards.—1, G. C. Craner (H.); 2, R. W. Emerson (B.); 3, K. G. Gudgeon (B.). Time, 52 sec.

880 yards.—1, V. E. Morgan (S.); 2, R. C. Lightwood (H.); 3, J. H. Sanders (I.). Time, 2 min. 1 sec.

1 mile.—1, R. D. Bell (I.); 2, V. E. Morgan (S.); 3, H. I. Price (B.). Time, 4 min. 34 sec.

3 miles.—1, H. A. Johnson (I.); 2, J. M. Case (B.); 3, C. W. Baldey (I.). Time, 14 min. 47⅘ sec.

Hurdles.—1, E. G. Miller (B.); 2, C. W. Harrison (H.); 3, M. W. Platel (H.). Time, 16⅖ sec.

High jump.—1, A. R. James (I.); 2, E. C. Marsh (H.); 3, S. R. Druce (H.). Distance, 5 ft. 9 in.

Long jump.—1, G. A. Clark (I.); 2, E. C. Marsh (H.); 3, W. Hartzog (H.). Distance, 22 ft. 5 in.

Putting the shot.—1, W. Hertzog (H.); 2, M. Pietsch (B.); 3, G. Sturm (B.). Distance, 33 ft. 11 in.

Relay race.—1, Insurances; 2, Banks; 3, Hospitals.

Result.—Hospitals, 23 pts.; Insurance Offices, 20 pts.; Stock Exchange, 15 pts.; Banks, 14 pts.

REVIEWS.

STUDIES IN INTRACRANIAL PHYSIOLOGY AND SURGERY. By HARVEY CUSHING, M.D. (Oxford University Press.) Price 8s. 6d.

Under the above title are assembled the Cameron Prize Lectures delivered at the University of Edinburgh in October, 1925. In these lectures Prof. Cushing deals, in his accustomed exhaustive and thorough manner, with the problems of the third (cerebro-spinal fluid) circulation and its channels, the pituitary gland as now known, and the surgery of intracranial tumours, dwelling particularly on his own experiences and the work of his younger associates.

The little book is a mine of detailed information, and the lectures contain the many references to matters of historical interest which are always a characteristic and attractive feature in this author's writings.

Every advanced student of anatomy and physiology should read the first two lectures, and the third should be inwardly digested by every physician. The lectures are beautifully illustrated with drawings and photographs, and the book is worth possessing merely for the bibliography.

THE HUMAN BODY AND ITS FUNCTIONS. By MARIE C. STOPES.
SEX AND THE YOUNG. By MARIE C. STOPES. (Both published by the Gill Publishing Company.) Price 6s. 6d. net.

Rose Macaulay, in that delightful book *Orphan Island*, makes Mr. Thinkwell, the Cambridge don, when he hears the teacher of the children's physiology class saying "Very holy; very beautiful. A very wonderful arrangement of God's," exclaim, "What a curious notion! What is the idea in telling them that? Why not let them know at once what they will have eventually to know, that it is one of the very worst, silliest, most inefficient and most infernally inconvenient and dangerous arrangements in all nature? It is a positive disgrace to science that no better system has yet been devised. I fear these teachers of yours, like many of ours, are sentimentalists."

It is this sentimentality which spoils Marie Stopes's admirable work—it even obtrudes itself into *The Human Body and its Functions*, which is otherwise an excellent elementary text-book of physiology. Phrases such as "the immense richness and fragrance of the mental and spiritual sides of mature sex love," are out of place in a text-book—even the brain is referred to "as that soft and precious mass." All her work would profit by the use of a harsh and unsentimental blue pencil which has a positive distaste for luscious adjectives.

This having been said, her excellent books call for unstinted approval. It is interesting to learn in *Sex and the Young* that she is definitely opposed to special "sex instruction" in schools, but considers that it should be made a part of a complete physiological course—and this course she outlines in the companion book, *The Human Body*. There are minor details in both books which are not unexceptionable; it is a little difficult to see why the school staff library should include Marshall's *Physiology of Reproduction*, Westermarck's *History of Human Marriage*, and the *Lancet*; her suggestion that courses in chemistry, physics, botany, zoology, physiology and geology should be compulsory for every pupil in every school would upset an already overburdened curriculum. These are minor blemishes in her sincere and disinterested pioneer work.

MODERN METHODS OF FEEDING IN INFANCY AND CHILDHOOD. By DONALD PATERSON, B.A., M.B., M.R.C.P., and J. FOREST SMITH, M.R.C.P. (Published by Constable.) Price 7s. 6d. net.

Those who read this book to discover some new thing will be disappointed. It is a very comprehensive survey of the subject, but we have discovered nothing original in it. It deals very fully with the composition of infant foods, the various problems in breast and artificial feeding, and dyspepsias and constipation in infancy.

We know, however, that these subjects are adequately dealt with in modern text-books of midwifery and children's disease—and this book hardly seems to deserve its place in the excellent series Modern Medical Monographs.

NEURITIS AND NEURALGIA. By WILFRED HARRIS, M.D., F.R.C.P. (Oxford University Press.) Price 12s. 6d. net.

This monograph by the Senior Physician of St. Mary's embodies a vast amount of clinical experience. The scope of the work is indicated by the classification of nerve pain on p. 5.

The various types of peripheral neuritis are fully treated in the first part of the book. Among the interesting points one might mention the author's warning against the old standby, pot. iod., in the treatment of lead neuritis, and the difficulties of diagnosis to which the Argyll-Robertson pupil may give rise in these diseases.

In the section on neuralgias, the largest space is naturally devoted to trigeminal neuralgia, and much care is expended in detailing the various forms of alcohol injections, among which the author's own modification in injecting only the inner two-thirds of the Gasserian ganglion deserves special mention, as he claims by this means to leave the functions of the third division of the nerve unimpaired in the end. He is able to give as good a prognosis of cure with alcohol injection as with gasserectomy.

There is an interesting chapter on the path taken by the taste-fibres, embodying the original views of the author on a controversial subject, based partly on developmental findings, and considerable evidence is brought forward for his opinion that V is a gustatory nerve, as well as for the possible necessity of a correlation between the sensations conveyed by the lingual and chorda tympana nerves as a condition for normal taste appreciation.

Considering the detailed description of geniculate and glosso-pharyngeal neuralgia, it is surprising to find the subject of occipital neuralgia dismissed so briefly.

The author also describes a type of pain which he calls "migrainous neuralgia," by which he means a pain resembling paroxysmal trigeminal neuralgia, which is not improved by alcohol injection—an important contribution to our ideas.

He has scarcely touched upon the admittedly obscure subject of the vascular pains of angina type, which are, as some hold, fairly common causes of "neuralgia" even in the head.

The inclusion of the anatomy of the respective nerves in each chapter is a welcome feature and makes for easier reading.

RADIOTHERAPY IN RELATION TO GENERAL MEDICINE. By FRANCIS HERNAMAN-JOHNSON, M.D. (Oxford Medical Handbooks, Oxford University Press.) Price 5s.

In the hands of the author, the subject loses all its terror and acquires a new fascination. Equipped with even the slender armamentarium of dimly remembered I.M.B. physics, the reader will find no difficulty in grasping the fundamental facts about the radiations in general, and X-rays and radium in particular.

He is led thence by well-arranged chapters, through the physiological and "pharmacological" action of the rays on the various tissues, to the consideration of their effects in disease, insistence being placed on the point of view that "there is no basis in either science or philosophy for any distinction between matter and energy."

The greater part of the book, very properly, deals with the subject of cancer treatment in its various aspects, and later with some other diseases, in which the author is not on such sure ground clinically.

The most stimulating side of the book is the general views expressed. Though naturally open to argument, they betray a breadth of outlook and a tolerance for all effective methods, even if they come from "unorthodox" sources. Great emphasis is laid upon the proper combination of all available forms of treatment, as against narrow specialism.

We can recommend this unpretentious though enthusiastic little volume to the practitioner as an aid in assessing the value of radiations in treatment, as well as in acquiring a new view of disease in terms of electrical variations. If only more people would think as synthetically as Dr. Hernaman Johnson!

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

ANDREWES, Sir FREDERICK W., O.B.E., M.A., M.D., F.R.C.P., F.R.S. "The Linacre Lecture on Disease in the Light of Evolution." *Lancet*, June 5th, 1926.

BOURNE, GEOFFREY, M.D., M.R.C.P. "Chronic Ulcerative Colitis in Children." *Archives of Disease in Childhood*, June, 1926.

BOYLE, H. E. G., O.B.E., M.R.C.S., L.R.C.P. "An Improved Anæsthetic Apparatus," *Lancet*, May 29th, 1926.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "The Biological Standardization of Insulin." *League of Nations Health Organization Reports*, April, 1926.

ECCLES, W. MCADAM, M.S., F.R.C.S. "Salivary Calculi." *Clinical Journal*, March 31st, 1926.

FOOTE, ROBERT R., M.R.C.S., L.R.C.P. "Scurvy Simulating Acute Intussusception." *British Medical Journal*, June 19th, 1926.

FULLERTON, ALEXANDER G. R., O.B.E., F.R.C.S. "Bacteriology in Preventive Medicine" *Medical Officer*, July 10th, 1926.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "A Case of Embolectomy." *British Medical Journal*, June 19th, 1926.

HADFIELD, GEOFFREY, M.D. (and HEWER, T. F.). "Acholuric Icterus." *Lancet*, July 17th, 1926.

HARVEY, FRANK, F.R.C.S. "A Pedunculated Thyroid Tumour at the Base of the Tongue." *British Journal of Surgery*, No. 52.
KING, H. H., M.B., B.S. "The Stability of Solid Calcium Hypochlorite." *Journal Royal Army Medical Corps*, June, 1926.
LISTER, A. E. J., M.B., B.S., F.R.C.S. "Diseases of the Eye." *Medical Annual*, 1926.
LLOYD, E. I., M.B., B.Ch., F.R.C.S. (and SCHLESINGER, B. E., M.B., B.Ch., M.R.C.P.) "Four Cases of Immuno-Transfusion, with Remarks on the Method." *Archives of Disease in Childhood*, February, 1926.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
D.M. and *M.A.*—W. V. Robinson.
B.M.—G. H. Crisp, K. A. Hamilton, O. R. Tisdall.

First Examination for Medical Degrees.

Anatomy and Physiology.—J. E. Jenkins.

Final Examination for the Degree of B.M., B.Ch.

Materia Medica.—H. P. Gilding.
Pathology.—H. F. Cuthbert, C. I. Harding, A. P. Kingsley.
Forensic Medicine and Public Health.—P. F. Cluver, G. H. Crisp, H. F. Cuthbert, C. I. Harding, W. H. Hudson, J. H. Kennedy.
Medicine, Surgery and Obstetrics.—G. H. Crisp, H. F. Cuthbert, J. N. C. Ford, K. A. Hamilton, W. H. Hudson, J. H. Kennedy, I. de la M. Savage, O. R. Tisdall.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.Chir.—T. M. Thomas.
M.D.—A. J. Copeland, F. H. Young.
M.B., B.Chir.—P. O. Davies.
M.B.—G. L. F. Rowell.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1926.

Honours.—H. Simmonds (Dist. in Surgery).
Pass.—E. Bacon, R. T. Bannister, F. A. Bevan, H. C. Boyde, P. E. J. Cutting, T. D. Deighton, G. E. Ellis, D. B. Fraser, F. H. K. Green, R. H. Knight, N. Moulson, J. Parrish, H. N. Rose, R. M. Tracey, H. Treissman.
Pass in Group I.—B. M. C. Gilsenan.
Pass in Group II.—J. R. Beagley, W. R. W. Bonnor-Morgan, D. C. Fairbairn, O. F. Farndon, M. Fishman.

M.D. Examination.

Branch I. Medicine.—L. M. Jennings.

SOCIETY OF APOTHECARIES.

The Diploma of the Society has been granted to the following: R. Lamort.

CHANGES OF ADDRESS.

BEVAN, F. A., Compton, London Road, Hadleigh, Essex. (Hadleigh 60.)
OUSFIELD, E. G. P., 63, Wimpole Street, W. 1. (Langham 1634.)
BOYAN, Surg.-Capt. J., R.N., Meavy Lane, Yelverton, S. Devon.
BUCHLER, E., 112, Timbercroft Lane, Plumstead, S.E. 18. (Woolwich 0885.)
EBERLIE, W. F., Flint Cottage, Farley Hill, Luton.
HARRISON, S. G., 47, Muswell Road, Muswell Hill, N. 10.
HEPPER, J. E., Brenchley, Kent.
HURRY, J. B., Heathlands, East Cliff, Bournemouth.
METIVIER, V. M., Cloak Room, St. Bartholomew's Hospital.
MORGAN, G. S., The Hermitage, Horsham, Sussex.
POLLARD, S. P., Meadhurst, Western Road, Leicester.
RICHARDSON, O., 71, Leigh Road, Eastleigh, Hants.
SHAH, B. Z., Capt. I.M.S., c/o Lloyds Bank, 6, Pall Mall, S.W.
SYMES, A. J., c/o Messrs. Grindlay & Co., 54, Parliament Street, S.W. 1.

APPOINTMENTS.

BROOKE, C. O. S. B., M.R.C.S., L.R.C.P., D.P.H., R.C.P.S., appointed Junior Assistant Medical Officer, King George V Sanatorium, Godalming.
CULLINAN, E. R., M.B., B.S.(Lond.), appointed Assistant Medical Registrar, Westminster Hospital, London.
GIBBONS, G. F. P., M.B., B.S.(Lond.), appointed Hon. Assistant Surgeon, Kettering and District General Hospital.
KING, J. F. L., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, Kent and Canterbury Hospital.
KITCAT, C. DE W., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, Hospital for Consumption, Brompton, S.W. 3.
MELLOWS, P. B., L.M.S.S.A., appointed Resident Medical Officer, Hove Hospital, Sackville Road, Hove.
WOODMAN, E. MUSGRAVE, M.S., F.R.C.S., appointed Lecturer on Diseases of the Throat and Nose, University of Birmingham.

BIRTHS.

BENJAFIELD.—On July 20th, at 29, Church Street, Edmonton, Georgina (*née* Blake), wife of Dr. Norman Benjafield—a son.
CHAPMAN.—On June 29th, at Wingmore Lodge, Wokingham, Berks, to Dr. and Mrs. E. F. Chapman—a son.
CURRIE.—On July 1st, at 107, Eastbourne Road, Darlington, co. Durham, to Mary Campbell Vickers, wife of Dr. John Currie, D.S.O.—a son.
STURTON.—On July 17th, at Aba, Belgian Congo, the wife of Clement Sturton, F.R.C.S.—a daughter.

MARRIAGES.

FARR—CAPPER.—On July 10th, 1926, at Holy Trinity Church, Brompton, by the Rev. Prebendary Isaacs, Vicar of Cripplegate, assisted by the Rev. Prebendary Gough, Valentine Francis, M.B., B.Sc.Lond., youngest son of Dr. and Mrs. Ernest Farr, of Ealing, to Margery Baylis, younger daughter of Mr. and Mrs. H. W. Capper, of Harvard Road, Gunnersbury.
HECKFORD—DADD.—On July 1st, at All Saints' Church, Woodford Wells, by the Rev. J. P. R. Rees-Jones, M.A., assisted by the Rev. W. M. H. Wathen, Frank Heckford, M.R.C.S., L.R.C.P., only son of Mr. and Mrs. Ernest Heckford, of Thrapston, Monkham's Drive, Woodford Green, Essex, to Gwendolen Louise, eldest daughter of Mr. and Mrs. F. W. Dadd, of Polmennor, Snakes Lane, Woodford Green.
PELLIER—ROCHE.—On July 19th, Charles de Chanval Pellier, of Highleigh, Teignmouth, to Dorothy, widow of Captain Thomas Roche, M.C., and younger daughter of Ernest Hatton, Barrister-at-Law, and Mrs. Hatton, 2, Cross Park, Teignmouth.

SILVER WEDDING.

PATERSON—FABER.—On July 13th, 1901, at St. Paul's, Beckenham, Herbert John Paterson, of 9, Upper Wimpole Street, W., to Tempe Langrish Faber.

DEATH.

MOSTYN.—On June 22nd, 1926, in a motor car accident, Sydney Gwenffrwd Mostyn, M.B., B.Ch.(Oxon.), D.P.H.(Camb.), Medical Officer of Health for Darlington, aged 59.

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.

WAR MEMORIAL NUMBER.

Daily Mirror.

SEEN THROUGH THE MAIN ARCH—THE CEREMONY IN THE SQUARE.

St. Bartholomew's Hospital Journal.

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

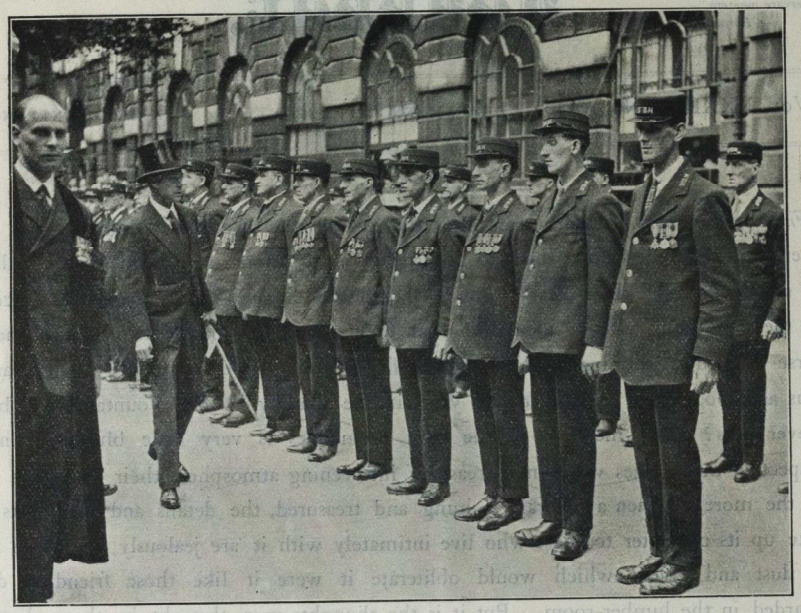
VOL. XXXIII.—No. 12.] SEPTEMBER 1ST, 1926. PRICE NINEPENCE.

Finis coronat opus. Eight years after the end of the War our Memorial has been unveiled. To none more than to the relations of those we commemorate will the full slow length of these years have been brought home. Even the least concerned can measure them with a calculation that they represent a period longer than the full course of medical training, which is in itself a lifetime. Yet what will eight years be to us as a body who have lived 800 years in the shadow of the Fountain and before it ever was? The memory of the men themselves is very little blurred. In the perspective that comes with an increase of intervening atmosphere their characters stand out the more. When a portrait is hung and treasured, the details and the lights that make up its character to those who live intimately with it are jealously kept free from the dust and cracks which would obliterate it were it like those friendless daubs discarded in the lumber-room. But it is the thoughts men thought in those days we forget—the suspense, the longing for peace—that have their surprising counterpart in the present struggle over a matter of working hours, showing an independence which is the usual legacy of freedom to a victorious nation.

Few will fail to agree that no finer or more permanent form could have been chosen to express our feelings for those who were killed—an archway of fine proportion (not ornate) over the way they went so often during life, and the strategic key to the Hospital. On one side of it the outside world with its cars, its crowds and its flower-sellers, and on the other the Republic of Rahere, with its mysterious and tireless machinery.

THE WAR MEMORIAL.

THE ceremony of unveiling and dedication of the memorial to those students of St. Bartholomew's Hospital who gave their lives in the Great War took place on July 8th, 1926. The ceremony was performed by H.R.H. The Prince of Wales, K.G., the President of the Hospital, who was received at King Henry VIII Gate by the Treasurer, Lord Stanmore, the Almoners, Dr. Morley Fletcher the Senior Physician, Sir Holburt Waring the Senior Surgeon, the Matron and Mr. Hayes.



Topical Press Agency.

The Prince inspected the Guard of Honour, which was provided by the Honourable Artillery Company under Capt. W. A. Stone, M.C. A further Guard of Honour, consisting of some 60 Hospital porters, most of whom were ex-service men, was also inspected.

The Prince was then escorted to the Treasurer's office by Lord Stanmore, who introduced to him the members of the War Memorial Committee, namely, Sir Anthony Bowlby, Bt., K.C.B., K.C.M.G. (the Chairman), Sir Archibald Garrod, K.C.M.G., Sir Charles Gordon-Watson, K.B.E., Dr. Henry Burroughes, Mr. G. B. Tait and Mr. Girling Ball (Hon. Secretary). The Chaplain-General of the Forces, the Rev. H. C. E. Jarvis, C.M.G., M.C., D.D., and the Hospitaller, the Rev. J. L. Douglas, were also introduced. A procession was then formed to conduct the Prince to a dais which had been placed in front of the War Memorial in the midst of a gathering of the relatives and friends of those who had lost their lives, Governors of the Hospital, the Medical and Surgical Staff, a large gathering of subscribers, students and nurses of the Hospital. The Lord Mayor and Sheriffs were present, as also were the Directors-General of the Navy, Army and Air Force, in the persons of Surgeon Vice-Admiral Sir J. Chambers, Major-General Sir Matthew Fell, and Air Vice-Marshal David Munro.

A short service conducted by the Chaplain-General was opened with the singing of the hymn, "O God, our help in ages past." The lesson was read by the Hospitaller, after which there was a brief silence. Sir Anthony Bowlby then presented to the Prince a volume which had been compiled by Mr. Girling Ball, containing the records of the 112 men who gave their lives, with the request that he would be pleased to unveil the Memorial. This he proceeded to carry out, saying—"To the Glory of God and in honoured memory of the students of St. Bartholomew's Hospital who gave their lives in the Great War I unveil this memorial." This was followed by a dedication prayer rendered by the Chaplain-General, the Last Post and Réveillé, given by the buglers of the Honourable Artillery Company, and the National Anthem.

The Prince then inspected the Memorial, which is placed in the archway under the Great Hall between the Renter's and the Steward's office. The old vaulted plaster roof has been replaced by a similar construction in Portland stone, and on the panels on each side of the doorways are inscribed the names of the men, cut in Portland stone. The names are inscribed in alphabetical order and without distinction of rank. The name of Capt. Leslie Green, who had been awarded the Victoria Cross, was especially pointed out to the Prince. The Members of the Council of the Students' Union were then introduced to His Royal Highness by Lord Stanmore.

On his departure the Prince walked round the Square of the Hospital, where he was enthusiastically received by the nurses and students and friends present.

Topical Press Agency.

Laurel wreaths provided by the Governors of the Hospital, the Council of the Medical College, the Students' Union and the League of St. Bartholomew's Hospital Nurses were placed against the four panels.

A copy of the volume containing the records of those who gave their lives has been inscribed in vellum and will be placed among the Hospital records. A copy similar to that presented to the Prince of Wales will be sent to the relatives of these men. It may be mentioned that the Secretary is not in possession of the addresses of all of these, and would be grateful if those who do not receive a copy will communicate at once with him.

*

CALENDAR.

Fri., Sept. 3.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Mon., „ 6.—Post-Graduate Vacation Course starts.

Tues., „ 7.—Sir Percival Hartley and Mr. McAdam Eccles on duty.

Fri., „ 10.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

Tues., „ 14.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

Fri., „ 17.—Prof. Fraser and Prof. Gask on duty.

Sat., „ 18.—**Last day for application for House Appointments.**

Post-Graduate Vacation Course ends.

Tues., „ 21.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

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

Fri., „ 24.—Sir Percival Hartley and Mr. McAdam Eccles on duty.

Tues., „ 28. Sir Thomas Horder and Mr. L. B. Rawling on duty.

EDITORIAL.

A MEDICAL man has perhaps less than anybody the time to look back. No good doctor will ever become a pillar of salt. While the conjuror was making the necessary passes, his victim would have turned back again to treat half a dozen new cases. It is thought, however, that a breath of the remote past condensed upon our cold pages may stir the somnolent memories of old Bart.'s men, to whom this number is largely addressed, and make them give us a thought in the stilly hours. For the principles and practice of medicine the meanest will freely own indebtedness, but it will take a great man to realize that a tumbledown chair in the A.R., a bedroom in R.S.O., round which the clattering carnival of Giltspur Street rages in the small hours, or perhaps a culminating and apparently arbitrary disappointment over a House job are all examples of fond parenthood.

* * *

A great addition to the Hospital and a formidable rival to our underground Dining-room is the new Out-patients' Bar and Canteen combination, where mixtures absolutely guaranteed to contain no rhubarb or gentian are dispensed lavishly at unusual prices. The effect on the number of patients has been extraordinary already.

* * *

We call our readers' attention to the following letter:

DEAR MR. EDITOR,—You are, I believe, in the next issue of the JOURNAL giving an account of the ceremony of unveiling the War Memorial. Now that it is completed I am sorry to say there will not be sufficient money subscribed to pay for it entirely. I feel sure that there must be a number of people who have waited until the Memorial should be finished before subscribing. I have had many letters from those who have seen it, stating that they regard it as a beautiful memorial, and I feel sure that there are many Bart.'s men who would like to add their quota. Will you, therefore, please give publicity to the fact that we are still in need of subscriptions.

Yours truly,
W. GIRLING BALL,
Hon. Sec. S.B.H. War Memorial Committee.

* * *

We are glad to publish the following from an old friend:

DEAR MR. EDITOR,—Will you, through the JOURNAL, convey my thanks to the members of the Senior Surgical Firm—past and present—who contributed towards the handsome gifts I received on the occasion of my resignation as Sister of Pitcairn Ward. I was unable, before I left, to see them all and to thank them personally. I do thank them all most heartily and shall value the gifts immensely.

Yours sincerely,
EMILY K. MOORE.

PITCAIRN WARD;
August 5th, 1926.

* * *

We congratulate Dr. H. Harold Scott, M.D., F.R.C.P., on being elected Lecturer in Tropical Medicine at Westminster Hospital Medical School; and Mr. J. M. Duncan Scott, who has been made Professor of Physiology, University of Saskatchewan, Saskatoon, Canada.

* * *

We remind men who intend to apply for House Appointments that they must leave their applications with the Warden on or before Saturday, September 18th.

OBSERVATIONS ON THE TOXINS OF THE HÆMOLYTIC STREPTOCOCCI.

DURING the latter part of June we carried out some very interesting observations on the skin reactions to the toxins produced by hæmolytic streptococci. They were mass experiments done on students and others volunteering for the tests, and as the first part of the work has been practically completed, it may be of interest to record the results.

It was not formerly supposed that streptococci formed filterable toxins. This was chiefly because the products obtained had been tested only on animals, and it is true that filtered broth cultures, even of virulent hæmolytic streptococci, produce very little effect upon laboratory animals, usually failing to kill a mouse. But when the projects are injected intradermally into the human skin a definite reaction is seen in susceptible persons, as in the now well-known Dick test. The credit of demonstrating the value of this test belongs to the Americans. It has been shown, notably by the Dicks at Chicago and by Dochez at New York, that the special strain of streptococcus found in the throat of scarlet fever produces a toxin which is effective on the human skin in a dilution of 1 in 1000, or even higher; and that it is possible to immunize horses against it, which then yield an antitoxic serum of high value in the treatment of scarlet fever. All this has been amply confirmed in this country by O'Brien, of the Wellcome Laboratories at Beckenham.

The suggestion is that this special race of hæmolytic streptococcus is actually the primary cause of scarlet fever, and that this disease is essentially a toxic one, the main symptoms being due to absorption of the toxin from the local lesions in the throat, while in some severe cases a true streptococcal septicæmia arises. There are still some pathologists—and I must confess myself one of them—who, while admitting the dominant *rôle* of the streptococcus in scarlet fever and fully supporting the toxic nature of the disease, are not yet wholly convinced that there may not be some more primary cause, perhaps of the nature of a filter-passing virus, behind the streptococcus; but we may well be wrong. At all events the beneficial influence of the antitoxic serum prepared from the scarlatinal streptococcus seems beyond question.

Now it will be universally admitted that we do not at present possess any therapeutic agent which is of similar value in the treatment of the many dangerous diseases, such as erysipelas, puerperal fever, cellulitis and lymphangitis, which seem unquestionably due to the coccus we call "*Streptococcus pyogenes*"—an organism so common, so multifarious in its activities and so deadly that it may well rank amongst the worst enemies of the human race. It is notorious that the various sera hitherto prepared against this streptococcus have not proved a conspicuous success, but they have been anti-bacterial, not antitoxic, sera.

May it not be that if we had a potent serum prepared with the *toxins* of this organism, we might achieve the success so far denied? The attempt is at least worth making, for the reward would be of such enormous value. Every surgeon who has watched a severe case of streptococcal infection must have been struck by the symptoms of profound poisoning exhibited by the patient—a poisoning with which he was powerless to cope.

The problem has been to produce a sufficiently potent toxin from *Streptococcus pyogenes*. Birkhaug, in America, has produced a toxin from erysipelatous strains, and has prepared an antitoxic serum which he claims to possess specific value in cases of erysipelas. The serum has not been tested in this country. It happened that last autumn one of our nurses—Nurse Shilling—ran a splinter under her thumbnail from a form in the Surgery. In eighteen hours she was dangerously ill with lymphangitis and a temperature of over 104° F., but with suitable treatment she recovered. Her streptococcus proved an unusually virulent one. After passage through three mice I found that it killed a mouse when intraperitoneally injected in a dose as small as one two-millionth of a c.c. of a blood broth culture. I gave the strain to Dr. Okell, of Messrs. Burroughs & Wellcome's staff at Beckenham, and he was able to prepare from it a fairly potent toxin, about one quarter of the strength of ordinary Dick toxin—that is to say, active on the human skin in a dilution of 1 in 250.

Last autumn, too, occurred the lamented death of Dr. Swann, at Cambridge, from streptococcal septicæmia. The coccus recovered from this case, when tested at the Wellcome Laboratories, also yielded a toxic filtrate, though this appeared to be weaker than that of the Shilling coccus.

Finally, a small supply of the erysipelas toxin made in America was available by the kindness of Dr. Birkhaug.

As these toxins can only be tested upon the human skin, and as the test causes little or no inconvenience, an appeal was made to the students of St. Bartholomew's to come forward as volunteers in as large numbers as possible in order that the toxins might be tested on an adequate scale.

We had four streptococcal toxins for the experiment, three of them prepared at the Wellcome Laboratories by Dr. O'Brien and his colleagues, warranted sterile and sent us in different strengths. The first problem was to titrate the strengths of the different toxins. A uniform skin dose of 0·2 c.c. was employed throughout.

It was already known that the proper dose of the Dick toxin was 0·2 c.c. of a 1 in 1000 dilution—that is to say, that this amount would produce a definite reaction in the great majority of susceptible persons. The strength of the Shilling toxin was believed to be about a quarter of that of the Dick toxin, so that a dilution of 1 in 250 ought to prove the correct dose. To test this 18 men were given the usual dose of 1 in 1000 and 1 in 250 dilutions. Only 8 men reacted to the weaker dilution, while every man reacted well to the stronger one, though in a more extended later test negatives were found. Clearly 1 in 250 was a suitable dilution to use.

The Swann toxin was tested on 20 men. Preliminary tests having shown that the toxin was a weak one, it was used in dilutions of 1 in 100 and 1 in 50. With these dilutions "pseudo-reactions" occurred in almost every case, largely masking the true reactions. It must here be explained that many people are sensitive to some unknown substance in a filtered bacterial culture other than the true toxin, perhaps derived from the broth, perhaps from some constituent of the bacterial body. This substance resists boiling, whereas the true toxins are destroyed by boiling. This is why, in intradermal tests of the sort under consideration, control inoculations with boiled toxin have always to be done in the opposite arm. The stronger the toxin, the more dilute is the solution which can be employed and the less obtrusive are pseudo-reactions. With the 1 in 1000 Dick toxin they were scarcely seen; with the 1 in 250 Shilling toxin they occurred in a few cases, but did not obscure the result. But with the Swann toxin at a dilution of 1 in 50 they were universal, and it was only possible to judge whether a man was susceptible or not by the relative sizes of the reactions in the inoculated and in the control arm. On this basis it appeared that 50 per cent. of the men tested were positive, but it was felt that until a more potent toxin could be prepared from this streptococcus it was useless to employ it in further tests.

The erysipelas toxin also proved a weak one. Thirteen men were first tested with dilutions of 1 in 1000 and 1 in 250. Two were negative and 11 gave weak positive reactions. In the final test, in which three toxins were compared, it was decided to use a dilution of 1 in 100, and in this strength the pseudo-reactions were numerous, but not sufficient to obscure the readings altogether.

Having thus determined the suitable dilutions in which the toxins should be used in order to obtain comparable results, we proceeded to carry out the test for comparing susceptibility to three toxins simultaneously. This was the main test for which the preceding ones had been preparatory. Its object was to ascertain whether the three toxins were the same or different. If certain men reacted differently to the different toxins the fact would suggest that the toxins were not the same.

The test was carried out as follows: The Swann toxin was not employed, for reasons already given. The Dick toxin was used in a dilution of 1 in 1000, the Shilling toxin in one of 1 in 250, and the erysipelas toxin in one of 1 in 100. Forty-eight volunteers came forward for the test, and each received the test dose of each toxin in the left arm and the corresponding dose of boiled toxin in the right arm. The results were read twenty-four hours later. In the case of pseudo-reactions, a man showing equal reactions in the two arms was recorded as negative, but where the reaction in the test arm greatly exceeded that in the control arm the result was regarded as positive. The results may be shown in tabular form:

No. of men.	Dick toxin.	Shilling toxin.	Erysipelas toxin.
8	0	0	0
6	+	0	0
13	+	+	0
2	+	0	+
1	0	+	0
18	+	+	?

It is seen that while the majority of men (26 out of 48) were either positive to all three toxins or negative to all, no less than 22 men showed differences in their response. The evidence was, of course, clearest in the case of men giving no pseudo-reactions; here there was one giving a clear + + 0 and another with a clear + 0 +; we should like to re-test such crucial instances in order to confirm the results.

Hearty thanks are due to those who so kindly volunteered for these experiments, and it will be a satisfaction to them to know that the information obtained is of considerable value. No experiment of this kind and on such a scale has hitherto, so far as we know, been carried out. The results definitely suggest, even if they do not finally prove, that different races of hæmolytic streptococci, already known to differ in such serological properties as agglutination, form also different toxins. Such information is the first step towards the preparation of antitoxic sera for the different races of streptococci.

The matter, however, requires more conclusive proof, and this we hope to carry out forthwith. Horses have been immunized at the Wellcome Laboratories against all these toxins; the antitoxic sera are available, but their potencies, except in the case of the scarlatinal strain, have not yet been titrated. This can only be done on the normal human skin. It has to be ascertained what dose of the serum will prevent the skin reaction known to be produced by a suitable dose of the corresponding toxin. When this has been determined comes the crucial set of experiments, namely, the attempted "cross-blockings" of the several toxic reactions by heterologous sera. Should it be shown that one cannot prevent, say, the Dick reaction with an anti-Shilling serum or the Shilling reaction with an anti-erysipelas serum, although the reaction can be blocked by the homologous antiserum, the proof as to the differences between the toxins will be completed.

Amongst the hundred men who have already volunteered for the toxin tests suitable material is to be found for the further observations required. Only men free from pseudo-reactions are suitable, and only those giving positive reactions are of any use, but the tests already carried out indicate that some 37 men out of the hundred would form an excellent field for the antitoxin tests. They already know how small is the inconvenience attending the skin reactions, and it is earnestly hoped that they will be willing, when asked, to come forward once more; for the importance of these observations can hardly be over-estimated. Should it finally be proved that the toxins in question are distinct from one another, we have at once in sight the prospect of making appropriate anti-sera, which may be used for neutralizing at all events those toxic phenomena of the different streptococcal infections which constitute their chief danger.

FREDERICK ANDREWES

A LECTURE ON THE NERVOUS PRIMIGRAVIDA.

(As yet undelivered.)

GENTLEMEN,—I should like to point out to you the essential difference between hospital practice and private practice, namely, that in the one you have no responsibility, in the other you have it all. Realization of this in midwifery comes pretty quickly to you. Confronted in hospital by some difficulty hitherto unfamiliar, you may very easily refer it to your chief, whose opinion and advice are final and comforting, and you may then retire to bed with a quiet mind. How different it is in private! It may be that you cannot get a second opinion just when you most need it, and over and over again when you have one it proves to be of no practical use. The consultant will arrive and will agree with your diagnosis, he will add some footling detail to the treatment, assure the relatives that you are a very good man, and having informed you that he is now going away for the week-end, he will pocket his fee and leave you to it. Three hours later, some gigantic text book in the meantime increasing your anxiety and uncertainty, you will wish with all your heart and soul that you really knew something about your business. The man who undertakes midwifery accepts a responsibility which cannot be shifted to other shoulders.

Your better-class patient will probably consult you soon after missing her first or second period, and you should take that opportunity of instructing her in the management of her health during pregnancy. Tell her when to expect fœtal movements, when the confinement is likely to occur, and warn her of those symptoms which must be immediately reported to you. She will want to know whether she may have connection with her husband or not, and whether it will be best for her to be confined in her own house, or in some institution or nursing-home. As to this last, you must bear in mind the possibility of some unforseen complication, and if she be a primigravida, and the question of expense does not arise, advise in favour of a nursing-home without hesitation. You will thus make sure that ample nursing assistance is available if required at any operation, and you may with good luck be able, at any rate in part, to isolate your patient from her female relatives. You should remember that a large number of young women understand nothing whatever about child-bearing, that their ideas are fixed on those awe-inspiring words, "chloroform and instruments," and that they are genuinely afraid of the unknown. Moreover, as like as not, they have been made acquainted with some of those fantastic superstitions which yet linger in old wives' tales, and which will be related to you for the first time when you call to vaccinate the baby. Often such patients are not good at bearing pain, and their capacity in this respect seems to be inversely proportional to their intellectual attainments. It is a great mistake to label these patients neurotic. They are, in truth, very sensitive, and a fine sense of pain is no more neurotic than a fine taste for port. Finally, never tell a patient that having a baby is like having her bowels opened; the lie is too colossal to inspire confidence.

The best obstetric aphorism that ever I heard came from an old country practitioner, who, in reply to a question, remarked that "interesting midder's ——— awful!" The function of an ante-natal clinic is to eliminate that interest. When in the course of an examination in the later months of pregnancy you discover some important abnormality, let us say a breech presentation, you should neither let your face fall into you boots and say, "You know, Mrs. X—, you're all wrong inside," nor should you indulge in a prolonged, vigorous and possibly unsuccessful manipulation without explaining what it is all about. Try to give the patient credit for some glimmer of intelligence. It is usually best to say that the baby's head is upwards

instead of downwards, that in nine cases out of ten the position corrects itself, but that if at your next visit nothing has happened you will put it right. By efficient ante-natal supervision you ought to be able to correct almost all the abnormal presentations, and to sort out those cases in which, by reason of disproportion between the head and the brim, there is likely to be abnormal difficulty. Similarly the toxæmias, an occasional case of placenta prævia, the multiple pregnancies and those complicated by heart disease or tuberculosis can be placed under the best possible conditions for confinement. Anticipation and prevention of difficulty in labour is the purpose of modern methods, but the business should not be overdone. There is no need to be unduly apprehensive, and it is fortunate that in one's own obstetric development that rather morbid stage, characterized by an unreasoning fear that the eagerly awaited infant almost certainly has a cleft palate and club feet, soon passes off. Parenthetically, why do parents always desire to name such a child after the doctor?

At your last visit, which should be a day or two before the confinement is due, make certain that everything you are likely to want or have asked to be provided is at hand. In the early stages of labour, do nothing. If you proceed to give every patient a hypodermic injection of morphia and hyoscine, as is sometimes advised, you will have many "lingering labours," and will be often under the necessity of diagnosing "rigid os," or some such myth to account for them. When you have had some practice, you will be able to judge of the progress of the descent of the head by abdominal palpation alone, and when no longer to be felt by this method you will observe it begin to distend the perinæum. At this time the pains are very sharp, and not infrequently the patient vomits. Now is the time to permit the patient to pull on the foot of the bed—if she can. If allowed too soon, apart from being quite useless and most discouraging, this procedure may possibly nip the anterior lip of the cervix between the head and the symphysis, and at any time there is no better way of exhausting your patient's strength. Withhold chloroform as long as is reasonable; if you begin to give it before the head is on the perinæum, you may be tolerably certain it will never get there. Obstetrically speaking, vaginal examination is practically never necessary, but if you must make one, do it thoroughly, and find out everything you want to know beyond the possibility of doubt once and for all. Nothing is more unpleasant to a sensitive primigravida than vaginal examination constantly repeated. If you anticipate that she is not going to be very tolerant, there can be no objection to putting her lightly under anæsthesia for it. Towards the end of labour watch carefully for the passage of meconium and listen frequently to the fœtal heart. You know, of course, that the fœtus is practically never in danger as long as the membranes are intact, and that the mother is practically never in danger as long as the fœtus is alive. Remember that every now and again you may avoid an instrumental delivery by making the patient turn from her side on to her back.

And now about forceps. Midwives get a much greater percentage of spontaneous deliveries than do doctors, and the factors determining the difference seem to me to be three. First, most of the abnormal cases come eventually under a doctor's care. Second is the patient's capacity for bearing pain: inasmuch as the sensitive type usually employ a doctor rather than a midwife, the doctor's forceps delivery percentage will tend to be high. The third factor is the attendant's capacity for exercising patience, and in that midwives are notoriously ahead of doctors. I do not believe that a forceps delivery at the proper time and in competent hands adds appreciably to the maternal risks, and it is probably safer than the indiscriminate exhibition of pituitrin, but the man who always puts on forceps as soon as he can is bound to run up against trouble before very long. There are three forceps operations—low forceps, high forceps, and damned high forceps. This last is occasionally performed by an intern during his first fortnight of office. After the blades have slipped once or twice, the case will very likely become complicated by a prolapse of the cord, and he will soon have explored the whole range of operative obstetrics. Much of the blame must be laid at the door of that provocative phrase, "the cervix is fully dilated." To say that forceps should not be used until the cervix is fully dilated is to imply that they may be used *the moment* the cervix reaches full dilatation. Hence frequent vaginal examinations to find out the state of the cervix, followed by manual dilatation, so called, "to put her out of her misery, doctor," and a "difficult forceps delivery." You must never allow yourself to be rattled into premature attempts to "get it over." What happens when the cervix does become fully dilated? "The drawing up of the cervix removes the uterine tissues and a considerable amount of parametric tissue from between the head and the brim, thus increasing the available space. The head enters the brim, and with the next few pains the greatest diameter passes and the head slips easily into the cavity of the pelvis to reach the constriction of the outlet" (Gibbon Fitzgibbon, *Contracted Pelvis*, 1924). Swear a great oath never to put on forceps *until the head is on the perinæum.* If you can keep to this, there will be less sepsis, fewer tears of perinæum or cervix, only the minimum amount of intracranial injury, and you will sleep better. I am well aware there may be exceptions to this rule, but one exception every two or three years will be quite enough to prove it in any ordinary practice. When the head is on the perinæum, and when it ceases to advance in spite of good pains, it should be "lifted over" with forceps. I may add that the administration of chloroform, much as the patient appreciates it, is probably responsible for a good deal of delay on the perinæum.

In order that you may the more vividly realize with what great care and gentleness a forceps delivery should be undertaken, I suggest the following prescription: Go up to Elizabeth, and having selected a newborn infant, put him under a blanket, or better still in the dummy, apply the blades in the proper manner, and draw him forth. You will then understand that brute force is absolutely unpardonable in midwifery. As to the actual technique of forceps delivery, I would remind you of a few small points. Let your methods be antiseptic rather than aseptic. Try and remember to pass the catheter; it is so easily forgotten. It is worth while in a primigravida to dilate the vagina using the method described by Potter, with whose technique of breech delivery you should, incidentally, be thoroughly familiar. Clover's crutch is an abomination, and should never be used if it can be avoided; by extreme forced flexion of the thighs on the trunk the perinæum is made taut, so that further stretching can hardly fail to produce a moderate tear. If you have enough assistants, let the legs be held and lowered as the head advances, so that the angle formed by thigh on trunk be 135° or even more. If you have only one assistant, use the lateral position. If you restrict your forceps operations to the low variety, it does not matter what type of instrument you use. Avoid, therefore, those patterns which present a multitude of rods, screws and joints, and ask to see Wagstaffe's before you decide. But whatever you do don't buy one of those prehistoric obstetric outfits—sharp hook, blunt hook, cephalotribe and cranioclast, de Ribes' bag introducer, and what not. If things are really as bad as that, get the woman into hospital, or get an expert to help you.

One word about the question of sepsis. Clinically there seem to be two types. One fulminates, killing the patient within a few days, and this variety seems as likely to follow a spontaneous as an instrumental delivery. The severity of the other varies directly with the amount of intra-uterine manipulation. Study the puerperal temperature charts of normal cases. In almost all there is just a little fever. Have you ever looked into the mouth of a child three or four days after tonsillectomy has been performed? Why should the healing process be any different in the uterus? It has been shown pathologically that the uterus becomes infected after every labour, and I have no doubt that the placental site closely resembles in appearance the tonsillar fossæ. Under these conditions, what possible use can there be in attempting a definition of puerperal sepsis? It is said that all handsome men are slightly sunburnt. It is certain that all puerperal women are slightly septic.

G. F. ABERCROMBIE.

THE PRESENT POSITION OF PSYCHO-THERAPY.

PSYCHO-THERAPY, by which is meant the direct treatment of ill-health by psychological methods, does not appear to have had any modern scientific thought directed towards it until James Braid practised his hypnotic suggestion in Manchester and wrote an important book on the subject, which he called *Neurypnology*. This book was published in London in 1852.

Braid died in 1860, the year in which Dr. Liebeault opened his dispensary for the treatment of mental disorders by the same methods at Nancy. Since the time of Liebeault the treatment of disease by suggestion has always been associated with the Nancy School, while there have always been some practitioners of the art in England.

Although these methods produced cure in certain cases and others were considerably benefited by them, psycho-therapy was not considered to be a recognized part of medical practice by the medical profession as a whole.

Meanwhile Freud, in Vienna, had begun to treat patients by his analytical methods, and was building, upon the results he obtained, his theories of the causation of mental disease and the technique of psycho-analysis; while more recently, Jung, at Zurich, who had been a pupil at Freud's clinic, has elaborated his analytical methods by word-association as distinct from Freud's free-association method.

These three methods for the treatment of psychological disorders were in use in England in the early years of this century, and although each had its following amongst medical men, in this country, the medical profession was not yet prepared to acknowledge that psycho-therapy held a definite place in medical science.

The change of attitude, which has resulted in the universal acceptance of the part played by psycho-therapeutics in the treatment of disease, is one of the

direct results of the experiences gained in the Great War. The enormous number of mental disturbances which occurred in the Army, causing a disablement just as complete as resulted from serious wounds, and even preventing the effective return to civilian life of those who were discharged from military service, presented a problem so acute as to attract the attention of both civil and military authorities.

As evidence of the small amount of knowledge of mental disorders possessed by the Army medical authorities at the beginning of the war, it was a fact that at first these cases of psycho-neurosis were looked upon as something new in medicine, and it took some time before it was recognized that the psycho-neurosis of war did not differ from that of peace-time conditions, either in its cause or its symptoms, only that for the first time large numbers of men were disabled by these means without any evidence of physical disturbance.

It is interesting now to recall the efforts that were made to find some physical explanation for these disorders, and the name "shell-shock," which was first of all given to these cases, is a memento of one such attempt at explanation, the idea being that the concussion caused by the explosion of the shells produced some pathological change in that part of the central nervous system which corresponded with the symptom that was produced. This theory was at once disproved by the appearance of precisely similar symptoms in men who had never been under shell-fire.

In a similar way all these physical theories were discounted, and finally it came to be recognized that all these cases were the result of psychological disturbances, and differed in no particular from those which had previously been recognized and treated by psycho-therapeutists before the war, except that the war cases occurred in large numbers, and were comparatively easy to treat because they were recent and acute, and because the cause of the condition was too obvious to remain unrecognized.

It thus came about that psycho-therapeutics received the official recognition of the medical profession as a whole, and, thanks to this attitude, the art has made rapid progress, so that cases are now being treated successfully, not only by those who have made a special study of the subject, but by many of the more advanced consulting physicians and by not a few general practitioners.

This state of affairs is sure to become more definitely established in the future, and it is certain that no medical man will be considered fully equipped until he is able to recognize those cases which are suitable for psycho-therapeutic treatment, and to use the correct methods for their cure. That the usefulness of psychological methods of treatment has now come to be recognized is shown by the fact that the Universities and other examining bodies now offer a diploma of psychological medicine, and that in nearly every hospital of importance a department of psychological medicine has been established similar to that which was organized by Sir Robert Armstrong-Jones at St. Bartholomew's Hospital.

The methods that are available for the treatment of psychological disturbances can be divided into: (1) Simple suggestion treatments, with or without hypnosis; (2) some form of analytical treatment; and (3) treatment by explanatory conversations and re-education or synthesis.

Treatment by suggestion can be dealt with quite briefly. Its object is the removal of symptoms. The patient is either hypnotized or relaxed, and the suggestions for the removal of the symptom are given to him. In hypnosis or the relaxed state his critical sense is in abeyance, so that the suggestion is accepted and the patient behaves in accordance with the suggestion and as if the symptom had never existed.

The element of suggestion enters very largely into every kind of medical practice. The suggestion conveyed by the attitude of the physician towards the patient and by the medicine or other method of treatment that he prescribes has long been made use of, and consciously recognized by most successful medical men. It has been found that suggestion alone rarely produces permanent cure, for the reason that it fails to affect the underlying psychological disturbance which gives rise tot the symptom.

The analytical methods are deserving of more attention, and in a brief survey, such as this, it is the method of analysis introduced by Freud which will be considered. It is not too much to say that the discoveries of Freud have revolutionized psychological medicine. It was Freud who first called attention to the fact that the symptoms, or the group of symptoms, which had long been known by the names of "neurasthenia" and "hysteria," resulted from the repression into some part of the mind outside consciousness of wishes which are in conflict with the social ideal of the individual, and cannot, therefore, be acknowledged or admitted to consciousness.

For the better understanding of his theory he divided the mind into three levels: (1) That part of the mind containing elements which could never be brought into consciousness by the unaided efforts of the individual he called the "unconscious." (2) Another part of the mind in which were elements which could be brought into consciousness by the individual himself, but only with difficulty, he called the "fore-conscious." (3) While the "conscious" level consisted of experiences occurring in everyday life and memories which could be brought readily into consciousness without offence to the social ideals. The above is a very bald and incomplete description of Freud's division of the mind, but will serve for the simple explanation of his method, which it is proposed to give here.

It has been mentioned that Freud's theory resulted from his experiences in the analysis of patients who were suffering from some form of psycho-neurosis. This analysis is quite simple to carry out and can be briefly described.

The patient sits in a comfortable armchair or reclines on a couch in a comfortable position, while the analyst sits near by and out of view of the patient. The patient is instructed to close his eyes and to describe everything that comes into his mind. The process is called "free association," because the mind is allowed to wander on from subject to subject, each in turn suggested by association with that which went before. The patient is told to disclose everything that enters his mind, no matter how distasteful it may be, and no matter how much he would prefer to avoid any mention of it. Long pauses, uneasy movements and emotional states occurring during this free-association are indications that some unconscious complex is approaching consciousness, and the practitioner makes a note of this. He should make no suggestions to the patient and should give no explanation of the phenomena, simply encouraging the patient to go on with his association when these pauses occur. By this means the whole of the contents of the patient's mind are gradually disclosed, the object of the analysis being to induce the patient to disclose them to himself as well as to the practitioner, and thereby to gain a complete understanding of the contents of his own unconscious mind.

It is the practice amongst most analysts to see their patients daily from half an hour to an hour, and to continue the analysis until the symptoms disappear. Such treatments occupy months and sometimes years to complete, and the disadvantages of such a slow method, which are sufficiently obvious, will be referred to when the value of the different methods comes to be considered.

The analysis of dreams is an essential part of psycho-analytical methods. It was Freud's view that the repressed psychological elements or complexes are expressed in dreams, appearing in the dream consciousness disguised and changed into some symbolical form, and the patients are instructed to record their dreams at the moment of waking and as soon as they occur. These dreams are then interpreted in accordance with a symbolical code, which is fully described in Freud's books. His experience with this method of analysis led him to believe that the basis of all mental disturbance was the repression of some sexual wish. He found that in every case of analysis, when he had reached a certain point in the process, some profound sexual repression came to consciousness, the sex wish which was being repressed being frequently, perhaps most commonly, a sexual wish that was abnormal, a wish for the expression of sex in some abnormal manner. So frequently do these repressions obtain release in Freudian analysis that a tendency has arisen for the psycho-analyst to look upon sexual repressions as the cause of every psycho-neurosis.

Such a brief account does not do justice to Freud's method, and those who are interested in the subject are advised to read Freud's own book before passing judgment upon the method as a whole, for it is undoubtedly true that a great many cases of psycho neurosis, sometimes the more obscure forms of psycho-neurosis, have been cured by psycho analytical methods.

However we respond to Freud's teaching, the one part of his theory which is now largely accepted and utilized by the psychologist is his theory of repression to an unconscious level of wishes which we cannot express and at the same time retain our place in our own social circle.

In the foregoing account of the psycho-analytical methods it was mentioned that the Freudian method of analysis should be carried out by the patient without assistance from or explanation by the practitioner. In actual practice it is probable that every psycho-analyst explains to the patient whatever is disclosed of the contents of the mind during analysis, although this is contrary to the psycho-analytical technique.

(To be continued.)

ERNEST SNOWDEN.

TOPE FISHING.

I THINK one might have added, after Kipling, "and all that that implies," for the preliminary and accessory incidents had an interest of their own.

I first heard about tope through Capt. Yeats's article in the *Daily Mail* a few weeks ago, and through his good offices was able to get in touch with Mr. Johnnie Bull, who is the recognized authority on this sport. His name acts like magic with the local fishermen, and so one was able to avoid the gropings and waste of time which usually occupy the first few days of a holiday in a new place. I arrived at Hastings at 8 p.m., and

the same evening was able to get news of "Kesher" Wimburn, the best known among these boatmen who are willing to go after tope. He was just recovering from having had his hand stung by a "wyvor," as they called it. A weaver is an athletic little fish, very good to eat, but bad to handle. I remember an article in the *Lancet* or *British Medical Journal* on the weaver and its poison a year or two ago. There are several types apparently, but they all have a gland at the base of one of the dorsal fin spines, which automatically discharges its poison into the wound made by the spine. It must have a selective action on nerves; the pain is agonizing, and Kesher's finger was still anæsthetic a week after the sting.

I had to be in the fish market by six the next morning to make sure of meeting him, and I spent an hour watching the sale of the fish just brought in. I was surprised to see halibut and salmon, and other North Sea fish; the Grimsby trawlers avoid the risk of a glut at their own place and get a better price by bringing their catch to the Channel ports. Apparently this pays, in spite of the petrol used in getting there; the boats all seem to have engines these days.

The buyers have to know their own mind in the type of auction. The salesman starts at a price per stone well above what anyone is likely to bid, and goes down by threepenny steps to begin with—"Four and six, four an' a bunce, four shillings." The first man to nod gets the fish, and within five seconds the next lot is being cried. I wonder how the method would work at Christie's! The salesman's commission is 9*d.* in the £, at which he makes five hundred a year, I was told. Mackerel was what I was interested in, as bait. They were going at three shillings per stone, and I bought one and a half stone—big ones are best.

Among the lots laid out on the floor was one that gave me a little thrill; four large tope, looking like stranded submarines. A tope is a fish of the shark persuasion, much bigger than a dog-fish, and more obviously built for speed. They run to about 4 ft. in length, and are of a uniform slate colour above and white below. The mouth is well underneath the head, and the under-surface is flattened in the fore-part of the fish. This presumably helps it in going along the bottom after flat-fish; and, as has been found in racing cars, this form of stream-lining prevents the trapping of air (or rather water) between the fore-part and the ground, with a consequent increase of resistance. The face of skate is probably a little uglier than that of a tope, but for sheer balefulness a tope takes a lot of beating.

By 9.30 I had purchased all my tackle, except piano-wire, at Massingham's tiny shop, and was helping to launch the boat. It was 21 ft. in length and yawl-rigged, built during the war, with a 6 h.p. two-cylinder engine. The crew consisted of Kesher and his mate, on whom he rained *sotto voce* curses at the least imperfection in technique either of managing the craft or of making the cargo happy. The sea was a bit choppy, and I was surprised at not feeling ill during the half hour's run to the "hard" where we were to fish. The sea floor of the hard consists chiefly of "bombs" or large round stones, and on them live numerous whelks; also sea-anemones, which are thought highly of by mackerel, it appears. Tope appear off our shores when the mackerel first show up, about June. And they stay till January. I could hardly believe my ears when I heard this, for I have hitherto never been in a place at the right time. "You should have been 'ere about a fortnight ago, Sir; we was balin' of 'em out 'ere then" is the sort of thing I am accustomed to hear. Also the best tope fishing is to be had only on the calmest days—very heartening news.

We prepared our tackle and bait during the journey. The rod is only 6 ft. long and very stiff, with big porcelain-lined rings. The line is the thickest I have seen, and is wound on to a 5-in. reel. The rapid winding-in of a smaller reel would soon tire one's wrist. The hook is a No. 9—very big indeed—and it has to be connected to the line by a piano-wire trace, as catgut gets bitten through at once. A 5-oz. sinker is attached to a "boom." This is a gadget fixed on the line about 20 yards from the hook, but can be released so as to permit the lead to move freely on the line during the reeling-in of a fish. The bait consists of a whole mackerel, through whose flanks the hook or hooks present, the tail being distal.

We anchored on the hard about 11 o'clock, and in about a quarter of an hour the reel began suddenly to run out. One must resist the very natural temptation to strike immediately, because the mackerel is seized transversely to begin with, and you have to let about 100 yards of line run out first, so as to give him time to turn the bait end-on and swallow it well down. Why the tope carries it about in his mouth in this way is not clear. Perhaps it is equivalent to rolling a rare wine about on the palate, he likes to savour the mackerel first, so that there is a good psychical flow of gastric juice ready to greet the bolus on its arrival in the mid-gut. Well, at last the moment comes when it is permitted to strike. Rather doubting whether he is still on, you strike good and hearty; from that moment onwards you are in no doubt whatever whether he is on or not. He pulls with about the same vigour as you would expect from a mastiff on shore, and there are moments when you have all you can do to stay with him, especially if any extraneous circumstance has weakened your resistance. This had happened in my case; I experienced about this time a certain disharmony of labyrinthine impressions, so that no sooner had Kesher skilfully gaffed the infuriated fish into the well of the boat than I turned my back on the three of them for a season.

Considerably refreshed I climbed back into the ring, and proceeded with the matter of rebuking the fish, the lashing of whose tail by this time passed all decent restraint.

I had looked forward to this particular moment because I had brought down for the purpose a life-preserver which I had purchased when I was a special constable, but had not previously had a chance of using! Forgetting the lessons of biological dissecting days, I aimed at where any ordinary animal might be expected to keep its brain, without much result, except that it blinked and winced rather like a dog whom you have cuffed over the head. The heel of Achilles in the tope is much further forward it appears. And not until I had finally smitten him crisply just abaft the tip of his nose did he take any notice. On receipt of this blow he stiffened, and I'll swear looked reproachfully at me ere he ceased all movement except for an occasional spasm of the gill-cleft. You leave the removal of the hook to the boatman while you fix another trace and hook already prepared. Occasionally, I am told, the tope breaks water and leaps into the air a hundred and twenty yards from the boat, like a tarpon, but I did not see this happen in the case of either of the two I caught that day.

We weighed them and found that one was just over two stone and the other just under. Both were males, and consequently put up a much better fight than could be expected of the females, which are still gravid about this time. Tope flesh is sold in London, I believe, disguised under various names, such as "rock salmon," at 6*d.* a pound and more; but you can buy a whole one for sixpence in the fish-market.

I could have caught more, I imagine, but I was beginning to feel an intense dislike for the accessory incidents such as marred the playing of my first fish. I was very glad to get back to shore, but the game was well worth the candle. More and more folk are getting to hear about the sport, and probably it will soon be overcrowded, like everything else. But at present it is one of the best ways of spending a week-end that I have found.

BEDFORD RUSSELL.

DAVID LIVINGSTONE.

A FEW months ago a film appeared depicting the life of Dr. David Livingstone. Shortly afterwards the chance discovery that he had lived and worked very close to the Hospital, added to my impressions of the film, led me to read his life, from which I have gathered together some facts of interest to me and which may interest others.

During the year 1839 Livingstone was engaged in getting into touch with workers in the missionary field, and while doing so lived in Aldersgate Street. At about the same time he met Dr. Bennett, afterwards Sir J. Risdon Bennett, who became President of the Royal College of Physicians. In his contribution to Livingstone's life he wrote: ". . . He had little or no acquaintance with the practical departments of medicine, and had had no opportunities of studying the nature and aspects of disease. . . . I was at that time Physician to the Aldersgate Street Dispensary, and was lecturing at Charing Cross Hospital on the practice of medicine, and thus was able to obtain for him free admission to the Hospital practice as well as attendance on my lectures and my practice at the Dispensary. I think I also obtained for him admission to the ophthalmic hospital in Moorfields."

The Dispensary referred to still exists as the Royal General Dispensary, which moved to its present site in Bartholomew Close in 1879.

Livingstone returned to Scotland, and took the diploma of Licentiate of the Faculties of Physicians and Surgeons of Glasgow in November, 1840. He was nearly ploughed for adhering firmly to his views in regard to the stethoscope, which apparently were not well received by the examiners.

The next year, 1841, he wrote to Dr. Bennett, from Kuruman in the Transvaal, giving some idea of his medical work in Africa. ". . . I have an immense practice. I have patients now under treatment who have walked 150 miles for my advice. . . . They are absolutely omnivorous. Indigestion, rheumatism, ophthalmia are the prevalent diseases. They are excellent patients . . . there is no winding; everything prescribed is done instanter. Their only failing is that they become tired of a long course. . . . In cutting out a tumour an inch in diameter they sit and talk as if they felt nothing." Livingstone does not appear to have written much about the medical side of his life.

In 1844, the year before his marriage, he was attacked by a lion, and of his narrow escape from death everyone knows. His left shoulder was mauled and the humerus

broken at the junction of its upper and middle thirds. To quote again: "For thirty years afterwards all his labours and adventures, entailing such exertion and fatigue, were undertaken with a limb so maimed that it was painful for him to raise a fowling-piece, or in fact to place the left arm in any position above the level of the shoulder." He thought little of it himself, and wrote home to his father, "Do not mention this to anyone. I do not like to be talked about." Later on, in 1864, he would not allow Prof. Syme to operate upon him because he was afraid that it would get into the newspapers.

In the Hospital Museum is a specimen of which the description reads:

> 863. Cast of the left humerus of Dr. Livingstone, showing a false joint a little above the middle of the bone. The fracture was caused by the bite of a lion thirty years before his death. The left humerus was one inch shorter than the right. The lower portion of the shaft is slightly rotated outwards. A small piece of detached bone was found lying in a cyst in front of the fracture.—See *Lancet*, i, 1874, pp. 565 and 888.

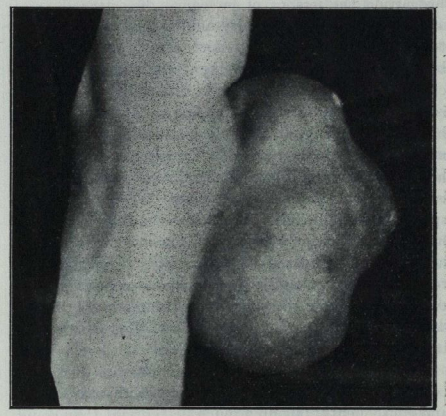
Another such cast is to be seen at the Museum of the Royal College of Surgeons.

Livingstone died, according to the stone in Westminster Abbey, where his body lies, on May 4th, 1873, at Chitambo's village, Ilala. After his death the natives with him removed and buried his heart and other viscera, and dried the remainder of his body in the sun for fourteen days. It was then wrapped in calico, bark and sailcloth and carried to the coast, where it arrived the following February. On arrival in England in April the remains were taken to the Royal Geographical Society, and a post-mortem examination was made by Sir William Fergusson and other medical men. Sir William Fergusson, writing in the *Lancet* (April 18th, 1874), said: "Exactly in the region of the attachment of the deltoid to the humerus there were indications of an oblique fracture. A closer identification and dissection displayed the false joint that had so long ago been so well recognized by those who had examined the arm in former days. . . . The first glance set my mind at rest, and that, with the further examination, made me as positive as to the identification of these remains as that there has been among us in modern times one of the greatest men of the human race—David Livingstone."

T. H. G. S.

NOTES ON A CASE OF GIANT PRE-PATELLAR BURSA.

THE interesting feature of this case was the SIZE of the bursa, which measured 11½ ins. from above downwards and 9¾ in. from side to side. It weighed 63 oz. The patient, a woman of 56, first noticed that she had a "housemaid's knee" on the right side some 30 years ago. She stated that the "tumour" gradually became larger, but as it caused her no pain or inconvenience she saw no reason why she should apply for medical advice or treatment. A week



PHOTOGRAPH OF MR. RODNEY MAINGOT'S CASE OF GIANT PRE-PATELLAR BURSA.

before attending hospital, however, she inadvertently scratched the surface of the bursa, which became locally inflamed and painful. She requested that the inflammation should be treated, and that the bursa should be left alone. She eventually consented to have the bursa removed. A skiagram was taken of the knee and bursa, and this showed that the knee joint and patella were normal, and that the bursa was trabeculated (lobulated). In the skiagram a patchy calcification of the walls of the bursa could be clearly seen. The removal of the bursa presented no difficulties, although its posterior surface was firmly adherent to the aponeurosis of the quadriceps extensor muscle and the patella. The specimen was kindly mounted and preserved intact for me by Dr. Robert Donaldson, and was presented to the Royal Waterloo Hospital.

RODNEY MAINGOT.

TIMES OF ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-patients	Dr. G. Graham 9 a.m.	Prof. Fraser and Dr. Geoffrey Evans 9 a.m.	Dr. Hinds-Howell 9 a.m.	Dr. A. E. Gow 9 a.m.	Prof. Fraser and Dr. Geoffrey Evans 9 a.m.	Dr. Hugh Thursfield 9 a.m.
Surgical Out-patients	Prof. Gask and Mr. Dunhill 9 a.m.	Mr. R. M. Vick 9 a.m.	Mr. Harold Wilson 9 a.m.	Prof. Gask and Mr. Dunhill 9 a.m.	Mr. J. E. H. Roberts 9 a.m.	Mr. W. Girling Ball 9 a.m.
Diseases of Women	Dr. Shaw 9 a.m.	—	Dr. Donaldson 1.30 p.m.	—	—	Dr. Shaw 9 a.m.
Ante-Natal Clinic	—	—	—	Dr. Donaldson 12.15 p.m.	—	—
Orthopædic Department	Mr. R. C. Elmslie 1 p.m.	—	—	Mr. R. C. Elmslie 1 p.m.	—	—
Throat and Nose Department	Mr. Harmer 1 p.m.	Mr. Rose 9 a.m.		Mr. Harmer 9 a.m.	Mr. Rose 1 p.m.	—
Aural Department	Mr. S. R. Scott 1 p.m.	Mr. T. H. Just 9 a.m.	—	Mr. S. R. Scott 9 a.m.	Mr. T. H. Just 1 p.m.	—
Ophthalmic Department	Mr. Foster Moore 1 p.m.	Mr. Rupert Scott 1 p.m.	—	Mr. Foster Moore 1 p.m.	Mr. Rupert Scott 1 p.m.	—
Skin Department	—	Dr. Adamson 9 a.m.	Dr. Adamson 9 a.m.	—	Dr. Adamson 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips 1.30 p.m.	—
Electrical Department	Dr. Cumberbatch Males at 1 p.m.	Dr. Cumberbatch Females at 1 p.m.	—	Dr. Cumberbatch Males at 1 p.m.	Dr. Cumberbatch Females at 1 p.m.	—
X-ray Department	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.
Exercises and Massage Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.
Diseases of Children	Dr. Thursfield 1 p.m.	—	Dr. Thursfield 1 p.m.	—	—	—
Dental Department	Mr. Fairbank 9 a.m.	Mr. Fairbank 9 a.m. Mr. Coleman 10 a.m.	Mr. Woodruff 9 a.m.	Mr. Fairbank 9 a.m.	Mr. Woodruff 9 a.m. Dr. Austen 10 a.m.	Mr. Woodruff 9 a.m.
Tuberculosis Dispensary	6 p.m.	12.30 p.m.	11.30 a.m.	6 p.m.	12.30 p.m.	—
Venereal Department (Golden Lane, E.C.)	Females and children 12 to 2 p.m.	—	Males 12 to 2 p.m.	Females and children 12 to 2 p.m.	Males 5 p.m. to 7 p.m.	—

WITH WORDSWORTH IN THE "BOX."

HOW red that forehead's hot expanse!
How blear that heaven-directed glance!
"I got sich a naggy naggy pain!
They starts be'ind up 'ere,
They stops and then comes back agen
An' then they disappear!"
So spake Smythe (Ada) when she drew
Her corsets from their station:
So spake: not ceasing to pursue
Her tuneful protestation.

"Me 'and an' face alike is swelled;
Last Sunday night I sat an' yelled.
'"Ow queer,' they said, 'she's got ter be.'
They says the change 'as come ter me.
Oh Doctor, shall I see agen?
Oh Doctor, *there's* that windy pain!
Its fetched me gastric stomach back
That took me once at Wapping:
I 'eaved and retched the 'ole attack
An' 'iccupped wivout stopping.

"I got young 'Erbert up an' Nell;
Took queer they was wiv Mrs. Bell.
'E ate a whelk which wasn't dead
An' caught a colicky croup in the 'ead.
She comed out in a prickly 'eat;
Its spots they are, all in 'er feet.
I pricked 'em wiv a winkle pin
(We'd 'ad a lot for dinner),
But then young 'Erb 'e sicked agen,
So I left the old pin in 'er."

* * * *

"Yes, put them and yourself to bed.
Next, please," the wily doctor said.

A CASE OF CHRONIC APICAL PNEUMONIA.

MALE, æt. 38, developed lobar pneumonia in December, 1924. The disease followed the ordinary clinical course, and ended by crisis in the usual time. Since then, however, the patient has been much troubled by cough, and has always had a good deal of greenish, purulent expectoration. The general condition recovered, and is now normal and excellent, the temperature (rectal) is not raised, he has been gaining weight, but the cough and expectoration persist. I saw him for the first time a few weeks ago,

when he came to Davos, hoping that the mountain climate will be of benefit to him.

On examination it is seen that the whole of the right side of the chest, especially the upper part, is greatly contracted and pulled in, the shoulder being flattened and dropped and the expansion poor. The note over the upper lobe is very dull, the breath sounds are bronchial in type, and there are numerous moist *râles*; the vocal resonance and vibrations are increased. In fact, on first sight one would say without hesitation that the case was a clear one of pulmonary tuberculosis undergoing a considerable amount of fibrotic change in the upper lobe. The radiograph (see Fig.) shows an intense, opaque shadow in the upper lobe of the right lung, sharply defined from the rest of the lung; it also shows very clearly the great contraction of this side of the chest. The sputum, which has been examined on many occasions, has always been negative as regards the presence of tubercle bacilli. Pneumococci, however, are present in considerable numbers, and some other secondary organisms.

During the whole course of the case, the patient's general condition, absence of fever, even after exercise, the absence of tubercle bacilli in the sputum, in spite of the fact of the sputum being abundant and very purulent, point to the conclusion that the condition is not one of tuberculosis, but is one of chronic apical, non-tuberculous pneumonia, which is, I think I am right in saying, a somewhat rare condition.

I am indebted to Mr. P. G. Sutton, M.S.R., of the X-Ray Institute, Davos-Platz, for the radiograph.

BERNARD HUDSON.

TWO CASES OF ECLAMPSIA.

THE following two cases of eclampsia seem to have sufficient interest to warrant recording, and we are indebted to Dr. Donaldson for permission to publish them.

(a) *A Case of Ante-Partum Eclampsia.*

Mrs. A. W—, æt. 27, was brought up to hospital, having had two fits earlier in the day.

Her history showed that she had been married for nine years, but was now pregnant for the first time.

The period of gestation was thirty weeks.

The early months of pregnancy had been normal, but for the last two months she had been suffering from increasing swelling of the feet and legs, and from blurred vision and "spots in front of the eyes."

For one month she had been troubled with intermittent frontal headaches and vertigo, with occasional epigastric discomfort. She had felt lethargic and depressed.

On the day of admission she had had two fits before coming to hospital, with an interval of a few hours between them. Very soon after her arrival she had another fit, typically eclamptic in nature, consisting of a preliminary stage of spasmodic respiration with some twitching, followed by a stage of violent tonic contraction of all her muscles, finally leaving her in a semi-comatose condition. The fit lasted about two minutes, but the patient was not fully conscious for eighteen hours, and at no time remembered the events of the day of admission.

On examination the patient was a strong, healthy-looking woman. Pulse 84; temperature 99·6° F.; blood-pressure 185/110, during fit 210/—. She was very cyanosed during the fit.

There was marked œdema of her feet, legs, arms and in the sacral region; her face was puffy, but her vulva

normal. The abdomen was distended by the pregnant uterus, which was enlarged to correspond to thirty weeks' gestation.

The fœtal heart-rate was 120—lie and presentation vertex R.O.A.

The urine became solid on boiling and contained 1·4 per cent. albumen.

Blood-urea 37 mgrm. per cent. Urinary diastase 25 units.

The patient was put to bed in a darkened room and kept as quiet as possible.

A modification of Stroganoff's drug and diet treatment was carried out as shown:

Day of fits: hour after fit.	Drug.	Fluids.
0	Morphia gr. $\frac{1}{6}$	—
$\frac{1}{4}$	Calomel gr. v	—
1	Chloral hydrate gr. xx *p.r.*	—
$1\frac{1}{2}$	—	Water ℥x; vomited ℥vj.
2	—	Water ℥x; vomited ℥iv.
3	Morphia gr. $\frac{1}{4}$	—
5	Calomel gr. v	—
7	Chloral hydrate gr. xx *p.r.*	Saline Oj *p.r.*
13	Chloral hydrate gr. xx *p.r.*	Saline Oj *p.r.*
17	—	Water ℥iv
21	Chloral hydrate gr. xx *p.r.*	—
23	—	Water ℥x
24	Calomel gr. v	

The condition of the patient had by this time greatly improved. She was kept in the darkened room, but she was allowed increasing amounts of water, and two days later unlimited milk and water.

For six days she had mag. sulph ℥ij every evening.

Except for a slight rise in blood-pressure, she steadily improved from the hour of admission.

The œdema grew rapidly less and was not apparent four days after admission, when her mental condition was quite normal. Slight albuminuria persisted. The fœtal heart was not heard after the last fit.

Clinical Course

Day after fits.	B.P.	P.	T.	Urine.	Albumen.	B.O.	Mental state.
1st	166/120	88	97·8°	℥xxj	0·8%	1	Weak.
2nd	185/140	68	99·0°	℥iij	0·2%	1	Depressed.
3rd	170/120	80	97·6°	℥cxij	·01%	1	Brighter.
4th	205/130	68	98·8°	℥xcij +	0·08%	3	Normal.
5th	175/120	80	97·8°	Normal quantity	0·18%	1	,,
6th	165/125	80	98·6°	Do.	0·11%	3	,,
7th	155/105	80	97·8°	,,	0·08%	2	,,
8th	145/105	88	98·0°	,,	0·05%	2	,,

During the evening of the sixth day after admission the patient had a few very slight labour pains, which resulted in rupture of the membranes. She was then free from pain until the following evening, when, after a few very moderate bearing-down pains, which lasted for only half an hour, she bave birth to a macerated fœtus; there was no hæmorrhage. The placenta was expressed by Crédé's method forty-five minutes later. It was normal and the membranes were intact. The labour and delivery had no ill-effects on the patient. After the fifth day from admission she was allowed thin bread and butter, and two days later a light diet of fish, bread and butter, etc. She continued to make good progress, and was discharged twenty-six days after admission.

One month later she was seen in the women's out-patients'. She was then complaining of some orthopnœa and vertigo. She had traces of albumen in her urine, and her blood-pressure was 150/106.

She was seen twice more at intervals of a month and was found to be in normal health. F. S. V.

(b) *A Case of Post-Partum Eclampsia.*

Mrs. W. H—, æt. 37, a multigravida, was admitted to Charity Ward with œdema of the ankles and feet and albuminuria. The patient was thirty-nine weeks pregnant.

Evening nausea had been marked throughout the pregnancy. Œdema confined to the ankles and feet was noticed at the thirty-second week. The patient also complained of spots and coloured lights before the eyes, and well-marked occipital headache during the last two weeks of pregnancy. Albumen was discovered in the urine at the same time and the patient found to have a mitral lesion and a blood-pressure of 200/100 mm. Hg. On examination of the urine it was found to contain 50 units of diastase, albumen, globulin and urobilin.

On examination of the patient there was a mitral systolic murmur and the abdomen was rather protuberant, with a girth of 41 in. The fœtal parts could not be clearly palpated, nor could the fœtal heart-sounds be heard. There was also slight œdema of the feet and ankles.

The patient went into labour on March 11th at 8.30 a.m. and by 11.30 a.m. she had been delivered of triplets. The first presented by the breech, the second by the vertex, the third being born, together with the placentæ, in a macerated condition. The first two survived and were healthy on discharge. After the birth of the third child the patient was in a semi-comatose condition, was passing large quantities of albumen in her urine and had a systolic blood-pressure of over 200 mm. Hg.

The patient had her first fit on March 11th at 6.20 p.m., seven hours after the birth of the last child, a second at 7.0 p.m., and a third at 7.30 p.m. At the commencement of the fit the patient hyperextended her head and

back, but did not go into complete opisthotonos, her legs being flexed on the body and at the knees. During this stage she was very cyanosed and remained so for one minute. A spatula was inserted into the mouth at this stage. A clonic stage then commenced and lasted for another minute. After this stage the patient sank into coma again. During the fit the pulse-rate was raised from 80 to 120 per minute, and the conjunctival reflex was diminished but not entirely absent. Between the fits the patient had periods of quietness alternating with periods of restlessness. Her breathing was stertorous throughout, and at intervals of five minutes the patient experienced a spasm of the left side of the face, the angle of the mouth being drawn up and the eye tightly closed. These lasted for fifteen seconds. During that night and the following morning the patient was in a comatose condition, and during the remainder of the following day her mental condition was bad. She roused when spoken to, but could not understand what was being said to her. The patient never had incontinence of urine, nor of fæces, but a catheter had to be passed for two days.

The patient was kept in a darkened room and a modification of Stroganoff's drug and diet treatment was carried out, as in the above case:

Hours after fit.	Drug.	Fluids.
25 minutes	Calomel gr. v	—
50 ,,	Morphia gr. ¼ subcut.	—
2 hours	Chloral hydrate gr. xx *p.r.*	—
4 ,,	Morphia gr. ¼ subcut.	—
8 ,,	Chloral hydrate gr. xx *p.r.*	—
10 ,,	—	Water ʒiij.
12 ,,	—	Water ʒiij.
14 ,,	Chloral hydrate gr. xx *p.r.*	—
16 ,,	Mag. sulph. ʒij	Water ʒiv.
16½ ,,	—	Water ʒiv.
19 ,,	—	Water ʒiv.
22 ,,	Chloral hydrate gr. xx	Water ʒiv.

The patient's condition was now improving, but she was still kept in a darkened and quiet room. The children were not put to the breast for four days, but were fed on milk and water 1–3.

On the second and third days the patient had sensitized streptococcal vaccine (250 millions and 500 millions). The œdema gradually disappeared and her mental condition rapidly got much better, but the blood-pressure was still greatly raised.

Clinical Course.

During the next week the albumen content of the urine gradually diminished and the blood-pressure fell to 135/90 mm. Hg., and on discharge it was the same.

Day after fits.	B.P.	P.	T.	Urine.	Albumen.	B.O.	Mental state.
1st	215/180	64	99°	Not measured	0·4%	1	Bad.
2nd	215/185	72	98°	ʒxlv	0·2%	1	Slightly better.
3rd	195/165	64	98°	ʒxl +	0·3%	4	Much improved.
4th	215/180	72	98·2°	ʒxl +	0·32%	5	Normal.
5th	180/120	80	97°	ʒlxx	0·2%	2	,,
6th	210/130	72	98°	ʒlxxix	0·25%	2	,,
7th	210/130	64	98°	ʒlx +	0·42%	2	,,
9th	205/125	76	97°	Not measured	0·7%	4	,,
12th	195/110	92	98·4°	Do.	0·2%	1	,,
15th	150/100	96	98°	,,	0·1%	3	,,

The patient when seen one month later was still passing small quantities of albumen, but was quite healthy in all other respects. W. C. M.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

SEASON 1926 27 PROSPECTS.

As a preliminary to discussing next season's prospects, let us examine last season's results. In figures these were:

	Played.	Won.	Lost.	Drawn.	Points for.	Points against.
1st XV	31	16	15	—	288	314
"A" XV	28	16	11	1	318	219

The three more junior teams won a comfortable majority of their matches. The above figures include the cup ties, but give no indication of how these teams fared. The 1st XV were defeated in the semi-final round by the ultimate winners, while the "A" XV won the Junior Cup.

We want to improve on these results next year. We want to improve not only on the results, but also on the financial side of the Club affairs. As far as the latter is concerned, we only need more clement weather for our home matches. The fixture-list is practically the same as last year's.

Next year we have Vergette for our captain, and, on this ground alone, are justified in anticipating a successful season. Vergette should have no difficulty in collecting a very useful pack of forwards, since he will have several of last year's pack and most of the "A" XV forwards. If T. P. Williams and H. McGregor return, Vergette will have nothing to worry about at half-back, but it is by no means assured that we shall again have this excellent pair. Last year's three-quarters will be here, and we have no qualms about a full-back. As far as freshmen are concerned, we have heard of a three-quarter from Caius College, Cambridge, but it is early to speak of freshmen.

May we suggest that a "Fresher's" match be held in October on a Wednesday? Such a match cannot be played before the season as few freshmen are here, but at the beginning of October it would certainly give the captain and other powers that be an opportunity of seeing the new men play.

In conclusion we hope that all the teams will enjoy good games, that the "A" will repeat last year's success, and that the 1st will not only enter the final, but win the Cup. P. G. LEVICK,
Hon. Treasurer.

REVIEWS.

WHAT'S BEST TO EAT? By S. HENNING BELFRAGE, M.D.(Lond.). With Practical Supplement by LUCY H. YATES, M.C.A. (William Heinemann [Medical Books], Ltd.) Price 7s. 6d.

This extremely hygienic book is intended for the layman rather than for the doctor, but there must be few doctors who would not gain some profit and entertainment from reading it. Its style is as bright as its cover is exotic, but, inside, it is all good sense.

The chapters on vitamins and on the dietetic treatment of constipation are particularly good. The facts are stated in "simple language" for the benefit of the layman, yet so cunningly as to inform without irritating the medical reader.

Dr. Belfrage has a fund of sound information to disburse on the subject of food, and he writes admirably. So many books devoted to diet produce a profound anorexia in the reader. This one triumphantly does not. A novel feature is the practical supplement, which consists of a series of cooking recipes compiled by Miss Lucy H. Yates. We do not feel qualified to criticize this, but the dishes look most attractive—in print.

PRACTICAL HISTOLOGY FOR MEDICAL STUDENTS. By D. T. HARRIS, M.B., B.S. (London: H. K. Lewis & Co., Ltd.) Price 7s. 6d.

This work is to be recommended to anybody who, *ab initio*, sets out to become a histological technician.

It is essentially practical, in that it gives clear and generally adequate information as to the commoner methods of hardening and staining tissues, and leaves out all reference to those obscure modifications which render larger works on this subject so terrifying to the beginner.

It seems to us that the author has confined himself a little too strictly to the technical side; once the student has prepared his slide he is left rather in the air. True, he is told categorically what he sees, but he is not always told what it looks like. It is difficult to convey an adequate impression of histological appearances without the use of coloured plates, and the author has allowed himself but one of these.

We like, however, his interpolation of alternate blank pages on which the student—if he can—is intended to draw his own diagrams.

The book is really a useful one, and goes far towards supplying a long-felt need.

MESENTERIC VASCULAR OCCLUSION. By A. J. COKKINIS, M.B., B.S.(Lond.), F.R.C.S.(Eng.). (London: Baillière, Tindall & Cox, 1926.) Pp. xii + 159. 5 Figs. Price 10s. 6d.

Many reasons have contributed to relegate the subject of thrombosis and embolus of the mesenteric vessels to a relatively obscure position in abdominal surgery. In support of his contention that the condition is not one of great rarity, the author quotes the figures of the London Hospital for the years 1918–25 of the cases of intestinal obstruction due to the less frequent causes, and in this series mesenteric occlusion occupies a more important position than either volvulus or chronic intussusception.

The earlier part of the book deals with an experimental investigation of the anatomy of the mesenteric circulation, and of the effects of ligature of various branches. The ætiological factors and pathological changes are discussed and a full account of 76 hitherto unpublished cases is given, together with their case-histories.

This book is a definite contribution to the subject of mesenteric vascular occlusion, and is to be recommended to the post-graduate student.

THE SURGERY OF GASTRO-DUODENAL ULCERATION. By Professor CHARLES A. PANNETT, M.D., F.R.C.S. (Humphrey Milford.) Pp. 134. Price 10s. 6d.

The literature of gastric and duodenal surgery is very crowded, but nevertheless there is room for Prof. Pannett's latest work. Indeed it is largely on account of the great wealth of the literature that a book giving a really clear, unbiased account of this great subject is so urgently needed; and here we have such a book.

The pathology, ætiology, symptomatology and treatment are fully discussed. Accounts of experimental work and statistical evidence are brought forth in a very concise and simple manner, without, as is so often the case, making the reading tedious.

There are separate chapters on perforation and hæmorrhage, also one on the technique of the several operations discussed in the previous chapters.

In this volume the senior student and the post-graduate will find all he wishes to know about the surgery of gastric and duodenal ulcers. The many difficulties, so often discussed, such as the relation of ulcer to carcinoma, the advisability of adding a gastro-enterostomy to the operation of simple suture for a perforation, and whether medical or surgical treatment is preferable for hæmorrhage from an ulcer, are stated in a very open and even manner.

We have not seen a book which gives such an excellent account of gastric and duodenal ulceration without the author being unduly biased towards particular theories or methods of treatment. Prof. Pannett is to be congratulated on this valuable and really useful addition to the literature.

SURGICAL OPERATIONS. By WILLIAM IRVINE, F.R.C.S.(Edin.). 2nd edition. (Faber and Gwyer.) Pp. 356. Price 6s. 6d.

To some the title "Surgical Operations" may be somewhat misleading, as this is in no sense a book on operative surgery.

The first part of the book—38 pages—deals with general considerations of surgical operations. The second part, the chief part of the book, contains a very complete list of all surgical operations with the names of the instruments required for each.

It is especially for nurses that this book is written, and for them it should be of some help in setting out the instruments for any operation. But in some cases nurses are likely to be confused rather than helped; for example in the three pages on prostatic operations, seven methods of prostatotomy, six for partial prostatectomy and three methods for complete prostatectomy are mentioned.

The last part of the book, which consists of pictures of many surgical instruments, both old and new, with their names, may be of some use to students in learning the names of instruments for their final examination.

HISTOLOGICAL TECHNIQUE. By H. M. CARLETON, M.A., B.Sc., D.Phil. (Humphry Milford, Oxford University Press.) Price 16s.

This book gives an admirable account of the details of histological technique. It can be said quite dogmatically that it is essential for every laboratory worker to have a copy. Not only does it represent the ripe experience of a skilled laboratory worker, crammed with practical details, but the arrangement of subjects has been made with great care, so that workers in all sections of histology will be satisfied. The cross-references are extremely good, the diagrams and print excellent. More detail might have been bestowed upon the section dealing with the preparation of stains, but on the whole the book amply serves the requirements of histologists. The book will undoubtedly become the standard reference for histological work, and the author is to be congratulated upon its publication.

PRACTICAL MICROSCOPY. By F. SHILLINGTON SCALES, M.A., M.D. (Baillière, Tindall & Cox.) Crown 8vo. Pp. 334. Price 8s. 6d.

Few medical students are acquainted with the theory of microscopy, and but a small proportion can obtain the maximum efficiency from a microscope. If any are inspired with a desire to further their knowledge, they may, with advantage, turn to this volume, for the elementary principles are stated in simple non-mathematical language—although with some of the more advanced aspects of the subject the absence of mathematical treatment renders the descriptions somewhat obscure. The print is good and the illustrations well chosen.

[In the review of Cameron's *Diseases of Children*, which appeared in our June issue, the price is quoted as 25s. net. It should be 5s. net.]

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
B.M. Bettington, R. H. B.

Final Examination for the Degrees of B.M., B.Ch., July, 1926.

Materia Medica.—Gilding, H. P.
Pathology.—Cuthbert, H. E., Harding, C. L., Kingsley, A. P.
Forensic Medicine and Public Health.—Clüver, P. F., Crisp, G. H., Cuthbert, H. E., Harding, C. L., Hudson, W. H., Kennedy, J. H.
Medicine, Surgery and Obstetrics.—Crisp, G. H., Cuthbert, H. E., Ford, J. N. C., Hamilton, K. A., Hudson, W. H., Kennedy, J. H., Savage, J. de la M., Tisdall, O. R.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, July, 1926.

Passed.—Bamford, H. C., Beard, A. J. W., Briggs, G. D. S., Cartwright, W. H., Churchill, M. H., Cunningham, G. J., Dean, D. M., Freeth, J. W. O., George, C. A., George, W. F. T., Hackett, L. J., Hargreaves, W. H., Hogg, W., Ishmael, D. T., Keane, C. A., Knight, B. W., McGladdery, W. F., O'Connell, J. E. A., Patrick, F. L. L., Petty, G. F., Ringdahl, K. E. O., Roberts, J. C., Staunton, A. A., Sugden, A., Taylor, J. T. C., Tidswell, T. H., Vaughan, H. B. D., Wright, P. M.

Second Examination for Medical Degrees, July, 1926.

Part I. Organic Chemistry.—Adams, F. P., Bochenek, S., Burgess, W. J., Coorland, H., Cunningham, G. J., Fawcett, R. E. M., Flaukenberg, P., George, C. A., Hayes, D. S., Knight, B. W., Little, G. S. R., Ross, K. M., Tierney, T. F., West, J. H.
Part II. Anatomy, Physiology and Pharmacology.—Baker, E. F. D., Bennett, R. C., Burrows, W. R., Colville, J. R., Croft, D. F. L., Crumbie, J. R., Edwards, F. A., Evans, I., Harris, R. L. H., Hopton, J., Parsons, C. T. E., Pope, E. S., Price, R. K., Riley, A. C., Rogerson, H. L., Stark, H., Williams, J. O.

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Physics.—Andreasen, A. T., Cusack, M. K., Green, L. E., Jaensch, F. J., Roache, W. J.

Second Examination, July, 1926.

Part. I. Anatomy and Physiology.—Burt, H. V.
Anatomy only.—Hopton, J.
Physiology only.—Mailer, W. A. R.
Part II. Pharmacology and Materia Medica.—Hind, H. G., Jones, O. T.

Final Examination, July, 1926.

The following have completed the examinations for the Diploma of M.R.C.S., L.R.C.P.:
Benton, W. F. D., Corfe, F. R., Crabtree, J. B., Cursetji, K. J., Darley, W. W., Davies, J. R. A., Day, C. A., de Souza, C. W. L., Foster, G. W. S., Greenwood, W. P., Hinton, W. S., Humphris, J. H., Jones, E. D., Melly, A. J. M., Paley, J. G., Posel, M. M., Row, A. W. L., Seymour-Isaacs, H. N., Smith, Surtees; Stokes, K. R., Wehlberg, T. H.

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HODGE, B. L., Essex County Hospital, Colchester.
HUME, J. B., 41, Southway, N.W. 11. (Tel. Speedwell 5041.)
MOLONY, F. F., C.M.S. Men's Hospital, Ispahan, Persia.
PENTREATH, H. M., "The Nest," Denton, nr. Gravesend, Kent. (Tel. Gravesend 910.)
SCOTT, H. H., 20, Ridgmount Gardens, W.C. 1.
SCOTT, J. M. DUNCAN, Professor of Physiology, University of Saskatchewan, Saskatoon, Canada.
SMITH, W. C. B., Surg.-Comdr. R.N. (retired), "Bramcote," 2, Highfield Crescent, Southampton.
WALK, A., Horton Mental Hospital, Epsom, Surrey.

APPOINTMENTS.

DAVIES, J. H. T., M.B., B.Chir.(Cantab.), appointed Hon. Dermatologist to the Royal Alexandra Hospital for Sick Children, Brighton.
HERVEY, W. A., M.R.C.S., L.R.C.P., appointed House Physician to the Hospital for Consumption, Brompton, S.W.
HODGE, B. L., M.R.C.S., L.R.C.P., appointed House Physician to the Essex County Hospital, Colchester.

BIRTHS.

COOK.—On August 11th, at "Marven," Uplyme, Lyme Regis, to Mona (*née* Schofield), wife of Dr. P. N. Cook—a daughter.
LAUDER.—On August 2nd, the wife of Dr. Harold V. Lauder, of 80, Southampton Street, Reading—a daughter (Iris Anna Lynn).
LYDIARD WILSON.—On July 29th, to Dr. and Mrs. H. Lydiard Wilson, of 3, Gordon Square—a son.
SHORE.—On July 31st, at 28c, Devonshire Street, W., to Janet, the wife of Dr. T. H. Gostwyck Shore—a daughter.
WELLS.—On July 23rd, at 16, Bruton Street, W., to Rhona, wife of Dr. Arthur Quinton Wells, of Eyam, Derbyshire—a son.

MARRIAGE.

BEITH—PELL.—On August 7th, at All Saints', Leicester, by the Rev. A. G. Blackmore, M.A., Dr. Andrew Edwin, fourth son of the late George Beith, Fairlawn, Pontypridd, and Mrs. Beith, Tregenna, Porthcawl, to Rose Bigot, elder daughter of Dr. and Mrs. William Pell, Leicester.

DEATHS.

BARRON.—On August 14th, 1926, suddenly, at the Glasgow Royal Infirmary, Colonel T. Ashby Barron, D.S.O., T.D., of Spondon, Derbyshire.
GIMSON.—On August 10th, 1926, at Witham, Essex, Karl Carwardine Gimson, M.B.(Cantab.), aged 59.
HUNTLEY.—On August 1st, at a nursing home, Folkestone, James Huntley (Bart.'s student), youngest son of Mr. and Mrs. M. Huntley, in his 22nd year.
HUTT.—On February 24th, 1926, at Tua Kau, Auckland, New Zealand, Herbert Augustus Hutt, M.R.C.S., L.R.C.P.
ROGERS.—On August 7th, 1926, at Matlock, Braithwaite Rogers, M.D.(St.And.), M.R.C.S., L.S.A., late of Upper Westbourne Terrace, London, and Lamplugh, Cockermouth, aged 92 years.
SEYMOUR.—On July 24th, 1926, at Debourne, Cowes, I.W., Edgar William Seymour, M.V.O., M.B.(Cantab.), only son of the late Dr. William Hoffmeister, of Cowes.
WALKER.—On July 16th, 1926, George Walker, M.D.(Brux.), of Upper Norwood.

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.*

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