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St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Fri., Oct. 1.—**Old Students' Annual Dinner.**
Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., ,, 2.—Rugby Match *v.* Moseley. Away.
Tues., ,, 5.—Prof. Fraser and Prof. Gask on duty.
Thurs., ,, 7.—**Inaugural Address to Abernethian Society:** Dr. Geoffrey Evans on "The Doctor's Point of View."
Fri., ,, 8.—Medicine. Clinical Lecture by Dr. Langdon Brown.
Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat., ,, 9.—**Fleet Street Week Flag Day.**
Rugby Match *v.* Richmond. Home.
Hockey Match *v.* Guy's. Away.
Mon., ,, 11.—Special Subject Lecture. Mr. Elmslie.
Tues., ,, 12.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Wed., ,, 13.—Surgery. Clinical Lecture by Sir Holburt Waring.
Fri., ,, 15.—Medicine. Clinical Lecture by Sir Thomas Horder.
Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat., ,, 16.—Rugby Match *v.* Old Milhillians. Away.
Association Match *v.* Fleet Street. Home.
Hockey Match *v.* Beckenham II. Home.
Mon., ,, 18.—Special Subject Lecture by Mr. Harmer.
Tues., ,, 19.—Dr. Langdon Brown and Sir Charles Gordon-Watson on duty.
Wed., ,, 20.—Surgery. Clinical Lecture by Sir Holburt Waring.
Fri., ,, 22.—Medicine. Clinical Lecture by Dr. Langdon Brown.
Prof. Fraser and Prof. Gask on duty.
Sat., ,, 23.—Rugby Match *v.* R.M.A. (Woolwich). Home.
Association Match *v.* Old Cholmelians. Home.
Hockey Match *v.* Woolwich Garrison. Away.
Mon., ,, 25.—Special Subject Lecture by Mr. Just.
Tues., ,, 26. Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., ,, 27.—Surgery. Clinical Lecture by Sir Charles Gordon-Watson.
Rugby Match *v.* Cardiff. Away.
Fri., ,, 29.—Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sir Percival Hartley and Mr. McAdam Eccles on duty.
Sat., ,, 30.—Rugby Match *v.* Blackheath. Away.
Association Match *v.* Old Brentwoods. Home.
Hockey Match *v.* Clare College. Home.

EDITORIAL.

THE new academic year has once more rudely reminded us that life is not all bathing and moonshine. In another week naturalists will come upon that most beautiful of autumn birds—the first keen student strutting to the first lecture.

Among the novel fauna to be seen at this season will be those from the 'Varsities who, *contracta pisces æquora sentiunt*, will find it difficult to realize that a surgeon is not a tutor, to be bluffed or bullied, but that he is indeed armed at every point with cutting instruments. Timid little fellows straight from school, however, need have no fear, for we started in close association with a monastery, and have all of us inherited some of the spirit of the sucking dove. Besides, the cold wind will be tempered for them by a stay in the Rooms, where the atmosphere would better be described as rich than harsh.

The practice of giving a heavy lecture from the Editorial chair to what are abusively termed "Freshmen" has fortunately been discontinued. It had only one result: people used to think the JOURNAL was always like that and never read it again. Besides, why deprive the new surgery dresser of his initial thrill on finding himself dropped defenceless into Armageddon? You yourself, hoary one, took much pleasure in luridly describing yourself to your friends as the Man of the Hour. Much better reading and more valuable information will be found in Sir Thomas Horder's address to Durham University Students, which we reprint in part on another page. It is only to be regretted that limited space has not permitted us to publish the whole of this memorable speech.

* * *

FLEET STREET WEEK.

Those who make a point of studying the daily papers will have seen many indications that unseen forces are at work to make this year's Week an outstanding success. Plans are on a huge scale. A procession of over a mile long to rival the Lord Mayor's show is only one of many items. You have but to attend one of the many committees or sub-committees that have been the order for weeks past to realize the amount of time and skill our well-wishers in the City are proposing to put in for us.

That being so we ought to do everything we can to bring the thing off. People are especially asked to turn up in scores on October 12th—the Flag Day—and those for whom work has not already been provided can help a great deal by selling the "Rag" edition of the *Westminster Gazette*, or in other ways indicated by the Students' Committee. Only don't leave it till the last minute to send your names in.

* * *

CAMBRIDGE UNIVERSITY MEDICAL SOCIETY.

The recent visit of members of this Society to the United States was a very successful one. Though there occurred during the initial arrangements a number of tough propositions, yet once carried through, such valuable tours should become a regular event, this going a great way towards realizing Osler's ideal of foreign travel, as an important part of medical training.

* * *

HAVE YOU HEARD THIS ONE?

The other day the College Registrar was awakened by a telephone bell. A feverish female voice came over: "Can you tell me the name of an eminent bone-setter?" "Several." "Well, he's a knight—Sir B— Barkley—Munium." "Sir Berkley Moynihan of Leeds is hardly . . . ." "Thank you very much; that's the gentleman I wanted"—and the good soul banged the receiver on. The consequences of this little mistake are likely to be far-reaching.

* * *

We much regret to announce the sudden death of James Huntley, which occurred on Sunday, August 1st last, after less than a week's illness. Huntley, who entered the Hospital in October, 1923, is a well known figure in Association football circles, and was due for the captaincy this season.

* * *

HONORARY PHYSICIAN TO THE KING.

The King has approved the appointment of Lieutenant-General Sir Matthew H. G. Fell, K.C.B., C.M.G., late R.A.M.C., to be Honorary Physician to the King with effect from June 3rd, 1926, *vice* Sir William Leishman deceased.

* * *

We have received the following letter in connection with Sir Ronald Ross—whom we have not previously given space to in these columns.

"Sir Ronald Ross, K.C.B., K.C.M.G., F.R.S., Director-in-Chief of the Ross Institute and Hospital for Tropical Diseases, named in his honour and attractively situated on Putney Heath, was a student at Bart.'s from 1875 to 1880. His own description of those years, concisely expressed, is 'I am afraid I was rather an idle fellow.' He entered the Indian Medical Service in 1881, began malaria study ten years later, and made his fundamental discovery in 1897.

"Sir Ronald was in Ceylon a few months ago, and starts for the East again on October 29th. He will be in the Federated Malay States for some weeks, going over the big anti-malaria work carried on in that country by Sir Malcolm Watson and others. Thousands of lives have been saved, and the success achieved has been the result of private agency. From there Sir Ronald goes to Calcutta, and will visit the anti-malarial works in Assam—brilliant work has been done there. In January he is to unveil a tablet to his own memory at the scene of his labours in Calcutta nearly a generation ago. The tablet is to have a bas-relief portrait, and the artist is now working on this in London. When this Eastern tour is over Sir Ronald can hardly expect 'to conquer new worlds,' for he is seventy years of age, and though wonderfully virile, it cannot be long before he will claim to have earned a time of leisure. [It is rather too often forgotten that Sir Ronald's brother, Dr. P. H. Ross, has also done very good work in connection with tropical medicine.]"

* * *

The many friends of Dr. Mackenzie Wallis will be glad to hear that he is satisfactorily recovering after his severe operation. We wish him a speedy return to health.

* * *

OBITUARY.

C. J. DAVENPORT, F.R.C.S.

BORN sixty-one years ago in South Australia, Davenport entered St. Bartholomew's Hospital for his medical course, and after qualifying was appointed House Surgeon. In 1889 he went to China as a medical missionary, being stationed at first at Chungking, later at Wuchang, and finally at Shanghai, where he became head of the Shantung Road Hospital. This hospital had been in existence for nearly eighty years, but Davenport brought it up to a very high level, and its work was appreciated and supported both by the Chinese and the foreign community in Shanghai—a fact largely due to the immense amount of good work he spent upon it. It is interesting to note that recently a sum of no less than £300,000 has been left by a British merchant in the town for the development and endowment of the hospital a very noble bequest, and one which it may be said is largely the outcome of the patient and self-sacrificing work of an old Bart.'s man.

He was President of the China Medical Missionary Association, and had received marks of approval from both Chinese and foreign residents.

He married Miss A. Miles, at one time "Sister Martha," who was ever his great help in his good work, and who survives him with a son, R. C. Davenport, F.R.C.S., and two daughters. He died quite suddenly in Shanghai in the midst of his work on September 4th, and will be missed by a very wide circle of friends, and not least by those who were students with him forty years ago.

W. McA. E.

INDIVIDUALITY IN MEDICINE.*

I THINK it highly probable that all that is worth saying upon an occasion like this has already been said. And I have refrained from reading any such addresses as I am now giving because I know so well from experience that if I read what others have said in similar circumstances, I get so discouraged that I am even more conscious than I otherwise should be of my own incapacity. So what I shall say to you to-day has at least the merit of being my own thoughts, and it would, after all, be a sad commentary upon my use of the opportunities afforded by medicine if thirty years of teaching and practice found me barren of any reflections that are worth telling to an audience like this. I feel that the chief risk I run is regaling you with a string of platitudes—saying things with a solemnity of utterance that are really distinguished by nothing save extreme tenuity of thought. If I warn both you and myself of this possible disaster I may at least avoid the extreme degree of it.

Let me consider, first of all, what it is that you have chosen as your profession. In the Middle Ages the schoolmen did not regard medicine as one of the "liberal arts and sciences." That was probably because in their day medicine was no longer an art, and still less a science. I say "no longer," because it is clear both from literature and from archæology that medicine was a very well-developed art a thousand years before the time of which I speak. But in Chaucer's day it had ebbed so low that it had become something less even than a craft. It was artful, but devoid of art. Nor did it become an art again until science had its renaissance. Then, with the re-birth of anatomy, physiology, physics and chemistry, medicine became both a science and an art. It has continued to be so. I should perhaps scarcely be challenged if I said that it has become the most liberal of all the arts and sciences, that is, the most worthy the pursuit of a free man.

I have wondered what it was that enabled medicine to survive during that long period when its art was forgotten and its science was not born. I can only think that it was the person of the doctor that kept medicine alive; that the men who set themselves apart to alleviate human ills, supplied, in place of the knowledge they lacked and the art they had no chance of studying, an individuality that appealed to their distressed patients and somehow served a useful purpose. They were certainly men of learning, most of them, and close contact with their fellows in all manner of experiences probably brought them a wisdom which was rather above the average. It was, no doubt, that sort of wisdom which we term judgment, and which, if we have it not in medicine, though we "know all mysteries and all knowledge," we are nothing. They would learn patience too, these men, and courage, and understanding, and, most of all, they would get to love their fellow men.

PERSONALITY OF THE DOCTOR.

Although the idea has gone a little out of fashion, I think this same element of personality is still essential in the doctor if he is to achieve the purpose for which he stands. I do not mean merely that he shall possess certain natural characteristics which are pleasing and acceptable to the ill person, though these, too, are of service and are by no means to be disregarded. A good presence lends credence to a hopeful prognosis, and a cheerful countenance sometimes saves a patient from despair. I was once leaving the sick-room of a powerful young international footballer who was ill with pneumonia. All the signs were in his favour, and I had no

* Being part of an address delivered to the Durham University Medical College and extracted from the *Lancet*, vol. ii. 1924. No. XVI.

anxiety about the issue. Imagine, therefore, my dismay when he called me back to his bedside and asked me in a hoarse whisper, "Is there a fighting chance, doctor?" His terror was due, not to his own condition, but to the doleful face of his medical attendant. Patients choose their doctors for all sorts of reasons, and none of us can afford to scorn Nature's gifts on the physical plane. "Tell me, Mrs. Smith," I once asked, rather reflectively, a lady who was giving me some breakfast after a very strenuous night spent with the family doctor in keeping her husband alive, "tell me, what led you to choose Dr. Jones for your new medical adviser?" They were old friends of mine, and they had gone to live in a new district. "Oh," said Mrs. Smith, "you remember, Sir Thomas, we are musical, and Dr. Jones has such a fine tenor voice."

Then there are in some doctors natural tricks of manner that attract. Some doctors manufacture mannerisms; they are not such good assets as the natural ones, and I do not recommend them. And yet they sometimes succeed. Since Abernethy's time one occasionally sees a medical man adopt a brusqueness of behaviour which tells with certain patients. Speaking of his wife's doctor to me one day a friend said, "My wife trembles when she hears his foot on the stairs," and learning this, I understood for the first time her great confidence in him.

But when I speak of the personality of the doctor, I mean more than all these things. I mean the personality which is the outcome of a concentrated and developed individuality. Every man's individuality is a new factor in the universe, a contribution to life and, in the case of the doctor, a contribution to healing. This individuality, which you decide to devote to the high purpose of medicine, is the thread upon which you string the beads of observation, of experience, of patient work, and of sound training. These things by themselves, valuable though they are, do not fit you to be a good doctor; but when they are transmuted through you, when they are dissolved in the general solution of your life, they crystallize out as an influence which brings health to the sick and comfort to the unhappy. I do not think I can get nearer to my meaning than that. This ideal is a high one, making the doctor a priest as well as a physician, and yet it is not higher than the ideal laid down for our profession by the Hippocratic school two thousand years ago: "With purity and with holiness I will pass my life and practise my art." Doubtless you remember these words in the immortal oath.

Worldly Success.

There may be some who are thinking: These high-falutin' considerations are all very well, but the question really is, can one make a success of the thing, worldly success, that is—because a man must live—will the thing pay? Well, I think I can promise you that you can always earn a modest competence at it, a minimum wage—yes, even accepting the present-day notion of a minimum wage—enough money, that is, to keep you free from anxious care, always assuming your needs are few and your tastes simple. I do not think I have ever seen a qualified medical man in pecuniary straits except as the result of ill-behaviour or foolish speculation. But I am not going to promise you more than this, because whether you become rich or not will depend upon quite adventitious things. For example, some of you may possess business acumen. If you do, you will probably make medicine pay, just as you would make any other calling in life pay. Then again you may find yourself in charge of a very large panel practice. Or you may become an eminent surgeon, being endowed with hands of such singular dexterity that it seems a pity not to use them very frequently. You will most likely earn quite a large income. If, in addition, you are gifted with that valuable asset termed "a good address," you certainly will, for few whose complaints are amenable to surgical methods—and whose are not?—will long escape your siren influence. Then once more, you may be attracted to some new vogue in medicine, something that so tickles the public fancy that, leaving all other doctors, they flock to you to be healed. You will thrive. But in this last instance you must make haste to exploit the new remedy whilst it is still new; and it may be just as well to study the next "stunt" in advance during the few spare moments that a busy practice gives you, so as to be ready for a quick change as soon as the fashion alters. I can, as I say, promise you that well within the limits of conduct that an honourable man imposes upon himself, you will be able to discharge all the pecuniary obligations of citizenship by the practice of your art. As for riches, my friends, if you are attracted by them you have chosen your vocation very foolishly. Sydenham, the father of English medicine, summed up the situation admirably when he said, "But if any think that riches, got by such a reputation, has in it somewhat more of solidity, let them enjoy what they have scraped together with all my heart, but let them remember that many mechanics of the most sordid trades get and leave more to their children." And one might add in these days that if you want to grow rich by dabbling with medicine, you will not get qualified at all. You will, of course, be careful to keep to the windward of the law, and your friends and patrons will think you are ostracized by the profession, and prevented from entering the ranks of the regular practitioners by sheer jealousy. It will all be a gorgeous

advertisement. Politicians and dignitaries of the Church and county squires will demand that you be given a diploma or an honorary degree—which is, of course, the last thing that you want. You will engage in bloodless surgery (beneficent sound!), or cheiropractic or the laying on of hands. And you will flourish as the green bay-tree.

It may be that some of you are still wondering if you have chosen well in taking medicine for your vocation. If so, I sympathize with you most heartily. I still wonder myself at times, and it is one of the grievances I have never ceased to allow myself, that there never seemed a good opportunity between my preliminary science studies and embarking upon the subjects of the first M.B., nor again when the time came to change those for the medical and surgical wards, when I could go apart, as it were, and thresh out thoroughly the question of my fitness for medicine. For I was brought up to believe that medicine required special gifts and a definite leaning towards it on the part of the disciple. But for your peace of mind I advise you to leave all this heart-searching alone. From all I see of good and bad doctors—though heaven forgive me if I ever claim to be a judge—I am led to believe that the die is cast long before the decision to study medicine is taken. Perhaps it is cast no less certainly for all avocations in life. I do not suppose for a moment that the poet is the only creature who is born and not made. I am sure I have quite a number of friends amongst laymen who would make excellent doctors, and I occasionally meet a medical colleague who makes me wonder a little if some other branch of human activity than ours has not lost a leading light. I do not think it is possible for even the best observer of character, or rather of temperament, in the boy or girl, to be certain of these things beforehand—no, not even the boy's or girl's own mother.

A Field for Free Activity.

Whether you are going to function well or indifferently as a doctor, there is no doubt, as I said just now, that medicine affords a very good field for the activities of a free man, and this whatever his bent turns out to be. Does he desire large commerce with his fellows? Medicine gives him this in full measure. Is he attracted by the operation of law in the scheme of Nature? He will find ample scope for the study of it here. Does he love beauty, in form or in design? This also is here. Does he crave for sport? In medicine he can track down his game, no less exciting because it is very small rather than very big. Does he delight in stratagem and tactics? Here he can decide how the enemy is to be defeated, where to mobilize and combine his forces. Medicine provides a life alike for the scholar, the recluse, the man of action. Some of you will branch off into physiology, some into biochemistry; some will probably settle down in the bacteriological laboratory as a permanent pursuit; some will marshal an army of preventive measures against epidemic disease. Work in all these fields is of vast interest to the worker and of enormous importance to medicine. I am not, however, concerning myself so much to-day with those of you who will take up these special branches as with the main body, who will leave their *alma mater* and go amongst men and women to heal them of their diseases. To return, then, to this question of good doctors. Of course, you know already that the ease or the difficulty you experience in passing your examinations is no guide to your future success. So you need get neither cheered nor disheartened on that account. We are all familiar with the man or woman who scores heavily with an examination paper, yet can scarcely say boo to a goose in the sick-room. But I remember the man I coached for the longest time when I was a demonstrator. I coached him so long that I feared for my reputation, and declined to coach him any more. Then I yielded to his father's solicitations, and coached him again, a little fascinated, I think, by the peculiar difficulty of the case. Twelve years this particular "chronic's" curriculum lasted, but at length the Society of Apothecaries received him into its Hall. My pupil turned out to be a most excellent doctor and a very successful one. When I saw him a few years after he left hospital, he had an assistant and a very thriving practice. Nor do I attribute his success to his having married the undertaker's daughter in the town where he set up his plate. I attribute it rather to a considerable knowledge of the world, an unvariable courtesy, a cheerful manner, a gentle voice, and a resourceful mind. In the hospital wards I have seen him talking familarly with the old folk, and little children, when he approached them, would drop their dolls to smile at him.

So do not think too seriously about those examinations. I know what a nightmare they can be, and how many of the best opportunities of your student days are irretrievably lost on account of them. I wish we could do without them altogether, but they seem to be a necessary evil. You must do all you can to banish the paralysing fear that they create in the mind. Try and believe that, more and more, the examiner concerns himself to see that your methods are good, rather than that your diagnosis is correct. He knows from long experience that, given good methods, all else is bound to follow. So I would say to you who are beginners: Watch your teachers' methods; what they *do* is more important even than what they *say*. Note how they

approach the case, and how they handle the patient's mind as well as his body. Note also that it is always with them eyes first and much, hands last and little. See how thoughtfully and how patiently the history of the patient's complaint is taken. A good history takes the experienced observer a long way on the road to a diagnosis. Be accurate with your facts; avoid loose terms of speech: "nearly" and "about" and "I think" are the stigmata of a lazy mind. Don't say the temperature is very high, or the pulse rather slow; say the temperature is 105·2° and the pulse is 66 to the minute. Do not forget that the best introduction to the study of medicine is a primer of logic. And, though your reading is important, remember that the patients are more important still. In the words of Trousseau, "Il faut voir, toujours voir, des malades."

Neglected Subjects.

In some way or other I would modify the first part of the medical course so that the student is better material when he enters the wards, out-patient rooms, or post-mortem room. If he is better material, he will learn more readily and make more use of his opportunities, and this will be equivalent to a gain of time for these, his most important years. And he badly wants more time. He wants it, not only to relieve the congestion during these years, but also because there are two or three subjects that have lagged considerably behind the times and are in need of recognition.

1. One of these subjects is *dietetics*. It is an astonishing fact that in this country—perhaps more than in any other—hundreds of doctors are qualified to practise every year with little more than two ideas about diet. One of these ideas is a remnant of their physiology days, when they were taught the five ingredients of food essential to life; and the other idea—whose origin I do not know; it is certainly legendary—is the fixed belief that if a patient is acutely ill, whatever the nature of his malady, milk is the thing to feed him on. Now, the first of these ideas is not of great practical value in the treatment of disease, because Nature has anticipated the physiologist in her instructions. The second idea does sometimes fit the case, but it gets so strained in its application at other times that the results are frequently somewhat disastrous. Whatever the ultimate outcome may be of the present interest shown in "toxic idiopathies" and in "vitamines," there will be at least one important issue, and that is that more attention will be given to diet in disease.

2. The second subject which I regard as demanding more attention in the compulsory part of the curriculum is *infection*. Not that smattering of bacteriology which is nowadays required of the student at his final examination, but a proper enlightenment on the sequence of changes taking place as the result of interaction between an infecting organism and the body-tissues and functions. Considering the enormous importance and the great frequency of these events, it is, once more, astonishing how little room is given to the subject in the medical course. There is to-day an accumulation of important facts—the theories may be omitted—in this connection which the student should be required to know.

3. The third subject that lags behind is *psychology*. I doubt if psycho-analysis, as we see it, would have arrived had the practitioner recognized the importance or been capable of investigating the psychological side of his patient's case. And I feel quite sure that the only cure for the more pseudo-scientific aspects of psycho-analysis will be the inclusion, in recognized form in hospital practice, of psychological methods. It is rather strange, when we come to think of it, that we teach the student elaborate physiology of many functions of the body that are relatively unimportant, and entirely omit to teach him any physiology of the most important function of all—namely, the mind. The practitioner, in many instances, learns these things for himself, but only after much painful experience; and even then he misses the great advantages that might be given him by inclusion of elementary principles.

The Triumph of Principles.

What experiences will you not have! What wealth of material for the study of human nature will you not meet! In what unique situations will you not find yourselves! In all these things you will, if you are wise, still be the student and still the observer. You will watch the play of men's passions: Love, envy, avarice; you will see the havoc these elemental forces can wreak upon their physical as well as upon their moral health. You will meet men and women whose cases puzzle you until you realize that they are ill because of a fruitless remorse or because of a baffled ambition. You will discover that there are, after all, such things as broken hearts, though there are no "physical signs" of disease, and "graphic records" point to no defect. You will see men enervated by the intoxication of success or stimulated to robust health by the smart of failure. You will be able to trace association between physical and mental idiosyncrasies on the one hand, and domestic relations, business habits, political exigencies and even religious emotion on the other. You will often be able to interpret men's weaknesses, and your knowledge will make you charitable; you will sometimes understand their strength, and your insight will increase your admiration. The streak of genius that attracts your worship will also evoke your warning. You will be privileged to add not a little to the world's progress and happiness by steering the activities of some who are but poor navigators of their own ship, yet who carry a precious freight, whether it be the power to lead men wisely or to charm away their griefs.

You will find medicine a jealous mistress, but you have chosen her, and if you serve her loyally she will return your devotion in full measure. This does not mean that you will lead small, ignoble lives. You will follow George Wyndham's dictum: "If we cannot makes our lives long, let us make them broad." Indeed, that is a part of your duty. You will need all the antennæ that you can develop so that you can touch people at many points. All this you can do and still be yourself, made wise by fusion with life, so that you become an artist and not a mere technician. In your work, however, though you will be tempted to diffuse, you must concentrate. Politics, literature, art—each one will say to you, "Come out and try us," but you will decline. More subtle will be the temptation to stray into some by-way of medicine itself, something that promises the panacea that men crave for. You will resist this also. You will be chary of the short cut, the royal road, and the leap that science, no more than Nature, never takes. Always you will keep an open mind. It will be well if you add to your daily prayer: "Save me from obsessions." You will remember that, just as in life nothing can bring men peace, so in medicine nothing can bring them health, but the triumph of principles. This thought reminds me once more of Sydenham, and I cannot more fitly end these remarks than with another quotation from him. He is concluding his *Epistolary Dissertation*, and he says: "And now, worthy Sir, I desire you to accept this small treatise favourably which was designedly written to return you thanks for your approbation of my other works. And indeed, I have so seldom received anything like approbation, that either I have merited no such thing, or else the candid and generous men whom Nature has framed with such excellency of mind as to know how to be grateful, are very few . . . yet, notwithstanding, I endeavour all I can and will do so, to learn and promote the method of curing diseases, and to instruct those who are less conversant in practice than myself, if any such there be. Let other people think of me what they please. For having nicely weighed whether it is better to be beneficent to men or be praised by them, I find the first preponderates and most conduces to peace of mind. As for fame and popular applause, they are lighter than a feather or a bubble, and more vain than the shadow of a dream." Thomas Horder.

THE STUDY OF MEDICINE: THE ADVICE OF AN OLD BART.'S PHYSICIAN.

EVERY year, in October, introductory lectures on the study of medicine are given to students at many British medical schools, by senior distinguished members of the medical profession. Hence in medical literature, during the last hundred years, we have the records of a large number of able lectures on this subject, full of excellent advice; and, to the writer, many of the older lectures appear even better than the modern ones. Particularly worthy of attention at the present time is an introductory lecture, given long ago (over 75 years), by an old distinguished physician of St. Bartholomew's Hospital—Dr. Peter Mere Latham. This was published in his *Clinical Lectures* (later edition issued by the New Sydenham Society, London, in 1876 and 1878), and some of his remarks are worth quoting to-day.

His view of the spirit in which medical study and work should be carried out will hold as good in the future as it has done in the past. After pointing out to the students that the *diseased human body* will be their study and care, he proceeds:

"And is it possible to feel an interest in all this? Ay, indeed it is; a greater, far greater interest than ever painter or sculptor took in the form and beauties of its health.

"Whence comes this interest? At first, perhaps, it seldom comes naturally: a mere sense of duty must engender it; and still, for a while, a mere sense of duty must keep it alive. Presently the quick, curious, restless spirit of science enlivens it; and then it becomes an excitement and a pleasure, and then the deliberate choice of the mind.

"When the interest of attending the sick has reached this point, there arises from it, or has already arisen, a ready discernment of diseases, with a skill in the use of remedies. And the skill may exalt the interest, and the interest may improve the skill, until, in process of time, experience forms the consummate practitioner.

"But does the interest of attending the sick necessarily stop here? The question may seem strange. If it has led to the readiest discernment and the highest skill, and formed the consummate practitioner, why need it go further?

"But what if humanity shall warm it? Then this interest, this excitement, this intellectual pleasure, is exalted into a principle, and invested with a moral motive, and passes into the heart. What if it be carried still further? What if religion should animate it? Why, then, happy indeed is that man whose mind,

whose moral nature, and whose spiritual being, are all harmoniously engaged in the daily business of his life; with whom the same act has become his own happiness, a dispensation of mercy to his fellow-creatures and a worship of God."

Nearly 100 years ago Latham recognized clearly the great risk of clinical work in the wards being neglected or greatly restricted through the large number of subjects to which students had to devote their attention. This risk is very much greater at the present time than in the days of Latham, since the number of subjects in the medical curriculum is now far larger.

Latham very truly remarks: "I have always thought that in our schools every mode of lecturing has been unduly exalted above clinical lecturing; and every place where knowledge is to be had, or is supposed to be had, has been unduly preferred to the bedside, and I continue to think thus."

Certainly this is true to-day, at least in many British medical schools. I do not know what is the condition at St. Bartholomew's Hospital, but in many medical schools at the present time students, when medical clerks, devote much less time to ward work than students did 40 or 50 years ago. This is owing to the large number of classes and demonstrations on various subjects which they attend during the period when they are medical clerks. In many medical schools students have less interest in, and devote less attention to, purely clinical medical work than they did formerly; they have more interest in X-ray examinations, clinical pathology, examinations with the cardiograph and other apparatus; and in many cases they are liable to attach undue importance to the results of such examinations. The question may be fairly asked: Have not the brilliant results of X-ray examinations, of clinical pathology, of examination with the cardiograph and various other apparatus in certain diseases caused many medical students and practitioners to neglect generally the older methods of clinical or bedside observation and examination, and to under-estimate the value of the latter? This thought will have occurred to many examiners recently at the examinations in medicine at the Universities and various medical boards.

Latham's warnings respecting the limitation of time devoted to ward work and the lack of interest in bedside examinations were never more needed than to-day; and the subject is one which deserves the careful consideration of those who are responsible for directing or controlling the studies in our medical schools. Latham laments that students at St. Bartholomew's Hospital in his time generally neglected their splendid opportunities for clinical work in the wards. (One wonders if the students of to-day would satisfy him in their ward work.) He tells us that students at first have a dislike for ward work (and so it is to-day with many students at first); but when this repugnance is got over, Latham thinks that students are more interested in surgery than medicine. He considers that one reason for this is the greater certainty of surgery; and then in impressive language he points out that—"there is nothing absolutely sure but what rests upon the basis of numbers, or falls within the sphere of the senses. Where reasoning begins, there begins uncertainty; and on this account the highest and the best things in the world are all uncertain, and so is our profession. But from this very uncertainty those who practise it successfully claim their greatest honour; for where there is no possibility of error, no praise is due to the judgment of what is right."

Latham is a strong advocate of "self-teaching" on the part of the students, and he urges them to exercise their powers of observation unremittingly. He considers it is the chief duty of the physician to *demonstrate;* and he recognizes the danger of over-teaching on the part of the physician.

This old introductory lecture by Dr. Peter Mere Latham contains much excellent advice; and it is especially worthy of the careful consideration of teachers, students and examiners to-day, when the subjects in the medical curriculum are increasing so rapidly.

R. T. WILLIAMSON.

THE PRESENT POSITION OF PSYCHO-THERAPY.

(*Continued from vol. xxxiii, p.* 187.)

THE third method of treatment to be described develops this explanatory process until it becomes the most important factor in the treatment.

The idea upon which this explanatory method of treatment is founded is that civilization is a controlling force, which teaches each individual from almost the moment of birth to the end of his existence that the expression of his primitive wishes is contrary to the ideals of the "herd," that transgression of this law is followed by punishment, the strongest punishment of all being exclusion from the community. Exclusion in primitive times would have meant exposure to much greater personal danger, while under modern conditions it often means inability to succeed in life.

It follows that the education of the child along these lines will depend not only upon the particular social level for which he is being educated, but also upon the attitude of his teachers towards his failure to control his primitive wishes. This means that civilization is an artificial state from which there is always a tendency to lapse, rigid inhibition of the primitive wishes being a difficult state to attain, and more difficult still to maintain at the high level demanded by society.

No detailed description of the considerations which have led to the formulation of these theories can be attempted in this paper, but the truth of it is shown by the tendency to the expression of the primitive wishes which occurs in normal people under the influence of alcohol, or where, through imitation of others or through any other cause, control is diminished.

The three primitive impulses which are of the greatest importance from the point of view of this theory are: (1) The wish to run away when we are frightened; (2) the wish to mate when we meet a suitable mate; and (3) the wish to destroy an opponent if we are enraged.

With this recognition of the basis of human impulses it is possible to estimate the effect upon the individual of any set of circumstances. It follows from what has been said that every member of a civilized community is living under strain, that to live up to the ideal of the "herd" involves constant self-control, and it is the business of education and upbringing to render this control automatic and unconscious, so that members of the community are unaware that this control is being exercised.

The control occurs at some level below consciousness, and it can only be preserved at the expense of constant subconscious effort, symptoms of a psycho-neurosis occurring whenever there is any increase of what may be looked upon as the normal effort of control.

Utilizing this theory, it is easy to discover in any patient what strains are occurring and whence they arise. This makes the psychological examination of the patient of fundamental importance. The history must be taken in detail, and must deal with each stage of the patient's life and the conditions under which the patient has lived in childhood, school life and present-day life. The conditions occurring about the time that the symptoms first appeared must be examined with the greatest care. Such a history will usually give a clue not only to the extra strain to which the patient has been exposed, but will also give some indication of the capacity of the individual patient to withstand the ordinary strains of everyday life, because it is obvious that each individual varies in his ability to maintain the struggle with ordinary existence, the variations being produced as a result of the accidents of heredity, environment and training.

Such an examination will usually disclose one or more difficulties in the patient's life. The patient is then prepared for the disclosure of the conditions causing his own symptoms, by an explanation of those conditions which make life difficult for every member of civilized society. This process usually occupies several interviews. His circumstances can then be freely discussed, and where his environment can be altered this should be done, or at least a temporary relief should be afforded him by a change in his surroundings while the recovery from his symptoms can be brought about.

The old-fashioned Weir-Mitchell treatment achieved this object in the majority of cases, and its success was almost certainly due to the fact that being kept within four walls and being denied all letters, newspapers and visits from relatives had the effect of separating the patient entirely from his everyday life and from his surroundings, and as it nearly always happens that the difficulties arise from one or other of the circumstances associated with the patient's everyday life, a respite was afforded him by this method of treatment, enabling him to resume his life with a certain amount of reserve of physical energy when the treatment was over. Like the suggestion treatments, the Weir-Mitchell treatment is purely palliative, and it is in this particular regard that modern psycho-therapeutic methods are such a distinct advance on their predecessors in the treatment of a psycho-neurosis.

As has been pointed out above, it should be remembered that the capacity for standing up to mental strains, by which is meant conflicts occurring below the level of consciousness, varies in different people and varies also for different events. Thus, for example, a man may go steadily through the most distressing circumstances of the war without showing any symptoms, and find that the threat of failure to his business may produce the symptoms of a psycho-neurosis.

It should be remembered also that in every condition of life good physical health assists us to withstand the ordinary strains to which we are exposed, and it follows that the preservation of good physical health and its restoration, when the general condition has been lowered, is important, not only for the preservation of the mental health, but also for recovery.

This is a definite argument in favour of the nursing home form of treatment, because, with the patient under observation and discipline, regular meals and a proper regulation of the functions of the body can be insisted upon.

In the examination and treatment of a case of psycho-neurosis there are other physical factors which must be kept in mind. What we have called the primitive wishes are in fact physical demands. The instinct of self-preservation, for example, is associated with the wish to run away when it is aroused by anything occurring

in the environment that is sudden, or unexpected, or not understood, and we feel afraid. This feeling of fear is an emotional state occurring in the body and is entirely outside our control. The physical change in the case of the self-preservation instinct is a preparation for escape, and the whole body is occupied in these efforts to the exclusion of all other activities.

There is, for example, an over-activity of the glands of internal secretion, which assist in escape, and a lowered activity of the digestive function, which takes no part in it. The effect, therefore, of the constant stimulus of fear means a constant hyper-activity of the endocrine glands and all that this involves, and a lowering of the activity of the whole digestive track. After a time these changes become habitual, and palpitation, sweating and flushing occur readily with the smallest stimulus, giving rise to a condition of, possibly, irritable heart, or the symptoms of Graves's disease on the one hand, and on the other we have to deal with anorrhexia nervosa, various forms of indigestion, constipation, and as a result of this and the lowered activity of the gut, entroptosis and its sequelæ.

These physical conditions occurring in a state of apprehension have been taken as an example to show the importance of a psychological disturbance from the physical point of view, and the necessity for the correct treatment when a case of psycho-neurosis is being dealt with.

These physical conditions and the need for the physical treatment have been here insisted upon, because the question will now arise as to which of the forms of treatment that have been mentioned is the correct one to adopt. Speaking generally, they furnish the strongest argument against the use of any psychological method of treatment by anyone who has not had a proper medical training. These physical factors cannot be ignored, and must be dealt with if any treatment of these cases is to be successful.

After many years of experience with all three methods of treatment, the writer has adopted the third of the above-mentioned methods for the treatment of the great majority of these cases of psycho-neurosis. Suggestion, as has been stated, simply removes symptoms, and cannot be looked upon as a method of cure. The removal of the symptom makes the patient more comfortable, and removes the secondary fears which arise from the symptoms themselves, but it will only produce cure of a condition when the original cause of the mental conflict which produced the psycho-neurosis has long disappeared and the symptom alone remains. After a time, however, unless the cause of it has been removed, the mental strain is bound to recur, and the symptom that was originally present or some other symptom of a similar nature will result in a recurrence of the mental ill-health.

To take an example, suggestion has been widely used for the treatment of alcoholism and is a very potent method of preventing alcoholic excess, but the patient takes alcohol to drown his troubles, not necessarily conscious troubles, but more frequently troubles of which he is not aware—mental conflicts due to the failure of the expression of his primitive wishes. This cannot be cured by suggestion, and if this method alone is used the result will be a relapse to the original condition as soon as the strain is renewed.

Suggestions can be used for the removal of symptoms where the original cause of the mental conflict has been removed as a result of a better understanding by the patient of the difficulties from which he suffers. It is valuable for the production of sleep in cases of insomnia, and for such symptoms as stammer and nocturnal enuresis where these persist after the removal of the originating cause.

Suggestion never does any actual harm to the patient, it does not produce a dependence by the patient upon the physician, and there is no weakening of the personality of the patient, even if hypnotism is used. In the experience of most suggestionists the effect of suggestion treatment is the reverse of this. That is to say the suggestibility of the patient, by which is meant his capacity for receiving suggestions, becomes diminished in proportion as he recovers and the symptom is removed.

The practice of psycho-analysis has aroused a very great deal of opposition and mistrust, largely, as is the case of the opposition to all new treatments, by those who have only a very slight knowledge of the subject and but little practical experience of it.

The argument most commonly used against the process is that it can be used by lay practitioners, and that it is, therefore, liable to abuse. A still stronger objection, and one which approaches more nearly to the real difficulty, is that it brings into the mind, and causes the patient to dwell upon, subjects which are better left below the level of consciousness, and which, in fact, the mind has been at great pains to repress. This is a very serious indictment, and should be very carefully examined.

The psycho-analytical technique turns over the whole mental field, and it must happen that very many subjects with which the patient is dealing quite adequately must be brought into his consciousness and discussed. Amongst these are subjects that are repugnant to our civilized minds, and for that reason they have been repressed. The analyst maintains that these ideas have only been repressed because they are strong and dangerous impulses and liable to produce mental symptoms, and that they should, therefore, be brought into consciousness so that the patient's repugnance for them shall be removed. The fallacy in such an argument is shown by the fact that these elements or complexes are present in the minds of normal people who have never shown the symptoms of a psycho-neurosis.

Psycho-analysis is a long process, and once it has been begun it must be completed. The discussion of sexual matters arouses the sex of those who are engaged in it, and has the tendency of directing the sex of the patient towards the practitioner. It is true that this is only a phase in the treatment, and that eventually the patient does develop a correct and healthy attitude, but it is a dangerous phase in which the patient cannot be allowed to remain. The repressions were protective and the analysis breaks down these defences, so that the treatment must go on until they are rebuilt afresh.

Another matter needing serious consideration is the attitude towards himself which is developed in the patient by the process. As a result of the analysis he may discover that his mind has been harbouring thoughts and wishes which would revolt him if he found them in someone else, and his belief in himself may receive such a shock by this that he may become intensely self-depreciative. Any tendency to melancholia or even to depression, which are physical states, becomes increased, and in some cases this has led to self-destruction. This is another strong argument against the use of psycho-analysis by any but the most carefully trained physicians, and unfortunately the recognition of the imminence of the danger can only be learnt by the actual practice of analysis upon the patients themselves.

(To be concluded.)

ERNEST SNOWDEN.

C.U.M.S. TOUR, 1926.

ALTHOUGH the Cambridge University Medical Society has only been in existence about five years it has already shown itself to be abounding in enterprise. This year it undertook the greatest task it has yet attempted—the task of sending seventy-nine members, of which number five were women, on a five weeks' tour to Canada and the U.S.A. The majority of the men were graduates now up at one of the London hospitals, while a few were already qualified doctors. Six Bart.'s men availed themselves of this opportunity of crossing the Atlantic; these were F. T. Hobday, A. P. Kingsley, W. J. Lloyd, G. Raphael, C. F. Watts and R. W. Windle. Several others who went on the tour will be coming to Bart.'s shortly.

This article deals with the lighter side of the tour, while next month some clinical impressions will be given.

The "Aurania" sailed from Liverpool on August 13th. Although this article is supposed to deal only with the lighter side, there was just one day, as the boat rounded the north of Ireland, when most people felt that any other place would have been better. When the malady was overcome, life became quite bearable. There were a number of American and Canadian girls on board, returning from their holidays on the continent, who were all dancing enthusiasts. Dancing took place twice daily, and this was continued until we landed, despite the rolling of the boat during two rough days. Deck sports had been organized mostly, I think, for the amusement of the onlookers. The most diabolical of these was one in which a piece had to be bitten out of an apple which was placed in a bucket of water. Needless to say the water was sea-water, and the thirst after doing it was almost unquenchable. The "bolster-bar" was another device which provided vast amusement for those who were not immersed. A strong wind made it somewhat cool waiting about during the heats after an immersion. Photo No. 1 shows a heat of the bolster-bar. The final was eventually won by J. D. Simpson, the President of the Medical Society. The concerted efforts of the Medical Society were unable to remove this fifteen-stone individual from his perch.

At Montreal, where we disembarked, we had our first taste of photographers and press-men. The latter caused us much amusement at every place we visited. They all seemed very anxious to know what we thought of the American girl. The first impression was a very pleasant one, but the standard of beauty on the boat was rather above the average. One man, remarking later in the tour to his American hostess about the wonderful complexion of one of these girls, was met with the quick remark, "If she was an American you may be quite sure that her complexion was not her own." This seems rather a sweeping statement, but powder and paint is used more generally than on this side; in fact one of the doctors at the Toronto Hospital was staggered that the ladies in our party were wearing their own complexions. The press-men were very disappointed that there were no lords or dukes in the party, but were quite willing to take down any information so long as they could produce some striking headlines. The party were variously described in different towns; at Boston an enthusiastic but misinformed woman persisted in calling us Cambridge school. However, the

New Haven press made amends for this mistake by a headline, "Yale plays host to eighty of England's leading physicians."

A HEAT OF THE BOLSTER-BAR.

The difference in customs was forcibly brought home to many of the party at Montreal. The first evening most men put their shoes outside their bedroom doors to be cleaned. In the morning the shoes had disappeared, and the janitor, on being summoned, denied all knowledge of them. He explained that everyone in Canada and the States either cleans his own shoes or else goes to a "Shoe-Shine Parlour," and declared that the shoes must have been removed by one of the students. To make matters worse the morning was a moist one, and we were breakfasting at a club some distance from the College. A few of the shoes were found under a bath and were returned to their owners, but several of the party were forced to go to breakfast in their slippers, of which a varied assortment was to be seen. It was at the same place where we found the following inscription in a pathology building: "Hic est locus ubi mors gaudet succurere vitae. Nihil sic revocat a peccata quam frequens mortis meditatio." The first sentence seemed so extraordinarily appropriate in that building with its many shelves of bottled specimens.

We crossed from Canada into the States at Niagara and spent a whole day admiring the Falls. The second photograph shows most of the party standing by the special train which took us from Niagara to Washington.

It would be impossible to exaggerate the hospitality and kindness that was shown to us everywhere we went. The methods of entertainment were various; at Kingston we were taken a trip on Lake Ontario amongst "The Thousand Islands" from 7.30 till 10.30 p.m.

As many of the local nursing staff as could be spared accompanied us, and the evening was concluded by a dance at Ban Righ Hall.

While at New York the Princetown University very hospitably made us temporary members of their club. The week-end we spent in New York was all too short, but most of us had time to go up the Woolworth Building, which has fifty-five floors and is seven hundred and fifty feet high.

Harvard was the last place we visited before sailing back from New York; it resembled the type of English college more than any other university we visited.

Although the tour was ostensibly undertaken in the name of medicine it must have left behind it a deeper impression. The presence of eighty students in the States at this time, when a closer co-operation between Europe and America is needed, must help to create a better understanding between the English-speaking nations. The Cambridge Medical Society is now organizing a scheme whereby any students from the other side may be shown round the universities or hospitals by a member of the Society. It is hoped that the value of the tour will be made permanent in this way.

W.

THE PARTY.

HOSPITALS ARE INTREEGING.

AN UNPUBLISHED PASSAGE FROM "*G-ntl-m-n pr-f-r Bl-nd-s.*"

SEPT. 15th: Dorothea and I saw St. Paul. I mean we went to Saint Paul, and it wasn't a patch on the Capitol at Washington, d.c., and you couldn't see the crack. So Dorothea said, Lets go to some famous place that isn't cracked. So we called a taxi and when I jumped in he slammed the door. I mean my foot was quite hurt and I cried. Well, a man said, Well, go to Barts. So then we went to Barts, and Barts was intreeging because when a girl gets there with a bad foot she is helped in and people come and look at her.

My leg wasn't very bad, so I sat in a chair and saw men in white coats come in and out of a place for bottles and soon there weren't any bottles left. So Dorothea said she supposed there must be booze in the bottles.

So then a young gentleman in a white coat came and said, What's up? I mean English gentlemen are funny because Dorothea said, Are you a druggist and he blushed and said No. But Dorothea has no education and I could see he had on expensive trousers underneath. So then I said, Its my foot and he went on his knee and pressed it, looking very very hot. So when he finished he wrote on a paper and then a nurse came in.

I mean a nurse is devine, because it makes you realise how devine it is to nurse and care for gentlemen who are rich and who will marry them because an educated girl knows that is what happens in Life. I mean Life is wonderful and is quite educating the way they do it at Los Angeles. I was quite thrilled and I took of my stocking. Then another young man who hadn't a white coat came in and he told everyone what to do, but he went out soon and the gentleman said Keen student, rudely.

So then Dorothea asked the nurse, Was this a doctor?, and the nurse said, No, he's a dresser. So then the young gentleman said I must take of the other stocking because he wanted to compare the two sides. So Dorothea said to the nurse, Well it seems to me he ought to be called an undr—. So then I pretended my foot hurt, because when a girl like I hears a girl like Dorothea being uneducated, she has to do something. I mean that is what is called tact and the nurse wasn't much made up and hadn't any scent which is really like an English lady.

So finally the gentleman said he was awfully sorry he was hurting me and he would get the Aychez. So I said don't bother and thought he seemed an English college boy and Dorothea said, College boys are dudes and then I said I did not want him for a gentleman freind, but just liked him. So the nurse came back with another gentleman and he didn't look at me but just twisted my foot till it really did hurt. So he said very very short to Dorothea. There's nothing wrong with your freind and he told my gentleman to come and do an 'op. So Dorothea said she supposed there was quite a lot of dancing in hospitals. And the nurse said Sh that's the House Surgeon but he was gone.

So then I was disappointed and asked the nurse, Does he get a lot of money. But she didn't like it and looked *difficeel* and said, No. So I did not feel dissapointed any more. I mean a girl has to be careful that she does not waste her time when she is educating herself abroad. So when I was dressed I thought I would be English because I mean English people always tip in a funny way so I said, May we not leave a little for the Hospital? Because there was nothing else to do but to show the nurse I was educated. But then she said put it in the box and went away. So then I went out and saw the taxi man had been waiting. So I did not put any money in the box.

M.

LOBAR PNEUMONIA AND DELIRIUM.

THIS note may be of interest as indicating the large quantity of sedative drugs necessary in certain cases of pneumonia.

H. B—, a heavily-built barman, æt. 32, was admitted to Hope Ward on May 6th, 1926, on the second day of his illness. The physical signs were those of commencing consolidation of the right lower lobe—to which lobe, fortunately, they confined themselves throughout.

Continuous oxygen, by intra-nasal catheter, was administered; brandy, ℥ss every four hours, and pneumococcal immunogen *b.d.* (intramuscularly) were given also. The patient was very restless, but not delirious.

7.30 p.m.: Pot. brom. gr. xxx, chloralamide gr. xx were given without any effect.

11 p.m.: Inj. opoidine 1 c.c. with atropine gr. $\frac{1}{100}$ allayed the extreme restlessness, but produced no sleep.

May 7th, 1926: Still restless, but rational till mid-day, when he began to be delirious, but not violent. At 5 p.m. pot. brom. and chloralamide were again tried, but patient rapidly became more restless and noisy, shouting, flinging himself violently about, picking at the bedclothes, and going through the movements of supplying half a pint with great force and frequency. At 6 p.m. an attendant was necessary. Inj. opoidine 1 c.c. with atropine gr. $\frac{1}{100}$ given. Brandy increased to ℥ss every

two hours. At 8.30 p.m. inj. hyoscine gr. $\frac{1}{50}$ was necessary; it produced comparative calm, but no sleep.

May 8th: About 1 a.m. became extremely noisy and violent again, so at 1.30 a.m. inj. hyoscine gr. $\frac{1}{50}$ was repeated. Again only partial quiet produced, without any sleep.

Patient becoming more noisy and unmanageable, impossible to feed. At 10.30 a.m. inj. hyoscine gr. $\frac{1}{50}$ given. This quieted him sufficiently to enable him to be fed with strong coffee, by tea-spoon, every two hours, alternately with the brandy. At midday his pulse was becoming weaker and quicker, so inj. strophanthin gr. $\frac{1}{250}$ was administered, and repeated 8-hourly for seven doses. (It was necessary to put his arm on a splint to get this given, and this method was employed for each dose.)

5.35 p.m.: Inj. hyoscine gr. $\frac{1}{50}$ given and repeated at midnight; no sleep at all.

May 9th: At 7.40 a.m. same dose of hyoscine again necessary. A little quieter during this day, but never a suspicion of sleep. At 5.45 p.m. inj. hyoscine gr. $\frac{1}{50}$ again required. Even this dosage failed to produce rest and sleep; it did little more than render it possible for a male attendant, aided from time to time by one or more nurses, to keep him in bed, and enable feeds to be spooned down; but the impression of those who watched him was that without the hyoscine the expenditure of energy would have been too much for the heart; as it was, intra-venous strophanthin was called for on the fourth day.

May 10th: At 1 a.m. paraldehyde ʒij given, with great difficulty. The delirium became wilder than ever. (As this effect is not uncommon, it might be as well to avoid this drug in these cases in spite of what the books say.)

2 a.m.: Another injection of hyoscine gr. $\frac{1}{50}$ produced a little improvement, but no sleep. A very bad night.

About 2 p.m. it was evident that the patient's condition was improving: he was becoming much less restless and more rational. At 5.10 p.m. he fell into a quiet, natural sleep, which lasted one hour and twenty minutes; was quite sensible when he awoke. At 8 p.m. was given medinal gr. x, and slept almost all night, waking a couple of times for a drink.

May 11th: Temperature, pulse and respiration came down by lysis. Patient slept nearly all day and night, only rousing for nourishment. Signs began to clear and convalescence was uninterrupted.

During the whole of the illness it was possible to keep the continuous oxygen going. Patient often pulled out the catheter, but it was always possible to replace it. Incontinence of urine and fæces was present for three days.

Temperature was always too low, rarely reaching 101°. Pulse was high—120 to 136. Leucocytes (daily count) between 9000 and 14,000.

I am indebted to Dr. Morley Fletcher for permission to publish this note.

G. L. ALEXANDER.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

IT was most encouraging to see so many men at Winchmore Hill on September 11th, turning out for the first trial game. Three fifteen minutes' periods were played, and between forty and fifty men were tried. It is keenness such as this that we want, and we hope that such enthusiasm will be present throughout the Club the whole season.

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

The Hospital played its first match of the season at Nuneaton on September 18th in weather more suitable for Henley than the Rugby field. We played without R. N. Williams and Bettington.

In the first three minutes a cross-kick from Grace, following a good run down the wing, nearly produced a try, and a rush by the Nuneaton forwards ended in a try far out on our right. This try was not converted. Ten minutes later a "three" movement saw their left wing score far out. The kick failed. After this Powell had to leave the field owing to a thigh injury. Jenkins was brought out of the pack.

Bart.'s played better now, and were soon rewarded by a try from Grace which was not converted, and should have scored several times within the next few minutes. At half-time Nuneaton led 6—3. In the second half we were playing into the sun and were still without Powell. From a scrum in mid-field the ball came out to McGregor, who knocked on, but was allowed to go on to score a try under the posts. Pittard converted.

Powell returned in time to see the Nuneaton forwards score a scrambling try which was not converted. An exactly similar unconverted try was scored five minutes later. Play then fluctuated from one end of the field to the other, Powell being unlucky just to lose the race for the ball at one end, and Grace just preventing a try by a beautiful tackle at the other.

Score. Nuneaton (4 tries), 12 points; St. Bart's (1 goal, 1 try), 8 points.

The play of the Hospital was typical of a first match, with much faulty handling and many missed opportunities, relieved by a few good individual, but no combined movements. Vergette led his forwards well, and was always showing them how to work hard. He was well backed up by the whole pack. The heat must have been almost unbearable. The outsides all did good things at times, and Grace and Gaisford played particularly well, though the latter was missing the touch-line too frequently.

There is no reason why practice should not bring the necessary combination, and then we hope to see movements which start hopefully finished off properly, instead of ending prematurely within five yards of the line.

Team.—W. F. Gaisford; A. H. Grace, H. W. Guinness, G. F. Petty, J. D. Powell; H. McGregor, T. P. Williams; E. S. Vergette (*capt.*), J. W. D. Buttery, M. Gonin, G. G. Holmes, G. R. Jenkins, J. S. Knox, M. L. Maley, J. T. Pittard.

P. G. LEVICK,
Hon. Treasurer.

HOCKEY PROSPECTS.

AT the commencement of another hockey season it is no doubt appropriate to glance down the match results of last year and, observing if possible how successful we were, to immediately write to the JOURNAL to tell the world how much more successful we are going to be this year. On glancing down the aforesaid results, however, although we can truthfully say that last season was a successful one, the point that strikes us most is the number of matches that were scratched. We therefore commence the season with a fervent prayer for better weather and fewer flooded grounds. Last year the 2nd XI were particularly unfortunate in this respect.

Apart from this, however, we had quite a good season. The 1st XI beat several good sides, including Hendon, and only lost to Guy's in the semi-final of the Hospitals Cup by 1–2. The 2nd XI started well and gave promise of repeating their successes of 1924–25, but they fell away towards the end of the season, and lost, a little unexpectedly and perhaps a little unfortunately, to Guy's II in the semi-final of the Junior Cup. The 3rd XI had difficulty in raising a regular team. This was unfortunate, for it left a few enthusiasts, always ready to turn out, without a game. It is hoped that the same difficulty will not arise this year, as the team have quite a good and full fixture-list.

W. A. Briggs is captain this year and nearly all of last year's players are again available. In addition W. F. Church (of last year's Cambridge XI) will be playing for us, and should be a tower of strength in the half-back line. It is hoped that in addition to him we shall have a good supply of newcomers to the Club from the Freshmen. There should be little difficulty in raising a really sound defence, but the building up of a scoring forward line may not be so easy. It is not at all certain that J. G. Milner, the outside left, will be available during the whole of the season, and his possible absence will leave a gap hard to fill.

The 2nd XI, under A. T. Pagan, should do well this year, and, as stated above, it is hoped that R. C. Bennett will have better support in the 3rd XI. All Freshmen, then, who play hockey and any other new players should quickly make themselves known to the Secretary by putting their names on the list on the Hockey Club board.

Lastly, at the time of writing our goal-keeper is sojourning in America. It will be a grand sight to see him grabbing his Wrigley's from the cross-bar and rushing out to the offensive.

UNITED HOSPITALS HARE AND HOUNDS CLUB.

THE opening run of the season will be held on Wednesday, October 6th, over a five-mile course. Bart.'s regained possession of the Inter-Hospitals Cup last year, which was the first time we have held the cup for twenty years, and it is to be hoped that all who can help us will make it their duty to see that the cup remains in the Library at the end of this season.

Since the war we have made a gradual progress in cross-country running, which may be seen by the following results of the Kent Hughes Cup race:

March, 1921, cup won by Guy's; Bart.'s unplaced.
March, 1922, cup won by Guy's with 23 points; Bart.'s tied for 3rd place with London with 72 points.
March, 1923, cup won by Guy's with 23 points; Bart.'s 3rd with 70 points.
March, 1924, cup won by Guy's with 33 points; Bart.'s 3rd with 54 points.
March, 1925, cup won by Guy's with 31 points; Bart.'s 2nd with 32 points.
March, 1926, cup won by Bart.'s with 31 points; University College Hospital 2nd with 39 points.

This season the Hospital have already lost two of last year's team, and by March it is quite possible that only one member of the team of five will be left. For this reason it is essential, if we are to retain possession of the cup, that new men, and especially Freshmen, support us and train with us on Wednesday afternoons. No one, even if he has never run cross-country before, need be afraid that he will not be made welcome, and even if he is afraid of being left behind he need not hesitate to turn out, as he will find many others who are at least as slow as he is himself, and he may find that he is capable of gaining points for Bart.'s in the Inter-Hospitals race for the Kent Hughes Cup in March.

Up to date there are five fixtures arranged for the season; in addition there will be two Club handicap races, as well as the cup race in March.

Anyone who wishes to take up cross-country running this season is asked to put his name on the list posted on the Athletic Club board in the Abernethian Room, or to communicate with J. F. Varley or H. N. Walker at once.

The time and place of the opening run will be posted on the Athletic Club board, as at present our headquarters for the season are unknown.

H. N. WALKER,
Hon. Sec., U.H.H.&H.

CORRESPONDENCE.

A PLEA FOR THE RISSOLES OF OXFORD.

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

SIR,—I have an affection for the Catering Company. I am not one of those who protest that while a half-pint of lemonade costs twopence, two thirds of a pint may be obtained for fourpence; that when tomatoes are retailed at sixpence a pound a small one may be obtained from the Catering Company for twopence; that watery soup and inadequate mutton are ever recurring dishes at dinner—these and similar blemishes do not distress me—they are comparable to the minor idiosyncrasies in a woman one adores, and serve merely to enhance one's delight.

My complaint is based on more serious grounds. I was (if you will pardon this autobiography) born in Durham, educated at Cambridge, and I have spent a week-end at Vienna; and, Sir, my traditional loyalties are wounded when the Catering Company plant their ignoble *réchauffés* on these not ignoble cities. Durham Cutlets!, Cambridge Sausage!!, and Vienna Steak!!! We are indeed a barbarous nation.

Punch and the music halls still work the rich vein of good old British humour that lies in Wigan, Blackpool and Southend. Are not these good enough for the Catering Company? And what has Oxford done that it should be left out? We have had the Manner of Oxford, the Trousers of Oxford, and more recently the Earl of Oxford—why should not Oxford give her rissoles to the world?

Yours sincerely,
FAIR PLAY.

REVIEWS.

THE PATHOLOGY AND TREATMENT OF DIABETES MELLITUS. By GEORGE GRAHAM, M.A., M.D., F.R.C.P. Second Edition. (Oxford Medical Publications.) Price 8*s.* 6*d.*

This is the second edition of Dr. Graham's well-known book on diabetes, which was originally published in the early days of insulin. The enormous increase in knowledge since the discovery of insulin has necessitated a second edition.

The first part of the book deals with the difficult and bewildering physiology of the metabolism of carbohydrates, and it is an excellently lucid summary of the subject. Reference is made to all the important recent work and useful bibliographies have been added. In the second part of the book he deals with pathology and treatment of the disease; his principles of treatment by a minimum diet and minimum insulin in order to maintain a normal blood-sugar, so that the diseased β-cells of the pancreas shall not be overtaxed, do not by any means command universal agreement in this country; but if patients will tolerate it (and the great majority will), it is well that this line of treatment should be adopted in the young patient with a severe diabetes. Only time can decide the issue between the author (and those who think with him) and the opposite school (led by Lawrence) who do not mind if the fasting level of the blood-sugar is occasionally up to 0·2%.

The book concludes with an excellent chapter on diabetic coma, and a valuable appendix containing particulars of diets, recipes, food values and various necessary charts.

Altogether an admirable statement of our present knowledge, and we have no hesitation in recommending it to practitioners and students. Those who consider life too short to allow time for a text-book to each disease will find in the latest edition of Price's "Medicine" an article on diabetes written by the author, which is the fullest and most lucid account to be found in any text-book.

THE TREATMENT OF THE ACUTE ABDOMEN, OPERATIVE AND POST-OPERATIVE. By ZACHARY COPE, M.D., M.S., F.R.C.S. (Humphrey Milford.) Pp. 238. Price 10*s.* 6*d.*

This book will surely be welcomed by the many who have read Mr. Cope's previous book on the early diagnosis of the acute abdomen; it is indeed a worthy successor. Here is a book in which the young surgeon can find many useful "tips" which will be of help in his emergency work.

In many books one can read how an acutely inflamed appendix

should be removed, but Mr. Cope in addition describes exactly how to remove the difficult adherent retro-cæcal appendix, and gives in detail accounts of opening appendicular abscesses in the various situations. There are many diagrams illustrating all points of technique, but they are not beautiful artistic drawings put in to ornament the book; they really help the reader to understand the operations described, so much so that much can be learnt without reading the text.

There are one or more chapters dealing with each of the acute abdominal conditions, and at the end of each is a practical account of their complications. In addition there are chapters at the end of the book on unpleasant symptoms after operations, post-operative shock and pulmonary complications; in the last of these there is an excellent account of the rarely described though not uncommon condition of massive collapse of the lung.

We note with interest that in acute appendicitis the author brooks no delay, but advises immediate operation in all cases, no matter on which day they are first seen. On the whole the author is against gastro-enterostomy in cases of perforated gastric ulcer. With some surprise we find that Mr. Cope says that there need be no hesitation in cutting through Poupart's ligament in cases of strangulated femoral hernia.

All, except those that are so perfect that they cannot improve, should read this book; the inexperienced will learn much, and the experienced will be made to think, and in places alter or modify their methods.

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

ABERCROMBIE, G. F., M.A., B.Ch. "Radiography in a Case of Triplet Pregnancy." *Proceedings of the Royal Society of Medicine*, April, 1920.

ADAMSON, H. G., M.D., F.R.C.P. "Discussion on the Ætiology and Treatment of Infantile Eczema." *Proceedings of the Royal Society of Medicine*, March, 1926.

ALLNUTT, E. B., M.C., R.A.M.C. "Some Experiences in the Control of Fly-Breeding." *Journal Royal Army Medical Corps*, August, 1926.

BALL, W. GIRLING, F.R.C.S. "Discussion on Pyelography." *Proceedings of the Royal Society of Medicine*, June, 1926.

BARRIS, J. D., M.B., F.R.C.P., F.R.C.S. "Slow and Rapid Methods of Induction." *British Medical Journal*, August 7th, 1926.

BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S. (and F. W. H. SHENTON). *A Descriptive Atlas of Visceral Radiograms*. London: Henry Kempton, 1926.

BOURNE, GEOFFREY, M.D., M.R.C.P. "The Cardiac Circulation and Disease." *Lancet*, September 4th, 1926.

——. "Chronic Ulcerative Colitis in Children." *Archives Disease in Childhood*, June, 1926.

BROCKLEHURST, R. J., D.M., B.Ch. "Studies on the Physiology of Plain Muscle. The Effect of Alteration of Initial Length on the Tension produced on Contraction." *Journal of Physiology*, April, 1926.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Discussion on the Treatment of Exophthalmic Goitre." *Proceedings of the Royal Society of Medicine*, June, 1926.

BUTLER, T. HARRISON, M.A., M.D. "Montgomery Lecture on the Clinical Use of the Slit Lamp." *Lancet*, August 14th, 1926.

CHANDLER, F. G., M.A., M.D., F.R.C.P. "Hay Fever." *Lancet*, September 4th, 1926.

CLARK, W. E. LE GROS, F.R.C.S. "The Mammalian Oculomotor Nucleus." *Journal of Anatomy*, July, 1926.

COCKAYNE, E. A., D.M., F.R.C.P. "Case of Brittle Bones and Blue Sclerotics." *Proceedings of the Royal Society of Medicine*, June, 1926.

——. "Congenital Syphilis: Cirrhosis of Liver." *Proceedings of the Royal Society of Medicine*, June, 1926.

COLEMAN, FRANK, M.C., L.R.C.P., M.R.C.S., L.D.S. "Ivory Exostosis of the Mandible Simulating a Tooth." *Proceedings of the Royal Society of Medicine*, April, 1926.

CRONK, H. LESLIE, M.A., M.D., D.P.H. "Observations on Goitre in Children." *British Journal of Children's Diseases*, January–March, 1926.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. (J. H. BURN and H. H. D.). "The Vaso-Dilator Action of Histamine and its Physiological Significance." *Journal of Physiology*, April, 1926.

CHANGES OF ADDRESS.

BACON, E., Royal South Hants and Southampton Hospital, Southampton.

CARTLEDGE, N. E. D., The Croft, Quebec Road, Dereham, Norfolk.

CHAMBERLAIN, A. G., Southend Victoria Hospital, Southend-on-Sea.

DARLEY, W. W., Northampton General Hospital, Northampton.

DAY, C. A., Wolverhampton and Staffordshire General Hospital, Wolverhampton.

EVANS, Prof. C. LOVATT, Institute of Physiology, University College, Gower Street, W.C. 1 (Tel. Museum 8101); and 47, Hampstead Way, N. W.11 (Tel. Speedwell 2234—unchanged).

FEILING, A., 52, Montagu Square, W. 1. (Tel. Paddington 3917.)

SANKEY, R. H., 29, Banbury Road, Oxford.

SHARP, B. B., 53, Welbeck Street, W. 1. (Tel. Langham 3105.)

SMITH, NORMAN F., Atlantic Hotel, Funchal, Madeira.

TREISSMAN, H., St. Bartholomew's Hospital, Rochester.

WILLIAMSON, J. S., "Apthorp," 33, Fairlop Road, Leytonstone, E. 11. (Tel. Wanstead 525).

WORTLEY, E. D., The Park, Plumtree, Notts.

WRANGHAM, W., 23, North Park Road, Bradford.

APPOINTMENTS.

BACON, E., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Royal South Hants and Southampton Hospital.

CHAMBERLAIN, A. G., M.R.C.S., L.R.C.P., appointed House Surgeon to the Southend Victoria Hospital.

DARLEY, W. W., M.R.C.S., L.R.C.P., appointed third House Surgeon to the Ear, Nose and Throat Department, Northampton General Hospital.

DAY, C. A., M.R.C.S., L.R.C.P., appointed House Surgeon to the Wolverhampton and Staffordshire Hospital.

TREISSMAN, H., M.R.C.S., L.R.C.P., appointed House Physician to St. Bartholomew's Hospital, Rochester.

WARD, R. OGIER, D.S.O., M.C., M.Ch.(Oxon.), F.R.C.S., appointed Surgeon-in-Charge of the Genito-Urinary Department, The Miller General Hospital.

BIRTHS.

HORDER.—On September 6th, at Findelen, London Road, Tunbridge Wells, to Jessie (*née* Given), the wife of Cecil A. Horder, F.R.C.S. a daughter.

TAIT.—On August 18th, at Archpool, Handcross, Sussex, to Joan (*née* Alford), wife of Greville Tait, M.B., B.Chir.—a son.

WALL.—On September 17th, at the Victoria Nursing Home, Shanghai, China, to Margaret (*née* McGregor), wife of A. D. Wall, M.B., F.R.C.S.—a daughter.

MARRIAGE.

LANDAU—GUBBAY.—On July 22nd, at the Spanish and Portuguese Synagogue, London, W.. Dr. Joseph Victor Landau, of 20, Highbury New Park, N., son of the late Mr. and Mrs. Marcus Landau, to Marjorie, daughter of Mrs. Yorke Gubbay and the late Mr. Gubbay, of 131, Broadhurst Gardens, N.W.

DEATH.

DAVENPORT.—On September 4th, 1926, at Shanghai, Cecil John Davenport, F.R.C.S., aged 61.

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. XXXIV.—No. 2.] NOVEMBER 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Mon., Nov. 1.—Special Subject Lecture by Mr. Harmer.
Tues., ,, 2.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed., ,, 3.—Surgery. Clinical Lecture by Sir Charles Gordon-Watson.
Clinico-Pathological Demonstration.
Thurs., ,, 4. Abernethian Society. Mr. C. F. Watts on "The Cambridge University Tour."
Fri., ,, 5.—Medicine. Clinical Lecture by Sir Percival Hartley.
Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., ,, 6.—Rugby Match *v.* London Welsh. Away.
Hockey Match *v.* Shoeburyness Garrison. Away.
Mon., ,, 8.—Special Subject Lecture by Mr. Rose.
Tues., ,, 9.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 10.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Clinico-Pathological Demonstration.
Rugby Match *v.* U.S. (Aldershot). Home.
Fri., ,, 12.—Medicine. Clinical Lecture by Sir Thomas Horder.
Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat., ,, 13.—Rugby Match *v.* Moseley. Home.
Hockey Match *v.* Hendon. Away.
Mon., ,, 15.—Special Subject Lecture by Mr. Elmslie.
Tues., ,, 16.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Wed., ,, 17.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Clinico-Pathological Demonstration.
Thurs. ,, 18.—Abernethian Society: Clinical Evening.
Fri., ,, 19.—Medicine. Clinical Lecture by Sir Percival Hartley.
Sir Thomas Horder and Mr. L. B. Rawling on duty.
Last day for receiving matter for the December number.
Sat., ,, 20.—Rugby Match *v.* Bristol. Away.
Hockey Match *v.* D/East Surrey Regt. Home.
Mon., ,, 22.—Special Subject Lecture by Mr. Scott.
Tues., ,, 23.—Dr. Langdon Brown and Sir Charles Gordon-Watson on duty.
Wed., ,, 24.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Thurs., ,, 25.—**Abernethian Society: Sir Thomas Legge —"The Duty of the Medical Practitioner in Relation to Industrial Practice."**
Fri., ,, 26.—Medicine. Clinical Lecture by Dr. Morley Fletcher. Prof. Fraser and Prof. Gask on duty.
Sat., ,, 27.—Rugby Match *v.* Devonport Services. Home.
Hockey Match *v.* Clare Coll., Cambridge. Away.
Mon., ,, 29.—Special Subject Lecture by Dr. Cumberbatch.
Tues., ,, 30.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

EDITORIAL.

THE god New Health, who has been adopted as this season's deity by the larger part of our less intermittent contemporary publications, is a spirit responsible for some queer problems. Further, this importunate ghost has become entangled with the old demon of uninstructed and erroneous reporting (witness the recent description of an entirely successful new operation for performing a blood transfusion directly into the wind-pipe), so that the public scarcely knows whether it is dealing with a free-lance or a society. Are we, for petty considerations of professional honour or scientific accuracy, to deprive the Press of its greatest source of pleasure—the putting across of a snappy bit of stuff? Can the best doctors write good English, or are the most journalistic necessarily the best doctors? Will an oft-repeated comparison between the exceptional nursing powers of negro ladies with the rather ineffectual efforts of their more delicate sisters really help them to recapture their lost bodily prowess? No, our milk is failing for the same reason that our eyes and our teeth are failing, and the dimensions of the present Motor Show at Olympia provide an excellent reason why our legs should shortly follow suit; for artificiality is born of over-crowding. There are many penalties for advancing so far out of monkeyhood, and this clash of Press and Profession is among the smallest of them. As was suggested at the British Medical Association discussion, the formation of a responsible committee of censorship will, if it takes place, provide a very good test of what the public really wants. We suspect that undressed scientific facts will provide as unappetizing a diet to this generation of sensation-lovers as nuts and fruit to the gouty. But that may be because we have never heard favourable comments on any of our own (often excellent) matter, except the

exciting or the more broadly humorous. Scanty leisure moments naturally cannot be occupied with the "heavy."

Produce a few well-formed individuals only, spread them out, stop building sky-scrapers, let the grass grow, and the present problem we guarantee will lose its urgency.

* * *

The Old Students' Dinner, held in the Great Hall of the Hospital on October 1st, was a pronounced success, both as a dinner and as a social gathering, even if, as an example of after-dinner speaking, it left something to be desired. We liked best the speech of Sir Percival Hartley, partly because he paid us a very graceful compliment. Dr. Holmes Spicer occupied the Chair, and notable guests included Sir William Beveridge, Vice-Chancellor of the University of London, and Sir Archibald Garrod.

* * *

We wish to thank very warmly our friends of Fleet Street and the City in general, and especially the Fleet Street Week Committee, for enabling the Week to be such an outstanding financial success. We deal with this subject on another page.

* * *

To those in whom Dr. Roxburgh's exhaustive article on the effects of ultra-violet light on skin lesions arouses a desire to seek more light, we recommend a very fine book lately to hand—*Light Treatment in Surgery*, by Dr. Oscar Bernhard, of St. Moritz (Preface by Leonard Hill, F.R.S.). This deals thoroughly with the sunlight treatment of wounds and of surgical tuberculosis, as well as other minor conditions, approaching the subject from a biological standpoint.

* * *

We congratulate Dr. P. P. Debono, M.D., F.R.C.S., on being appointed Professor of Surgery in the University of Malta.

* * *

The Wellcome Historical Medical Museum, originally declared open by Sir Norman Moore, was re-opened on October 14th with Sir Humphry Rolleston in the Chair. Among the speakers was Sir D'Arcy Power. As, therefore, this Hospital has been closely connected with the Museum, we hope to publish in our next issue an account of the main features of a very interesting collection by the Conservator. There is a standing invitation to all members of this Hospital, including the Nursing Staff, to see over the Museum.

* * *

We have received the Annual Report of the Medical Sickness, Annuity and Life Assurance Society, Ltd., for the year ending June 30th, 1926. Claims under policies amounted to £5190 5*s*. There were 241 new Assurance policies, and the amount of Sickness Assurance Fund at the end of the year was £310,306 15*s*. 5*d*., showing an increase of £24,754 2*s*. on the year.

* * *

The following gentlemen have been nominated to House-Appointments from November 1st, 1926:

Junior House Physicians—	
Dr. Morley Fletcher.	R. H. Knight.
Sir Percival Hartley.	W. A. Barnes.
Prof. F. R. Fraser.	E. N. Allott.
Sir Thomas Horder, Bart.	J. Dockray.
Dr. Langdon Brown.	K. A. Hamilton.
Junior House Surgeons—	
Sir Holburt Waring.	E. D. Moir.
Mr. W. McAdam Eccles.	H. P. Nelson.
Mr. L. B. Rawling.	A. J. M. Melly.
Prof. G. E. Gask.	L. V. Pearson.
Sir C. Gordon-Watson.	R. H. Bettington.
Intern Midwifery Assistant (Resident) .	J. W. D. Buttery.
Intern Midwifery Assistant (Non-Resident)	J. R. Beagley.
Extern Midwifery Assistant . . .	J. N. C. Ford.*
H.S. to Throat and Ear Departments .	H. J. Seddon.
H.S. to Ophthalmic Department . .	H. F. Brewer.
H.S. to Venereal and Skin Departments .	J. B. Crabtree.* H. F. Hiscocks.†
H.S. to Orthopædic Department . .	D. C. Price.
Resident Anæsthetists	J. T. Hunter.‡ G. G. Holmes. L. Holmes.

* 3 months, November. † 3 months, February. ‡ 12 months. All others for 6 months.

THE LAND OF ST. FRANCIS.

THERE is significance in the very spontaneity of the celebration of the seventh century of St. Francis's death. To some he is the rediscoverer of the spirit of Christianity, to some he represents an almost pantheistic delight in the world of nature, to others, as to Renan, he is the father of Italian art. Certainly his life inspired Giotto to many of his happiest efforts.

It is true that a more humanitarian attitude had begun to prevail even before his time; our own hospital was already more than fifty years old when he was born. But it was in St. Francis that this spirit found its most complete expression. It is perhaps just because his life was a protest against formalism and materialism that his influence is so strong to-day, because it is so much needed.

Wilfrid Trotter has said, "Let a man beware of disciples." It is doubtful how far Plato modified the teaching of Socrates; some would point to a still more exalted example of a Master's teaching being altered by a disciple. Certain it is that even in St. Francis's lifetime men like Elias and Leo so profoundly altered the Order he founded that he could no longer find a place within its ranks. It is the common fate of all great teachers.

Soon after his death they heaped three churches, one over the other, on top of his body, as if determined that his spirit should no longer move among men. The small home in which he lived and worked, the Portiuncula, is emblazoned with inappropriate frescoes and enclosed in the enormous church of Santa Maria degli Angeli. But all in vain; for the man was greater than any building.

Not that the churches of St. Francesco are not beautiful. The crypt wherein his body lies may be pretentious with its nineteenth century restorations, but the lower and upper churches have been designed to form a striking and appropriate contrast. The lower church is filled with a dim solemnity, its arches are low, its structure massive. The upper church is full of light and space; its arches soar, its spirit is joyous. The same contrast is expressed in the frescoes, which are dignified in the lower church, full of sunshine in the upper. Of the latter, St. Francis preaching to the birds is the best known and most favourite example, showing Giotto at his best.

Umbria has been called the land of poverty and peace. Even to-day industrialism has only faintly touched its fringe, without alleviating its poverty or disturbing its peace very much. Standing on the terrace at Perugia where once stood the papal fortress, one sees the Umbrian valley crowned by its ring of hill towns, very much as they appeared in his day. There is the Roman bridge across the Tiber over which he walked, there springs the river Clitumnus out of the rock, clear and cool as when its praises were sung by Roman poets. There stand Trevi, Spello, Spoleto that repulsed Hannibal, Montefalco and many others. But most of all does Assisi, "a rose red city, half as old as time," focus the attention. And it is chiefly because of St. Francis that the eye seeks it out. Every hour that splendid vista changes with the changing light. But it is most beautiful when the sun sinks behind the hills and the valley is filled with a luminous violet haze. And as the daylight fades and the lights sparkle on each hill town there forms a picture that does not soon fade from the memory.

This view is the best initiation to the land of St. Francis, the land whence came the light that dispelled the Dark Ages. Goethe visited the Temple of Minerva at Assisi, and having seen it walked down the hill again without turning his steps towards San Francesco. This gives a measure of the difference between his time and ours; to-day such indifference is unthinkable.

But though Assisi is the centre of interest in this fascinating country, the memory of St. Francis will impel the traveller to climb up into the mountain fastnesses to which he at times retired for rest. One such is the Carceri, nestling in a cleft of Mount Subasio. Twenty years ago one might see a shepherd, clad in sheep-skins, standing on the sky line as one toiled up to the quiet little monastery in the woods. The gate was opened by a jolly old custodian, like Simon the Cellarer, who refreshed the heated traveller with a draught of wine cooled in the depths of the monastery well. Here one could see the very haunts of St. Francis and walk in his wooded garden. To-day the ascent is easier, thanks to the road made by the Austrian prisoners of war. The wild-looking shepherds have vanished and Simon is gathered to his fathers, but the tiny monastery is the same as ever. The birds still sing in the garden of St. Francis, finding sanctuary here from the "sportsmen" who, fearfully and wonderfully clad, sally forth every week to kill even sparrows elsewhere in Italy.

To-day Assisi will be thronged with pilgrims; they will crowd into the garden of thornless roses at the Portiuncula, and then climb the hill to San Francesco, which glows as it has glowed for nigh on seven hundred years with the very beginnings of that art which has made Italy famous throughout the world. Their motives may be mixed and various, but if we would seek an explanation of why to-day the thoughts of so many turn to the "Poverello" of Assisi we may find it in these words: "Such an appeal as that of St. Francis can never be understood unless it is remembered how there were and there are on his side the hidden longings and the lost dreams of mankind, and all its hopes so long deferred." W. L. B.

October 4th, 1926.

THE RESULTS OF ULTRA-VIOLET LIGHT TREATMENT.

SO much has been written in recent years about the properties and effects of ultra-violet radiation, that my only excuse for adding to the flood of literature on this subject is that it may be interesting to St. Bartholomew's men to have an account, unbiased as far as possible, of the results which have been actually recorded from the use of this form of treatment, in this Hospital, during a period of about twenty-one months. The Light Department forms part of the Skin Department and is under the charge of Dr. Adamson.

I will not deal here with the physical properties or the methods of production and measurement of this form of radiant energy, as these are adequately covered in Prof. F. Ll. Hopwood's paper, "The Physical Basis

of Light Therapy," in the *St. Bartholomew's Hospital Reports*, 1926, lix, pp. 97–111.

The types of lamp used in our Department are two large 75-ampère, short-flame, open carbon arcs, using Conradty "Noris-Chromo" carbons and one K.B.B. air-cooled mercury vapour lamp (atmospheric type).

The carbon arcs are used for treating at one time six to eight patients, who sit or stand around them at a distance of 3 ft., exposing in turn their fronts, backs and sides to the light. The period of exposure starts with five minutes for each area, and is increased gradually up to half an hour for each area. Treatments are given from two to six times per week.

The mercury vapour lamp is used for the general treatment of patients who are unable to sit up or stand, or who have to be given their treatment in the shortest time possible. This lamp is the one used for the local treatment of alopecia areata, ulcers, acne, etc.

General treatments with this lamp are given by exposing four areas of the body in turn, viz. front and back of trunk and front and back of legs, the patient lying on a couch with the lamp vertically above him at a distance of 12 in. Exposures start with 2 minutes to each area, and are increased up to 15 minutes to each area, so that a whole bath may take 1 hour to give.

Local treatments start with 2 minutes at 12 in., and may be increased as required up to 10 minutes at 6 in.

The drawback of all quartz mercury vapour lamps, apart from their fragility, is that their ultra-violet emission falls off rapidly when the lamp is new, and then more slowly but continuously. After about 1000 hours of use the lamp has either to be cleaned or the quartz reconditioned, according to the type of burner.

A method of treatment which has been used in a few cases with apparently as good results as general treatment is to divide the patient's body up into about six areas, *e.g.* chest, abdomen, upper back, lower back, front of thighs and back of thighs. A brisk erythema dose is then given to only one area at a time, the areas being treated in rotation, at the rate of two per week. By the time the rota comes round again to the first area treated this has gone through its cycle of changes (erythema, desquamation, pigmentation) and is ready to react afresh to the next dose of light. This method promises economy both of time and current, and will probably be more developed in the future. To produce an appreciable effect from light it seems to be necessary to produce an erythema of some degree, and usually the patients who pigment well are those who improve under light treatment.

I will not dwell on the effects which are stated to be produced by ultra-violet light on the human organism, as these are all set out in the books which deal with this subject, but will pass on directly to the results actually obtained.

It will be seen from the table that in the period under review 272 patients, suffering from 56 different diseases or conditions, were treated. Of these 20·8 per cent. were cured or much improved, 46·5 per cent. were improved to some degree, and 32·7 per cent. were either not improved at all, were made worse, or no note was made of their condition after treatment, which in most cases probably indicates that there was no striking change to record.

I will consider in turn a few of the diseases treated on which remarks seem to be called for.

Rheumatoid arthritis.—All 8 cases treated showed some improvement, and in 2 this was pronounced. The appearance of the joints was, in general, little altered, but the pain was less, movement was freer and the patients' general health was improved.

Rosacea.—In 1 case without pustulation the improvement was dramatic; in another, very pustular, the improvement, though visible, was less after some weeks' treatment, than was produced by a single dose of X-rays.

Tuberculous conditions.—A large number of these have been treated. Twelve out of 16 cases of *tuberculous glands* improved, though not infrequently the glands broke down before healing commenced. Many of them had previous, or concurrent, X-ray treatment.

In 3 cases of *tuberculous joint* the results were disappointing, although 1 of the patients (T.B. knee), æt. 12, gained 12 lb. in weight during 35 treatments.

In *lupus vulgaris* the results, though useful, and in one or two cases dramatic, do not approach the "over 90 per cent. of cures" which are reported by some clinics as a result of combined treatment with Finsen light and general light-baths.

This discrepancy is no doubt partly accounted for by the fact that the majority of our patients have been treated with light-baths without any local treatment. This was done in order to assess the value of general as opposed to local treatment, but it seems evident that the majority of cases of lupus vulgaris require both local and general treatment.

Cases of *tuberculous peritonitis* did badly.

Non-tuberculous ulcers did well, only 1 out of 8 not being improved at all, while the other 7 were either cured or improved by local application of U.V.L. In one child with extensive ulceration of the legs, whose nature could not be determined in spite of many attempts, U.V.L. brought about a rapid cure after X-rays, scraping, N.A.B. and other agents had failed.

In *acne vulgaris* the results were less striking than

RESULTS OF TREATMENT WITH ULTRA-VIOLET LIGHT. *October, 1924, to June, 1926.*

Disease.	Number of cases treated.	Cured or much improved.	Number of treatments. Max.	Number of treatments. Min.	Somewhat improved.	Number of treatments. Max.	Number of treatments. Min.	Not improved, worse, or no report.	Number of treatments. Max.	Number of treatments. Min.	Remarks.
Arthritis—											
Osteo-arthritis	1	—	—	—	1	14	—	—	—	—	—
Rheumatoid arthritis	8	2	84	55	6	39	26	—	—	—	Pain less. Movements freer. General health improved.
Synovitis	1	—	—	—	1	10	—	—	—	—	Did not complete treatment.
Circulatory disturbances—											
Chilblains	2	—	—	—	2	30	5	—	—	—	—
Raynaud's disease	2	1	7	—	1	66	—	—	—	—	—
Rosacea	3	1	14	—	1	7	—	1	27	—	—
Toxic conditions—											
Urticaria	1	—			—	—	—	1	4	—	Ceased attending.
Papular urticaria	1	—			1	30	—	—	—	—	General health improved.
Infections—											
a. Tuberculous											
Abscess	2	1	123	—	1	12	—	—	—	—	—
Bazin's erythema induratum	7	—	—	—	4	46	20	3	37	10	—
T.B. of eye	2		—	—	2	64	14	—	—	—	—
T.B. of glands	16		—	—	12	126	17	4	—	—	—
T.B. of joints	3				—	—	—	2	77	38	—
Lupus vulgaris	42	12	239	10	9	500	—	21	—	—	—
T.B. peritonitis	11	1	32		3	114	28	7	—	—	4 died, 3 worse.
T.B. sinus	10	4	126	7	3	39	19	3	46	9	—
Sarcoid	1	1	39	—	—	—	—	—	—	—	Later developed phthisis.
b. Other infections—											
Abscess, subphrenic	1	—	—	—	—	—	—	1	—	—	Died after 4 treatments.
,, other	2	2	11	9	—	—	—	—	—	—	—
Arthritis, suppurative	2	—	—	—	1	33	—	1	44	—	—
Acne vulgaris	3	—	—	—	2	25	6	1	2	—	—
Broncho-pneumonia	6	—	—	—	4	43	11	2	51	2	—
Boils	4	2	33	31	1	105	—	1	7	—	—
Blepharitis	5	—	—	—	4	32	12	1	—	—	—
Cellulitis	2	—	—	—	2	30	7	—	—	—	—
Corneal ulcer	3	—	—	—	3	11	8	—	—	—	All gained weight, left ward and ceased attending.
Endocarditis	2	—	—	—	1	31	—	1	—	—	Discharged himself.
Ecthyma	1	1	23	—	—	—	—	—	—	—	—
Empyema	1	—	—	—	1	214	—	—	—	—	—
Impetigo	11	3	8	2	3	—	—	5	—	—	2 no improvement; 3 no report.
Iritis, recurrent	1	1	38	—	—	—	—	—	—	—	—
Lympho-granuloma	1	—	—	—	1	82	—	—	—	—	—
Osteo-myelitis	4	—	—	—	4	58	7	—	—	—	—
Onychia	1	—	—	—	1	18	—	—	—	—	—
Rhinitis	1	—	—	—	1	17	—	—	—	—	Lost 4¼ lb. in weight.
Sinus, post-operative	2	—	—	—	2	30	11	—	—	—	—
Ulcers	8	3	92	44	4	57	15	1	7	—	Mostly on legs.
Skin diseases not otherwise classified—											
Alopecia areata	23	10	54	7	6	96	25	7	59	16	2 patients lost all hair of head in spite of treatment from start.
Alopecia, after X-ray treatment	3	1	9	—	2	23	21	—	—	—	—
Cheilitis exfoliativa	1	—	—	—	1	62	—	—	—	—	—
Dermatitis	6	—	—	—	3	76	15	3	—	—	—
Eczema	10	2	64	27	5	120	11	3	—	—	1 died of broncho-pneumonia after 17 treatments.
Lichen planus	3	—	—	—	—	—	—	3	—	—	1 no improvement, 10 treatments; 2 no report.
Lichenification	1	—	—	—	1	8	—	—	—	—	—
Psoriasis	4	1	90	—	3	105	23	—	—	—	—
Schamberg's disease	1	—	—	—	—	—	—	1	67	—	General health improved.
Sclerodermia (morphœa)	2	1	40	—	—	—	—	1	20	—	Could not continue.
Other conditions, unclassified—											
Abdominal pain after appendicectomy	1	1	10	—	—	—	—	—	—	—	—
Anæmia, secondary	5	1	10	—	1	3	—	3	13	10	2 died.
Asthma	2	—	—	—	1	130	—	1	12	—	Died.
Burns	1	—	—	—	1	27	—	—	—	—	—
Carcinoma recti	4	—	—	—	4	24	13	—	—	—	General health improved.
Debility	9	2	15	9	4	30	8	3	9	4	3 no report.
Mastoid operation; unhealed wound	9	2	21	7	3	16	13	3	14	—	1 no improvement; 2 ceased attending.
Neurasthenia	3	—	—	—	2	25	12	1	10	—	—
Rickets	11	1	20	—	8	33	9	2	51	—	1 died; 1 no report.
Total	272	57			127			88			
		20·8%			46·5%			32·7%			

those of treatment by X-rays, and many more treatments were required.

In *impetigo contagiosa* the cure seemed to be definitely accelerated in more than half the cases by the employment of U.V.L. in addition to ordinary antiseptic treatment, and in one or two cases to be possible with U.V.L. alone. X-rays, as is well known, make impetigo worse.

Some writers have claimed U.V.L. to be almost a specific in the treatment of *alopecia areata*. Our results do not support such a conclusion. Ten cases out of 23 were either cured or much improved while another 6 were improved to some extent, but 7 were completely unaffected, and in 2 of them all the hair of the head came off, although light treatment was started on the appearance of the first patch.

In my opinion all we can say is that ultra-violet radiation is the most efficient treatment we possess at present for stimulating the re-growth of hair, but it does not prevent the spread of alopecia areata.

In alopecia caused by slightly excessive doses of X-rays applied for the cure of ringworm of the scalp some improvement was noticeable in all the three cases treated.

In *chronic eczema and dermatitis* ultra-violet light is useful, but in the majority of cases the effect, even after many treatments, is much less than can be produced by a single small dose of X-rays. Every now and then, however, one comes across cases which react better to U.V.L. than to X-rays.

In extensive *psoriasis* a prolonged, intensive course of U.V.L. caused temporary cure or improvement in all 4 cases treated, though at St. John's Hospital for Diseases of the Skin I have found cases which are made worse by light. In most cases an equal degree of benefit can be achieved more quickly, though less pleasantly, by the use of chrysarobin.

Five cases of *secondary anæmia* were treated. In one (a lady home from India), after 10 general carbon arc baths in two weeks the patient had gained 1½ lb. in weight. The red blood-count rose from 4,050,000 to 4,416,000 per c.mm., hæmoglobin from 78% to 88%, colour index from 0·97 to 1·0, while in the same time the white blood-corpuscles fell from 12,400 to 10,000 per c.mm.

One other case was improved after 3 treatments, one was not improved after 13 treatments, while two died.

Eleven cases of *rickets* were treated. Of these one was greatly improved after 20 treatments, eight improved somewhat and one died.

Several of these cases, when they had improved to some extent, were discharged from their wards to convalescent homes or elsewhere, and as they were unable to come up as out-patients their treatment was not completed.

About 55% of the patients having general light-baths gained weight while under treatment, the most striking examples being as follows :

Age.	Disease.	Gained.	Period of treatment.	Number o treatments.
Years.		lb.	Months.	
12	Tb. glands . . .	13	2	47
14	Arthritis . . .	11½	4	114
17	Tb. sinus . . .	14½	7	85
21	Rheumatoid arthritis .	3	1	20

About 23% lost weight, the following being the most pronounced examples :

Age.	Disease.	Lost.	Period of treatment.	Number of treatments.
Years.		lb.	Months.	
27	Lupus vulgaris . .	4½	7	123
31	,, ,, . .	3	2½	23
35*	Sarcoid . . .	7	2½	30*
38	Lupus vulgaris . .	5	6	83

* Developed phthisis.

Although most of those who improved under treatment gained weight, yet loss of weight was not infrequently concurrent with improvement or cure of the local condition, *e. g.* lupus vulgaris.

22% showed no change in weight.

In trying to summarize the results of treatment by ultra-violet radiation one has to bear in mind that even in the patients who are reported as "not improved," there was, in the majority, an improvement in general health and in feeling of well-being and usually some increase in weight.

In conclusion I think one may fairly say that although by no means the "general specific" for everything from alopecia to corns which some would have us believe, ultra-violet radiation is a very valuable aid in the treatment of a number of different diseases. In many of these it acts, no doubt, simply by improving the patient's general health, and so enabling him to combat his disease more effectively.

I am indebted to Dr. Adamson for permission to publish these results, and to Miss Cambell and her assistants for their careful keeping of the records on which these statistics are based.

A. C. ROXBURGH.

THE PRESENT POSITION OF PSYCHO-THERAPY.

(*Concluded from p.* 11.)

THE third method of treatment, that by explanation and re-education, is quite efficient and successful, and avoids most of the difficulties just mentioned. By using the theory referred to earlier in this paper, only that much of the patient's mind is explained to him as is necessary for his understanding of his own condition and of his symptoms.

Something has occurred or is occurring in the patient's life which stimulates his instincts (self-preservation, reproduction, or the protection of his own property, the protective instinct, with their emotions of fear, and sex, and anger). For some reason these cannot gain sufficient expression, and a very short experience of the use of the method enables the psychologist to recognize which of these instincts has been aroused. The patient is enabled to take an interest in these problems when the process of repression is explained to him, as it can be explained quite simply, to people with very little education.

There is very little risk of the transference of sexual impulses towards the practitioner, and, because the patient recognizes these repressions to be universal, self-depreciation is avoided, and, on the contrary, the patient is comforted by the recognition that his difficulties are shared by the rest of mankind.

The patient can now set about his own cure under the direction of the physician, and when once he has succeeded in settling his problem he is ever afterwards protected from any similar difficulty by the knowledge of himself and of mental disturbances generally which he has gained by the treatment. By this understanding of his condition, secondary fears, those arising from the lack of understanding of the symptoms themselves, are immediately relieved. In practically every case of psycho-neurosis there is a fear of insanity, which is extremely damaging to the patient, and can only be relieved by the process which has been briefly outlined.

The method is rapid: usually twelve or fifteen interviews of an hour each spread over three months are sufficient to produce cure, and it is particularly suitable for use by busy practitioners and in out-patient departments where large numbers of cases must be treated. Frequently one or two short interviews will put the patient on the right track and enable him to recover of his own accord. This is illustrated by a case which recently came for treatment to the Psychological Department at St. Bartholomew's Hospital.

A man, æt. 29, a dock policeman, was kicked in the abdomen by a horse during the war. This was followed by duodenal obstruction, and he was operated upon and a gastro-enterostomy performed while he was in the Army. This relieved the condition, except that he developed a ventral hernia. In 1921 the obstruction recurred, and at operation some adhesions were removed. Six months later he had another attack of acute obstruction, which was again relieved by the removal of adhesions. The patient recovered, and has had no signs of obstruction since, but he developed a terror of intestinal obstruction. He never knew when it was going to occur again, and was in a constant state of conscious or subconscious apprehension. He struggled to continue his work, but the long hours on duty and his inability to obtain relief prevented him from keeping his bowels regular, and each time that he had to exercise control he was terrified of its possible effect. As secondary symptoms he developed attacks of giddiness, which were no more than emotional states due to his fears, but he himself, having no means of judging them at their true value, looked upon them as fainting attacks, and he was in constant fear that he might fall into the docks and be drowned. The explanation of this phenomena and a repetition of the explanation at a second interview enabled the patient to return to his duties, although his physical disablement still existed.

As the patient begins to understand the cause of his ill-health and learns to apply the teaching to his own symptoms, he becomes re-educated, obtaining a true insight into his condition, and recognizing in the symptoms as they arise confirmation of what he has been told by the physician. At first he is only able to do this after the attack of emotion is over, then he is able to reason while he is undergoing the actual emotion, and finally he is able to recognize circumstances in which at one time the emotional state would have occurred. In the above-mentioned case this would apply first of all to the patient's fear of falling into the water. It is still necessary to deal with his fear of intestinal obstruction, which he has already experienced twice, and also with his obsession that if he has to restrain the normal action of his bowels obstruction will follow. This last condition probably arose from a warning that was given to him at some time that he must never allow himself to become constipated. It shows how necessary it is to exercise caution in warning a patient, and how careful the physician should be to explain exactly what risk the patient runs. The re-instatement of his confidence in himself and in his health in such a case as this would probably be assisted by a change in his environment and of his employment to some occupation which would give him greater interest

and take his mind away from himself. This case has been chosen because a condition of this sort occurs frequently after operations, and because it illustrates the secondary fears which may arise in any case of psycho-neurosis.

Speaking broadly, there are two types of patient who come to the psychologist for treatment—the anxiety neurosis, which corresponds roughly to the old idea of neurasthenia, and the conversion neurosis, which corresponds to the condition which used to be called hysteria or functional nervous disease. Both of these conditions arise from the same general cause—the repression of one or other of the three primitive wishes which have been mentioned earlier in this paper.

The anxiety neurosis is more likely to occur amongst the educated and more intelligent classes, while the conversion neurosis occurs amongst the simple or less well educated part of the population. The symptoms of the anxiety neurosis are mental rather than physical. The patient complains of restlessness, irritability, depression, sleeplessness, loss of appetite and inability to concentrate, the effort to concentrate producing a feeling of dullness or emptiness in the head. These mental symptoms are associated with a feeling of weakness and inability to make any effort. The headache which accompanies this feeling is caused by the "anxiety expression," which is constantly present, and which causes a contraction of the muscles of the scalp and back of the neck. Any one of these symptoms may be more prominent than the rest, depending, as a rule, upon the way in which the patient is ordinarily obliged to live his life. For example, the business man, suffering from an anxiety neurosis, may complain of inability to concentrate, while his wife, suffering from the same condition, would probably complain that she worried unnecesssarily over small matters.

Because of the attention that these people direct towards their own physical state they will complain of symptoms which are no more than subjective sensations, depending upon the part of the body to which their attention is directed. These are important because they cause the development of secondary anxieties, although it is not possible here to give them more than a passing mention.

The anxiety neurosis is frequently associated with phobias of various kinds, a phobia being a feeling of dread which arises without an apparent adequate cause. This symptom, again, can only be referred to quite briefly. It is due to an emotion which belongs properly to some earlier experience which has been repressed and forgotten, being transferred to some new object in everyday life. The original emotion fitted the original experience, and it must be remembered that if these experiences occurred in childhood some quite simple occurrence may be associated by the imaginative child with a very extreme terror. When the old emotion is aroused, by association with some new set of conditions, the new conditions are obviously inadequate to explain a terror which cannot be controlled by the patient. The war produced a large crop of such cases.

The cases of conversion neurosis form a very large class. The object of the conversion symptom or functional disturbance is to call attention to the strain from which the patient is suffering, and if possible to remove the patient from the conditions in which the mental conflict arises. The symptom is imposed upon the conscious mind by the subconscious wish, and to the patient it is just as real as an actual physical disablement would be. The symptom is suggested to the patient by some accidental circumstance. It is as if the subconscious mind were waiting for an excuse to deceive the conscious mind of the patient, and take advantage of any opportunity to produce a symptom which the conscious mind will accept. Thus, for example, a patient may get an attack of laryngitis, which makes speech difficult, and he will develop aphonia or mutism. A slight injury to the arm or leg may develop into a flaccid paralysis of the limb, or a gastritis may result in persistent functional vomiting. The symptom will be as complete as the patient's knowledge can make it, although the functional nature of the condition is quite easily recognized. Thus, an anæsthesia will be always of the glove or stocking variety, because the patient has no knowledge as to the distribution of the cutaneous nerves.

In treating such patients it must be remembered that the symptom is of use to the patient, and that it will persist as long as the original mental disturbance is in existence. The patient will, in fact, resist to the utmost all attempts at its removal, and if by any means one functional symptom is rendered unbearable to the patient by painful treatment, another symptom will take its place. Probably in the second case the symptom will be much more difficult to remove. When the original conflict has been removed the symptom will usually disappear spontaneously, or can be readily removed by some form of suggestion. It should be remembered that the conversion symptom may be superimposed upon a definite physical disorder, and may persist when the physical disturbance is relieved. Such a circumstance arising in the course of a simple illness will indicate that the patient is suffering from some disturbance of the mind, which must be dealt with before complete recovery can take place.

There has been a tendency in the past for medical men to look upon these cases of conversion neurosis as of little importance, and once the case has been labelled "functional" to lose interest in the patient. The fact is that not only are these patients extremely interesting, but they are easily treated and bring credit to the practitioner.

The anxiety state associated with the protective instinct can, perhaps, best be illustrated by a case: A schoolmaster who had built up a preparatory school by his and his wife's efforts from a very small beginning until he had eighty boys under his care was very proud of it and of its organization, and the reputation that his boys had gained by earning scholarships.

The school had outgrown his house, and when the manor house of the neighbourhood came into the market, and in order to be able to purchase it, he took his cousin into partnership. This man was a well-known athlete, a triple blue, and a very nice man, whose presence in the school would be a definite asset. Unfortunately this cousin had a wife who could not be content with a passive *rôle* and who demanded a share in the activities of the school. In order to satisfy this she was given charge of the catering, and in the first term that she undertook it the cost of feeding the boys was increased by several hundred pounds; the children were so badly fed that there was a parents' meeting in London about it, the whole of the domestic staff of the school gave notice and left, and several of the teaching staff were unable to put up with this woman's constant meddling in the affairs of the school.

The patient saw, in imagination, this woman destroying his school; he could not see her talking to a master without feeling apprehensive. She showed favouritism amongst some of the older boys, which was extremely bad for the tone of the school, and in fact she became a definite threat to the well-being of this patient's valued possession. His partner was unable to control his wife, and the position became so bad for the patient that he began to show anxiety symptoms.

He had always been very good-tempered: he now began to lose his temper with the boys. His teaching had been first-class: he was now conscious that it was less good. He had always been optimistic of his pupils' successes: he now expected them all to fail in their examinations. He became excessively depressed and miserable, and on one occasion he found himself taking out and loading his revolver with the definite idea of suicide in his mind. This so frightened him that he consulted his own doctor, who sent him on for treatment.

It is obvious that what the patient really wanted to do was to destroy his enemy, while his civilization insisted on his being more or less polite to her. When this was explained to him he recognized all the processes that were occurring. He realized that the cure of the condition, apart from an understanding of the case, lay in getting rid of his partner and his partner's wife, and when he had done this he completely recovered.

Such acute cases are easy to treat, and recover rapidly. This case has been quoted at length because it illustrates the anxiety state so well, and also because its cause was conflict arising from this protective instinct, which is not generally recognized by psychologists as causing an anxiety neurosis, whereas in fact it is a very common cause indeed for such states.

A typical case of a conversion neurosis and, therefore, one which is quoted here, is the following: An unmarried woman, æt. 23, of the superior artisan class, ceased to menstruate after a visit to London of her sailor lover. Her letter to him announcing this fact crossed in the post a letter from him in which he broke off the engagement. She was in despair and took a large quantity of oxalic acid, and she was admitted to St. Bartholomew's Hospital, where she was treated and recovered from the poisoning. Following this her menstruation became regular again, but a few days later she lost the use of her left arm—a quite obvious functional paralysis. There were some scars on the left forearm where an old cellulitis had been opened, and it was clear that her left arm had always been weaker than her right arm, and was, in consequence, chosen for the conversion symptom. It was demonstrated to her that her arm was perfectly sound, and the paralysis disappeared as suddenly as it had come. Two days later she started to vomit—typical functional vomiting, the food never being allowed to remain in the stomach, but being regurgitated as soon as it was swallowed. Under observation it was recognized that this was again a conversion symptom, replacing the paralysis of the arm, but it was so persistent that in four weeks the patient had lost 2 stone in weight, and, what is rather unusual in such cases, she complained very much of hunger.

It seemed obvious that the cause must be the fact that she had been jilted and the shame of her condition, but she quite sincerely affirmed that she did not care any longer for the man, and that she was quite happy to have got rid of him. Eventually it came to light that her father, of whom she was very fond, had said that she must never enter his house again, and that he had disowned her. He had never visited her in hospital. The father explained that he had taken this action in order to protect her from anything of the same kind happening to her again, and the day that they were reconciled her vomiting ceased and she made a complete and rapid recovery.

The third method of treatment has been considered at some length because it has been less well described

in the books on psychological medicine than the suggestion and analytical methods of treatment, and the majority of medical men are unaware that there is in existence any alternative to psycho-analysis, which is obviously unsuitable for use by anyone engaged in general practice. Modern social conditions are producing large numbers of cases of anxiety neurosis, and the patients themselves suffer very greatly from their inability to obtain relief from their symptoms.

The subject is a very large one, and in a paper such as this nothing more can be done than to indicate the value of psycho-therapy in practice and the part that it can play in the treatment of disease.

ERNEST SNOWDEN.

C.U.M.S. TOUR, 1926.—II.

SOME CLINICAL IMPRESSIONS.

THE more amusing events of the C.U. Medical Society tour in Canada and U.S.A. this summer have been chronicled in a previous article. It was thought, however, that in addition to this a note on some of the clinical impressions we received might also be of interest. In three weeks of intensive visiting of universities, medical schools and hospitals a wealth of facts, thoughts and theories were presented to us, and it is hoped that we have sorted out and recorded here the more interesting of these. For the convenience of readers we have classified the various descriptions under the headings of pathology, medicine, and surgery.

PATHOLOGY.

Among our first hosts at McGill University, Montreal, was Dr. Maude Abbott, M.D., Curator of the Medical Museum of the University, who showed us over the Museum, which contained among other interesting specimens, one of a remarkable three-chambered heart with pulmonary artery given off from a small supplementary chamber placed at the right upper angle of the common ventricle.

At Montreal also, in the Pathological Department of the Royal Victoria Hospital, we were shown most beautiful specimens of the placental and pelvic circulations. These had been prepared by injecting both the artery and vein with appropriately coloured celloidin in acetone. The acetone allows the celloidin to penetrate the smallest vessels before setting, so that when the preparation of the specimen is completed by burning away *all* other tissue with HCl, a complete network of the vessels in their entirety is left, even the most delicate arteries and veins being visible. It would be hard to conceive of more beautiful or more delicate specimens, though the work of preparation is necessarily very tedious.

In the museum of the Kingston General Hospital there is a specimen of sarcoma of the tibia which developed in a child *in utero*. The leg was amputated, and both the child, who is now 3 years old, and the mother are quite well.

Our most interesting pathological studies, however, were made at the Rockefeller Institute of Medical Research, N.Y. Here Dr. Florence Sabin outlined to us the work that has recently been done in the Institute with reference to the cell-pathology of tuberculosis. By special technique they have been able to stain living large mononuclear cells from blood, and have observed that in tuberculosis these cells assume the appearance of the endothelial cells of a "tubercle," which latter they regard as being composed of modified mononuclear cells from the blood. They have further observed tubercle bacilli in the cytoplasm of these cells, which they regard as *living* bacilli in that they are not phagocytosed by the cell, which at the same time is able to phagocytose other bodies, *e. g.* R.B.C.

Finally, by means of special media other workers have been able to grow tubercle bacilli in large numbers, and from them a product has been isolated—a protein-like body soluble in water—which on injection into rabbits has produced the typical endothelial cells of "tubercle." From this work they conclude that this product of the tubercle bacillus modifies a specific cell in the body (*i.e.* the large mononuclear), so that the bacillus can exist *alive* within the cell; they think that this fact may account in some measure for the chronicity of the disease. It is hoped that a substance may be produced which may antagonize the effect of the product which has been isolated from the tubercle bacillus. These observers are also of the opinion that giant-cells are formed by the continued division of the nucleus around the periphery of a cell in which the centrosome enlarges but does *not* divide. They have also noted that when an animal is going downhill with T.B. the mononuclears in the blood increase greatly, while if the animal is successfully combating the infection, the lymphocytes increase while the mononuclears decrease.

Following upon this lecture we witnessed a cinema-film of tissue cultures growing *in vitro*, and also one of living blood-cells, which demonstrated very clearly the differences both in structure and mode of progression of the lymphocytes as contrasted with the polymorphs. The former move by means of blunt pseudopodia, while the latter have extremely fine pseudopodia and exhibit a peculiar wave-like motion of their delicate limiting membrane.

MEDICINE.

We were given several clinical lectures or "clinics" by our various hosts in U.S.A., bringing before us the work that was in progress in the various departments of their respective medical schools.

Among the most interesting of these, from the medical point of view, was a description and demonstration given us at Johns Hopkins Hospital, Baltimore, of the routine diets that they supply to their typhoid patients. Contrary to the principles employed at many of the London hospitals they give these patients a relatively large amount of food of high total caloric value, the diets being arranged in three stages: typhoid liquid, typhoid soft (3700 Calories per diem) and typhoid light (4800 C. per diem).

A further interesting talk was given to us on the treatment of erysipelas in small children by transfusing them in the adult blood. Statistics show that from birth to the age of 10 the mortality from this disease drops from 100% to 4%, and remains at about 4% till the age of 50, when it again rises. It is thought, therefore, that the adult blood contains antibodies in respect to the streptococcus of erysipelas that are not present in the first few years of life—possibly as a result of the adult having suffered repeated small doses of strepto coccal infections from the upper respiratory tract. They have therefore treated 19 cases under 2 years old by transfusion of 100 c.c. of whole citrated adult blood. The mortality of these cases was 21%, as compared with 36% mortality in 82 untreated cases occurring between the ages of 1 month and 15 years.

Another instructive commentary was given us by Dr. Moise, of the Yale School of Medicine, at Newhaven, on the treatment of idiopathic purpura hæmorrhagica by the mercury vapour quartz lamp. Experiments on rats showed that the quartz light increased the blood-platelets and also the R.B.C. of animals kept in a dark room and exposed daily for 3–6 minutes for a week. The improvement in the platelet count was maintained for 100 days, while a control rat kept in the dark room throughout showed no alteration in the blood-platelets.

Clinically, Dr. Moise quoted the case of a girl, æt. 12, who had had hæmorrhages from the mucous membranes and other signs of purpura hæmorrhagica. Her platelet count was 108,000. She was given 4 minutes' exposure to the rays of the lamp to both front and back daily. In 3 days the count was 242,000, and in 16 days 546,000. (The normal platelet count by their method of counting is between 4 and 600,000.) This improvement was maintained for 12 months—the bleeding-time being correspondingly improved. Another, more severe case was given exposures front and back of from 12–36 minutes, at first daily for 1 week, and then weekly till the end of a month, during which time the platelet count rose from 110,000 to 500,000, while the bleeding-time was reduced from 42 to 4 minutes. They have treated 15 cases, all of whom have similarly improved.

SURGERY.

Of all the lectures and demonstrations upon surgical subjects presented to us, the Clinic given us by Harvey Cushing at the Peter Bent Brigham Hospital, Boston, on acromegaly was perhaps the most appreciated, as being a comprehensive yet simple lecture by a man of great personality and undoubtedly a complete master of his subject. Afterwards a few of us had the pleasure of watching him do an operation for the attempted removal of an hæmorrhagic tumour beneath the parietal cortex in a child of 9. To describe in detail the operation would occupy far too much valuable time and space, but the experience undoubtedly taught all of us what the expression "perfect technique" means with regard to cranial surgery. It was interesting to note that pledgelets of cotton-wool soaked in Zenker's fixing fluid were used to procure hæmostasis within the brain substance, and also with a view to killing stray tumour-cells, while the arteries on the surface of the brain were secured from bleeding by metal clips applied by means of modified Spencer-Wells forceps.

At the Massachusetts General Hospital at Boston we learned some interesting figures obtained by the "Tumour Clinic" in cases of carcinoma of the breast. These workers have endeavoured to divide their cases histologically into three grades of malignancy.

In the group of low malignancy, cases are included in which the cells of the growth have not lost the normal alveolar arrangement, and in which a fair proportion of the tumour consists of connective tissue.

Results.—Operation (Halsted, not "complete," but axilla cleaned).

(*a*) Cases with no involvement of axillary glands—3-year cure in 82%.

(*b*) Cases with secondary deposits in axillary glands—3-year cure in 68%.

In the group of medium malignancy, histological section shows that the alveolar arrangement is being lost and the cells are growing irregularly, and the connective tissue forms a much smaller proportion of the growth.

Results.—Operation as above; 33 cases: 3-year cure in 30%.

(*a*) 7 cases with no involvement of axillary glands—3 year cure in 3 = 43%.

(*b*) 26 cases with axillary glands involved—3-year cure in 8 = 31%.

In the group of high malignancy are included those tumours in which the cells are actively growing and dividing and differ in size and in staining reactions, and in which there is practically no connective tissue.

Results.—Operation as above; 21 cases: 3-year cure in 0. Glands involved in 16 cases.

Generalizing it is found that—

In early cases surgically treated, 68% are alive in 7 years.

In "average" cases surgically treated, 35% are alive in 7 years.

In 100 cases wholly untreated, 14% are alive in 7 years.

In these later cases the time is taken from when the patient first presented herself for examination.

At the Johns Hopkins Hospital, Baltimore, we had two interesting clinics on the control of pylorospasm and the treatment of intestinal obstruction. In both cases the methods are based on the results obtained experimentally. Firstly, it was found that in animals after section of the vagus nerve, either (1) on the stomach-wall together with the sympathetic fibres, or (2) above the cardia, where the section is purely vagal, it is impossible to obtain spasm of the pylorus by irritation of the peritoneum as they had done in these animals before section of the vagus.

It was hence thought that patients presenting a history suggesting a gastric or duodenal ulcer, but with no such lesion demonstrable at operation, might be benefited by division of the vagal fibres on the anterior wall of the stomach.

This was done in 5 patients and all were improved, but as the appendix was removed in each case we think that the good results may in part have been due to the removal of this possible cause of reflex irritation of the pyloric sphincter, apart from any benefit derived from the vagal section alone.

Secondly, experiments were carried out to try and find the reason for the rapid absorption of toxic material from the intestine that takes place when the bowel is obstructed. It was first shown that in such obstructed bowel the pressure within the lumen is 100 times greater than normal. Toxic material was then introduced into the bowel of an animal, and it was found that when the intra-enteric pressure was considerably increased, enough toxin was absorbed in 1 hour to kill the animal.

Injection of hypertonic saline into the bowel still further increased the rate of absorption of toxic material, while distilled water had the reverse effect.

On the results of these experiments the method of treatment of intestinal obstruction has been based, which is always to do a jejunostomy and empty the bowel above the obstruction and irrigate it with distilled water. Four cases were detailed in which this treatment had been adopted with success. The obstruction was due to various causes, viz. a strangulated hernia (with 4 ft. of almost gangrenous bowel, which was resected), a bolus of worms in a child, a gall-stone impacted in the jejunum, a case of a ruptured, inflamed appendix with general peritonitis, and also a volvulus. This last patient later became re obstructed at the site of the previous jejunostomy, and was ultimately relieved by resection and end-to-end anastomosis. He was shown to us 10 days after the last operation and appeared to be making a good recovery.

At several hospitals we were told of the tannic acid treatment for burns. This method appears to be much in vogue over there at present, and was described to us by one of the women resident doctors at the Bellevue Hospital, N.Y., as the "slickest ever."

As soon as possible after the injury the burn is painted with 5% tannic acid and left open to the air, no dressing being applied until the area so treated is "tanned." It is then covered, and watched carefully until about the twentieth day, when the "tan" begins to separate, leaving healthy granulation-tissue beneath. If, however, pus appears, boric acid solution is applied. When granulating healthily and the tan has been removed the larger areas are repaired by "pinch grafts" of skin, of which about 95% "take." The main efficacy of the treatment lies in its prevention of severe shock by reducing the production and absorption of histamine as a result of the "tanning" process.

To this selection of clinical impressions it would be easy to add further descriptions of the work and organization of the medical schools and hospitals that were visited. It is hoped, however, that the above account, while making no pretensions either towards completeness of record or to originality in observation, will give the reader some indication—though necessarily superficial—of the work that is going forward and the technique that is being employed in some of the branches of medical science in America. Such an account, however, would be singularly inadequate without some word of appreciation for the extraordinary kindness and generosity shown to us by our hosts throughout the tour, who subscribed a substantial sum towards the expenses, and so enabled us to take such an enjoyable and at the same time instructive holiday. 2 W.

FLEET STREET WEEK.

A REVIEW.

STATISTICS of the Week's winnings are, unfortunately, not available as we go to press. To judge from the number of those engaged in passing the warm gold through their fingers under the pretext of adding it up, and the hours and days this exacting proceeding requires, there must be a very great deal of money coming to us. But we can already see glimmerings of the great light. The sum of £3789 collected by "you men" in silver and coppers far exceeds the paltry £2000 of last time, and our friends the ladies, who by the simple device of selling flags amassed £1121 16*s.* 2*d.*, have shown enormously increased virulence since their £700 of 1923.

In fact, the great public seethed, and is apparently still seething, bless it. An anonymous contribution of £1500 has only just been received; letters couched in glowing terms come pouring in to the Contributions Department, and a girls' school in Aberdeen are holding a collection for us. This last we can directly ascribe to the examples of masculine beauty in one of the photographs we publish.

In addition we give you the following extracts from a letter received a week late from a member of a well-known L.C.C. mental hospital, enclosing designs for an illuminated address to be distributed on "Poppy Day."

"I am sure nobody would begrudge 6*d.* or 1*s.* for them," he writes, "especially if it were made known that it was the idea of a lunatic—of course without mentioning my name. I am sure they would sell in thousands owing to the sentimental novelty of the thing, I am not thinking of making anything out of it myself, but at the same time I should like you to send me something (in kind) from time to time if you did make use of the Idea, as I have no friends of my own in the outside world and never know what it is to get a few goodies. I have been here 17 years. . . . If you cannot make use of the Idea and if there is anybody at your hospital who would like one (nicely done) I should be most pleased to let them have as many as they require in consideration of their sending me some cigarettes or tobacco. They can have them at any time. I thank you for a reply.

"Yours respectfully,
"W— R—."

[We have sent him the tobacco.]

* * *

Of the part you and I played, modesty permits us to say little, especially as some of it somehow got into the papers. Of course the Procession on Saturday was a great success, but our show did not really begin till Monday, on which day we sold nearly 50,000 of the *Westminster Gazette* special numbers, and began to make our presence felt in other ways.

On Tuesday ten barrel organs and their crews assembled at 7.30 a.m., and did strenuous work until there was so much hyperæmia on the streets that the police intervened, and diapedesis had to take place hurriedly. However, a localized abscess was formed in Liverpool Street Station (private ground), which kept the infection going till late that night. Rather more papers were sold than on the day before. Attractions

Photopress.

which should be mentioned are the Ole Bill 'bus (photo herewith), a performing bear, and a big St. Bernard dog in a baby Austin, all of which pouched their quota.

The Bazaar at the Mansion House on Thursday and Friday was a crowded affair, and the side shows were so confused and deafening that you couldn't tell whether you had done a particular one or not until you had done them all twice—a commendable way of picking the pocket.

At the instigation of Sir Charles Wakefield, to whom we were throughout greatly indebted, a few blackguards from the Pampas raided his dinner to Sir Alan Cobham, and this idea proved so fruitful that five Bart.'s bandits got loose on the last night and raised the wind in

night-clubs, hotels and other haunts of sin at the point of the revolver. None of them can tell you when they finished or where they went, but they know they woke up on Sunday morning with £100 in their pockets and a common headache of an uncommon type.

Everyone—public, police and protagonists—are so tired that we do not anticipate another Fleet Street Week for two or three years.

Photopress.

THE THREE BROTHERS.

BASED ON "FLEET WEEK RECORDS," XIX, § 26.

ONCE upon a time a great man called his sons to him and said, "My dominion is in danger of bankruptcy." He gave them organs and much rare literature, bidding them beg for aid in the world without. And they went forth in different directions.

The eldest, who went East, returned first. He threw down much copper coin and related: "I went toward the sun at its rising and wandered among a swarthy people in the Lane of Petticoats. Maidens, encarcerated in dim buildings, enamoured of my beauty, hurled coins for me. Men, infuriated by my music, hurled coins at me. One man I met had with him his Conscience, which forbade him to aid a Capitalist Concern. Strong potions were offered me, but I drank without fear."

Asked what he had learned, he replied: "A penny in the hand is more comfortable than half-a-crown on the head."

Next came he who had gone South. He threw down much silver and related: "By a river I sold my wares. I bearded fierce men and boarded fiercer 'buses. A poor dame I met peered at me, coin in hand, asking whence I came. When I told her, she laughed, giving her blessing and three coins. Strong potions were offered me and I drank with joy. I penetrated the fastnesses of a Merchant's Castle, where many fair slaves clung to my arms, spilling my coin."

Asked what he had learned, he replied, glancing complacently into a mirror and recalling the Castle, "Laugh over spilt coin, for damsels will add to it for the joy of picking it up for you." Whereupon the first brother grunted sardonically, for he had not thought of that one. Others then came with money. One told how he sold his wares to the head cook of a caravanserai, and how the man of grills could not pay, being, as custom demanded, clad only in (here the ladies of the court raised their eye-brows, expectantly) very little.

When the youngest brother did not return, the two elder, who had read all the stories, grumbled, declaring that *he* always got the best fun, though the down on his upper lip was as yet invisible. So they sought him at the world's End, chiefly in the West End. At each tavern, in the houses of Cry and Trock, where men shudder at the menace of black-clad ogres armed with bills, they heard of his passage. Tales of his money-making prowess were whispered at the sign of the Hambone. In the exclusive and magic Circle called "43" they found him, not unaccompanied, communing with powerful spirits.

They took him home, where he threw down much gold, and babbled, weeping, "I tried to sting the Queen and King as they passed into a place of entertainment, but a blue-clad slave hurled me back, painfully." The elder brothers, thinking this a bit tall, said, "Strong potions were——." The chief sniffed. "So I perceive," he said, taking the money and leaving them. The brothers looked blankly at each other, asking, "What about a half kingdom and a princess?" The voice of the youngest broke upon them:

"Idjuts. Plenny prinsheshes where I went. Berrer go Charity Bazaar. Plenny more there." And blinking solemnly, he fell asleep.

M.

LABOR.

GORPORE, jam vino clerici cenaque refecto
Nuntius aggreditur sub Diviani domos.
"Casus adest," dixit, "materque laborat in 'Oxton."
Vir suus ad City Road tympana rubra vehit.
Auscultat cordis sonitus numeratque dolores,
Palpanturque pedes: occiput ante fuit.
Haustulus ecbolicus, pot. brom. cum chloralamido,
Higginson inflatus perfluit atque tuus.
Æquoribus ruptis compressit gampia fundum:
Multiparae vulvae sanguine terra rubet.
Quod simulæ sensit, clericus "Bear down, missus," inquit,
Illa quidem, "My Gawd": ejiciturque caput.
Fœtus in eventu partes prorumpit ad anum,
Sed filo tenui vulva refecta fuit.
"Gawd," gensuit pariens, et "Gawd," resonatur ab Echo;
Fugit ab externa tarda placenta manu.

ABERNETHIAN SOCIETY.

The first meeting of the Abernethian Society was held on October 7th, when the inaugural address was given by Dr. GEOFFREY EVANS on "The Doctor's Point of View."

The PRESIDENT (Mr. B. B. HOSFORD) briefly introduced Dr. Geoffrey Evans as one whose inimitable sayings were more widely quoted than those of any other member of the Visiting Staff.

Dr. GEOFFREY EVANS commenced his address by expressing his regret at the absence of Sir D'Arcy Power through illness, and spoke of his natural hesitation before consenting to fill, at fourteen days' notice, so large a gap. There were doubtless many in his audience on whom a small fortune had been spent on school, college and foreign education, and who felt, nevertheless, almost wholly uneducated. Thus "doctoring" was the only subject upon which he could speak, and if his own knowledge would not last the evening, he would borrow from others.

"To kill or cure is to rival butchers or compete with God." A doctor's task was rather to teach, patch and mend, and more and more as the years rolled by there was the power in one's hand, by quick decisive action or by slow, sure guidance, to strengthen the hold of life and modify disease.

The knowledge of organic disease was the only sure foundation of a doctor's practice; such pathological changes in structure formed the bulk of hospital practice; they were objective, and could be demonstrated, and they exercised the senses of sight, touch and hearing. Organic disease was the very marrow of medicine, and the first essential was to define or exclude its presence in the patient. But such a man, viewing all disease from an anatomic standpoint, might diagnose a particular pain as due to an inflamed appendix. He goes on to remove a slightly reddened and slightly kinked appendix, but soon after the patient returns with his pain again. He is assured all is well, and that the pain is due to nerves or environment, or on a later visit, one of the three pillars of life are taken into account —God, love or money. The unmarried are told to marry, the married are separated, all to no purpose, and finally comes the last interview. It is reiterated that there is no cause for the pain, therefore there is no pain; the body is sound; it is the brain that is diseased. Few patients will put up with being told they are mad, and they go off to someone else.

Dr. Evans blamed the anatomic standpoint for such failure to understand and relieve pain of that nature. The body might be perfect in structure, yet amazingly imperfect in its working. The bowels might be constipated, the lungs asthmatic, the heart might palpitate, and yet Sir Bernard could discover no change in structure. Thus the anatomist becomes a physiologist and answers that the body is failing in function, be it over-activity, depressed activity, disordered activity. It was not necessary to blame the brain in persons who appeared sane, and after all, most people with disordered brains were put in asylums; so that indigestion was much more often due to disorder of the stomach than to disorder of the brain. A grain of calomel was of more use than a ton of sympathy.

The doctor was first, then, an anatomist, a man of fact and action; secondly, a physiologist, a man of thought and action; the two combined in one man made the clinician. But of the doctor was required also humanity, sympathy, understanding of health as well as of ill-health, who realized that his patients were persons, and who had the same control over people as he had over disease.

Control of patients necessitated control of self, and an understanding to be gained only from experience of life—that is, of people, not of places. Make patients of your friends, but not friends of your patients. Let your patient speak, and when you reply speak his language, that you may be understood. Be punctual in keeping your appointments, and on your way, think of just one thing you can do or say that will help your patient. Avoid fatigue; take your meals punctually, whether in your own house, in your car, or in your patient's house. The most fatiguing thing of all, apart from worry, is conversation, but it takes two to make a conversation. So if your patient fatigues you, tell him to write it down, answer it in writing on the same paper, ask him to make you a copy to keep, and if he still worries you, ask for a second copy to file. Give advice gently but insistently, and always leave a loop-hole for the patient to consult you again, though he has failed to follow out your advice.

Dr. Evans went on to speak of the relation of a doctor to his medical brethren, which might be summed up as "loyal co-operation and straight competition." In practice one saw one's successes, others saw one's failures. One should watch also for the wandering crowd, composed of people who sought advice without payment, who had lost confidence in their doctor, in the profession, or in the world. A not inconsiderable part of his medical education he owed to nurses, but the nurse had to be more than the doctor's assistant; she had also to protect her patient; while on his side the doctor might have to protect the nurse from impositions put upon her by the patient or the patient's friends. The doctor should also realize his own limitations, and be acquainted with the different arts and quackeries of unorthodox practice, that he might follow his patients in their wanderings, guide them to the best of unorthodox quarters, or warn them of places where nothing but harm could result. The doctor who was anatomist, physiologist, pathologist, psychologist, needed yet more—character and personality. From people whose brains were pressed by tumours, poisoned by disease, exhausted with strain or insufficiently supplied with blood, he would get more than his fair share of praise and blame, amazing gratitude or keen rebuke. Criticism should be looked in the face, accepted or rejected on one's own judgment; jealousy should be neglected, left to wriggle in the fine dust of the road.

In conclusion, doctors collected a store of human knowledge and experience, which it was a crime to lock up in the heart and brain, and finally bury in the grave; human knowledge should be used for human good, and doctors would in future play an even greater part in public affairs than in the past. And lastly, "when you feel tired and disappointed with the limitation of your powers, think of the past—what an advance there has been. Medicine is moving forwards. The past ages are the dark ages, and the future of medicine is gleaming bright."

Mr. GIRLING BALL proposed a vote of thanks to Dr. Geoffrey Evans, and drew a moving picture of nurses in mufti coming in to the theatre on their nights out to hear Dr. Evans's address. He also told of his experiences as a patient of Dr. Evans', but was thankful to say that he never reached the stage where he was asked to write his symptoms down. Like Dr. Evans, he did not practise what he preached, but he knew of no man who lived more nearly to his ideal, such an ideal as they had had built up for them that night, than did Dr. Evans.

Mr. P. R. VIVIERS briefly seconded the vote of thanks, which was carried with acclamation.

The meeting was then adjourned.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

Played on Saturday, September 25th. After a thoroughly enjoyable game, played at Pontypool on a soft ground with plenty of grass, wet from recent rain, Pontypool, finishing more strongly, won by a placed goal and five tries—20 points—to two placed goals and a try—13 points. The great feature of the match was the refereeing of Major Partridge. He had the game well in hand the whole time, missed nothing, and his decisions were always decisions, never guesses. The game was played under the new Welsh Rugby Union rules, and our men soon adapted themselves to these rules, which undoubtedly lead to a more open game.

Two minutes after the kick-off, from some play in the Pontypool "25," McGregor cut through and scored under the posts; Bettington converted. A few minutes later Bart.'s were forced to touch down. Our halves were playing well, but the centres were too slow to give the wings a chance. Gaisford was dealing competently with the many forward rushes of our opponents. The many Pontypool attacks, after twenty minutes, produced a try after a straight bout of passing among their three-quarters. James scoring near the touch-line. The kick failed. The opposing forwards were still heeling the ball from the majority of the scrums and continued to attack. Gaisford's long kicks to touch relieved the pressure often when our line was in danger.

The Pontypool backs were now handling well, and though a movement to their right was stopped, the ball was picked up and they scored again. The try was not converted. After this our forwards began to scrum extremely well, and from a pass from some loose play McGregor again cut through to score under the posts for Bettington to convert.

In the first minute of the second half, following on a wild pass back to Gaisford, Pontypool scored another unconverted try. Afterwards the ball went backwards and forwards from one end of the field to the other. The halves were still playing very well and Gonin was prominent in many useful dribbles up the field, but James, a most dangerous wing, scored two more tries in quick succession. The second of these was converted by a good kick from the touch-line.

Bart.'s were still attacking as frequently as were our opponents, and ten minutes before the end McGregor cut in, ran up to the full-back and passed to Jenkins, who scored; Bettington failed with the kick. Pontypool attacked again, and again did the dangerous James score a try, which was not converted. Some passing between Ward, Prowse and Petty nearly resulted in a further try, but Petty has not the speed and weight of James.

The forwards were scrumming well and gave the backs innumerable chances, which the halves handed on, but the centres were not quick enough to give the wings any scoring openings. The wings, in fact, had a poor time. They received scarcely a pass, and when defending were nearly always confronted by at least two men. At full-back Gaisford surpassed himself. His kicking had length and nearly always found touch. Time and again he picked the ball off the feet of their forwards. His tackling, though not faultless, was good, and he was always in position.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, E. M. Ward, C. B. Prowse (*three-quarters*); H. McGregor, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, J. W. D. Buttery, M. Gonin, J. T. Pittard (*forwards*).

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

We always look forward to our visit to Moseley, and on October 2nd we arrived there. McGregor was unable to play, so Guinness moved to fly-half and Rait-Smith was brought in at centre. Prowse missed his train, and Roberton—who has a house job in Birmingham—turned out in his place. The conditions, as at Nuneaton, were not ideal for Rugby. It was too hot and the ground was too hard.

From the kick-off the "threes" handled well, and several promising movements were seen. The tackling was good, while the kicking of both sides was excellent. After ten minutes' fast open play the ball travelled across the three-quarter line to Grace, and then back again *vid* Petty to Guinness, who scored between the posts. Gaisford converted. Moseley were now taking scrums for their touches, and soon were nearly over on their right. They were unfortunate to lose their scrum-half at this stage owing to an old knee injury.

Petty made a clever mark in front of our goal, but unfortunately mis-kicked, and the ball went to Orcutt, the Moseley left wing, who seized the opportunity to score in the corner. The try was not converted. Just before half-time Payne intercepted a lobbed pass by Guinness, and running fifty yards, scored the second try for Moseley, which also was not converted. At half-time, then, our opponents led by 6 points to 5. Pratt, their scrum-half, was off for the rest of the game.

Soon after the second half started Guinness worked the blind side cleverly, and ran on to the full-back, with Grace unmarked outside him. Unfortunately he centre-kicked and so missed a great opportunity. We were now maintaining almost continuous pressure on the Moseley line, but from their "25," a centre broke away, and with pretty interpassing with his wing, ran on to score a try far out. Byrne kicked a beautiful goal. We were now six points down, but there was still twenty minutes to go.

The passing amongst our backs was slow, the ball being lobbed far too much. The forwards were playing well, and kept the ball in our opponents' half. Rait-Smith missed an attempt to drop a goal. A breakaway by T. P. Williams from the base of the scrum led to a try from Gonin, who followed up to take the pass. The kick failed. Three points behind and fourteen minutes to go. We were still pressing but the Moseley backs frequently looked dangerous. Just on time Jenkins secured the ball in a line-out, and dashed away with Bettington on his right. The pass was given at the right moment, and Bettington had no difficulty in scoring. Gaisford's kick missed the post by a foot, and within three minutes this most exciting and enjoyable game finished as a tie, both sides scoring a goal and two tries—11 points.

Again the forwards played well, Vergette and Maley particularly working hard. Bettington was good in the loose, but was often several yards from the scrums. Gonin must remember that he has duties in defence. Guinness was always clever and did many good things, but his passing often left much to be desired. Petty and Rait-Smith made the best pair of centres we have had this season.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, B. Rait-Smith, J. B. A. Roberton (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley M. Gonin, J. S. Knox, H. D. Robertson (*forwards*).

After the game, which we all enjoyed immensely, we were entertained to dinner by the Moseley R.F.C. The dinner was no less enjoyable than the game. At eight we were seen off at the station to the accompaniment of the Moseley "war-cry." Altogether it was a great day.

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

On Saturday, October 9th, we opened the season at Winchmore Hill against Richmond before a crowd of 600. A most even game, generally slightly in our favour, was lost by 2 placed goals and a try—13 points—to 2 placed goals, a penalty goal and a dropped goal—17 points. While the Hospital was at full strength, Richmond were unfortunate in having to make several eleventh-hour changes. For the Hospital the forwards played well, particularly R. N. Williams, Maley, Jenkins and Bettington, who was tackling very well. Outside the scrum the presiding genius was Guinness, while the "three" line contended well with the difficulties of a strong cross-wind. Petty was particularly good. At back Gaisford was disappointing. He tried for too much length when kicking and was undecided in his fielding.

Three minutes after Richmond had kicked off, a Richmond centre kicked high down the field. Gaisford, who surely knows better, let it bounce, and Richmond scored and converted. A free kick enabled Bart.'s to take the ball close to the Richmond line, but Richmond relieved and soon attacked again. Each side attacked alternately, a movement started by Guinness just failing on the right. However, the Hospital's efforts were soon rewarded, Jenkins getting over from a scrum on the line. The awkward kick failed.

Five minutes later some pretty interpassing between the halves was finished off by T. P. Williams scoring from Guinness's cross-kick. Gaisford converted. Shortly before half-time Prowse put in a beautiful centre-kick which was touched down. It looked as if he might have scored himself if he had gone on. Soon after the resumption of play, from a free kick awarded to Richmond for handling in the scrum, a goal was kicked, making the scores level. Four minutes later Bart.'s again took the lead with the best try of the match.

Petty made most of the ground, and after several forwards had handled, Robertson just managed to force himself over for a try which Gaisford converted.

A good dribble by Bettington and Jenkins very nearly put the Hospital further ahead, but the ball was lost almost on the line. When a converted try was added by Richmond the score stood at 13 all. For the next quarter of an hour each side tried desperately for the lead, the Richmond attacks looking perhaps the more dangerous. The issue was placed beyond doubt when, four minutes from the end, Considine, playing fly-half, dropped a very neat goal.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, B. Rait-Smith, C. B. Prowse (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, J. W. D. Buttery, J. T. Pittard, H. D. Robertson (*forwards*).

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

Played at Headstone Lane on October 16th. This match was the first played this season against a team which can hardly be rated as first-class, and as usual against such opponents Bart.'s did not show the combined team-work which has been one of the most promising features of their previous matches.

At full-back Gaisford showed an improvement on his form against Richmond, but his excessive coolness still caused anxious moments to those playing in front of him.

The three-quarters, with the exception of Petty, who is playing a very steady, useful game this season, were not up to their best form, Powell in particular having some difficulty in knowing when to kick and when to run. Guinness at fly-half did some good things, but he was prone to hold on to the ball too long, and the wildness of his passing was responsible for much of the absence of combined passing movements among the backs. The forwards showed better form; the hooking by Pittard was good, and in attack Jenkins, Robertson and Gonin all brought off some good dribbles, two of which ended in tries. Bettington, too, was prominent in scoring twice.

One of the weak points of the game was the way the halves were allowed to cut through. Gonin, although good in attack, was lamentably weak in defence, and must learn that a wing forward's duty is as much to save tries against his side as to prepare the way for scoring himself.

The Old Millhillian's forwards caused a good deal of trouble by their offside tactics in the scrummages, and their fly-half displayed some good attacking powers, but Bart.'s should have doubled their score against them. They must learn to play as hard when they are winning as when they are losing: in every match this year they have led at one period of the game, and always there comes a slack ten minutes, which in some cases has led to the loss of the lead and of the match. A lead in a match does not mean that the team can take things easily; the other side are going to play all the harder to recover the lost ground, and we have got to play our hardest all the time to stop them, and if possible add to our score.

During the last ten minutes of the game against the Old Millhillians half the Bart.'s team slacked off badly, and we were pressed more than at any previous time in the match. Four of the tries were scored by forwards—Bettington (2), Jenkins and Gonin, Rait-Smith scoring the other.

The score was 2 goals 3 tries (19 points) to 2 tries (6 points).

Team: W. F. Gaisford (*back*); A. H. Grace, B. Rait Smith, C. S. Petty, J. D. Powell (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); H. D. Robertson, M. Gonin, E. S. Vergette, J. J. Pittard, G. G. Holmes, R. H. Bettington, R. N. Williams, C. R. Jenkins (*forwards*).

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

On Wednesday, October 20th, at Cambridge, the Hospital lost to the University by a placed goal and a penalty goal—8 points—to a penalty goal and 3 tries—12 points. At half-time the 'Varsity led by 2 tries to a penalty goal, but for most of the second half the Hospital held a lead of 2 points, only to lose this advantage in the last three minutes, when Cambridge added their penalty goal and a third try.

Maley was put in the centre of the back row of the scrum, and Briggs was given a trial as wing-forward. We may say at once that Briggs showed great promise in his début for the 1st XV. Lloyd took the injured Prowse's place on the left wing. In addition to six old Blues, Cambridge included Windsor Lewis, the Welsh International, in their fifteen.

The game was played under ideal conditions, and started at a terrific pace. This pace was too much for the Hospital, for after three minutes' play Sobey dodged his way through half the side to score a good try. Barlow's kick went over a post. This try ought to have been prevented. However, the mistake—and Vergette—pulled the team together, and for the rest of the game our men played well. Cambridge continued to heel the ball more often than not, but the play was chiefly in their half of the field. Whitham, the 'Varsity full-back, brought the ball up and looked as if he might score, when he was brought down by Gaisford. Our forwards were now pushing the Cambridge pack, and were hooking and heeling more frequently. Several times would-be-tacklers were handed off because we were not going low.

For twenty-five minutes, although the play was for the greater part in the Cambridge half, it must be admitted that our attacks never looked dangerous. Then the 'Varsity backs initiated an attack, the ball travelling across to Rowe Harding, who went over in the corner. Barlow failed with the difficult kick. Guinness was well served by T. P. Williams from the base of the scrum and often made ground, but we think he might have trusted his centres a little more. From a free kick Bettington nearly placed a goal from near the touch-line, 25 yards out. A Cambridge forward did not remain passive, and with his second attempt Bettington kicked a fine goal.

From the commencement of the second half Bart.'s attacked, the forwards heeling well. Briggs charged down a kick, and, seizing the opportunity, dribbled over to score a try. Bettington, from the difficult angle, converted with a perfect kick, thus placing the Hospital two points ahead. Bart.'s had an anxious time when Taylor was nearly over on our left, but Gaisford relieved with a good kick to the half-way line, and play soon returned to the Cambridge half. Both sides were making great efforts to score, Guinness just failing to drop a goal, and the 'Varsity nearly scoring on our right.

Three minutes from the end, from a free kick awarded for "feet-up," Barlow placed a grand goal from 35 yards out. Cambridge led by one point. Bart.'s attacked again and Rait-Smith was nearly over on the left. A scrum was formed five yards from the 'Varsity line but the opportunity was missed, and the Cambridge forwards, in a fine rush, took the ball up the field into our "25." The ball went out to the 'Varsity backs, who finished a good movement with Aarvold scoring far out on our right. The kick failed on time.

The whole side played well. The forwards had the better of their opponents, and were kept going by the excellent example and leadership of their captain. It would be difficult to praise too highly the play shown by T. P. Williams. The more redoubtable his opponent the more he shines. In attack and defence he was consistently good. The centres were well upon their men and were successful in stopping many attacks. They had valuable aid from Jenkins. In attack, the whole line was generally too slow. Gaisford's kicking was a joy to see. If his tackling had been less uncertain we should have seen a faultless display.

Territorially we had a big advantage in this game. When we can start playing up to standard from the kick-off and when the backs learn to drive home their attacks rapidly, the final score will more justly represent the run of the play.

Team: W. P. Gaisford (*back*); A. H. Grace, G. F. Petty, B. Rait-Smith, W. J. Lloyd (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, J. T. Pittard, H. D. Robertson (*forwards*).

P. G. LEVICK,
Hon. Treasurer.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL "A" *v.* CHIGWELL SCHOOL.

In this, the first match, the form shown by several of the players, especially Watkin in goal, George at back and Keane at centre-half, augurs well for a successful season. The game, which ended in a draw, was somewhat marred by an unfortunate accident to Keane, who dislocated his fibula. Scorers: Mailer (2) and Burgess.

Team. J. H. Watkin, *goal*; E. N. Jenkinson, T. C. R. George, *backs*; C. A. George, C. Keane, H. Roache, *half-backs*; A. M. Gibb, W. A. R. Mailer, W. J. Burgess, A. Caplan, P. Harvey, *forwards.*

HOCKEY CLUB.

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

The season opened with this game at Elmer's End on Saturday, October 9th. Bart.'s had Sinclair in the unusual position of back as partner to Briggs, while Slinger and Neil formed the right wing. The ground was fast and a strenuous game ended in a draw, each side scoring once.

In the first half Bart.'s were prominent, and a win appeared likely when Williams gave them the lead through following up a shot from a corner. However, before half-time Guy's had equalized matters through their centre-forward, and following the change-over very level play was seen. The Bart.'s forwards were not very impressive and Roles and Milner changed places, but the change did not really improve matters. About half-way through this half Hartley received the ball on the knee and had to go off for a while, eventually returning to outside left. This meant several of the Bart.'s team playing out of position, and they really did well to make a draw of the match, for Guy's put on a good deal of pressure towards the close.

Guy's had a good set of halves, and except in the first half, when Williams and Milner were combining well, the Bart.'s forwards could not make much progress against them.

Briggs got through any amount of work in the Bart.'s defence, while Sinclair gave a fine display in his unaccustomed position.

Team: R. W. Windle; W. A. Briggs, M. R. Sinclair; J. H. Attwood, K. W. D. Hartley, P. M. Wright; E. J. Neil, L. A. P. Slinger, F. C. Roles, A. G. Williams, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL *v.* BECKENHAM II.

For the first home match of the season the Hospital were at full strength except at inside and outside right, where Foster and Sinclair were still absentees. The ground, although a little slippery in parts, proved to be in good condition, and an enjoyable and even game resulted, the score of 2 all just about representing the run of the play.

Bart.'s played uphill in the first half and were soon pressing, although actual shots at goal were rather few and far between. However, the lead they obtained through Iliff was well deserved, and was obtained by a good push shot from a difficult angle. This was the extent of the scoring at half-time, but soon after the interval a rapid transformation took place. Beckenham, swinging the ball about well, were soon giving the Bart.'s defence plenty of work, and they equalized from a penalty corner. The Hospital made strenuous efforts to regain the lead, but eventually it was Beckenham who went ahead, their centre-forward scoring after breaking through well. After this Bart.'s took a turn, and for the rest of the game were always somewhere near the Beckenham circle.

Milner and Stallard were getting the ball in well at this time, and at last Williams levelled up the scores with a good shot just inside the post.

It was a good game all through, and incidentally the play of the visitors just after the half-time interval was a lesson to our forwards. A little more swinging about of the ball with less dribbling does undoubtedly pay on a ground which is on the damp side.

Williams and Milner made a good wing, but many of Milner's centres were wasted because the inside forwards would not follow up. The goals would come if they would only remember to do this always.

The defence was sound. Wright made a worthy partner for Briggs at back, and Church greatly strengthened a good half-back line in which Attwood was in fine form throughout.

Team: R. W. Windle; W. A. Briggs, P. M. Wright, J. H. Attwood, K. W. D. Hartley, W. F. Church; H. B. Stallard, A. D. Iliff, F. C. Roles, A. G. Williams, J. G. Milner.

UNITED HOSPITALS HARE AND HOUNDS.

The Annual General Meeting was held at Guy's Hospital on September 24th. The following officers were elected.

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

It was announced that during the course of the season the headquarters would be moved from West Wickham to Hayes. It is hoped that as many members as possible will turn out with the Blackheath Harriers on a Saturday. Although the Club only runs on a Wednesday, it does not get the support of the other Hospital clubs it deserves; and the Committee hope that many more people will avail themselves of this opportunity of keeping fit for the Saturday games of other clubs. Times of trains, etc., are posted on the Athletic Board.

J. E. SNOW.

REVIEWS.

IMHOTEP: THE VIZIER AND PHYSICIAN OF KING ZOSER AND AFTERWARDS THE EGYPTIAN GOD OF MEDICINE. By J. B. HURRY, M.A., M.D. (Oxford University Press: Humphrey Milford, 1926.) 8vo. Pp. xvi + 118 with 17 illustrations.

Dr. J. B. Hurry is to be heartily congratulated upon this monograph dealing with Imhotep the magician physician and sage who lived in the reign of the famous Egyptian king named Zoser, a Pharaoh of the Third Dynasty (about 2980–2900 B.C.). The story told by Dr. Hurry is extremely interesting. There is little doubt that Imhotep, like Hippocrates, was a real personage, recognized by his contemporaries as a man of vast learning. He was the son of an architect named Kanofer and a mother called Khreduonkh, his own name being interpreted as "he who cometh in peace." Within fifty years of his death he was looked upon as a medical demigod, but he had to wait nearly two thousand five hundred years before he became the full Deity of Medicine.

Dr. Hurry considers him under the headings of his various activities as Grand Vizier, Architect, Chief Lector Priest, Sage and Scribe, Astronomer and Magician-Physician. To Imhotep were attributed the words of power which protected the dead from all kinds of enemies that awaited them in the Underworld. It was well worth while to propitiate him, for without these words poor people who were unable to buy even the cheapest amulets were liable to be stopped in the later stages of their passage through the Underworld. At least three temples were built in his honour as a physician. The first one at Memphis became a famous hospital, and was called by the Greeks the Asklepeion. The second was at Philae, and a large portion of it has survived to the present day, so that some of the halls which were used for clinical purposes thousands of years ago are still in existence. The third temple was at Thebes. Incubation sleep was adopted in all of them—that is to say, the sick person slept in the temple and the god appeared to him in a dream which was afterwards interpreted by the priests in attendance, so that the temple-sleep was a form of faith-healing. The Greeks in later times identified Imhotep with Asclepios, their own God of Medicine, in much the same way as the Egyptians themselves equated him with Eshmun, the Phœnician god of healing.

The illustrations are well reproduced and add still more to the value of the volume, which reflects credit both upon the author and the Oxford University Press, from which it issues.

D'A. POWER.

OBESITY. By LEONARD WILLIAMS, M.D. (Humphrey Milford, Oxford University Press.) Pp. 171. 20 Illustrations. 10*s.* 6*d.* net.

Like all Dr. Leonard Williams's well-known writings, his latest book is invariably amusing and often very stimulating, for whipped and spurred by this genial jockey, the jaded medical intellect will clear the next scientific fence with a new springiness in its hind legs.

The importance of the subject he brings out thus: "If the question were merely an artistic one, the situation would be bad enough, for no one can pretend that a fat man is an uplifting sight. . . . Leaving aside for the moment the full-blown, roseate, barrel-shaped biped . . . we find that among those who are regarded as substantially healthy, overweight is the rule rather than the exception."

The chapter entitled "Eve," on the feminine varieties of stoutness, is especially original. For instance: "The turmoil of the climacteric," he maintains, "is due in a large measure to an alteration in the temperature of the victim's body."

The picturesqueness of his phraseology would lead us to suspect the scientific basis of his propositions, but he is saved by his personal observation and wide reading. In the domain of the endocrine glands, to which he devotes a chapter, it is particularly easy to theorize without foundation, and many would accuse him of overestimating the function of the pineal in retarding growth. But perhaps it is even more difficult to contradict with authority in this field.

Under the heading "Counterchecks," he brings out the essential difference between the obesity of man and of woman: "No man has any right to be really fat; no woman has any right to be really thin. . . . Man should always be in training for vigorous exercise in order to defend himself and his belongings; woman should always be physiologically prepared for a possible pregnancy." His remedial measures consist in raising the body temperature by hot wet packs, starvation, either by a monthly 3-day fast or modified Banting dietary, and the guarded use of thyroid and pituitary extracts and diphtheria toxin, while the merits of others, such as rest, exercises, etc., are discussed at length.

The illustrations of Mr. C. L. Stampa, of *Punch* fame, nicely round off the entertainment.

TAYLOR'S PRACTICE OF MEDICINE. By E. D. POULTON. 13th Edition. (London: J. & A. Churchill, 1925.) Pp. 1063. 28*s.* net.

This edition has been widely improved. There are over 10 new articles on various subjects, and double this number of former articles have been rewritten or added to. Diseases formerly included under "neuralgia" have, with the exception of trigeminal neuralgia, been put in their proper place under neuritis and fibrositis, etc. The text has been cleared of authors' names, and a list of references is given at the end of each section. The number of illustrations has been greatly increased. There are 17 new X-ray plates, and the 8 new coloured plates include those done by Mr. Foster Moore and Mr. Holmes Spicer, so familiar to us. Plates of blood-cells are illustrated as stained both by the methods of Turner and Leishman. The new classification of skin diseases has been based on that given by Dr. Darier in his *Précis de Dermatologie*.

PRACTICAL PHARMACOGNOSY. By T. E. WALLIS, B.Sc., F.I.C., Ph.C., Lecturer in Botany to the Pharmaceutical Society. Foreword by Prof. H. G. GREENISH (University of London). (J. & A. Churchill.) Pp. 115. 81 Illustrations. 7*s.* 6*d.* net.

This manual represents an elaboration of the Schedules of Instruction which have been regularly used for class work in the School of Pharmacy of the Pharmaceutical Society of Great Britain. The first drafts were published as articles in the *Pharmaceutical Journal*. The illustrations are mostly specially prepared, and being extremely well drawn should be of use to everyone interested in the medical side of botany.

GRAY'S "ANATOMY." Edited by ROBERT HOWDEN, M.A., M.B., C.M., D.Sc., LL.D. (Longmans, Green & Co., Ltd.) 23rd edition. Pp. 1400. 1294 Illustrations (616 coloured). 42*s.* net.

Whereas the last edition of "Gray" was chiefly concerned with bringing the embryological section up to date, this one devotes most attention to advances in histology. Prof. Burns has revised this part and provided a number of microscopical specimens, especially of the connective tissues. A very noteworthy addition is the account of blood platelets by Dr. S. Phillips-Bedson, of the Lister Institute. In the more static domain of pure anatomy a few new dissections are depicted.

THE THEORY AND PRACTICE OF MASSAGE. By BEATRICE M. GOODALL-COPESTAKE. (H. K. Lewis & Co., Ltd.) 4th Edition. Pp. 267. Illustrations 72 (including 22 plates). 12*s.* 6*d.* net.

In this edition the handy size has been retained, but there are alterations and additions. Stress is laid on "assisted movements" in the treatment of early injuries. During the first week after a fracture very light massage is given daily for 15 to 20 minutes. About the third day assisted movements are begun, the patient moving within the limits of pain the limb, which is supported by the masseuse.

Additions deal with myositis ossificans, encephalitis lethargica, and a condition which is enveloped in mystery. It is called in the Preface "Sacro-iliac strain," in the index "Sacro-sciatic strain," while in the text it is described as a "strain on the sacro-iliac joint and upon the gluteii (*sic*) and lower part of the erector spinæ muscle," caused by lifting heavy weights in a stooping position. There is pain along the sciatic nerve, deep tenderness over the posterior superior-iliac spine, and "in most cases a backward dislocation of the upper portion of the sacrum on the ilia or the sacrum is forced downwards on one side." This represents no pathological entity, and confusion here is to be deprecated with the spectre of sacro-iliac disease in close attendance. We suspect this paragraph to have been rather hastily written.

There are one or two errors in printing, like "myosotis ossificans," and sciatica is a notable omission from the index—a pity, because there is a praiseworthy exposition of this complex in the text.

The rather childish glossary appears to us not to pull its weight. Why trouble to explain that an abrasion is an excoriation, and an excoriation a stripping or wearing, that eructations mean belching, or that malingering means feigning illness or injury, when you talk lightly about "irregular contractions of unstriped muscle" (under "colic") and "a constitutional predisposition to disease" (diathesis)?

The illustrations are, as before, excellent: 6 new X-ray plates deal with bony lesions of the upper extremity. This is such a good book that it would be a pity to neglect one or two obvious chances of improvement.

HUMAN PHYSIOLOGY. By JOHN THORNTON and WILLIAM A. M. SMART. (London: Longmans, Green & Co., Ltd., 1926.) 3rd Edition. Completely revised. Pp. 403, with 281 Illustrations. 10*s.* 6*d.* net.

That this book has served a useful purpose is obvious from the appearance of the third edition. There is no outstanding novelty in the order of presentation of the subject-matter, but a logical sequence is maintained throughout. Although a judicious selection of the more recent research has been made, it seems a pity that a brief account of the important work of Dale and his collaborators and others on the glycogen $\rightleftarrows$ hexose phosphate $\rightleftarrows$ glucose equilibrium in the blood and in muscle has been omitted. Metabolism has been scantily treated, and a chapter on reproduction is lacking, which depreciates the value of the book from the view-point of the medical student. Practical details are few and far between, so that the student will need to supplement his reading with a sound practical course if he is to appreciate to the full the knowledge he has gained from the text. The use of the terms "dextrose" and "grape-sugar" instead of the more systematic "glucose" is to be deplored. The diagrams are clear, well selected and faithfully reproduced, and hence will be found most instructive, both histologically and anatomically. The present edition is admirably printed, and is eminently suitable as a guide to the junior medical student and to those beginning the study of physiology from the purely scientific side.

THE HOUSE SURGEON'S VADE-MECUM. By RUSSELL HOWARD and ALAN PERRY. (Edward Arnold.) 2nd Edition. Pp. 520. 159 Illustrations. 12*s.* 6*d.* net.

This book was first published in 1911, so that the present edition represents practically a new work. A number of clear photographs have been introduced for the first time and the drawings have been added to. The chapter on anæsthetics has been revised by Ashley Daly, Anæsthetist to the London Hospital; there are some useful medico-legal notes, and indeed it would appear that every problem of the house surgeon short of actual practice is here provided for.

THE CARRIER PROBLEM. By K. C. PAUL. (Humphrey Milford, Oxford University Press.) Pp. 102. 5*s.* net.

As Dr. David Nabarro says in his preface, though this problem is one of great importance to the public welfare, there has been no book published on the subject in this country for fifteen years. This small volume puts in concise form the recent work on the subject, dealing with enteric, diphtheria, meningococcal, pneumococcal and streptococcal (including scarlatinal) infections, acute poliomyelitis, the dysenteries, cholera and other diseases, such as influenza of doubtful origin. As the author says, we are in urgent need of more knowledge underlying the mechanism of the carrier state before we

can succeed either in preventing carrier formation or in isolating and curing the chronic carrier.

AN ATLAS OF MIDWIFERY. By COMYNS BERKELEY and G. M. DUPUY. (Baillière, Tindall & Cox.) Pp. 160. 256 Illustrations. *7s. 6d.*

Though the task has been well carried out, it is difficult to see for what purpose it was attempted. No one could learn midwifery without the aid of a standard text-book, and the leading ones now available are liberally supplied with illustrations. Perhaps, however, in a rapid revision of the subject certain things would "stick" when presented in this way.

DISEASES OF THE EYE. By Sir JOHN H. PARSONS, C.B.E., D.Sc., F.R.C.S., F.R.S. (J. & A. Churchill.) 5th Edition. Pp. 657. 19s. net.

The last edition of this standard work appeared in 1923, and was reprinted the following year. The changes during these two or three years in ophthalmic surgery have not been as great as in other fields, but besides minor additions relative to slit-lamp observations, etc., a number of figures have been added, bringing the total to 343, excluding the 21 plates. Several of the former illustrations have been redrawn.

EXAMINATIONS.

CONJOINT EXAMINING BOARD.

Pre-Medical. October, 1926.

Physics.—Evans, W. E. F.

Second Examination.

Part I. Anatomy and Physiology.—Devin, C. H., Gonin, M. W., Hind, H. G.

Anatomy only.—Mailer, W. A. R., Morgan, C. J., Scott, J. D., Taaffe-Finn, R. F.

Physiology only.—Parker, G. A. Y.

Part II. Pharmacology and Materia Medica.—Kreitmayer, M. L., Whitehurst, T. H. N.

CHANGES OF ADDRESS.

BARNSLEY, R. E., Major R.A.M.C., 16, St. Augustine's Road, Edgbaston, Birmingham (from end of November).
BOX, S., West Meads, Goring Lane, Goring, Sussex.
BROCKLEHURST, R. J., 20, Alexandra Drive, Sefton Park, Liverpool.
CHESTER WILLIAMS, F. E., The Radium Institute, Portland Place, W. 1.
DIETRICH, G., P.O. Box 12, Zurnst, Transvaal, S. Africa.
DONELAN, C. J., 26, Llanbleddian Gardens, Cardiff.
HALL, PERCY, 137, Harley Street, W. 1. (Tel. Langham 3956.)
HARTSILVER, J., 2, Portland Road, Hove, Sussex.
IMIANITOFF, F. F., Gynæcological Research Department, Institute of Anatomy, University of Brussels. (Parc Leopold.)
KILLINGBACK, H. C., 64, Lichfield Grove, Church End, Finchley, N. 3.
KLIONSKY, G., R.M.O., Hospital for Paralysis and Epilepsy, Maida Vale, W.
LANGFORD, C. H., Chescombe, Mountside, Guildford. (Tel. Guildford 221.)
MORSHEAD, R. S., Lancing College, Shoreham-on-Sea, Sussex.
MUNRO, D. G. MACLEOD, 1, Inverness Gardens, Kensington, W. 8. (Tel. Park 0855.)
NICHOLS, F. P., Lt.-Col., 6, Haldon Terrace, Dawlish, Devon.
PAGDEN, T. C., 6, Queen's Gate, Plymouth.
SQUARE, W. RUSSELL, Lockslea, Thurlestone, near Kingsbridge, South Devon.
VICK, REGINALD M., 113, Harley Street, W. 1. (Tel. Langham 1268, unchanged.)
WEIR, H. H., 7, Ashworth Road, Maida Vale, W. 9.

APPOINTMENTS.

DIETRICH, G., M.R.C.S., L.R.C.P., appointed Ship's Surgeon to S.S. "Umsinga."
DONELAN, C. J., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Cardiff City Council.
KING, J. F. L., M.R.C.S., L.R.C.P., appointed Assistant Surgeon, R.M.S. "Mauretania," Cunard Line.
KLIONSKY, G., M.B., B.S.(Lond.), appointed Resident Medical Officer, Hospital for Paralysis and Epilepsy.
LANDON, I., M.R.C.S., L.R.C.P., appointed House Surgeon at The Dreadnought Hospital, Greenwich.
LEHMANN, H. P., M.R.C.S., L.R.C.P., appointed Junior House Physician, Prince of Wales's Hospital, Tottenham.
VIVIERS, P. R., M.R.C.S., L.R.C.P., appointed Surgeon to S.S. "Darro," R.M.S.P. Line.

BIRTH.

GRIFFITHS.—On October 19th, at Fairfield House, Kidderminster, to Audrey (*née* Mennell), wife of P. Digby Griffiths, M.B.(Cantab.)—a daughter (Susan Joan).

DEATHS.

BOWES.—On October 21st, 1926, at Greeba, Oxenden Square, Herne Bay, after a very short illness, Charles Kessick Bowes, M.A., M.D.
DICKSON.—About September, 1926, in Srinagor, Kashmir, Harold Stewart Dickson, M.B., B.C.(Cantab.), Maj. R.A.M.C.

ANSWERS TO EXAMINATION QUESTIONS.

Examiner: Where does cod liver oil come from?
Candidate: I don't know.
E.: Is it animal, vegetable or mineral?
C.: I don't know.
E.: Do you think it comes from a fish?
C.: I don't know.
E.: It comes from a fish. What fish do you think it comes from?
C.: I don't know?
E.: It comes from a cod. What part of the cod does it come from?
C.: I don't know.

DELTA.

FLEET STREET WEEK.

STOP PRESS.—It is now official that at least £30,000 will be handed to the Hospital.

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, G. J. WILLANS, M.B.E., B.A., *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. XXXIV.—No. 3.] DECEMBER 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Wed., Dec. 1.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Clinico-Pathological Demonstration.
Fri., „ 3.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Sat., „ 4.—Rugby Match *v.* R.N.C., Greenwich. Away.
Hockey Match *v.* R.N.C., Greenwich. Home.
Mon., „ 6.—Special Subject Lecture by Mr. Elmslie.
Tues., „ 7.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed., „ 8.—Clinico-Pathological Demonstration.
Fri., „ 10.—Dr. Langdon Brown and Sir Charles Gordon-Watson on duty.
Sat., „ 11.—Rugby Match *v.* U.C.S. Old Boys. Home.
Mon., „ 13.—Special Subject Lecture by Mr. Scott.
Tues., „ 14.—Prof. Fraser and Prof. Gask on duty.
Association Match *v.* St. John's College, Cambridge. Home.
Wed., „ 15.—Clinico-Pathological Demonstration.
Fri., „ 17.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat., „ 18.—Rugby Match *v.* U.S. Chatham. Home.
Association Match *v.* Old Bancroftians.
Tues., „ 21. Sir Percival Hartley and Mr. McAdam Eccles on duty.

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

Fri., „ 24.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Tues., „ 28.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 31.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

"LA médecine n'est pas une science dont les résultats sont certains: c'est un art dont les jouissances sont imprévues." Such was Trousseau's retort to the taunts of Molière, and in order that the House Surgeon on duty may suck full comfort from this sentiment we put forward a translation of one of Auguste Villemot's anecdotes which appears to be rather in his line:

"A man, the victim of an explosion, is brought to a doctor, literally transfixed by a piece of steel. The spike went in at the stomach and came out at the back.

"The doctor took the sick man's pulse: 'You are seriously wounded, sir,' he said, 'for you are feverish.'

"'I know very well I am wounded: I have three feet of steel in my belly.'

"'Is it the first time a similar indisposition has affected you?' asked the doctor.

"'The first time, yes.'

"'Has any malaise of a like nature attacked your relatives? In a word, is there a hereditary element?'

"'I am the only one affected.'

"'You are possibly in difficulties over lying on your back?'

"'Very much so.'

"'And on your stomach?'

"'Equally.'

"'It is certainly easier for you to lie on your side?'

"'Yes, Doctor, a little easier.'

"'Very good; I see what it is. A spike has passed through your body. There remains the treatment to be followed. Two lines suggest themselves. Either to leave the spike, and then we have to fear certain fatal accidents of an inflammatory nature; or to take out the spike, and there is a chance that you may not survive the operation. Your fate is entirely in your own hands; choose your line of treatment. As for Science, she has her limits. But she will be equally interested in whichever of the two paths you take!'"

And not even a firm belief in New Health would have altered the prognosis.

"Les jouissances sont imprévues." And it is indeed gratifying when a case of prolonged aphonia yields to the effects of an anæsthetic for a minor operation.

We understand that the blessed recipient of this most recent of miracles has been asked to leave his lodging because of the number of reporters who make pilgrimage to hear him talk.

* * *

We print under "Correspondence" a letter from the Students' Union relating to Mr. Hubble's retirement from the Editorship of the JOURNAL. He has placed many famous (and one or two notorious) pearls before you in his time; and his style is well known in the world of journalism for its absence of flourish and of what he considers Stevensonian cant. It is a great misfortune that he has had to go, but we still take our scanty opportunities of asking his opinion on points of order and matters of technique. *Vale!*

* * *

The Cambridge Graduates' Club of St. Bartholomew's Hospital celebrated the half-century in great style, with record numbers, at its Forty-sixth Dinner on November 10th at the Hotel Victoria. Sir Humphry Rolleston made a brilliant chairman, and his stories were altogether more witty than those usually encountered after dinner. Dr. Waldo, the City Coroner, as one of the first members of James Shuter's club, gave us many reminiscences, but owing to the excellence of the wine we were rather mystified as to whom or what they were about. We were glad to welcome back Sir Alan Moore as High Priest of "The Hairy One."

* * *

Owing to the clearing up after Fleet Street Week the Students' Union Council have decided to postpone the Annual Dance until early in February, 1927. The exact date will appear in the next issue.

* * *

A Senior Beit Memorial Fellowship has been awarded to Dr. E. B. Verney. Dr. Verney has also been appointed as from August 1st 1926, to the University Chair of Pharmacology tenable at University College.

* * *

The Cameron Prize in Practical Therapeutics in the University of Edinburgh was awarded to Dr. H. H. Dale, F.R.S., Head of the Department of Biochemistry and Pharmacology under the Medical Research Council.

* * *

We have received a warm letter of appreciation of the late Dr. G. Smith-Wynne, of Amersham, Bucks, whose sudden death occurred on October 26th last. A cutting from the local paper shows the very sincere affection in which he was held throughout the neighbouring districts. The spontaneity of such sentences as "Nothing was ever too much trouble for him, and kindnesses far outside the radius of mere doctoring were his everyday business in life," forms a fine tribute.

* * *

"The Results of Ultra-Violet Light Treatment"—addendum to article in November JOURNAL.

Dr. Roxburgh regrets that he omitted to acknowledge the indebtedness of the Light Department to Dr. Albert Eidinow, of the Medical Research Institute, Hampstead, for advice and suggestions as to apparatus, technique and dosage, especially as regards the method of exposing different areas of the body in rotation.

AN ANALYSIS OF CASES WHERE THE ALIMENTARY TRACT WAS EXAMINED IN THE X-RAY DEPARTMENT AT ST. BARTHOLOMEW'S HOSPITAL IN 1925.

IN order that some idea of the accuracy or inaccuracy of the X-ray findings in relation to the surgical findings may be formed in cases where the alimentary tract has been examined with opaque material, I have gone through the records of cases examined in our Department during the year 1925.

Out of a total of 8548 patients, about 690 were sent up for examination of the alimentary tract.

Of these some were referred for œsophagus only; others for stomach and duodenum only; some for the whole tract, and some for the colon only.

The œsophageal cases are examined with barium or bismuth paste.

The cases in which only the stomach is to be examined come up without having had any food or drink by the mouth for 6 hours previously. They are examined with thick or thin fluid barium emulsion, and sometimes a bread-and-milk barium meal is given in addition.

For the satisfactory examination of these cases the patient must be able to stand up.

Where the whole tract is examined the patient has a purge 36 hours before, followed by ordinary food the next day, and at 4 a.m. on the day he is to be examined he takes one pint of a bread-and-milk barium meal, and is usually seen at 6, 12, 30, 54 and 78 hours after the meal, according to the nature of the case.

Ordinary food is allowed after the 6-hour examination, but no aperient is given, as a rule, until the colon examination has been concluded.

A few of the barium enema cases that were considered to be urgent were examined without any preparation, but as a rule they had a purge 24 hours before and a plain enema about 6 hours before.

All cases are submitted to a careful screen examination, and one or more films are taken to try and illustrate the abnormality seen.

Out of the 690 patients examined, 205 have been able to be verified by operation, section or post-mortem. Cases unless verified by one of these means have not been included.

Of these 205 cases, 175 were proved to be correct.

In order to show where the majority of errors occurred, I have subdivided the cases into groups as follows:

1. Œsophagus.
2. Stomach:
   - (*a*) Gastric ulcer.
   - (*b*) Duodenal ulcer.
   - (*c*) New growth.
   - (*d*) Miscellaneous.
3. Abdomen—miscellaneous.

1. Œsophagus		29
Verified as correct		27
New growth	21	
Fibrous stricture	2	
Cardiospasm	2	
Pouch	1	
Bony foreign body	1	
	27	—
Errors		2

Errors.

X-ray findings.	Operative findings.
(1) Spasm mid-œsophagus	New growth.
(2) No foreign body seen	Rabbit-bone removed.

Many of the cases of malignant disease of the œsophagus were examined more than once, the first examination being negative in some cases, and showing, on the second examination perhaps only a month or six weeks later, a definite malignant stricture.

It appears that a very early new growth is difficult to diagnose, and is only revealed when some degree of obstruction is produced.

One interesting œsophageal condition, not included in this series, as it has not been verified, may be mentioned:

E. W—, æt. 59, was admitted in February, 1924, complaining of difficulty in swallowing.

History.—Twelve months' difficulty in swallowing, getting worse the last three months. Can take soft solids with some difficulty. Very little loss of weight.

X-ray examination showed a stricture causing obstruction at the lower end of the œsophagus with dilatation of the œsophagus above it.

X-ray diagnosis: Probably new growth.

Gastrostomy was performed in March, 1924.

Seventeen months after the operation and two and a half years after the first symptoms he came up and was found to be swallowing well by the mouth. His weight had increased, and he was not using the gastrostomy for feeding.

When he was X-rayed a large diverticulum was found near the lower end of the œsophagus, with a stricture above and below it, with marked dilatation of the œsophagus above the proximal stricture.

As no evidence of this diverticulum was discovered at the first examination in 1924, it would seem probable that it appeared subsequently at the site of the constriction in the lower part of the œsophagus. The cause of the stricture has not been discovered.

2. Stomach.

(*a*) *Gastric ulcer*	51
Verified as correct	43

Eight cases were diagnosed as gastric ulcer and the following lesions were found:

Clinical diagnosis.	X-ray diagnosis.	Operative findings.
(1) Stomach normal	Hour-glass stomach with gastric ulcer	Stomach normal.
(2) ? Ulcer	Ditto.	Chronic appendicitis.
(3) ? Gastric ulcer	Ditto.	Adhesions first part of duodenum.
(4) ? „ „	Ditto.	Chronic appendicitis.
(5) Chronic appendicitis	Multiple ulceration in stomach	Ditto.
(6) Gastric ulcer	Gastric ulcer	Ditto.
(7) „ „	? Gastric ulcer	Adhesions posterior wall of stomach.
(8) New growth in stomach	Pyloric ulcer involving first part of duodenum	Gall-stones.

It will be seen that in the majority of these errors a lesion was found in another part of the gastro-intestinal tract, and it is probable that the appearances were produced by secondary spasms.

Examination after the administration of atropine or belladonna might have been of value, the spasm disappearing in the cases where no gastric ulcer is present.

The surgical findings are assumed to be correct in all negative cases, although the stomach or duodenum may not have been opened at the operation.

(*b*) *Duodenal ulcer*	34
Verified as correct	27

Seven cases were diagnosed as duodenal ulcer and the following lesions were found.

Clinical diagnosis.	X-ray diagnosis.	Operative findings.
(1) Gastric or duodenal ulcer	? Normal; ? duodenal ulcer	Pyloric ulcer.
(2) Duodenal ulcer. .	Duodenal ulcer	Adhesions between first part of duodenum and gall-bladder. (No ulcer found on opening the duodenum.)
(3) ? Ulcer . . .	Duodenal ulcer; ? gastric ulcer	New growth pars media.
(4) ? Gastric ulcer .	? Duodenal ulcer	Stomach normal.
(5) Gastric or duodenal ulcer	Pyloric obstruction; ? duodenal ulcer	,, ,,
(6) ? Ulcer . . .	Duodenal ulcer	,, ,,
(7) New growth . .	Obstruction first part of duodenum	New-growth of pancreas.

(*c*) *New growth* 28
Verified as correct 23*

Five cases were diagnosed as new growths of the stomach; the following lesions were found:

Clinical diagnosis.	X-ray diagnosis.	Operative findings.
(1) ? New growth or gastric ulcer .	New growth pylorus	Hour-glass stomach with gastric ulcer.
(2) ? Gastric ulcer .	,, ,,	Chronic appendicitis.
(3) Gastric ulcer . .	,, ,,	Duodenal ulcer.
(4) Duodenal ulcer .	,, ,,	New growth of cardia.
(5) Gastric ulcer . .	? ,, ,,	Duodenal ulcer.

(*d*) *Miscellaneous.*—17 cases in which no X-ray abnormality was discovered in the stomach were operated upon. In 12 of these the stomach was found to be normal; 5 showed the following lesions:

Clinical diagnosis.	X-ray diagnosis.	Operative findings.
(1) ? Ulcer . . .	Stomach normal	Perigastric adhesions.
(2) New growth . .	,, ,,	New growth cardia and greater curvature.
(3) ? Ulcer . . .	,, ,,	Gastric ulcer.
(4) ? Gastric ulcer .	,, ,,	Pyloric ulcer.
(5) Gastric ulcer . .	,, ,,	Gastric ulcer.

3. *Abdomen, miscellaneous* 37
Verified as correct 35
9 cases of chronic appendicitis.
16 ,, obstruction in the large bowel.
3 ,, new growth of the cæcum.
2 ,, diverticulitis of the colon.
3 ,, adhesions of the colon.
2 ,, where the colon was found to be normal.
35 —
Errors 2

* This figure includes two cases of non-malignant ulceration which were presumed to be malignant until the section was taken.

X-ray diagnosis.	Operative findings.
(1) New growth of cæcum .	Tuberculous disease of cæcum.
(2) Obstruction in the pelvic colon	No obstruction discovered.

X-ray Diagnosis.

—	Total verified.	Correct diagnosis.	Lesion correctly located but misinterpreted.	Other lesion found.	Lesion diagnosed but not found	Lesion missed.
Negative gastro-intestinal tract .	17	12	—	—	—	5
Duodenal ulcer . . .	34	27	4	—	3	—
Adhesions	9	8	—	—	—	1
New growth, stomach . .	28	23	3	2	—	—
Gastric ulcer	51	43	1	6	1	—
Œsophagus	29	27	1	—	—	1
Miscellaneous, abdomen .	37	35	1	—	1	—
Total	205	175	10	8	5	7

J. V. SPARKS.

A BOLT FROM THE BLUE ASSOCIATED WITH UNSUSPECTED ACETONURIA.

MEDICAL emergencies, on account of the sudden onset of their nature, are seldom seen at their commencement by the medical man who is subsequently called upon to attend the patient.

The study of sudden and alarming symptoms is always fascinating, and when the case has been under observation previously say for several years—and is actually seen by the family physician at the time of crisis, an opportunity is afforded of making a complete observation of all symptoms and physical signs.

The three cases selected below were well known to the writer, who fortunately was present when the alarming symptoms became manifest. In each case routine examination of the urine, employing a simple bedside test, evidenced the presence of ketosis—acetone in excess with diacetic acid as the only abnormalities present. Tests were made for albumen, sugar, diacetic acid and acetone, and were performed in a few minutes by using small capillary tubes, containing appropriate reagents, put up by Fletcher & Fletcher, of Holloway, N.*

It will be seen in the detailed descriptions of these cases that acetonuria was the outstanding abnormality associated with alarming symptoms from which the patients suffered.

* This method of urine-testing was described in ST. BARTHOLOMEW'S HOSPITAL JOURNAL of March, 1924, p. 87.

CASE 1.—John F—, boy, æt. $1\frac{9}{12}$.

Previous history.—Child of primipara 45 years of age. Healthy baby at birth, artificially fed; slow gain in weight, due to tendency to marasmus without signs of organic disease. Normal dentition no history of fits or vomiting.

Attack.—On August 17th, 1921, while attending another member of the household, I was summoned hurriedly to the nursery by the cry, "John is in a fit."

The child was in a clonic convulsion, the face was livid, eyes turned up, pupils dilated, head drawn back, with arms and legs rigidly extended. The tongue was quickly depressed and drawn forward with a silver teaspoon, and the patient—who before the convulsion had been resting in bed—was placed in a warm bath, with tepid sponging to head. Clonic convulsions supervened for a few minutes; then the little patient became flaccid, pulseless and deathly white. After an anxious five minutes of artificial respiration the child showed signs of improvement and passed fæces and urine, some of the latter being collected in a porringer which happened to be at hand. In half an hour the child had sufficiently recovered to enable me to go carefully over his chest, abdomen and nervous system. Nothing abnormal was found. The throat was normal, he had sixteen teeth, and the four remaining molars were not on the point of erupting. Rectal temperature 100° F. Urine test evidenced excess of acetone and a moderate amount of diacetic acid to be the only abnormalities present. The child was given a heaped-up teaspoonful of glucose in half a teacup of cold water by the mouth; he took this readily and was soon enjoying a peaceful sleep. By the next morning he had quite recovered, but acetone in diminishing quantities was present in the urine for several days.

Subsequent history.—After the convulsion described above, periodic attacks of tonsillitis associated with acetonuria, but no sickness, followed every few months. Regarded in the light of either cause or effect the tonsils were enucleated, and for a time definite general improvement and normal gain in weight were registered. Several periodic febrile attacks, also associated with acetone in the urine, but without vomiting, were now observed. These latter attacks quickly yielded to glucose administration; the boy was carefully dieted, given daily antacid treatment, and in the course of about eighteen months the febrile attacks entirely disappeared.

Up to the time of writing (August, 1926)—five years after the original attack—he has had no more fits. In the absence of routine examination of the urine for acetone I venture to suggest that this little patient's first and only seizure would have been regarded as an idiopathic convulsion.

CASE 2.—L. E—, married lady, æt. 39; three children—8, 6 and 5.

Previous history.—Acute rheumatism at 14 years of age. No other serious illness, and no history of cardiac sequelæ after attack of rheumatic fever. Had undergone full nursing training at a London hospital without a breakdown. Three normal pregnancies, without any trouble during puerperia. Had suffered from shortness of breath on exertion during the last years of the Great War; this symptom was attributed to the trying conditions under which the civil population carried on, and no abnormal cardiac signs could be found to account for it. This patient had been in excellent health for several years prior to the attack.

Attack.—On March 6th, 1922, while staying in the same house, I was hurriedly called to this lady's bedside at 2 a.m., as she was said to be in great agony and on the point of death. The patient was sitting up in bed. Her dilated pupils and pale and anxious face, covered with a clammy sweat, suggested acute suffering. The left arm was drawn up in tonic spasm, the hand being fully pronated. She stated between gasps that her chest was being crushed, that she could not breathe, and was dying. The picture of a first attack of angina pectoris was complete. On palpating the right radial artery I noted a pulse of 100, with fairly normal volume and tension. This surprised me, and I at once endeavoured to reassure the patient, at the same time giving inhalation of amyl nitrite and hypodermic morph. sulph. gr. $\frac{1}{4}$, atropine sulph. gr. $\frac{1}{100}$. She resented the inhalation, and after twenty minutes the morphia had not relieved the agonizing pain. A telephone message to a colleague produced the promise of a cylinder of oxygen, and while awaiting this I injected 1 c.c. pituitrin as the patient showed signs of collapse.

The pituitrin and oxygen appeared to give considerable relief, and the attack gradually passed off after lasting two hours. Neither my colleague nor I were able to find any abnormal physical sign in the chest to account for the attack. The systolic blood-pressure was 135 mm. Examination of urine was negative for albumen and sugar, but gave excess of acetone and a positive test for diacetic acid. Glucose and an antacid were prescribed (but it transpired several days later that the patient disliked these from the first, and they were not taken).

During the afternoon of the same day another attack occurred similar to the one at 2 a.m. It lasted an hour and appeared to be relieved by pituitrin.

It now transpired that a relative who had dined with the patient the evening before had suffered from violent sickness, vomiting and dizziness during the night. Soup containing tinned tomatoes, of which the patient had also partaken, was regarded with grave suspicion. The possibility of food-poisoning precipitating an attack of angina pectoris was considered, and the same evening my friend and colleague, Dr. G. C. Garratt, of Chichester, was called into consultation. After a thorough examination Dr. Garratt found a normal heart and pericardium, normal blood-pressure and vascular system, the stomach dilated with flatus, and the patient in a nervous and highly sensitive condition—compatible, he thought, with the early psychic stage of the menopause. He regarded the acidosis as due to an error of diet, and suggested that the acid had a poisonous action on the nerve centres controlling the heart. A purgative dose of ol. ricini was prescribed, to be followed up with glucose, antacids and a full dose of bromides. Dr. Garratt further suggested ol. cajeput for "wind" and fullness in stomach, and ordered atropine gr. $\frac{1}{50}$ to be given at once should the attacks recur; finally he quite convinced the patient that she would not die in an attack, the beneficial effect of this assurance doing much to relieve her apprehensive and nervous state. The second day was uneventful. On the third day a violent attack of angina was experienced, and the urine was again found to be loaded with acetone. The treatment suggested at the time of consultation was consistently carried out, and no more bad attacks occurred. The urine was acetone-free by the eighth day, and except for slight heart pains, the patient made an uninterrupted recovery.

Subsequent history.—For a time the patient was naturally very nervous about herself, the least precordial pain or breathlessness being viewed with alarm. A careful watch was kept on the urine, but no return of acetonuria was observed. After holiday travel and a rough channel crossing without sea-sickness, the patient completely recovered her feeling of confidence and well-being. The monthly period has remained normal and regular, contradicting an early menopause. Up to the time of writing—four years and three months since the last attack of angina—there has been no recurrence of this alarming and distressing condition.

CASE 3.—C. E. F—, a retired medical practitioner, æt. 72; well known as an active, energetic and versatile gentleman.

Previous history.—No serious illness or accident. Of late years he had become a chronic addict to alcohol, but was able to continue his many activities. No history of fits or attacks of any kind. Systolic blood-pressure 155 mm. Heart normal and arteries elastic for a man of his years.

Attack.—On October 16th, 1923, while on the point of leaving the house after a social visit, I was called back by his wife's cry, "Come quickly—my husband." In the room where I had just left him after a friendly chat my old friend still stood leaning against the mantelpiece. His face was livid, with features fixed in the *risus sardonicus* and mouth frothing. One arm jerked up and down in clonic spasm. I ran forward and caught him as he fell—like a nine-pin—the trunk and legs being in complete tonus. This fit lasted about fifteen minutes. The patient was put to bed and remained throughout the day in a semi-conscious state. A careful physical examination that evening revealed no sign of either cerebral hæmorrhage or any nervous disease. The temperature was 101° F. and the patient complained of headache and sickness, but did not vomit. The urine contained neither albumen nor sugar, but was loaded with acetone. Diacetic acid was not present. The patient was kept in bed for several days. He resented this vigorously, and at the end of a week was up and about again carrying on his ordinary activities; at the same time the acetonuria disappeared.

Subsequent history.—Up to the time of his death, a year later, from cerebral œdema, this patient had neither fit nor convulsion. For the last six months of life he was tormented with eczema over the whole body, and with recrudescences of this distressing malady a trace of acetone was present in the urine from time to time.

CONCLUSIONS.

The simple ketosis (so-called on account of ketone group occurring in acetone bodies) in the three cases quoted above must not be confounded with the tragedy of a missed case of diabetes mellitus, where ketosis is found at the time of commencing coma.

In my three cases, had it not been for routine examination of the urine acetonuria would not have been suspected.

Despite the truth of the generalization that "Chaque age a ses plaisirs et ses maladies," the acute acetone storm would appear to be a respecter of neither age nor sex.

MARMADUKE FAWKES.

RAWLING IN CHINESE.

THE illustrations show photos of two pages of the Chinese translation of the sixth edition of Mr. L. B. Rawling's well-known book, *Landmarks and Surface Markings of the Human Body.*

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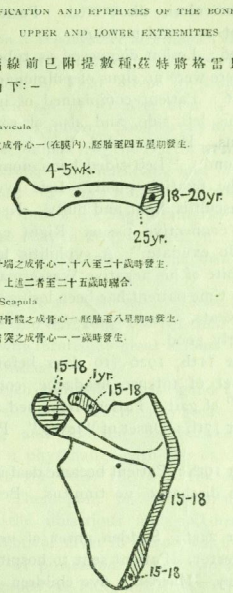
The translation has been largely done by Dr. W. R. Morse (an old Bart's man), of the Chinese Medical Missionary Association.

Whilst forming a very interesting addition to any collection of foreign translations, the Chinese "Landmarks" does not noticeably elucidate this difficult subject for the struggling student.



AN UNUSUAL CASE OF TUBERCULOUS MENINGITIS IN AN ADULT, COMPLICATED BY SYPHILIS.

THE following case recently came under my care, and is, I think, of sufficient interest to be published. I therefore append a short *résumé* of the notes taken while in hospital.

J. W—, aged 37; occupation, stoker. Admitted to Essex County Hospital on September 21st, 1926, complaining of intense headache; paraphasia (amnesia verbalis).

History of condition.—December, 1925: Attack of laryngitis; treated locally. Blood Wassermann negative. No signs of pulmonary tuberculosis found.

February, 1926: Patient attended Ipswich Hospital (Throat Department). "A sessile swelling was found

on the right arytenoid cartilage, partly obscuring the true vocal cord and limiting its action. On section it proved to be inflammatory. No signs of malignancy." Blood Wassermann again negative. No signs of pulmonary tuberculosis discovered. Patient put on a course of pot. iod. and mercury.

June, 1926: Lesion diagnosed as tubercular larynx, although there were no signs of pulmonary tuberculosis.

July, 1926: Patient complained of inability to see things on his left side, and also of ridiculous visual hallucinations. He attended this hospital, and the following found: "Left-sided hemianopia present, not involving the fixation point. Left eye: Vision $\frac{6}{9}$. Some perivasculitis, light and fluffy. Nerve pale, edges blurred by connective tissue. Right eye: No optic atrophy. No exudate." A syphilitic lesion was suspected, in spite of his negative Wassermann reactions.

From this time patient has been losing weight slightly. No night-sweats, cough or sputum. Sleeps well and appetite fairly good.

September 11th, 1926 (10 days before admission): Sudden onset of intense headache, continuous, with "giddiness" of gait. Patient remained at work.

September 17th: Onset of "fever." Patient stopped work.

September 19th: Patient became deaf in his right ear. No pain, no discharge, no tinnitus. Became delirious at times.

September 21st: Sudden onset of unconsciousness. No fits or stertor. Patient sent to hospital.

Past history.—Married; five children. Wife had no miscarriages. Epileptiform seizures, starting at the age of 20, and ceasing at the age of 28. *Pleurisy two years ago.* (This does not seem to have been of the "painless effusion" type, usual in tuberculous pleurisy). Otherwise, *nil ad rem.*

Family history.—No history of tuberculosis in the family. No other member of the family has ever had "fits."

Examination on Admission (September 21st, 1926).

Sallow, ill-nourished man. Delirious. Always lies on the left side. Temperature 101·6°; pulse, 84. The man was able to answer questions during some lucid intervals, but exhibited the condition of verbal amnesia, using the wrong consonants (*e.g.* "hold" for "cold," "Tod" for "God," etc.). No obvious head-retraction. The body was kept in a state of constant movement, similar to a rigor.

Chest.—Lungs: No clinical evidence of any lung infection in any portion of the lungs. *Heart: n.a.d.*

Abdomen.—No "carination" of the abdomen. *Nil ad rem.* Abdominal and epigastric reflexes equal and brisk.

Head. Marked stiffness of the muscles of the back of the neck. No head-retraction present. *Eyes:* Intense photophobia present. No strabismus, ptosis or nystagmus. Pupils: Equal at first. Later (in three hours after admission) right greater than left. Both react well to light. *Tongue:* Furred. *Teeth:* Very bad. *Ears:* Externally, *n.a.d.*

Otoscopic examination, *n.a.d.*

Legs.—No paralysis. Knee-jerks equal, but exaggerated. Plantar reflex flexor. Kernig's sign not present.

Urine.—Contains no abnormal constituents.

Cerebro-spinal fluid.—Microscopical examination on admission. Alkaline; considerable excess of globulin. Fehling's reaction. No reduction. Cells: 30 per c.mm. Chiefly lymphocytes. No tubercle bacilli or other organisms seen, or cultured. Wassermann reaction of cerebro-spinal fluid negative.

September 22nd: Patient fully conscious. Pupils and reflexes unaltered. Temperature, 101·4°; pulse, 88.

Examination of nervous system.—Sensations of touch, heat and cold and pain, normal over the whole trunk and limbs.

Cranial nerves.—1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 all normal.

2, by ophthalmoscopical examination. Left eye: Nerve pale, edges blurred by old connective tissue. Condition of optic neuritis. Some perivasculitis. Veins irregular, tortuous and compressed. Right eye: No optic atrophy or exudate. Compression and perivasculitis.

September 23rd and 24th: Condition unaltered. Temperature remaining in the region of 102°. Pulse about 88.

September 25th: Delirium again. Slight head-retraction. Kernig's sign positive in left leg. Temperature 102°; pulse, 96.

Cerebro-spinal fluid, on standing, threw down a flocculent mass, which, however, did not show any "tent" formation, common to tuberculous meningitis. Not examined microscopically.

September 26th: Patient completely unconscious again. Incontinent of urine and fæces. Double Kernig's sign, well marked. Right pupil still greater than left. All reflexes unchanged. Blood Wassermann again negative.

Cerebro-spinal fluid.—Turbid, under great pressure; alkaline; considerable excess of globulin. Fehling's: No reduction. Albumin: 0·16%. Cells: 14 per c.mm. (lymphocytes). No tubercle bacilli or other organisms seen or cultured. *Cerebro-spinal fluid Wassermann positive* (0·1 c.c. of serum produced complete fixation of three minimal hæmolytic doses of complement).

September 27th: General condition unaltered. Continuous "hiccough." Retention of urine. Left pupil became bigger than the right (the reverse of former condition). Temperature, 101·4°; pulse 100–120.

September 28th: Respirations rose to 66 and *patient died* 5 *a.m.*

A post-mortem was refused, so certificate was signed as meningitis, probably of tubercular origin.

This case exhibits several interesting features, the chief being the uncertainty of the diagnosis of syphilis.

It might be argued that, after three negative Wassermann reactions of blood and one of cerebro-spinal fluid, the last Wassermann result of cerebro-spinal fluid was wrong. This result was, however, verified.

The cerebral irritation, in the region of the optic radiations (apparently), as far back as July; the changes in the discs, associated with the laryngitis, are all very suspicious of a diagnosis of syphilis, in spite of the repeatedly negative blood Wassermanns.

Another item of interest was the fact that, although the man died of an undoubted meningitis which had the clinical aspect of a tubercular type, no tubercle bacilli were ever found in the cerebro-spinal fluid, or even grown on culturing.

Also, although the patient had been examined by seven different medical men, no sign of any lung lesion was ever found.

The larynx, therefore, if tubercular, was either primary or else secondary to some focus in the bronchial glands, the abdominal glands, or to a small focus present in the lungs, which was not large enough to be discovered by auscultation.

It was unfortunate that a post-mortem was refused, as the true diagnosis of a very interesting case will always remain an unsolved mystery.

I am greatly indebted to Dr. Curl, M.D., F.R.C.P., for permission to publish this case, and to Dr. C. K. Mosely, M.R.C.S., L.R.C.P., of Ipswich Hospital, who kindly gave me particulars as to his treatment in that hospital.

B. LLEWELYN HODGE.

[It is interesting that four out of the seven medical men involved in this case, including Dr. Curl, were old Bartholomew's men.—ED.]

DR. JOHNSON AT THE HOSPITAL.

PERSONAL INTERVIEW WITH MR. BOSWELL.

IT was on a Wednesday afternoon (Visitors' Day at St. Bartholomew's) that the famous Dr. Johnson, of Fleet Street (re-projected upon our planet at the age of 50 after over a century of argument in another sphere), came to pay his respects to the Hospital. Accompanying the Doctor were Mr. James Boswell, the Member for Smithfield, and Mr. McAdam Eccles, Chairman of the JOURNAL Committee. So constant was the flow of the Sage's remarks that it took all three of these men to keep up with it; but we will let Mr. Boswell tell the story in his own inimitable fashion.

"Sir," said the great man testily, upon seeing the crowd of people who had come to visit their relatives in the wards, and who formed so great a mass that nowise could the cars proceed——

"I take it much amiss that these good folk are not given chairs to sit upon. There is as great a difference between sitting and standing as between seeing a chirurgeon and a physician; with the one all is soon over, while with the other the wait for death seems never-ending." Thereupon, in accordance with his usual custom, the illustrious and soft-hearted man emptied his pockets of silver to the crowd, but since, as always, he was in possession of but two stivers, the wantons only gaped at him, unwitting Who he was. I took the liberty of rating the scullions roundly. "Nay," said he, "had I been *less generous,* you should not have spoken them roughly."

At this point we were met by the celebrated Dean of the Medical School, not more distinguished for quickness of parts and variety of knowledge than loved and esteemed for his amiable manners. Here, too, Johnson formed an acquaintance with Mr. Watkins, that very eminent Curator of the Surgery who was idolized underground for the uniform propriety of his private conduct. Of the Warden he remarked that "he fed you with a continual renovation of hope only to end in a constant succession of disappointment."

"Have you seen our Gate?" said the Senior Physician busily.

"Sir," said Johnson, not without asperity, "I should do so were I not directly under it."

"Come and look at my Museum," cried Sir F— A—, Sir B— S—, and young Dr. S— all in a breath.

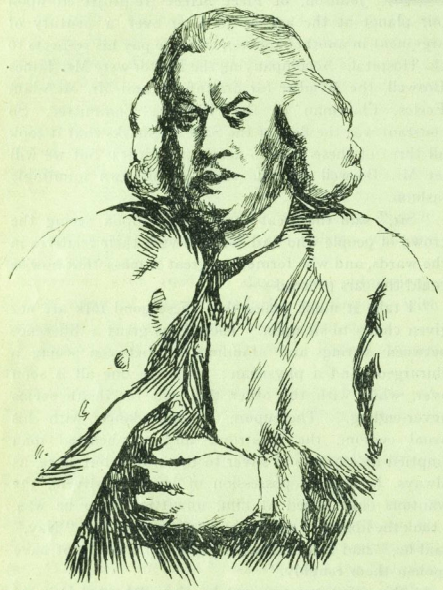
Johnson (aside to me with the utmost vehemence): "I *hate* a carcase."

Boswell (diffidently): "Is there any real difference,

then, between a man who bottles ox-tongue and another who preserves a good specimen of *carcinoma linguæ* ?"

"Sir," the great man retorted, "the difference between yourself and a navvy—not a great deal, sir."

"This is the Fountain," tactfully intervened Lord S—, Chairman of the Council, who had met Johnson at Court on divers occasions.



POSTHUMOUS PORTRAIT OF DOCTOR SAMUEL JOHNSON

by our artist from material communicated by the projection or shade of Sir Joshua Reynolds to the Hospitaller. It will be noticed that death has mellowed somewhat the old lion's ferocious expression, and that he has exchanged his black coat for the white one proper to celestial regions. This also saves ink.

"Your Lordship," the Sage replied, "May I express my gratitude to you in the words of the poet:

"For so informing me
That when I see a fountain
'Tis a fountain that I see.'

On ascending the Grand Staircase (sufficiently wide to accommodate all of Dr. Johnson with ease), someone drew his attention to the "Pool of Bethesda" (among the Hospital's treasures in the way of masterpieces of Art). Having gazed long at it, he delivered himself of the following:

"That was painted when I was 27. Reynolds and I never thought much of it, preferring 'Marriage à la Mode' and the portrait of my friend David Garrick as Richard III. But then Hogarth was always better at actresses and rakes. Sir," he added slily, "were we to entice a few of those good folk we saw at the gate to a bath by means of some such legend as this, Islington would be the cleaner."

The Wards aroused no comment. The seeing of so much suffering silenced the great man's tongue, and the sight of wounds sending the blood from his head to his stomach caused us to descend in haste to the Square, where he was soon happily recovered.

Sir C— G— W—, though he did not have much truck with sages and such-like, took him to see his favourite object, namely, the lamp in Theatre B. Johnson laughed heartily when he saw it. "Why, Sir, it is like burning a farthing candle at Dover to show light at Calais."

In the Children's Department, Dr. H— T— played about him with much vivacity. He took hold of the lapels of his coat, and looking up in his face with a lively archness (such as he employed when examining a refractory infant) complimented him on the good health which he seemed to enjoy. We talked of the healing of children, and being asked what pill he thought it best to give first, Johnson replied, "Sir, it is no matter which you give them first, any more than what leg you put into your breeches first. You may stand disputing which is best to put in first, but in the meantime your breech is bare. Sir, while you are considering which of two pills to give a child, another boy has taken them both—a pretty pass, indeed."

Two young nurses visited him to consult him on the subject of shingling (the cropping of hair in the modern fashion, much in vogue at Ranelagh), to which they were inclined. "Come," said he, patting the head of the younger, "you pretty fools, dine with Boswell and me at the Mitre, and we will talk over that very subject." "We will try and get Matron's permission," they stammered charmingly.

In this connection he observed that a student at Bart.'s was in less danger of falling in love indiscreetly than anywhere else, for there the difficulty of deciding between the conflicting pretensions of a vast variety of objects kept him safe.

Questioned by Dr. L— B— (for whom he immediately felt a great tenderness—alike for the variety of his knowledge, his powers of dissertation, and his benevolent appearance), he denied that medical men were always the best-bred men. "Perfect good breeding," he observed, "consists in having no mark of any profession, but in a general elegance of manners; whereas in a medical man u can commonly distinguish the 'brand' of a physici —*l'homme de coté-de-lit.*"

Having talked with many other celebrities, and discussed sundry characters of the Hospital life, he made known to the increasing crowd of his admirers that his one desire was a flagon of ale at the "Cock," but he was again stopped as he made for the door. Being solicited to compose a funeral sermon for Mr. Bridle, a portly and notable figure among the hospital-ers, he inquired with the utmost patience into the character of the deceased. Being told that though he was not dead yet, he was remarkable for his humility and condescension to inferiours, he observed that those were very laudable qualities, but that it might not be so easy to discover who the gentleman's inferiours were.

It being now dusk and the houses and taverns being opened (Johnson often confided to me that the unwonted hours of restriction hit him hard), he paused for a moment to sniff the air outside Diviani's Meat House. His face showed a look of horror in the light of the window as he turned abruptly on his heel, and so with a muttered exclamation of "Fit only for a district clerk," the immortal Johnson continued on his way towards Fleet Street. F. C. R.

THOUGHTS OF A TYPHOID BACILLUS.

(After Mr. Aldous Huxley.)

I AM not one of those who stain
With Giemsa, Gram or Pugh;
My litmus-lactose plates retain
Their pristine colour, blue.

"I wait the indubitable word,
The Great Unconscious Cue";
By brilliant green or ox-bile spurred
I'll 'glutinate for you. R.

ON CULTURES.

(After T. E. BROWN.)

B. proteus is a loathsome thing, God wot.
Foul blot.
Dread host,
Pale spot
Admixed with most
I sow, And yet some boast—
Contend they grow it not!
Not Prot.! in cultures! not that thin blear ghost?
Nay, but I have a sign.
I'm sure it has contaminated mine.

M.

TRIALS AND TRIOLETS.

By a PATIENT.

SH nurses departing
Pray tarry awhile!
With heartache we're smarting,
Oh nurses departing!
The new ones who're starting
Will all be a trial;
Oh nurses departing
Pray tarry awhile!

She brought a B.P.*
When I wanted a slipper;
Inconsiderate she,
She brought a B.P.
A nurse she'll ne'er be,
Her exams will all trip her:
She brought a B.P.
When I wanted a slipper.

J. O. I.

[* *British Pharmacopœia.*—ED.]

ABERNETHIAN SOCIETY.

THE second meeting of the Abernethian Society was held on October 28th, the President (Mr. A. Barnsley) in the Chair, when Dr. R. G. Cochrane read a paper on "Leprosy and its Treatment." The lecture was illustrated by some forty excellent lantern-slides, which gave a clear representation of leprosy in all its stages.

The speaker commenced by pointing out the wide distribution of leprosy, even northern countries, such as Greenland, having their lepers; the last indigenous leper in England died over a hundred years ago. The causative organism is *B. lepræ*, which can be isolated from the body of every leper, but has not yet been cultivated successfully. Its portal of entry is not known, but it is believed to be through nasal mucosa or traumatized skin. The extreme periods of incubation on record are three months and forty years. Although *B. lepræ* can be isolated from the placenta and the umbilical cord the disease is not congenital, and children of lepers are always born healthy. The course of the disease is prolonged, but self-healing, not fatal; only 3% of lepers die of the disease, the majority of intercurrent affections—tuberculosis, nephritis, etc.

The earliest stages of leprosy are nerve lesions, depigmented skin patches and areas of anæsthesia, but it is not certain whether these initial lesions occur at the sites of inoculation. The spread may be an ascending neuritis along the lymphatics of the nerve-sheath or a metastatic spread by the lymph-nodes or blood-stream. The nerves bear the brunt of the attack, and become swollen and thickened; the loss of cutaneous sensibility is a pressure effect of the œdema of the nerve-sheath. The nerves first affected are generally the ulnar, great auricular, peroneal and facial; the last gives a permanent facial paralysis, owing to subsequent fibrous contraction of the sheath.

In an individual of low resistance the disease develops and the symptoms of skin leprosy appear, rashes and nodules, with malaise and fever. The *B. lepræ* is found in the blood-stream during reactions, and nodular leprosy is comparable with miliary tuberculosis. The course of leprosy can be described as a parabolic curve, and treatment of nerve leprosy on the ascending curve may cause severe reactions, with the appearance of skin lesions.

The third clinical type of leprosy, mixed leprosy, presents both nerve and skin lesions.

The eye lesions of leprosy were those due to various infections from paralysis of the lids, and the corneal leproma, which ultimately resulted in complete destruction of the eye.

The finish of the disease leaves the leprotic stigmata, advanced secondary anæsthesia, facial paralysis, loss of cartilage of nose, etc. Such anæsthesia was absolute, resulting in trophic ulcers, bone absorption, etc., but the typical leper beggar of popular imagination thus produced was not a danger to the public, only a nuisance.

The speaker showed that differential diagnosis of nerve leprosy should not be difficult; the depigmented areas from leucoderma and pityriasis versicolor, and the anæsthesia from syringomyelia, peripheral neuritis and cervical rib. Skin leprosy, although it might simulate any skin disease, even skin sarcoma, was readily diagnosed by finding the *B. lepræ*, which was always present in the lesions. The late nerve leprosy had to be distinguished from syphilis, but this latter, being the greatest predisposing cause to leprosy, was often present as well; leprosy, however, never appeared in the scalp, and never gave a positive Wassermann reaction, except possibly in lepra fever.

The object of treatment is to arrest the disease before the permanent lesions set in. Treatment is mainly sanatorial, good food, mental contentment, graduated exercise and treatment of other diseases present. Of the specific remedies, the best was the injection of chaulmoogra or hydnocarpus oil, and for the skin lesions trichloracetic acid.

Prognosis should be based on whether leprotic stigmata would be left, the prevention of which depended on early diagnosis, which in its turn could only be obtained by better education of the doctor and of the public. In conclusion, Dr. Cochrane emphasized the fact that leprosy was a self-healing disease, and that the type depended upon the resistance of the individual, nerve leprosy in the highly resistant, and skin lesions in the comparatively non immune cases, nodular leprosy affecting most of the organs of the body: it was a superficial disease before it became generalized, and early diagnosis meant efficient treatment, with the extinction of the leper of popular imagination.

The meeting expressed its appreciation of Dr. Cochrane's lecture with acclamation, and was then adjourned.

The third meeting of the Abernethian Society was held at 5.45 p.m. on Thursday, November 4th, 1926, in the Medical and Surgical Theatre, Mr. Wroth in the Chair.

The minutes of the last meeting were read and confirmed, and Mr. Watts was called upon to deliver his lecture on the "Cambridge University Medical Society's Tour in America."

MR. WATTS said he was not going to describe the tour chronologically, as although it only lasted three weeks, such an account would be a tedious recital of a list of events. He intended to present a varied series of impressions formed from material gathered at different places, both of general and medical interest.

Starting with Canada, he described this as essentially a young country, in outlook, enthusiasm and pride in its buildings, progress and institutions. Everything was on the grand scale; as an example he quoted the Niagara Falls and the Toronto Power House, with its twelve generators of 15,000 h.p. working at 2,000,000 volts. Some impressive slides of the Falls were shown.

The United States would best be introduced by a few words about Washington and its memorials—essentially a show city. With the help of some excellent slides a very graphic description of the capital was given, the Lincoln and Washington memorials, and the Capitol, which corresponds to our Houses of Parliament. The Arlington National Cemetery, a large hill laid out as a park the other side of the Potomac, has been set aside as a burial ground for Americans killed in war. The memorial is in the form of an enormous Roman amphitheatre, capable of holding 50,000, being used for the memorial service, which is also broadcasted to nearly 10,000,000 others.

Turning to more medical matters, the course at the McGill University, Montreal, was described and compared with our own. Anatomy and physiology, for example, were not learnt as pure subjects, but from a clinical point of view—a method which had obvious advantages and drawbacks. As regards buildings and equipment the American schools were strikingly modern. With unlimited space at their disposal they could build and equip hospitals and schools so as to be up-to-date *de novo*, rather than have to modify existing establishments, which, of course, resulted in a greater volume of work being done with less expenditure of time and energy on the part of the staff, although the lecturer did not think that the results were necessarily of a higher quality than those obtained here.

A picture of the Toronto General Hospital, with its 700 beds, numerous sun parlours, and its private block for paying patients, which contributed 35% of the hospital's expenses, showed the advantage of having space. Pathological laboratories are attached to each ward or floor in an attempt to combat any possibility of divorce between pathologist and clinician.

Here followed a picture of the Rockefeller Institute of Medical Research and a description of its laboratories, including its Department of Animal Pathology, situated near Princeton, New Jersey. The work of the Hospital at a particular time is limited to a small number of subjects—at present cardiac diseases, lobar pneumonia, nephritis and chickenpox, and only patients suffering from one of these are admitted. Attempts are made to induce the diseases into lower animals and watch the result.

Perfect though the construction and organization of the existing hospitals and schools are, the Americans are embarking on something even larger and more up to date—the Medical Centre of New York on the north end of Manhattan Island, with its Presbyterian Hospital of seventeen floors, Royal College of Physicians, and Vanderbilt Out-Patient Department, with a capacity of about four times that of ours, is an amazing undertaking. A great point is made of grouping diseases together into clinics—heart clinics, diabetic clinics, urological and thyroid clinics, with a staff specializing in the study of the one complaint.

Slides of the New York skyscrapers were shown, and of one of the main streets, where it is computed that if everyone working in the neighbouring buildings were congregated, not only would they be packed very thickly transversely, but about four deep longitudinally. Mr. Watts gathered from other members of the party, who had made a more careful study of the question than himself, that alcohol is easily obtainable at a price. The regulations in Canada, however, are more elastic—a doctor is allowed three gallons a month for himself "for medicinal purposes," and can prescribe thirty 40-oz. bottles per month and an unlimited number of 6-oz.

A brief description of the Unions and Greek Letter Secret Societies followed, and the lecture was brought to a close with an account of the Deaconess Hospital, where a demonstration by diabetic children on diabetes was given. The calorie value of any item of food and its carbohydrate content in grammes was an elementary matter for them. It was a striking example of what insulin has done for diabetes, especially in children. The last slide was of the old operating theatre in the Massachusetts General Hospital, where the first operation under a general anæsthetic was performed.

THE PRESIDENT, on behalf of the Society, thanked Mr. Watts for his extremely interesting lecture, and the meeting was adjourned.

The fourth meeting was held in the Abernethian Room at 5.15 p.m. on November 18th, the President (Mr. B. B. Hosford) in the Chair. After the minutes had been read and confirmed, the following gentlemen showed cases: Messrs. Malk, Page, Roberts and Croft. The majority diagnoses of the cases were respectively progressive muscular atrophy, disseminated sclerosis, dislocation of the head of the radius, exostosis of the lower epiphysis of the radius, and malignant intracranial tumour with secondary deposits in the cervical lymph-nodes. Discussions, learned and otherwise, took place on each case, and several original observations should be placed on record, such as a path. clerk's discovery of a relation between polycythæmia and sclerosis of the spinal cord, and the description of how a masseuse obtained full extension of the forearm after a click. The meeting lasted nearly two hours, and was adjourned in harmony at 7.5 p.m.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* ROYAL MILITARY ACADEMY.

AT Winchmore Hill, on Saturday, October 23rd, the Hospital defeated the "Shop" by 2 placed goals, 2 tries—16 points—to 1 placed goal and 2 tries—11 points. The Hospital were without Guinness and Gaisford. It was a fine day, but there was a cold wind blowing from the tennis-courts as Bettington kicked off for the Hospital. The ball went into touch five yards from the R.M.A. line. Bart.'s were under the impression that they had an easy task, and for some time were run off their feet. The "Shop" did all the pressing, while behind T. P. Williams no one of the Hospital backs could handle the ball. If they did happen to handle the ball, they lost ground. Prowse was tackling well.

After twenty minutes of this sort of thing—it really was disgraceful—Petty ran straight and so surprised the defence that they let him through. His pass inside to Grace could not be taken, but Grace kicked over the line and scored an easy try, which was not converted. The "Shop" had the lighter pack, but were heeling the ball, and their three-quarters played infinitely better than ours. They fully deserved to score before they did, which was after half an hour's play. The try was not converted.

The second half opened with a very pretty try from the R.M.A., following a three-quarter movement carried out speedily with accurate handling. This try was converted. Five minutes later Bettington picked up from some loose play near the Woolwich line and forced himself over for a try, which he converted. The rest of the game was spoiled—yes, it looked as if there was something to spoil by now—by the weakness of the referee. He allowed both sides to be two yards off side, and he didn't stop the blocked loose scrums soon enough.

Rait-Smith was suffering from an injury to a shoulder, and though obviously in considerable pain, carried on, moving to the wing outside Prowse. Both sides scored an unconverted try in quick succession, Bettington scoring for the Hospital. Bart.'s used energetic though clumsy methods to take the lead. However, five minutes before the end Prowse and Rait-Smith made a good run together, the latter scoring in a good position. Bettington kicked the goal.

The sooner the Hospital cease to play according to preconceived ideas as to the strength of their opponents the better. Apart from the fact that these ideas are more often wrong than not, the attitude is not one to be encouraged. In this game, although it was due to the forwards that we eventually won, they can scarcely be congratulated on their performance. Bettington scored two tries and kicked well, Apart from T. P. Williams and Prowse, the less said about the backs the better. These two, however, played well.

Team: E. V. Frederick (*back*); A. H. Grace, G. F. Petty, B. Rait-Smith, C. S. Prowse (*three-quarters*); P. L. S. Hatton, T. P. Williams (*halves*); E. S. Vergette, R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, J. W. D. Buttery, J. T. Pittard, H. D. Robertson (*forwards*).

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

ON Wednesday, October 27th, we went down to Cardiff. T. P. Williams was unable to play and Games took his place at scrum-half. Rait-Smith's injury to his shoulder kept him from playing, so that McGregor was brought in to partner Games, Guinness moving to the centre of the three-quarter line. After a game full of exciting incidents Cardiff won by 3 placed goals and 2 tries—21 points—to 3 tries—9 points. The game was played under ideal conditions under the Welsh Rugby Union rules. Except for a period of four minutes in the second half, when Cardiff scored 13 points, the game was even, with our opponents always having the advantage outside the scrum.

Four minutes after the kick-off, Maley, in his own half, made a long kick to touch. The ball failed to go out and rolled over the Cardiff line. Maley followed up hard and just succeeded in winning the race for the touch down. Bettington failed with the difficult kick. Cardiff soon equalized, a try following from a smart three-quarter movement. No goal resulted. Bart.'s attacked strongly. McGregor broke away in mid-field and passed to Bettington, who was unable to score. A nice cut through by Guinness should have produced a try, but his pass to Prowse was not accepted. Gaisford, running up to field a kick, was unable to reach the ball with his hands and kicked it. The ball went through the advancing Cardiff three-quarters and Gaisford reached it just before the Cardiff back could. He kicked on, gathered the ball, and when nearly over was brought down from behind, but not held. He dribbled over the Cardiff line, only to be brought back for dropping the ball forward when tackled. Bart.'s were not doing all the attacking, and after 25 minutes' play the Cardiff right wing scored a try. If Petty had gone low he would not have been handed off. This try was converted. Cardiff, then, were 5 points ahead at half-time.

From the kick-off in the second half Bart.'s were kept mostly on the defensive. Guinness, after making a nice cut-through in their "25," came back and saved a try by a timely tackle near our line. After 12 minutes our defence cracked and Cardiff scored three times in 4 minutes, converting two of these tries. It appeared at this time as if the forwards were very tired, but Vergette rallied them, and Cardiff were not allowed to score again. On the contrary, it was the Hospital that did most of the attacking in the last quarter of an hour. Grace was nearly over on the right, and a few minutes after, again nearly scored, over-running the ball on their line. Jenkins, though, was up behind him, and scored. Bettington hit a post with his kick. On time, from a scrum 5 yards from the Cardiff line, the ball was heeled to Games, who went through on his own, swerved round the full-back and scored a good try, which was not converted.

The forwards lived up to their reputation in Wales, and except for that lamentable 4 minutes, worked hard. Jenkins and Bettington were always prominent, while Maley's work in the line-outs was most valuable. Buttery must get fit before he is really useful. Games finished off a most useful afternoon's play by scoring his try. It was a joy to see McGregor puzzling the defence again. Prowse tackled well, and Gaisford marred an otherwise good game by missing touch too frequently. The three-quarters should remember that it is not always wise to pass. When the men outside are well marked, to pass is often worse than useless.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, H. W. Guinness, C. B. Prowse (*three-quarters*); H. McGregor, J. D. B. Games (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, J. W. D. Buttery, J. T. Pittard H. D. Robertson (*forwards*).

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

We hope never again to see a game so lacking in good football as in that played on the Rectory Field against Blackheath on Saturday, October 30th. The Hospital were again without T. P. Williams and Rait Smith. Games played at scrum half and Royle was brought in to the three-quarter line. Blackheath played practically an "A" XV, strengthened by the inclusion of Haslett, Ryder and Devitt. Neither side deserved to win, because neither side deserved to score. However, one of the numerous mistakes made by both sides met the fate it deserved, when a Blackheath forward scored from a wild pass back to Gaisford by Games. Blackheath won by this converted try to *nil*.

The game does not merit a description. Suffice it to say that the forwards in the first half pushed the Blackheath pack all over the field in a lazy sort of fashion, and in the second half seven of them accomplished the same feat rather more energetically. It was most unfortunate when, in the first minute of the second half, Guinness—the best back on the field on the day's play—injured his shoulder and had to retire. In the first half Guinness was kicking really well, and was the only one of our back division who appeared to have any idea of attack. In defence this much-criticized back division showed up better. Grace's tackling provided a soothing balm to eyes made sore by dropped passes and passes badly given, or not given at all. It was the exception for one of Gaisford's kicks to find touch.

As we have said, the forwards did what they liked with their immediate opponents. They heeled the ball and gave their backs numerous chances. Maley played another great game. Besides doing his usual good work in the line-outs, he accomplished great things in defence. Once, when a Blackheath man was clean away, it was Maley who stopped him 9 yards from our line. This game provided yet another instance of Bart.'s playing down to their opponents. Blackheath had a very poor side out, so we played badly. It is more than likely that had Blackheath been able to turn out their full side, we would have played well. We have seen this side play really well against strong and clever teams. Why then, we ask, do they perform so badly against weak sides?

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, H. Royle, C. B. Prowse (*three-quarters*); H. W. Guinness, J. D. B. Games (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, J. W. D. Buttery, J. T. Pittard, H. D. Robertson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON WELSH.

Once again Bart.'s lost by a narrow margin. At Herne Hill, on Saturday, November 6th, we were beaten by a placed goal and a try—8 points—to a placed goal—5 points. Owing to injuries the back division was rearranged. Games again took T. P. Williams's place at scrum-half, and Prowse was moved from the wing to partner him. Guinness not having recovered from his injury received at Blackheath, Rowe and Royle came in on the left of the three-quarter line. The ground was in good condition with a fairly strong wind blowing across the field.

From the kick-off the Hospital attacked, and Royle was nearly over on the left. The forwards were heeling the ball well and we pressed for the first five minutes. Scrums were being formed nearer and nearer to the London Welsh line, when they relieved well and in turn attacked. Hughes went over on our left, only to be held up by Jenkins. This was a very good piece of work, though we think that Jenkins was lucky to have the try disallowed. Following this we saw some interesting open play, with the London Welsh doing most of the handling.

After 20 minutes' play Hughes again went over, and this time scored a try which was not converted. Gaisford should have stopped this try, although the tackle was not as easy as it looked. From a penalty Rees attempted to place a goal from 60 yards out. The ball dropped about 10 yards in front of the goal. The London Welsh continued to attack, and their left wing was only just pushed into the corner flag in time. Gaisford tackled their fly-half in mid-field, when he was well away, having cut through the three-quarter line.

In the second half Bart.'s did most of the attacking. Royle and Prowse each made useful individual runs. When Briggs was dribbling towards the undefended line he was obstructed. A penalty kick was awarded, but Gaisford misjudged the wind and the London Welsh touched down. After being again forced to touch down the London Welsh attacked, and Gaisford tackled Hughes after he was well away. Ten minutes later their left wing scored a try, which Powell converted.

There was still a quarter of an hour to go and Vergette roused the forwards to further efforts. Pittard hooked the ball with the pack shoving well behind him, but the heeling was slow. Rowe, with the ball at his feet, had the line at his mercy, but, slightly over-running the ball, he kicked too hard and it went dead. The forwards were rewarded later by a try, Maley securing the touch-down after a scramble on their line. Bettington kicked a good goal. There still should have been 5 minutes left for play when the referee blew the whistle for time.

Gaisford improved greatly on last week's form. He made more certain of finding touch, though there is still room for improvement here. Royle ran strongly on the left wing, but did not give any opportunity for the attack to be continued when he was hemmed in. He might have cross-kicked twice with advantage. Grace seemed undecided when he received the ball. Prowse did well at fly-half. He frequently opened up the game well and was good in defence. Games worked hard, but was much too slow. Briggs, again playing wing-forward, and Jenkins performed heroic feats in defence. Maley was good. It was Vergette, though, who surpassed even his own consistently high standard. He was suffering from a bad cold, but was always on the ball, always working extremely hard and always leading his side. The great rally of the forwards in the last 10 minutes was most gratifying.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, J. T. Rowe, H. Royle (*three-quarters*); C. B. Prowse, J. D. B. Games (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, J. T. Pittard, H. D. Robertson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* ALDERSHOT COMMAND.

On Wednesday, November 10th, at Winchmore Hill, the Hospital won, scoring 3 tries—9 points—to *nil*. The ground was very wet and heavy from recent rains. We were without Gaisford, Rait-Smith, Guinness and Bettington, but T. P. Williams returned to the side.

From the kick-off the Aldershot three-quarters attacked while the ball was dry. It very soon became apparent that any accurate handling would be exceptional. The Hospital were forced to touch-down after 3 minutes' play, the Services having taken the ball up the field from well within their "25." Jenkins was prominent in a good dribble, while for the Services Devitt gained many yards before being tackled by Taylor. The game was very scrappy.

After 10 minutes of rather uninteresting play, Briggs scored on the extreme left—a try which Buttery did not convert. Devitt was again prominent for Aldershot and missed with a good attempt to drop a goal. The passing was most erratic and the ball became increasingly difficult to hold. Our forwards were working very hard and putting in many good dribbles. Dunkerley twice came across the field to save our line, once to tackle Devitt and again to kick into touch. Taylor had to force their right wing into the corner flag.

In the second half we gave up any serious attempt to handle the ball, and by dribbling and kicking ahead, kept the Services generally on the defensive. By these methods we scored two unconverted tries. The first of these was distinctly doubtful, and the second very lucky. If the ball had not hit a goal-post it would have been touched down. Rowe actually touched the ball in each case.

The game was necessarily not of a spectacular nature, but it demonstrated clearly the solid work of our forwards. In the tight scrums they more than held their own, and Pittard secured his share of the ball, though our heeling was slow in comparison with theirs. All the forwards took part in the many useful dribbles and were well up on the ball. If proof were needed of Briggs's ability, he gave it us that day. The outsides were handicapped by the slippery ball, but a wet ground is no handicap to going down on the ball. It would be unfair to judge Taylor on this game.

Team: J. T. Taylor (*back*); A. H. Grace, G. F. Petty, J. T. Rowe, J. I. Dunkerley (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, M. L. Maley, D. S. Briggs, J. W. D. Buttery, T. J. Pittard, H. D. Robertson (*forwards*).

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

At Winchmore Hill, on Saturday, November 13th, we played our return match against Moseley. After raining nearly all the week, the rain came down on Saturday as if determined to flood everything. It was just possible to play, and under these appalling conditions Moseley won by a placed goal and a try—8 points—to a placed goal—5 points.

It was raining during the first half when the Hospital pressed hard, playing with the wind behind them. Any attempt at handling almost necessarily failed, and the forwards kept the game at their feet, with the result that the ball was round about the Moseley "25" most of this half. This almost continuous pressure did nothing except show that the Moseley defence—Drysdale in particular—was equal to the occasion.

Just before half-time the wind increased in strength, and on changing over the rain ceased. During this half we did not have so much of the play. The backs made the mistake of trying to do too much handling. From a kick down and across the field Orcutt beat our defence in the race for the touch-down. Drysdale's kick hit a post, but did not go between. Not long afterwards, Linn kicked down the field, and following up hard, kicked over and scored for Drysdale to convert. Our forwards then took possession of the ball, and just on time Bettington scrambled over for a try which Gaisford converted.

In a way, perhaps, we may be counted unlucky to have lost this game, in which we had the greater part of the play, but on the other hand Moseley thoroughly deserved their two tries, so well did they seize their opportunities. Our backs should have kicked high down the field more, and attempted passing less. The forwards worked hard, and R. N. Williams, Bettington and Briggs were always prominent. We hope that Gaisford noticed how Drysdale made certain of finding touch rather than trying for great length.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, J. T. Rowe, J. T. Dunkerley (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, J. W. D. Buttery, J. T. Pittard (*forwards*).

In the evening the Moseley team were our guests at dinner. We hope they enjoyed themselves as much as we did. After defeating us on the Rugby field, they showed marked superiority as raconteurs!

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

At Bristol, on Saturday, November 20th, we were still without Guinness and Rait-Smith, while Bristol were unable to play Quick and Shaw. After torrential rain the whole morning—and for the past fortnight—it cleared up for the afternoon, and the ground, though naturally soft, was in surprisingly good condition. We knew we were going to be up against it outside the scrum, and as it turned out, while being equally matched at forward, we were outclassed between Williams and Gaisford and were beaten by 6 placed goals and 2 tries—36 points—to a try—3 points.

From the score it might appear that Bristol made a monotonous procession behind our line, but such an impression would be quite false. It was a good game in spite of the score, and our young three-quarters should have learned much. We hope they noticed how the Bristol centres fell back to support their full back every time he was pressed. We hope they observed—as they doubtless did to their annoyance—the vast amount of room that Corbett gave his wing in which to move. They must have seen a great deal of Corbett during the afternoon. Did they notice how his passes were never given hurriedly, but correctly and accurately?

Soon after the kick-off Sherman was nearly over on our right, but he was forced to slow up in passing Gaisford, and Grace tackled him from behind a few feet from the line. The ball was not played with the feet, and Gaisford relieved with the free-kick. T. P. Williams was off-side not far from our goal, but no goal resulted. Play was quickly transferred to the opposite corner, Petty putting in a useful run and punt ahead. Lloyd gathered from a poor kick and went over in the corner. Bettington failed with the kick. Both sides were now making the mistake of trying for too much length with their kicks to touch, and the touch-finding was poor. Bristol tried kicking down the field to Gaisford, but received no help from this method. Gaisford fielded well and soon began to find touch well.

Bristol then started a series of attacks on our line. We stopped one on our right, then another on our left, but after 12 minutes' play Corbett made a clear opening for his wing and Sherman scored for Hore to convert. We took the ball down to the Bristol "25" and Maley made a good opening for the three-quarters, but, with the line at his mercy, Lloyd knocked on. Grace then kicked ahead, but the full-back just made a mark in front of his goal. The Hospital were pressing now, but Bristol relieved with a forward rush which was finely stopped by Gaisford, who made a clever mark at their forwards' feet. Again the Bristol backs attacked and Burland cut through; Corbett dashed up in support, and was there to receive the pass when Burland drew Gaisford and scored. Hore converted. Bristol maintained pressure, and our backs were missing several tackles. Petty, however, saved well, picking up the ball on our line when running back and finding touch. Just before half-time Corbett was again instrumental in adding another try. He cut through, and from his pass Sherman scored and Hore again converted.

The second half started with some good loose rushes by our forwards. Again we should have scored but Lloyd's pass went astray. Bettington missed the goal from a penalty kick. From a cut-through by Prowse, T. P. Williams kicked across to Lloyd, but the latter was unable to score. Bristol then returned to attack, and Corbett, gathering a difficult pass at full speed, raced through our defence for a beautiful try. Hore kicked the goal. Our men attacked again and Petty tried the short punt near their line, but the kick was not straight and Grace was unable to score. We could not score from the scrum on the Bristol line.

In the last 10 minutes Bristol scored 4 tries, 2 of which were converted by Hore. Sherman first crossed over from a cross-kick, and 2 minutes later finished off a three-quarter movement. Then our forwards took the ball from our "25" to theirs, but from a defensive pass out by Corbett Sherman got away down the touch-line, and from his kick ahead Coventry scored. On time Burland eluded the defence to score the last try.

The game, as we have said, was not all Bristol's, but they were too good outside. Corbett played particularly well, and 3 tries were directly due to his cleverness. Another cause of our downfall was our own fault; McGregor persistently missed his man. Our forwards stuck to their task with great determination, and it was due to their efforts that the match was a game. R. N. Williams stood out where all played well. We have said that the three-quarters were outclassed, and so they were, but nevertheless, they did several quite good pieces of work. Gaisford saved his side a great deal. His fielding was almost faultless, and much of his kicking was good. He stopped many forward rushes in fine style. The pack is in a different class to the "three" line, and T. P. Williams obviously still misses H. McGregor. It is no use for us to cry "Why can't we find some backs?" Our present men must train hard, and learn as they go along from such masters of the game as Corbett.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, A. McGregor, W. J. Lloyd (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, T. J. Pittard, H. D. Robertson (*forwards*).

Junior Teams.

The four junior teams suffer as teams in being reserves, and it becomes increasingly difficult, from the "A" down to the "C," to build up a team. In spite of this, the "A" and "Extra A," at all events, are settling down into quite useful sides. A summary of the results of these teams reads as follows:

	P.	W.	L.	Points. For.	Points. Against.
"A" XV	9	5	4	78	104
"Extra A" XV	8	5	3	80	86

For the "A," we hear that the forwards are settling down into a good pack. Stephens is hooking well, and Capper—a freshman—shows distinct promise. Games and Roxburgh are making a useful pair of halves, but the three-quarters, while often good individually, show no combination. Frederick has not played much at full-back this season owing to injuries, but we hope he will be able to turn out regularly in the future and show his old consistent good form, which up to the present has not been seen.

For the "Extra A" Taylor is playing very well at full-back, and Oakley is hooking well for a pack which promises well. The "B" and "C" are doing quite well, but, as we have said, have no chance to develop into teams.

P. G. LEVICK,
Hon. Treasurer.

HOCKEY.

ST. BARTHOLOMEW'S HOSPITAL *v.* WOOLWICH GARRISON.

Played at Woolwich on Saturday, October 23rd, this game resulted in a win for the Hospital by 11 goals to 1. This score should speak for itself, but as the Garrison coud only turn out nine men it does not signify very much. The nine Garrison men played pluckily throughout and never gave in, but in the circumstances the game was too one-sided to be interesting.

However, our forwards were given an excellent opportunity to organize a shooting competition, and this was, on the whole, won by Sinclair, for at least two of his goals were scored from practically impossible angles. Both he and Milner were in great form on their respective wings.

Goals came at regular intervals, and it was not until late in the second half that the Garrison secured their solitary point. Up till that time it was their goalkeeper who had had the most exciting afternoon. He had plenty of opportunities to show his ability, and he took them. Great credit is due to him for a splendid display.

Milner (3), Sinclair (3), Roles (2), Symonds (2) and Hartley (1) scored for Bart.'s, for whom Symonds gave a promising display on his first appearance in the first team.

Team.—R. W. Windle; W. A. Briggs, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, F. C. Roles, A. G. Williams, J. G. Milner.

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

Played at Winchmore Hill on October 30th and won by 8 goals to 2. Briggs being unable to play, Hay came into the side at right back; otherwise we were at full strength. Clare won the toss and, playing up hill, they gave Bart.'s some anxious moments at the commencment of the game, their inside right missing a great chance to score within the first minute. Consequently it was right against the run of the play when the Hospital scored from a break-away by the forwards.

However, the defence settled down and it was soon evident that the forwards were in greatly improved form, Milner in particular giving the Clare defence a lot of trouble. As a result goals came quickly, and Bart.'s were four goals up before the Cambridge side replied.

At half-time the score was 6—2 in the Hospital's favour. During the second half scoring was not prolific, but Bart.'s kept up a steady pressure, winning, as stated, by 8—2.

The whole team were playing well, the forwards missing very few opportunities to finish off their movements successfully. Milner was in fine form throughout and scored three goals—the fact that he is unavailable for cup-ties is very unfortunate, for he is playing perhaps better than ever.

Roles had a good afternoon, showing some of his last season's form and scoring three times also.

Williams and Symonds were hard-working forwards, and each secured a goal, while Sinclair was as fast as ever on the right wing, and had bad luck with one or two very hard drives that just missed their objective.

The defence, after a shaky start, settled down to a sound game, but three penalty corners for sticks might have been a lot more expensive than they were.

K. S. Duleepsinghi, the cricketer, played centre-forward for Clare and was their best forward.

Team.—R. W. Windle; D. Hay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, F. C. Roles, A. G. Williams, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL *v.* SHOEBURYNESS GARRISON.

The 1st XI made the rather wearisome journey to Shoeburyness on Saturday, November 6th, without Briggs and Church. Hay again playing back, while F. H. McCoy took Church's place at left half. Although rain fell during the journey the game was played under quite good conditions, the ground being in good order, although a little bumpy. The Hospital won the toss and had slightly the better of matters during the first half, when, however, they could not finish off their attacks with anything more material than corners for the majority of the time. Milner gave them the lead with a shot that ought to have been saved, after which the Garrison attacked strongly and eventually equalized. At half time Bart.'s led by 2—1, a score which certainly did not exaggerate their superiority.

During the second half, however, goals came readily, and eventually the Hospital won by 7—2, Milner showing good form on the left.

The second goal scored by the Hospital in the first half was produced by Roles putting the final touch to a good shot by Sinclair, and in the second half Milner (2), Roles, Williams and Sinclair scored.

The game was not a particularly good one, and although the Bart.'s team won comfortably it cannot be said that they showed their best form. The absence of Briggs has caused a certain unsteadiness in the defence, probably because of the knowledge that he is no longer there to make good all mistakes. Unfortunately it is now known that Briggs will not be playing for the team for some time and there is no doubt that his absence will be greatly felt. At left half, however, F. H. McCay gave a very promising display and gave the Hospital left wing plenty of passes. P. M. Wright seemed to be unsettled by an early "sticks" in the circle given against him and was not as sure as usual. The forwards were good up to a point, but again lack of finishing power in the circle was responsible for many missed opportunities.

The Garrison were stout defenders—nothing personal intended—but their forwards were weak and were really lucky to score twice.

Team.—R. W. Windle: D. Hay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, F. H. McCay; M. R. Sinclair, J. C. Symonds, F. C. Roles, A. G. Williams, J. G. Milner.

UNITED HOSPITALS HARE AND HOUNDS.

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

On October 27th a match was run against University College "A" over the 5-mile course at West Wickham. The result was a win for University College "A," L. A. Cookson, V.C., being first home, followed by L. F. Varley (Hospitals) and G. F. McCormick (U.C.).

UNITED HOSPITALS *v.* WESTMINSTER BANK.

The annual match against Westminster Bank was decided over the 5-mile course at West Wickham. The Bank, who won last year, had an even more decisive victory by 53 points to 83—scoring 8 a side. E. D. Hobbs (Bank) was first home in 32 mins. 33 secs.

SWIMMING CLUB.

THE main object of these notes is to attract attention to the Club, and to gather new members, of whom we are sorely in need, into its midst.

A rough survey of the year's polo results shows that more goals were scored for than against us, although we were down on games played. We were unlucky enough to meet Guy's in the first round of the polo cup-tie, in which they showed themselves the superior team, but we may comfort ourselves with the thought that we are not the only club that has found Guy's a thorn in the flesh.

It seems extraordinary that in a Hospital of this magnitude there should be found barely enough polo players to constitute a team, yet such was the case last season; during the winter we hope to do much towards remedying to some extent this state of affairs. A series of regular practices will be held at the baths (notices of which are posted on the board), and it is hoped that a large number will attend these, to practise or to learn the game of water-polo. Later on these practices will take on a more definite form, in order that the team may acquire that quality of combination which was so sadly lacking in last season's play.

To conclude with a final exhortation, will *all swimmers* who are not already in touch with the Club please see the Captain or the Secretary as soon as possible?

REVIEWS.

RECENT ADVANCES IN PHYSIOLOGY. By Prof. C. LOVATT EVANS. (London: J. & A. Churchill.) 2nd Edition. With 70 illustrations. Pp. 370. 10*s.* 6*d.*

The publishers of the "Recent Advances Series" are to be congratulated upon the series as a whole, but on this volume in particular.

Prof. Evans has had the difficult task of summarizing the thousands of papers on physiological subjects that have appeared since the war, and he has not only done so in the small space at his disposal, but has made the whole so clear as to be easily readable.

In his introduction he says, "The advance of theoretical physiology is intimately related to the advance of medicine, for it is the only basis on which scientific, as distinct from empirical, medicine can possibly rest. There can be no great theoretical conceptions in medicine without corresponding great underlying physiological principles." That, indeed, is an admirable summary of the *raison d'être* of mastering physiological principles on the west side of Giltspur Street before entering on the greater glamour of work on the east side. It is the contradiction to the saying ascribed to an old clinical teacher that the first three months in the wards should be devoted to the forgetting of physiology. It reminds one afresh of the awe inspired by a much greater teacher who so often commenced his remarks to the trembling clinical clerk thus: "You, as a physiologist . . ." For though the book may stand first in value to the more advanced physiologist, it is of great value as a stimulus to him whose work is in the wards.

It were idle to run through the superlatives in recommending the book to all. The author has a most happy manner of summarizing shortly and distinctly the problems in each branch of the subject and the steps whereby each fresh advance has been made. The details of the work, for instance, on the carriage of carbon dioxide by the blood are short enough, and yet are admirably summarized as each fresh step in the argument is pursued. It is the clearness of Prof. Evans's summaries which are so valuable to those who are unable to consult the original papers. The diagrams are particularly well chosen, and also very well printed; special praise might be bestowed on a few that Prof. Evans has himself made for the easier comprehension of the subject. If exception were taken to the above, it must be in criticism of the copies of the photos from Prof. Magnus's work on postural reflexes, which have been produced on so small a scale as to be difficult of easy interpretation. In addition we are not in favour of tables that start at the bottom of one page and are continued at the top of the next.

The great regret is that Bart.'s has lost so able a physiological worker as the writer of this book. We look forward with interest to the publication in this series of the book on Surgery, for which Mr. Roberts and Mr. Vick are responsible.

TEXT-BOOK OF PUBLIC HEALTH. By E. W. HOPE and C. O. STALLYBRASS. 9th Edition. (Edinburgh: E. & S. Livingstone, 1926.) 340 pp. 71 illustrations. 15*s.* net.

This text-book of public health, the authors hope, will appeal to a public outside that for which it is primarily intended. Its wide scope will ensure this, but the very extent of the matter treated, in a work of some 300 pages, inevitably results in too brief a treatment of many matters. The new chapters on epidemiology and occupational hygiene suffer from condensation.

The new chapters on infant, child and motherhood welfare are excellent, and are illustrated by the methods in use in the City of Liverpool.

Recent changes in public health legislation have been noted. The new illustrations are of the same standard as those previously published.

PLEASURE AND PAIN: A THEORY OF THE ENERGIC FOUNDATION OF FEELING. By PAUL BOUSFIELD. (London: Kegan Paul, Trench, Trübner & Co., Ltd., 1926.) 114 pp. 6*s.*

The theory that pain is consciousness of a state of tension and that pleasure results from a reduction of that tension in an organism is not new. But Dr. Bousfield would stress the fact that whereas pain is proportional to the increase of tension above the "average," pleasure is proportional to the *rate* of discharge of a tension; that pleasure and pain can exist at the same time in one organism; that there is a tendency for every organism to reduce its tensions, but that a complete reduction, *i. e.* death, is prevented by a knowledge of pain that might result, by a consciousness of "fore-pain"; that pleasure is not the antithesis of pain.

The latter part of the book is devoted to correlation with the Freudian hypotheses, and particularly with the phenomena of Masochism and Sadism.

We wish that the author had not dismissed as irrelevant to his thesis the distinction of cognate, affect and conate, but had, for the sake of completeness, shown how he would fit in such a cycle of psychic activity. An index would be welcome.

HIGH BLOOD PRESSURE: ITS VARIATIONS AND CONTROL. By J. F. HALLS DALLY. (London: William Heinemann, Ltd., 1926.) 2nd Edition. 196 pp. 12*s.* 6*d.* net.

"La sphygmomanométrie est aux affections chroniques ce que la thermométrie est aux maladies aigues." Dr. Halls Dally has, in the second edition of his book on high blood pressures, shown that this remark of Gallivardin's (which he quotes) deserves a great deal of consideration.

In the matter of estimating blood-pressures, no stone has been left unturned to exclude all sources of error. The author distrusts auctoid instruments, and physicians who depend their diagnoses on readings of systolic pressure only. He favours mercury manometers, particularly the new "Baumanometer," used in conjunction with a combination of the auditory and tactile methods of determination. A complete "blood-pressure picture" includes systolic, diastolic, differential pulse pressures, and the product of pulse and the differential pressure. And the most important of these is the diastolic pressure, for it represents the *constant* strain on the heart.

The causes of physiological and pathological high pressures are fully discussed, and include references to recent work on the effect of the colloid content of the blood. The author inclines to Dr. G. Evans's classification of the types of arterio-sclerosis.

A valuable chapter is that on the control of high pressures—the simple high-pressure group, the cardio-vascular and the renal groups.

Psychotherapy has beneficial effects in many cases. High-frequency currents and ultra-violet light treatments are beneficial in simple hyperpiesis. Dr. Fortescue Fox has added an appendix on treatment by baths and waters.

Pulmonary tuberculosis in relation to blood-pressures has a chapter to itself. Though the level of arterial pressure is no indication of the extent of a lesion, yet the waxing of the toxæmia is usually accompanied by a waning of arterial pressure. Extensive statistics are quoted with reference to the differences in pressure in simultaneous bilateral tracheal artery readings applied to phthisical subjects. Although there is a slight preponderance of cases in which the pressure was higher on the more affected side than on the less affected side, the results are too equivocal to place any reliance in them.

The attention of those engaged in insurance work is called to the true significance of blood-pressures, and a history of clinical pressure estimations rounds off a very readable and illuminating book.

OXFORD MEDICAL HANDBOOK SERIES. (Humphrey Milford, Oxford University Press.) 5*s.* each.

Of this series, that on 'Diseases of Children,' by Dr. Cameron, has already been reviewed in these columns. Two others are now to hand:

THE HEART. By ALEXANDER GEORGE GIBSON. Pp. 108. Illustrations 15.

This gives an admirably broad outlook of the subject, whilst mentioning everything of practical importance and being eminently readable. He insists on the value of clinical examination and gives a good chapter on prognosis. The statement that "alcohol seldom causes actual disease of the heart in this country such as may be seen in countries where beer-drinking to excess is common" (the author is thinking of the Munich beer-drinkers) might be considered optimistic in view of the ætiology of fatty changes in the myocardium—but this is only a small point.

OBSTETRICS. By JOHN S. FAIRBAIRN. Pp. 221. Illustrations 29.

The bare bones of this often painful subject have been dressed in a much more entertaining manner than is usually the case. The rare abnormalities are not stressed, space being taken up with more practical problems, such as indications for forceps from the point of view of the general practitioner. Interesting points, such as the changing opinion of women with regard to childbirth, are very sanely treated. The illustrations are good, especially those on the "Physiology of Reproduction," which include some of Teacher's latest work; and in addition may be mentioned some of Fitzgibbon's on the "Management of Pregnancy."

Students might consider the advisability of buying small books, such as these, on their approach to a subject, and borrowing the 2-guinea ones from a lending library later on.

THE NATURAL PROCESSES OF HEALING IN PULMONARY TUBERCULOSIS. By MARC JAQUEROD, M.D. Translated by J. DENNY SINCLAIR. Pp. 107. With 60 X-ray Illustrations and 43 Diagrams. (Baillière, Tindall & Cox.) 6*s.*

The author is the Physician-in-Charge of the Grand Hotel Sanatorium at Leysin in Switzerland, and while admitting the immense value of artificial pneumothorax in selected cases (unfortunately not by any means available in all), is convinced that if started early enough, while the disease is still localized, general treatment in support of our acquired combative resources can produce a cure in all cases. After a general discussion of the processes of healing, the author proceeds to substantiate his claims by means of 31 cases of different types, including discrete miliary, diffuse and lobar broncho-pneumonia, pleuritic, chronic fibro-caseous, ulcero-caseous and cavitous tuberculosis.

The arrangement is exemplary. There are first brief case-notes; diagrams of physical signs before and after treatment, accompanied by the X-ray in nearly all cases, are placed on opposite pages for contrast, and are accompanied by values for temperature, weight, expectoration and number of bacilli. Apart from the author's thesis, these are of great interest as comparing the knowledge obtained by physical signs with very excellent plates. The notation is rough but clear. In the chronic fibro-caseous cases the cure was confirmed after fifteen and seventeen years.

HUNTER TOD'S DISEASES OF THE EAR. Revised by G. C. CATHCART. (Oxford Medical Publications.)

This little book has not lost, in revision, the praiseworthy limitation to essentials which characterized the original. It forms, therefore, an admirable text book for the student, in what must always be one of the most difficult of the "special" subjects, and its brief thoroughness will make it a useful book of reference for the general practitioner.

The chapter on chronic suppuration of the middle ear, often so scantily treated by text-books, is a good example of the book's general efficiency.

In the sections on treatment the rather too personal advocacy of the Zünd-Burguet electro-phonoïde is to be strongly deprecated, as in the opinion of the majority of otologists it has no value whatever. Otherwise the treatment is sound and uncontroversial. One would have thought the local action of cocaine on skin too small to make its use in the external meatus worth while.

FUNDAMENTALS OF THE ART OF SURGERY. By JOHN H. WATSON, M.B., F.R.C.S. (William Heinemann, Ltd.) 17*s.* 6*d.* net.

This very readable volume is another of those attempts to remedy the omissions of the text-books, and is intended as a warning encouragement to those beginning the practice of surgery in the provinces, and to lead them to a higher conception of the demands of their art. The author emphasizes the fact that a surgeon must be conscious of his limitations, and the chapters on "Surgical Prognosis" and "Surgical Judgment" are full of salutary observations.

The bulk of the book is devoted to a full discussion of all factors influencing the result of a surgical operation, from the first examination of the patient to the treatment of post-operative complications. Much of this the Bart.'s student is taught while dressing, and certainly the house-surgeon at the end of his office would have little to learn from it; but we might notice especially the author's advocacy of a greater use of the transverse incision in abdominal surgery, and

of Carrel-Dakin irrigation of septic wounds, while his remarks on the prevention of intra-abdominal adhesions merit the attention of all energetic surgeons who sacrifice gentleness to the clock.

We liked best in this book the wealth of quotation, from the Brahman precept of 200 B.C., "A surgeon who is educated in practice alone and knows nothing of science will not earn the respect of better men," to Wood-Jones's "Thanks to the dual blessing of anæsthesia and asepsis, it is made easy for the sons of Æsculapius to take too much upon them."

A GUIDE TO ANATOMY. By E. D. EWART. Second Edition. Pp. 336. (H. K. Lewis & Co. Ltd.) *12s. 6d.*

This volume is written as a handbook for students preparing for examinations in Massage and Medical Gymnastics, and for such persons it is an excellent book.

It is divided into five sections—one on osteology and one each on the trunk, the head and neck, and the upper and lower extremities.

Many medical students would do well to read through the sections on the limbs, as the descriptions of the various structures, especially the muscles, though brief, are clear and concise. The figures and plates accompanying these sections are very good.

The abdominal viscera are briefly dealt with, but this, of course, except for indicating their exact position, is outside the range of such a volume.

The old terminology is used throughout—a welcome thing now that most of the examining boards are using it entirely.

The book is well got up and there is a useful index.

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

DALLY, J. F. HALLS, M.D., B.C., M.R.C.P. "Discussion on Hyperpiesis." *Proceedings of the Royal Society of Medicine*, June, 1926.

DALY, I. DE BURGH, M.A., M.D. (and E. B. VERNEY). "Cardio-vascular Reflexes." *Journal of Physiology*, April, 1926.

DAVIES, J. H. T. "A Case of Premycotic Eruption." *Proceedings of the Royal Society of Medicine*, June, 1926.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "Discussion on Atrophic Rhinitis." *Proceedings of the Royal Society of Medicine*, July, 1926.

DUNHILL, T. P., C.M.G., M.D., Ch.B. "Discussion on the Treatment of Exophthalmic Goitre, *Proceedings of the Royal Society of Medicine*, June, 1926.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Case of Generalized Fibro-Cystic Disease of the Bones." *Proceedings of the Royal Society of Medicine*, May, 1926.

——— "Discussion on the Late Results of Operation for Chronic Painful Hip." *Proceedings of the Royal Society of Medicine*, June, 1926.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Bilateral Os Tibiale Externum with Unilateral Hypertrophy of the Navicular." *Proceedings of the Royal Society of Medicine* May, 1926.

——— (and N. Ross SMITH, M.B., Ch.M., F.R.C.S.). "Congenital Absence of Tibia." *Archives Disease in Childhood*, August, 1926.

FAULDER, T. JEAFFRESON, F.R.C.S. "Case of Acute Mastoiditis." *Proceedings of the Royal Society of Medicine*, July, 1926.

FEILING, ANTHONY, M.D., F.R.C.P. "A Case of Post-Encephalitic Parkinsonism (without History of Encephalitis)." *Proceedings of the Royal Society of Medicine*, April, 1926.

——— "Case ofMultiple Neuritis, ? Post-Diphtheritic, ? Syphilitic." *Proceedings of the Royal Society of Medicine*, April, 1926.

——— "Case of Double Optic Atrophy with Cerebral Agenesis." *Proceedings of the Royal Society of Medicine*, April, 1926.

FLETCHER, H. MORLEY, M.D., F.R.C.P. "Discussion on Hodgkin's Disease in Man and Animals." *Proceedings of the Royal Society of Medicine*, March, 1926.

FRASER, FRANCIS R., M.D., F.R.C.P.(Edin.). "Discussion on Hyperpiesis." *Proceedings of the Royal Society of Medicine*, June, 1926.

——— "Discussion on the Treatment of Exophthalmic Goitre." *Proceedings of the Royal Society of Medicine*, June, 1926.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Discussion on the Complications of Excision of the Rectum." *Proceedings of the Royal Society of Medicine*, June, 1926.

GORDON, M. H., C.M.G., M.D., F.R.S. "Discussion on Hodgkin's Disease in Man and Animals." *Proceedings of the Royal Society of Medicine*, March, 1926.

GRAHAM, GEORGE, M.A., M.D., F.R.C.P. *The Pathology and Treatment of Diabetes Mellitus*. 2nd edition. London: Oxford University Press, 1926.

——— "Some Difficulties in the Use of Insulin." *Proceedings of the Royal Society of Medicine*, March, 1926.

——— "Discussion on the Treatment of Pulmonary Tuberculosis with Sanocrysin." *Proceedings of the Royal Society of Medicine*, March, 1926.

HADFIELD, C. F., M.D. "Nitrous Oxide: Its Impurities and the Establishment of Tests suitable for Official Adoption." *Proceedings of the Royal Society of Medicine*, April, 1926.

HADFIELD, GEOFFREY, M.D. (EDWARD FAWCETT, M.D., C.M., F.R.S., G. H., and PERCY PHILLIPS, M.Sc., M.B., B.Ch.). "Suprarenal Virilism." *Bristol Medical Chirurgical Journal*, Spring, 1926.

HALDIN-DAVIS, H., M.D., F.R.C.S. "Discussion on the Ætiology and Treatment of Infantile Eczema." *Proceedings of the Royal Society of Medicine*, March, 1926.

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HAMILL, P., M.D., D.Sc., F.R.C.P. "Discussion on Focal Sepsis as a Factor in Disease." *Proceedings of the Royal Society of Medicine*, April, 1926.

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——— "Rupture of the Frenal Artery." *Proceedings of the Royal Society of Medicine*, March, 1926.

——— "Pyelograms of an Injury to the Kidney." *Proceedings of the Royal Society of Medicine*, March, 1926.

——— "Cystogram of a Growth of the Bladder." *Proceedings of the Royal Society of Medicine*, March, 1926.

——— "Discussion on Pyelography." *Proceedings of the Royal Society of Medicine*, June, 1926.

HANSCHELL, H. M., L.R.C.P., M.R.C.S. "Climatic Bubo." *Lancet*, August 7th, 1926.

HARVEY, FRANK, F.R.C.S.(Edin.). "Intestinal Obstruction in an Infant 3 days old, due to Abnormal Rotation of the Mid-gut." *British Journal of Surgery*, July, 1926.

HEPBURN, MALCOLM, M.D., F.R.C.S. "Case of (?) Metastatic Inflammatory Deposit in Cloquet's Canal in Both Eyes." *Proceedings of the Royal Society of Medicine*, May, 1926.

——— "Operation for Paralytic Strabismus." *Proceedings of the Royal Society of Medicine*, June, 1926.

HERNAMAN-JOHNSON, F., M.D. *Radiotherapy in Relation to General Medicine*. London: Oxford University Press, 1926.

HEWER, C. LANGTON, M.B., B.S., M.R.C.S., L.R.C.P. "Endotracheal Nitrous Oxide-Oxygen-Ether Anæsthesia in Gastric Surgery." *British Medical Journal*, August 14th, 1926.

HILTON, REGINALD, M.R.C.P. "Discussion on the Clinical Significance of the Respiratory Metabolic Rate." *Proceedings of the Royal Society of Medicine*, July, 1926.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D. (and N. S. FERRY, Ph.B., M.D.). "A Search for the Ideal Antigen for Therapeutic Immunization." *British Medical Journal*, July 31st, 1926.

HORNE, W. JOBSON, M.D. "Discussion on Optic Neuritis in its Relation to Sinusitis." *Proceedings of the Royal Society of Medicine*, April, 1926.

HOWELL, B. WHITCHURCH, F.R.C.S. "The Diagnosis and Treatment of Sciatica." *Clinical Journal*, July 21st, 1926.

HUTT, C. W., M.A., M.D., D.P.H. "Immunization of Children against Diphtheria." *Medical Officer*, August 7th, 1926.

INCHLEY, O., M.D. "Histamine Shock." *Journal of Physiology*, April, 1926.

JUST, T. H., M.B., B.Ch., F.R.C.S. "Report on Specimen from Case of Cerebellar Abscess." *Proceedings of the Royal Society of Medicine*, May, 1926.

MCCURRICH, H. I., M.S., F.R.C.S. "Treatment of the Sick Poor." *Rogers Prize*, 1926.

MANSELL, R. A., M.B.E., R.A.M.C. "Some Problems in Recruiting." *Journal Royal Army Medical Corps*, August, 1926.

MILES, W. ERNEST, F.R.C.S. "Case of Left Hydronephrosis six years after Abdomino-perineal Excision of Rectum for Carcinoma Recti." *Proceedings of the Royal Society of Medicine*, June, 1926.

MOORE, R. FOSTER, O.B.E., F.R.C.S. "Discussion on Optic Neuritis in its Relation to Sinusitis." *Proceedings of the Royal Society of Medicine*, April, 1926.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Functional Dysphagia in a Girl." *Proceedings of the Royal Society of Medicine*, April, 1926.

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——— "Case of Congenital Cyanosis (Further Note with Anatomical Report by Sir Arthur Keith, F.R.C.S., F.R.S.)." *Proceedings of the Royal Society of Medicine*, May, 1926.

——— "Stenosis of the Anus in Infants." *Proceedings of the Royal Society of Medicine*, July, 1926.

——— "Statistics Concerning the Height, Weight and other Measurements of Fourteen Hundred London School Children." *British Journal of Children's Diseases*, April–June, 1926.

MYERS, CHARLES S., C.B.E., M.D., Sc.D., F.R.S. "A Lecture on Freudian Psychology." *Lancet*, June 19th, 1926.

——— *Industrial Psychology in Great Britain*. London: Jonathan Cope, 1926.

NIXON, J. A., C.M.G., M.D., F.R.C.P. "Rigid Rest in Rheumatic Carditis." *Britsol Medico-Chirurgical Journal*, Summer, 1926.

OKELL, C. C., M.C., M.B., B.Ch. "Discussion on the Relation of Streptococci to Scarlet Fever and its Complications." *British Medical Journal*, September 18th, 1926.

OLIVER, M. W. B., M.B., F.R.C.S. "Case of Severe Cyclitis." *Proceedings of the Royal Society of Medicine*, June, 1926.

——— "Discussion on Plastic Operations on the Face, in the Region of the Eye." *Proceedings of the Royal Society of Medicine*, June, 1926.

PARAMORE, R. H., M.D., F.R.C.S. "The Pelvic Floor and Parturition." *Journal of Obstetrics and Gynæcology of British Empire*, Summer No., 1926.

PATERSON, HERBERT J., C.B.E., M.C., M.D., F.R.C.S. "Hydronephrosis Eight Years after Ligature of the Ureter during the Operation of Hysterectomy." *Proceedings of the Royal Society of Medicine*, April, 1926.

PINCH, A. E. HAYWARD, F.R.C.S. *A Manual of Technique in Radium Therapy*. London: The Radium Institute, 1926.

POOLEY, G. H., B.A., F.R.C.S. "Discussion on Plastic Operations on the Face in the Region of the Eye." *Proceedings of the Royal Society of Medicine*, June, 1926.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Hutchinson's Triad." *British Journal of Surgery*, July, 1926.

ROBERTS, J. E. H., F.R.C.S. "Sarcoma of the Femur; Spontaneous Fracture." *Proceedings of the Royal Society of Medicine*, June, 1926.

ROCHE, ALEX. E., M.A., M.B., M.Ch., F.R.C.S. "Septic Embolism causing Hæmatemesis." *Clinical Journal*, February 24th, 1926.

——— "A Cannula for Intravenous Injections." *British Medical Journal*, August 21st, 1926.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., P.R.C.P. "Discussion on Hodgkin's Disease in Man and Animals." *Proceedings of the Royal Society of Medicine*, March, 1926.

ROXBURGH, A. C., M.D., "Case of Multiple Idiopathic Pigment Sarcoma of Kaposi." *Proceedings of the Royal Society of Medicine*, April, 1926.

——— "? Sections from Case of Multiple Idiopathic Pigment Sarcoma of Kaposi." *Proceedings of the Royal Society of Medicine*, April, 1926.

SARBY-WILLIS, T. E., M.D. "Case of Achondroplasia with Unusual Features." *Proceedings of the Royal Society of Medicine*, July, 1926.

SCOTT, SYDNEY, M.S., F.R.C.S., "Discussion on Fracture of the Base of the Skull and the Ear, Nose and Throat Surgeon." *Proceedings of the Royal Society of Medicine*, April, 1926.

——— "Fistula of Semicircular Canal." *Proceedings of the Royal Society of Medicine*, April, 1926.

SHAW, ERNEST H., M.R.C.P. "Vesical Calculus with Nucleus of Paraffin Wax." *Lancet*, July 31st, 1926.

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——— "Krukenberg Tumours of the Ovaries." *Journal of Obstetrics and Gynæcology of British Empire*, Summer No., 1926.

SHORE, L. R., M.B., M.R.C.P., D.P.H. "An Example of the Muscle Scalenus Minimus." *Journal of Anatomy*, July, 1926.

——— "A Case of Multiple Anomaly of the Phalanges of the Hands in a Girl aged 15." *Journal of Anatomy*, July, 1926.

SHRUBSALL, F. C., M.D. "The Special Schools of London." *Archives of Disease in Childhood*, April, 1926.

STRANGEWAYS, T. S. P. "Dark-ground Illumination of Tissue Cells cultivated 'in vitro.'" *British Medical Journal*, July 24th, 1926.

STRETTON, J. LIONEL, M.R.C.S., L.R.C.P. "Abdominal Cases illustrating Important Surgical Principles." *British Medical Journal*, May 29th, 1926.

——— "Fashions." *Medical Officer*, August 21st, 1926.

CORRESPONDENCE.

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

JOURNAL OFFICIALS.

DEAR SIR,—I have pleasure in informing you that at to-day's Council meeting of the Students' Union the following appointments were confirmed, viz.: (1) Mr. F. C. Roles to be Editor in place of Mr. D. V. Hubble, who has resigned; (2) Mr. A. A. Miles to be Assistant Editor. The Council also wish me to convey to the Journal Committee their deep appreciation of the services Mr. Hubble has rendered to the JOURNAL and to the Students' Union during his term of office as Editor.

Yours sincerely,
ARTHUR C. BELL,
Hon. Sec., Students' Union.

St. Bartholomew's Hospital,
London, E.C. 1;
November 8th, 1926.

EXAMINATIONS, ETC.

[We regret that publication of the names of successful candidates in certain examinations has been delayed; we print them below.—ED.]

UNIVERSITY OF OXFORD.

The following degrees have been conferred:

B.M.—Ford, J. N. C., Kennedy, J. H.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Chir.—Salmon, K. G., Stewart, J. D. M.

B.Chir. Hannan, J. H., Holmes, G. C., Spence, A. W., Winterton, F. G.

First Examination for Medical Degrees, Easter Term, 1926.

Part I. Chemistry.—McCoy, D. P.

Second Examination for Medical and Surgical Degrees.

Part II. Human Anatomy and Physiology.—Hancock, F. R. T.

Third Examination for Medical Degrees, Easter Term, 1926.

Part I. Surgery, Midwifery and Gynæcology.—Armstrong, J. R., Elliott, H. M., Gilchrist, R. M., Harker, M. J., Johnson, A. J., Moir, E. D., Walker, F. H. A., Windle, R. W.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Alexander, G. I., Cooper, W. F., Dicks, H. V., Dockray, J., Hannan, J. H., Heathcote, H. J., Holmes, G. G., Johnson, D. McI., Nelson, H. P., Parsons, F. B., Salmon, K. G., Simon, G., Spence, A. W., Wilson, H. L., Winterton, F. G., Worthington, A. T.

Diploma in Medical Radiology and Electrology.

Part I. Physics and Electrotechnics.—Arons, I., Douglass, W. C., Elliott, H. H., Franklyn, H., Grey, H. M., McKenny, C. W., Priestley, J. O., Sen, S. C., Smith, J. O. P., Stack, H. T., White, C. F. O.

Part II. Radiology and Electrology.—Arons, I., Douglass, W. C., Elliott, H. H., Franklyn, H., Jhangiani, P. H., McKenny, C. W., Priestley, J. O., Sen, S. C., Smith, J. O. P., Stack, H. T.

CONJOINT EXAMINING BOARD.

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

Ali, A., Briggs, W. A., Bryer, M., Cholmeley, J. A., Clüver, P. F., Curtiss, E. S., Dodd, T. A. J. M., Elliott, H. M., Fraser Smith, A. E., Gilchrist, R. M., Griffiths, T. L., Helme, A. C. de B., Huss, C. B., Johnson, A. J., Laviers, C. J., Macdougall, J. R., McGregor, W. H. S., McLaughlin, H. E., Mosse, B. E. T., Owen, E. F. D., Poole, J. C. C., Ray, P. N., Roberts, J. H. O., Roxburgh, G. P., Simpson, D. P., Wise, C. S.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted members:

Bird, H. G., Hill, K. A. P., Holmes, J., Johnson, R. S., Pearson, H. W., Rees, I. P., Robb, W. A.

ROYAL COLLEGE OF SURGEONS.

The Diploma of Fellow has been conferred upon the following:

Barbash, H., Diggle, J. L., McGregor, A. L., McLaggan, J. D., Murray, D. W. G., Savage, J. J., Thomas, C. H.

L.M.S.S.A.

The Diploma has been granted to the following:

Glover, R. C., Richards, R. I.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following have been admitted Fellows:

Ainsworth-Davis, J. C., Bloom, S., Davies, J. L., Gray, W. C.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

D.O.M.S.

The Diploma has been conferred on:

Owen, H. B., Tucker, H. K.

D.P.H.

The Diploma has been conferred on:

Landau, J. V., Struthers, J. A.

D.L.O.

The Diploma has been conferred on:

Prance, C. S. C.

CHANGES OF ADDRESS.

BAILEY, K. N. G., 13, Sidmouth Road, Brondesbury Park, N.W. 2. (Tel. Willesden 5116.)

BEADLES, H. S., St. Just, Hartley, Longfield, Kent.

BLOOMFIELD, H. W., "St. Stephen's," Nyewood Lane, West Bognor, Sussex.

BROWN, C. R. VERLING, Dalveen, Maddox Lane, Bookham, Surrey.

CAPENER, N. L., Medical School, University of Michigan, Ann Arbor, Mich., U.S.A.

DONELAN, C. J., Yatesbury, Pantbach Road, Rhiwbina, Cardiff.

FIDDIAN, E. A., 19, Bolton Road, Eastbourne (private address). (Tel. 2098, unchanged).

GRIFFIN, F. W. W., 27, Ringmer Avenue, Fulham, S.W. 6.

HERINGTON, C. E. E., Town Hall, Ilkeston. (Tel. Ilkeston 161.)

JUST, T. H., 152, Harley Street, W. 1. (Tel. Langham 2598.)

LANGFORD, J. C. C., "Cambridge Villa," Cambridge Road, Chiswick, W. 4.

LLOYD, E. I., 33, Wimpole Street, W. 1. (Tel. Paddington 4140.) 19, Hereford Square, Kensington, S.W. 7. (Tel. Kensington 7160.)

MAINPRISE, Major-General C. W., 61, Gunterstone Road, W. Kensington, W.

MORGAN, L. S., 9A, Upper Brook Street, Grosvenor Square, W.

POSEL, M. M., East London Hospital for Children, Shadwell, E. 1.

SIMMONDS, F. A. H., Palace Sanatorium, Montana Sur Sierre, Switzerland.

APPOINTMENTS.

BAILEY, K. N. G., M.B., B.S.(Lond), appointed Pathologist to St. John's Hospital for Diseases of the Skin, Leicester Square.

BANNEHR, J. V., M.R.C.S., L.R.C.P., appointed Casualty Officer, Croydon General Hospital, Croydon.

BENTON, S. B., M.R.C.S., L.R.C.P., appointed Junior House Surgeon, Prince of Wales's Hospital, Tottenham.

BENTON, W. F. D., M.R.C.S., L.R.C.P., appointed House Surgeon, Seamen's Hospital, Royal Albert Docks.

HERINGTON, C. E. E., M.B., B.S.(Lond.), D.P.H., appointed Medical Officer of Health, School Medical Officer, Medical Superintendent of Isolation Hospital and Maternity Home, Borough of Ilkeston.

POSEL, M. M., M.R.C.S., L.R.C.P., appointed Casualty Officer, East London Hospital for Children and Dispensary for Women, Shadwell.

SIMMONDS, F. A. H., M.B., B.Chir.(Cantab.), appointed Assistant Medical Officer, Palace Sanatorium, Montana Sur Sierre, Switzerland.

BIRTHS.

CARTE.—On November 21st, 1926, at 17, Cavendish Road, St. John's Wood, the wife of Geoffrey W. Carte, F.R.C.S.—a son, stillborn.

CLAXTON.—On November 12th, 1926, at Penang, Straits Settlements, to Muriel, wife of Dr. Ernest Claxton—the gift of a daughter.

GARNHAM.—On November 3rd, 1926, at L'Entécade, Kisumu, Kenya, to Dr. and Mrs. P. C. C. Garnham—a daughter.

MACDONALD.—On November 21st, 1926, at 6, Hove Seaside Villas, Hove, to Madge Ida (*née* Ruben), wife of Dr. Norman J. Macdonald—a daughter.

WALLACE.—On November 7th, 1926, at 24, Croom's Hill, Greenwich, to Eleanor Dora, wife of Robert A. R. Wallace, F.R.C.S.—twin sons.

WELLS.—On November 4th, 1926, at Stratford-on-Avon, to John, wife of Philip H. Wells—a daughter.

SILVER WEDDING.

PAGET—HARRIS.—On November 28th, 1901, at the Parish Church, Croydon, by the Rev. Pereira, M.A., Vicar and Rural Dean, Walter Gray Paget, M.R.C.S., L.R.C.P., of Croydon, son of the late John Gray Paget, of Nindaroo, Mackay, Queensland, to Edith Helena Harris, daughter of John Charles Harris, M.R.C.S., L.S.A., L.M., of Waddon Bridge House, Croydon. Present address as above. Australian papers please copy.

DEATHS.

LOWE.—On November 20th, 1926, at 4, Lyndhurst Terrace, Weymouth, Charles Henry Lowe, M.R.C.S., L.R.C.P., late of Burton-on-Trent, aged 77.

SMITH-WYNNE.—On October 26th, 1926, at Amersham, Bucks, suddenly, of heart failure, Graham Shaw Arnold Smith-Wynne, M.R.C.S., L.R.C.P., beloved husband of Margaret (Daisy), and elder son of the late Deputy Surgeon-General W. A. Wynne, of St. Olave's Priory, Suffolk.

WEEKES.—On July 3rd, 1926, at Modbury, S. Devon, Reginald Newton Weekes, M.R.C.S., L.R.C.P.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLANS, M.B.E., B.A., *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 0510.*

St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Sat., Jan. 1.—Rugby Match *v.* Harlequins. Home.
Tues., ,, 4.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., ,, 5.—Rugby Match *v.* Old Paulines. Home.
Fri., ,, 7.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Sat., ,, 8.—Rugby Match *v.* Old Blues. Home.
Hockey Match *v.* D/East Surrey Regt. Away.
Association Match *v.* Old Cholmelians. Away.
Mon., ,, 10.—Special Subject Lecture by Mr. Harmer.
Tues., ,, 11.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed., ,, 12.
Thurs., ,, 13. **A.D.S.: "In the Next Room."**
Fri., ,, 14
Wed., ,, 12.—Surgery. Clinical Lecture by Sir Holburt Waring.
Fri., ,, 14.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., ,, 15.—Rugby Match *v.* Coventry. Away.
Hockey Match *v.* Chatham Navy. Away.
Association Match *v.* Loughborough College. Home.
Mon., ,, 17.—Special Subject Lecture by Mr. Just.
Tues., ,, 18.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 19.—Surgery. Clinical Lecture by Sir Holburt Waring.
Thurs., ,, 20.—**Abernethian Society: Prof. Blair Bell.—Mid-Sessional Address: "Team-work in Research, with Special Reference to the Nature and Treatment of Cancer."**
Fri., ,, 21.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine. Clinical Lecture by Dr. Langdon Brown.
Last day for receiving matter for the February issue of the Journal.
Sat., ,, 22.—Rugby Match *v.* Bradford. Away.
Hockey Match *v.* Radlett. Home.
Association Match *v.* Old Brentwoods. Home.
Mon., ,, 24.—Special Subject Lecture by Dr. Cumberbatch.
Tues., ,, 25.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Wed., ,, 26.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Rugby Match *v.* Nuneaton. Home.
Fri., ,, 28.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Medicine. Clinical Lecture by Dr. Langdon Brown.
Sat., ,, 29.—Rugby Match *v.* Plymouth Albion. Home.
Hockey Match *v.* St. Albans. Away.
Association Match *v.* Old Mercers. Home.
Mon., ,, 31.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Special Subject Lecture by Mr. Elmslie.

EDITORIAL.

THE Æsclepiads of Cos adjured us to take oath that "by precept, discourse and every other mode of instruction" we should impart a knowledge of the Healing Art to all. The delight of giving advice to one's fellow men ensures that our own discoveries are broadcast, but perhaps a New Year resolution to be more amenable to the advice of others might be beneficial to the advancement of medicine.

In the realm of new "precept and discourse" we have received Mr. Noel Jacquin's *Hand and Disease*, which might be considered. To quote: "Palmistic diagnosis is a study of the minute" . . . "Disease is caused through toxins, . . . which affect the nerves first, causing involuntary action to take place; this action is observable in the contraction or expansion of the (nerve) endings in the hand. This marking thus created indicates very clearly the cause of the disability." Diagnosis of nerve, kidney, lung or heart trouble by this means is possible. The eye specialist will note that "a small island on the cardiac line below the third finger indicates weakness of the optic nerve and danger to eye-strain." Cheiro's terminology is adhered to throughout. The author correlates his thesis with spiritualism, hypnotism and birth control. He is forceful: "The medical profession is the most courageous, the blindest and most foolish of any." "It's stupid, puerile, blind conservatism" (hence our New Year resolution). He is candid: "We have reached that stage of mental development when we realize our own imperfection, our profound ignorance and stupidity."

To those whose patriotic pride is too quickened by this record of British thought, we offer a "discourse" gathered by Mr. Mencken, to whose *Americana 1926* we are indebted for the following paragraph:—

"Contribution to the New Pathology by the learned Prof. Dr. W. A. Robinson, of Sisseton, South Dakota:

"Pernicious anæmia is a case of slowly starving to death, no difference how much they eat. When the food is digested in the stomach the liquid extract of the food passes into the small intestines, where it should be taken into the system through tiny tubes to make blood, flesh and strength; but lying in wait are from 300 to 700 anæmias, many as long as the first joint of your finger. They absorb the extract of the food—THEY GET THEIRS FIRST—and the system gets what is left. . . . Some doctors say it is malnutrition. I agree with them, but it is no wonder; the system stands no show when a hungry herd of anæmias get all the nutriment."

* * *

Dr. Waldo, the City Coroner, has written to inform us that the "inequitable and iniquitous" practice of disallowing fees to hospital and other institutional doctors for giving evidence and for making autopsies is abolished. The new Coroners' Act (1926) has received Royal Assent and comes into force on May 1st, 1927. The fees for autopsy and evidence are increased, and all doctors receive the same, irrespective of their status.

Dr. Waldo points out that the clause in the new Act empowering coroners "in certain cases to order a *post-mortem* examination at the hands of any medical practitioner, and at the same time to dispense with a public inquest, with the doctor on oath . . . is, in essence, an approach to the secret Scottish and French systems of inquiry into deaths by the legal official known as the Procurator Fiscal." Such a clause, the Coroner fears, will open the door to dangerous abuses.

* * *

The Students' Union Dance will be held at the Savoy Hotel on Wednesday, February 9th, 1927.

* * *

House Appointments for May, 1927.

Applications for these appointments will be received after January 23rd, 1927, on which day the notices of vacancy will be posted.

The list will close on February 20th, 1927.

The attention of prospective candidates is called to the two Regulations relating to House appointments printed below:

Candidates for the post of House Physician should have held appointments as Clinical Clerks in the wards of the Medical Professorial Unit for at least three months, except in special circumstances.

Candidates for the post of House Surgeon are required to have been Surgical Dressers to In-patients for at least six months at the Hospital, one period of three months of which should have been spent in the Wards of the Surgical Professorial Unit, except in special circumstances.

* * *

Prof. Blair Bell, whose work at Liverpool upon the lead treatment of cancer has caused much discussion in medical circles, is to give the Mid-Sessional Address to the Abernethian Society. Both his subject teamwork in research, and his illustration—cancer research, promise a stimulating evening.

* * *

It is time a "Dictionary of Associations" was published at St. Bartholomew's for the elucidation of Christmas posters. One can grasp the identity of a concert-party called the "Gask-Bags," or the "Rawling Stones." "The Black Jack-ets" offers no difficulties. But it was not until we remembered that a surgeon had once, in a moment of justifiable provocation, called us a "humming-burdd," that we realized the "Pink Flamingoes" referred to his ornithological system of denoting merit, and not to the colour of another firm's casualty paper. The posters, which yearly grow more brilliant, embraced styles from that of Tom Webster to that of Mr. McKnight Kauffer.

On Christmas Day in the wards the parties themselves were no less all-embracing in their gleanings from the outer world; gleanings serving only to decorate the innumerable talents which lie, throughout the year, buried in the napkin of hospital routine. The Residents, planets gyrating round the sun of Mr. Hunter's rubicund effulgence, echoed the Russian Ballet. The "Black Jackets" presented a lesser Lyceum, a pantomime complete with scenery, an elderly fairy queen, and an engaging villain. The "Charles-ton Vick-tims" were graceful and tuneful martyrs to their avowed malady, and during remissions were capably histrionic. Many parties held up a not unflattering mirror to the Co-optimists, while the "Golliwogs" perspired bravely in a costume and world of their own. Though the number of separate shows was only about half that of last year, the sum total of entertainment and enjoyment remained the same.

On Boxing Day Miss Winifred O'Brien and her company delighted the large children's party in the Surgery with a musical play, "The Love-Flowers." Mindful that body and soul are closely linked, Miss O'Brien brought, too, an enormous cake. Our blessings upon her. The "Flamingoes" gave a somewhat inaudible "repeat" performance of their show. Tea and more entertainment, by some gentlemen whose names we were unable to discover, were followed by

Mr. Hosford and Mr. Day, who made excellent and Gargantuan Fathers Christmas.

Christmas was, as ever, the creation of the hardworking goodwill of all in the Hospital, and it is with its glow still lingering in the cockles of our heart that we wish the readers of the JOURNAL a Happy New Year.

MISS McINTOSH.

THE resignation of Miss McIntosh came as a great surprise, and the news of her retirement at the end of February will be received with much regret.

Miss McIntosh was appointed Matron of St. Bartholomew's Hospital in September, 1910. She has devoted herself unsparingly to the work of the Hospital, and those of us who have worked with her realize that her watchword was "Duty."

Much history has been made during these sixteen years. During the war the demands from the Admiralty and the War Office for nurses trained at St. Bartholomew's Hospital were many, and the supply was always forthcoming.

A continuous procession of V.A.D. and Red Cross workers came for voluntary work in the wards to gain experience, their presence involving infinite administration, which Miss McIntosh handled with tact and efficiency. The air raids and the air-raid warnings were a frequent occurrence during those four years, and Miss McIntosh was always to be found on duty, imperturbable. In 1917 the honour of Commander of the British Empire was conferred upon her, also the Royal Red Cross; she had been decorated previously, in 1914, with the Médaille d'Honneur de l'Assistance Publique.

Miss McIntosh has always had a great ambition to see the Nursing Staff adequately housed. This ambition has been partly realized, as two blocks of the new Queen Mary's Home are now in occupation, and she has spent much time and forethought in the equipment of this Home, and in plans for the comfort of the nurses.

Another great achievement has been the establishment of the Preliminary Training School, to give intending probationers initial instruction—a long-wanted addition to the curriculum of the Nursing Staff of this large Hospital.

Miss McIntosh will long be remembered for her unfailing courtesy, and we hope she will enjoy for many years her well-earned rest.

PSYCHOLOGICAL EVOLUTION.

I FIND on testing that the constitutions of utterance, its origins and analysis, are as little known to the *Homo latus* in general as is the precise chemical constitution of a cowrie to the native who handles it as currency. Yet is speech the coin in which soul pays soul.

So I venture to speak of the soul as shown in speech, that greatest characteristic of man (as apart from animals) by which each can hand on his entity to the third or fourth generation, or even, mayhap, to the thousands of generations. To speak of speech is to exhibit the fact that the soul is at once master and slave of words, masterly if understanding, a mere parrot if lost in Babeldom.

Sayce, fifty-two years ago, gave us a definition of glottology (glossus—tongue, glottis—throat; take your choice of both or either; glottology includes both).

The definition runs as follows:

(*a*) "Glottology will be the science of language, by which we are enabled to trace the gradual growth of the mind of man, whether displayed—

(1) "in the creation of language generally as an instrument of intercommunication, and the embodiment of the conceptions of the relations between thought and the world;

(2) "or in the triumph of the will over the mechanism of the bodily organs, and the limitations imposed in turn by them upon it;

(3) "or, lastly, in the evolution of the religious idea—in other words, in comparative mythology and the science of religions."

(*b*) Through glottology can be traced the fact that mind as body is an evolutional product.

(1) Words convey our mind to one another.

(2) Words show a constant "conflict."

(3) Religious ideas, however conservative they may be, must evolve, or stand still mouldering in the past when all else moves forward.

The word "psyche" would be quite apt for the illustration of Sayce's definition; there is no reason why any one word in any one language should be chosen more than another; the definition covers all words of all and every language. I have chosen the word ὠρα from the Greek; yet it is not Greek more than English, more than Kamskhatkan. The word originated in the time of mental simplicity and its simple convincing expression, precedent by æons of the current story of Adam and Eve. This is a long proposition, but I hope

to unfold it quite shortly, so that the word itself speaks its history.

According to Messrs. Liddell and Scott, good authorities (are there any other authorities than facts?)—the word means "originally 'any period' of time," then the freshest, fairest time, the time of bloom, springtime, Hora personified as was Hebe, seed time, the seasons, etc., etc. The only one amongst this set of meanings that "won't wash" is the first. Nothing is more certain than that their "originally any period of time" is wrong. If we examine the ideation of this simple word we find in English a multiplicity of meanings which bring us to its origin, or starting from the word we can correlate a thousand English, French, Greek, and I have no doubt equally Choctaw and Kamskhatkan words which hold the English meanings of the Greek word; the meanings as also the form of the words will show their identity with or origin in common with ὥρα.

First in pursuit of the simple idea Time, we correlate 'hour,' 'jour,' then a blank, then 'year,' 'era,' a still longer time, 'eer,' time indefinitely fleeting or future, 'oer,' time past, 'hier,' but yesterday, 'here,' now. We may learn to fill that 'blank' with ὥρα, itself a monthly lunar period, for on considering Hora personified as was Hebe, we find the Horæ represented as maidens in the bloom of youth, Hera as *Bona mater* and ἔρα is Mother Earth. Blooming maidenhood and ripe motherhood represent the seasons of womanhood with the one common periodical factor of "seed time," whence by analogy ripe corn is 'in the ear.'

Lest I be thought to be merely punning, I suggest to you a curious parallelism. The Erinyes are the Furies, fury is ire, Ireland is Erin, the furies are harpies, the harp is Ireland's emblem. This is no fortuitous combination. Whether the Erinyes be Eumenides, Dysmenides or Mænads pure and simple you will notice that the first syllable of Erinyes is 'er,' and the first syllable of Mænads is μην, a moon or month.

To continue, Hora and seed time, whether personified or not, gave rise to a periodical time chart or calendar; but to calender is to get up linen. The first calendar was evidently centred around a washing day; that day is still moonday or lundi. I shall only mention the word "cullender" or "colander" (a sieve or strainer) as a function of the calendar, for the subject is not altogether pretty; suffice it to say that Monday—moon day—is luna and linum (flax or linen) day.

The alternative to calendar is Al/men/ach, a rather obviously monthly count, in which the 'al' is equivalent to the French 'sale,' and to the first portion of the English sal/ve or sal/vation achieved in time past with hyssop as in present times with other essential oils, or in rainy countries by water and soap, or maybe a bathe in the briny.

Hora Hera Rhea (*Bona mater*) and ἠρα (Mother Earth) are the female complement of Eros. When "'her' does this" and "'her' does that" down in Devon, 'her' may be nowaday grammatically wrong, but the grammarian is merely expanding a correct expression in changing 'her' to 'he' and 'she' in the struggle for uplift of which Sayce speaks in (2) of his definition. 'Her' in Devon is both 'era' and 'eros,' female and male. This 'her' may confuse the purist in grammar even though he drop his aitches or make them 'umorous and/or pedantic conventionalities, but I venture to say it never confuses Devonshire men in that interchange of thought which is the sole object of language.

The German "herr" has an "in" attached to it for femaleness. "In" or "inc" is after all a most appropriate female termination or else it would not be there—the instinctive grammatian at work. "Her"/bid and "his"/pid are identical in ideation.

And now we are approaching a time of conception and fruition in our glottology: ὥρα is 'hair,' puberty, age, *capitas ag/ere*. 'Hair' is the age of herr or herrin, mastery and mistress-ship, a function of the 'hour' whether as mastery, mystery, history or hysteria.

Of course ὥρα, "any period of time," cannot cover ideation such as eternity "originally"; such a supposition would infer that the evolving animal thought more of his future than his present (this taking thought for a nebulous future, which has been the subject of fairly recent rebuke, is a sedulously inculcated vice of the present day, and more especially of the nineteenth century, rather than of primitive times), but on Sayce's definition (2) one can readily see how a particular bodily period duplicates itself so that a monthly washing day becomes a weekly washing day also, and a month becomes so far the equivalent of a week, with Luna as its patron saintess, in that dominant characteristic of civilization (said to be "next to" instead of essential goodliness) which brake the neck of a high priest*, which has made whole peoples circumcise themselves (where they cannot get water for aptising, ablution or absolution and a sand-bath is too scratchy as an alternative)†, and which has put whole peoples into clean clothes and a scratchy collar on Sunday and on to cold vittles the day following—with words and customs to match each occasion.

The records of the word suggest a gradual extension

* Eli.

† The Aboriginal Australian for one.

of the idea to eternity. The Greek Horæ guarded the doors of heaven and promoted the fertility of the earth. 'Houri,' the paradise of the Mahomedan, filled Bowdler with contempt which he roundly reflects on Gibbon. Bowdler removed his neighbour's landmark; that act of Bowdler's is its own condemnation, only emphasized by the chapter in which most unreasonably he proceeds to divorce cause and effect in history. We can leave the emancipation of women lately achieved in Turkey, to wipe out the slavery of women perpetuated into the Paradise-ideation of Mahomedanism (I think this is bound to follow in time), meanwhile noting that the 'ever and ever' of Mahomet is wrapped up in the blissful word 'Houri.' In England we call it digammated 'Hora,' spelled 'whore,' also blissful in earlier days, but now a term of reproach for which we (without substitution) substitute 'dear,' still embodying the 'ear' of seed time, as also expanding the meaning to higher things and things of real and further fictitious value.

Our eternity is 'ever and ever,' 'eer and eer,' 'ver and ver,' *i.e.* spring to spring, age to age, generation to generation. An 'heir' is of age. Heirship implies capacitas 'agere,' the capacity of age on its own account. Medicine and fact placed this age of indiscretion and discretion at 12 years for a girl—rightly or wrongly one religion places this at 12 years for one social purpose*, and our English law and practice places it now at a much higher figure for every social purpose. An 'over and over' or 'ever and ever' is therefore two generations—24, 32 or 42 years "all according." To the thousands of generations adumbrated by Moses in his adoption of a correct preconception into the second of the Decalogue, is a very long time, yet a finite and comprehensible one—an age, an oerlasting, an everlasting, an eternity.

The fact that the heavenly lunar period coincides with the bodily lunar period cannot be fortuitous. I suppose the boys and girls of Homo-almost-alalus came out to play in the moonlight with a persistence which eventually stamped the cycle, even as it has stamped a homological cycle in the Palolo worm. Eventually they recognized the coinciding of the heavenly period which perfected the earthly with this latter, and thus—why not?—arose a community of terminology for both periods and a cult of Silene under whatever name. Such a cult still further stamped the periodical time function until some ripe jester, subject to a glottological influence whose breadth and depth he may or may not have gauged, with true word can reflect that the moon influences both tide and un-tied. The lunar cult is a deep evolutional phase in the history of man, the influence of which will not be obliterated while man is still man and no angel.

There are recent and future threads and clues of mental ascent which still glisten in the moonlight on the hitherto trodden path or cast their shadows before respectively. I have lately seen a lady solemnly bow seven times to the crescent moon, thank her stars she had not her glasses on and turn her money—this an obviously Christian lady.

The Latin month or calendar was divided into Kalends, Nones, Ides and Antekalends; still in name and period the four irregularly spaced phases of bodily mean function in potential mænads. Although to one half—the female half of the world—the nones and ides is still notched out as being important (and by reflection from this is very important to the other or male half), even here the count is fast losing its significance, too large as it is for modern emancipated life. Rightly or wrongly (only time will show) the girls are trying not to be so hysterical and Eton-crop their hair (their aureole of glory or ὥρια). The inconvenient irregularity of the bodily method of dividing monthly time gave place to four equally spaced weekly periods, backed up by the physically symmetrical seven-day phases of the heavenly moon.

In general solar annual time has usurped the place of lunar; thus has lately arisen the bother about the queen of heaven's relative irregularity (of course my reference is to the moon crescent at the base of Murillo's Annunciation and similarly placed in John S. Sargent's conception of Astarte). The Ishtar moon is to be internationally brought into neglect, so as to give us a holiday or holy day period (same word, same thing anyhow an extra "day of rest") which is not so inconveniently dodgy in the annual calendar as at present—a fixed Easter date. We may thus see another old tie between time and bodily function torpedoed in front of our opened eyes. Another "triumph of the will over the mechanism of the bodily organs," though thanks to our orientation through Ishtar to Easter these organs still ever impose their limitations upon the mind as upon every other phase of that which we call life—up to and including, as Voronoff has clearly demonstrated, the very determination of its short jour/ney's end.

Does not the exact meaning of the term "conflict" in the human mind become clear? Our origin mentally as bodily is base; what wonder Freud finds that baseness on examination, particularly if he examines those whose top storey and latest her/editary acquisition is loosed or knocked off, and what wonder that his commentators are divided into the hæmoptisic and those who, equally, damn with faint praise.

* "... that if a girl being more than twelve years desires to take the religious habit ... or knows what she is doing ..." Synod, Session 25, Cap. 15.

"Conflict" has already had its ample expression as follows: "The spirit warreth against the flesh." "The spirit is willing but the flesh is weak." "You don't like what you only like too much, you do like what if given you at your word you find abundantly detestable."* The first man, Adam, was made a "levend ziel," the second Adam a "levendmakenden geest"†—the first a 'levend zeal,' and the second a 'leven making yeast.'

So, amongst the psycho-analysts, conscious and unconscious, are to be numbered Coué, the Welsh witch-doctors, the priest of every denomination (especially those who undertake to play the *ἐφυς*), the spiritual healers, and every man that lives on the face of the earth (male includes the female, especially the gossipy ones).

Psycho-analysis should, but can only with difficulty be made to stop short of that complete subversion of the mind which turns the '*ora et obsecra* of the needy in "conflict" into the *ὡρα* which is at the base of their need, or into that mental 'aura' which is akin to the one of Jacksonian epilepsy; a very great restraint should be the more exercised by all in having a knowledge of ourselves—that is, of that basis of the human mind whose child and parent is the expanded and expounded word.

I close on a mystic note with, however, much less mysticism in it than looks to be. In heaven there is neither marriage nor giving in marriage: *ὀυρανος* and *γαια*, heaven and earth (the old idea of marriage of the gods which obtained when the words I quote were spoken) pass away, but the *ὠ* and *ὰ* ever remain with us to explain the word and reform the 'era,' to make a new '*ἐρα*' and a new uplift, a new earth and heaven,‡ a new dispensation fit for the heroic, wherein they may attain and germinate more abundant life than can be afforded to and by the mere homologue of the Ṛalolo's tail.§

The old or/d/er changes, giving place to new in "regular methodical arrangement," "periods of time," "health and proper conditions of body and mind," and "established usage." Er/d/e means earth, *i. e.* '*ἐρα*'; the old 'era' changes giving place to new and . . .

Hence our 's/urd,' or "quantity incommensurate with any unit known to man," "uttered with breath but not with voice," "not capable of being rationally expressed," though indeed the poet has somewhat substituted an expression on our behalf, while the scientific worker has pressed forward to a knowledge of the Surd which has opened fresh vistas of complexity and glory to every thinker.

W. M. WILLOUGHBY.

* Fra Lippo Lippi—Browning.

† The Dutch Testament—"Levend" and "levendmakenden," opposed, and more illuminating than "living" and "quickening" of the A.V.

‡ Past participle of "to heave," *i. e.* uplifted, raised or levened. To heave = lever (F.).

§ Eunice Viridis shakes off its tail containing the mature sexual elements, to swarm with other tails at dawn on the day before the last quarter of the moon and the next day in October, and again in November. Eunice thus has two Ishtar moons each year.

A CASE OF CAROTID BODY TUMOUR; LIGATURE OF COMMON CAROTID; EXCISION OF TUMOUR.

A WOMAN, aged 24, complained of a painless swelling in right anterior triangle of her neck. For three years it had steadily enlarged; there were no other symptoms. Four months ago her tonsils were enucleated by the Throat Department, but swelling gradually increased in size.

On admission she was a normal, healthy woman, except for a swelling in the right anterior triangle of her neck—2 in. in length, 1 in. in breadth. The skin was normal and quite free, the swelling was smooth, hard, of regular consistence, slipped about in the tissues from side to side, but was attached deeply, and one could not get deep to it. No other swellings in neck.

Operation (July 15th, 1926): The swelling was found to be encapsuled, was very vascular, and resembled thyroid gland. The common carotid artery was seen to enter lower pole of swelling and bifurcate therein; the internal and external carotids with the lingual and facial arteries were seen emerging from upper part of the swelling. The common carotid artery and internal jugular veins as well as other arteries were ligatured, and the tumour was completely excised. General condition of patient good.

July 16th: Temperature, 100°; pulse, 94; respirations, 20. Patient had a very restless night with much vomiting. She threw herself about, was irrational; complained of headache, would not "take anything," fought with nurse and pulled her dressings off. Wound healthy. Morphia and hyoscine were given.

July 17th: Maniacal, shouted out weird requests, would not heed requests; waved her right arm and leg about, but there was a definite left-sided hemiplegia. She was incontinent of fæces and urine.

July 18th: Mental condition as on July 17th; still incontinent; paralysis of left face, arm and leg.

July 19th: Same as day before.

July 20th: Much quieter. Complained of frontal headache; burst into tears when spoken to; continent; took nourishment. Hemiplegia *in statu quo*.

During the next week she became quite normal mentally, but the paralysis remained the same. The limbs were splinted and she had massage.

July 28th: She began to flex and extend shoulder and hip, and also circumduct these joints. These movements became stronger each day, and in four days she was using the elbow and knee, but she still had wrist- and foot-drop.

August 18th: She was discharged to Out-Patient Department, normal mentally, with good function of shoulder, elbow, hip and knee, but still marked wrist- and foot-drop.

When seen in Massage Department on September 18th she was normal, except for slight dragging of right foot occasionally, also dorsiflexion at wrist was not quite as strong as that of left wrist.

Dr. T. H. G. Shore demonstrated the bifurcation of common carotid, also internal and external carotids with superior thyroid, lingual and facial arteries, running in the substance of the tumour. He holds that the tumour is an adenoma of carotid body rather than an endothelioma.

The prognosis was regarded by many who saw her on July 17th as hopeless.

I am indebted to Mr. J. E. H. Roberts for permission to publish these notes, and to Dr. Shore for examining the tumour. M. G. FITZGERALD.

ANECDOTES FROM THE HISTORY OF MEDICINE.

(The result of a few hours at the Wellcome Historical Museum.)

THIS is not going to be a guide or handbook complete with neatly coloured plan having arrows marking main points of interest. We wish to steer a middle course between such dry bones and the more stridently sensational, for, though it would be easy enough to follow in method the descriptions of this Museum which have appeared in the daily papers, the temptation were undoubtedly better resisted.

We can with safety therefore pass lightly over the section of primitive medicine, for books like the *Golden Bough* have made many people conversant with these things. Fetish figures, costumes of witch-doctors, weird native ceremonial masks, and even a reconstruction of a medicine-man's hut in New Guinea will appeal to the novelist more than to the medical scientist.

Aspirants to brain surgery will, however, stop for a minute at the collection of skulls trepanned by natives of Western Australia using flint-scrapers. The origin of trepanning goes back to the Neolithic period, when the primitive medicine man scraped holes in the skull of his patient with a sharp flint to allow the demons of disease to escape from his body. The operation was evidently often done more than once on the same person, the bits of skull excised being used as amulets, thus combining business with pleasure. The Indians of North America mainly trepanned the dead skull for purposes of preservation. In early times epilepsy and insanity, both of which were supposed to be due to

AN AMPUTATION—THOUGH NOT AT THE MODERN "SITE OF ELECTION."

demoniacal possession, were treated by trepanning to allow the obnoxious intruder to escape, and this treatment survived until 1603. It is interesting to compare these facts with a recent clinical lecture at this Hospital, in which the treatment of epilepsy by decompression was described. In New Ireland and many of the islands of the South Seas trepanning is commonly resorted to by the natives in the treatment of head injuries, of which, to judge from books on treasure hunting, there must be a good number. Hippocrates (460 B.C.) describes an instrument for trepanning with a circular motion; the Romans used a bow drill, described by Celsus; the instrument used by Ambroise

Paré in the sixteenth century was worked by both hands with a circular movement, and had a bore similar to the tool of the carpenter. But it was not till the early eighteenth century that the *trephine*, with the handle transversely, the cylindrical saw and centre-pin, was devised.

Round the main hall are cases dealing with the evolution of surgical and obstetrical instruments. This series shows that surgery became a science in recent times, not so much through individual skill or specialization of instruments as through the introduction of two new factors—anæsthesia and antisepsis. Primitive surgery included all the rudiments of the art. The earliest surgical instrument was in all probability not the specialized leaf-shaped flint or "celt," but rather some fragment sharpened as to edge and point by

PHYSICIAN EXAMINES THE MORNING SPECIMEN AT A HOSPITAL: THE IMPORTANCE OF INSPECTION.

accidental flaking, as in the obsidian* knives of Peru. By means of these sharpened flints or of fishes' teeth, blood was let, abscesses emptied, tissues scarified, skulls trephined, and at a later period ritual operations like circumcision were performed with the primitive celts themselves. The thorns used by natives of Mombasa in sewing up wounds are rather instructive, as are their methods of suturing. They pass the thorns through each edge of the wound and then lace the string round the thorns. The fibre is cut from the root of a tree (no elaborate kangaroo-tendons for them!) It is first chewed, then drawn into strands, which are roped into string with the hand against the leg. Suppuration, you will be amazed to hear, was quite common, and Michel's clips or a subcuticular suture might, in our opinion, produce a less prominent scar; but a surgeon in Theatre A, though doubtless proud of his powers of technique, would be stumped if presented by a dresser with some string tied to a thorn.

Samuel Pepys in the seventeenth century made a considerable outcry (at any rate in the unexpurgated edition of his works) over his operation for stone, and no doubt it was a bloody and painful business. At any rate, by 1790 the lithotomist had a choice of 19 methods to use. The simplest of these, "le petit appareil," required two instruments only—an ordinary histoury to make the incision, and a crotchet to withdraw the stone (with luck). Celsus was the first to describe "le grand appareil"—the common method and probably the one Pepys met with—which was introduced by Jean de Romanis, lithotomist at Rome in the fifteenth century. A formidable affair, it consisted of a catheter, grooved staff, conductors (male and female), lithotomy forceps, scoop and gorget, the descendants of some of which only become familiar to many of us after several of Sister Theatre's instrument grinds.

The dental forceps was with little doubt first suggested to primitive man by the forefinger and thumb, which formed the natural method of extraction before the string-and-door-handle came in. Teeth are still extracted like that in the Far East, and native dentists in Japan practise the operation with the finger and thumb with great dexterity. No doubt ju-jitsu plays a part in the business.

When hard put to it, a man will apparently use almost anything as a lancet. The finger-nail naturally comes to one's mind (it was, in fact, the earliest form of lancet), and it is recorded that the Babylonian priest-physician allowed his nail to grow and sharpened it, so that he might use it for surgical purposes. The medicine-men of many savage races also use the nail as a lancet, and the same custom is reported to exist to-day among country practitioners. Native surgeons in the Pacific Islands use the shell of the murosel, a freshwater mollusc, for surgical purposes. In addition, thorns, a sharpened piece of bamboo or tooth fastened to a stick were all employed. The Romans, in their superior way, used bronze.

Cupping was very early discovered, the cupping vessel being an emblem of the Æsculapian cult. It is mentioned in the Vedas (the hymns of the Hindus) which were passed down in the dim ages by word of mouth from generation to generation, and were at last written out somewhere about 2000 or 1500 B.C. It was used by ancient Egyptians, but passive congestion was carried to lengths Bier would have been ashamed of. Wet cupping was chiefly employed. When the part has been selected and scarified, the mouth of a small horn is greased and pressed over the wound; a partial vacuum is then created by suction through a hole in the top of the horn, which causes the blood to flow.

* Obsidian is a dark-coloured vitreous larva, rather like common bottle-glass, which it resembles, too, in its breaking properties.

Obstetrics is a subject widely dealt with both here and in other portions of the Museum. Among the instruments which figure prominently is the traction hook, which is one of the earliest gynæcological instruments known. Its shape was first suggested by the bent forefinger.

A close student of Eden's *Midwifery* will have discovered an account of the Chamberlens, with a picture of the improved forceps they invented and kept secret for three generations till 1813. These instruments are remarkable for possessing for the first time a cephalic curve. The whole family tree of the obstetrical forceps is represented here.

One of the earliest forms of the vaginal speculum is the tubular instrument used by the Hebrews. The *Talmud* states: "How does she examine herself? She introduces a trumpet-shaped tube, then she passes through the lumen of the tube a rod with cotton tampons at its extremity. If, on withdrawing the rod, the woman sees blood on the tampons, she may be sure that the discharge comes from the womb." The Hebrew tubular speculum is the prototype of our modern tubular instrument (Fergusson's), and in its earliest form was probably a bamboo internode or the stem end of a gourd.

A collection of "parturition chairs" will raise the interesting subject of the position employed by the women of primitive peoples during labour. These chairs were the rule in Cyprus, but the North American squaw used to sit on her husband's knees or cling round the neck of the strong man of the tribe. In Mexico the woman was hoisted by means of a rope passed under her arms, so that she was suspended from the branch of a tree, whereupon the midwife put her arms round her waist and pulled down with all the force at her command. It is comforting to note that this was only needed in exceptionally difficult cases, but the main cause of death during labour in primitive peoples being the transverse presentation, a little less force and an external version would probably enable them to dispense with a tree. Many primitive peoples leave the placenta to come away by itself, with varying results; the Sioux Indians aid the process by means of their famous Sioux belt, which is well illustrated in action.

But the Museum is not all as serious as the above account would suggest. There is plenty of opportunity for the humorist or the philosopher. The former will concern himself, for instance, with an excellent collection of the notorious chastity belts much in vogue during the Crusades—a dangerous time for matrimonial permanence. The knight, who left nothing to chance, locked his wife up in a sort of iron **T**-bandage and took the key with him. An illustration from an old manuscript depicts such a ceremony taking place, and behind a screen is depicted the other limb of the triangle with a skeleton-key. Another, which is only exhibited to the elect, shows a knight after his return from the East ruefully meditating, in the company of his wife, upon the ease with which keys may be lost when one is on active service.

At one time the only cure for any ill was the enema syringe. This was much in fashion at the Court of Louis XIV, and the Grandes Dames are shown receiving their *en. sap.* with their *petit déjeuner*. It did not matter much what was injected—water, scent, tears even—but "*la clystère*" was an object of reverence. Voltaire and Molière made play with it, and to Watteau it was the doctor's insignia of office. There are many amusing stories of complications in this connection, often well illustrated, into which we cannot enter here. One poem from an old French book we have rendered metrically as follows:

"A glutton a-dining
His stomach was lining
With the whole of a salmon large;
Leaving only the head,
He fed and he fed
Till he burst like a musket charge.
The Doctors collected,
Hot salines injected,
And begged him arrange his affairs;
He said, "I'm afraid
My decision is made;
Make a little less fuss *mes confrères*.
Pray fetch me that dish
With the rest of my fish
And let me get on with the head
—till I'm dead."

Space precludes further description. Those whose tastes run towards alchemy or other occult sciences, or any of the kindred subjects we have not mentioned, need only go and look for themselves.

We are indebted to the Conservator and Librarian of the Wellcome Historical Museum for help in collecting many details.

F. C. R.

A SERIOUS OPERATION.

"MY Nice as been through a Serious Operation five week a go to day She went into a Nurcing home for it to be done She had Stones in they gall of they Liver & they Liver was so coated it (? had) to be clean(ed) & Some of her pendence had to be cut away She getten owne Splendied Now & will be a Nother woman after four year of pain She could Not of gone owne Much longer Dr. —— found when She went to him. that keept Me from writtin you earlyer wonndring how it would go with her She beeing So Stout I am thankfull to Say every thing as turn out so well."

DRAMATISTS IN HOSPITAL.

ANTON TCHEHOV excelled in the writing of drama which had none of the repercussions of dialogue and action that are so evident in the "well-made play." He aimed rather to express the souls of his characters by their seemingly inconsequential utterances. It was strange that Tchehov, himself a physician, peculiarly apt in the portrayal of "the futilitarian aspect of life," had left no dramatic record of the surgical side of hospital life. Patient research, however, has revealed a manuscript which is here published.

SCENE: *A Theatre. An abdominal operation in progress.*

TIME: *Late afternoon in winter.*

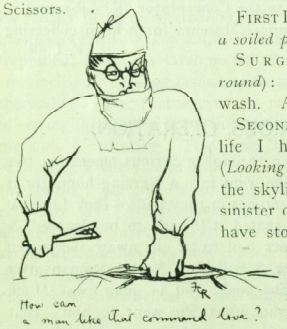
SURGEON (*peering through steel spectacles*): Can we find it?

HOUSE-SURGEON: Interminable search! What time one wastes searching! In twenty years I shall still be searching appointment columns. Then I shall be——

SURGEON: Too rigid. I can't work with it heaving like this.

ANÆSTHETIST: I ought to have been a sailor. Aye, aye, Sir.

HOUSE-SURGEON: What does work matter? Too rigid. Too living. Living things are repellent. They heave and will probably be sick. (*To* FIRST DRESSER.) Scissors.



FIRST DRESSER (*picking up a soiled pair*): Here!

SURGEON (*not looking round*): Ah!!! Go and wash. Asepsis, young man.

SECOND DRESSER: All my life I have loved nature. (*Looking up.*) How leaden the skylight looks. It is a sinister colour, for the birds have stopped twittering in the plane trees. Plane—perhaps they are sycamore. Birds—how I love them.

And yet time unwinds like—

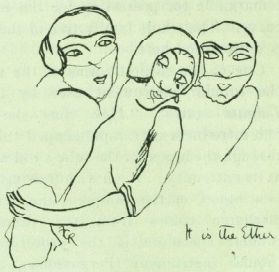
SURGEON: Number three thread!

FIRST DRESSER: How can a man like that command love? Asepsis? That's talk. That patient is sensible because he doesn't talk, and he is insensible. (*Explodes into melancholy laughter.*) Asepsis! I once knew what that meant. But that was in the Rooms. Or is it a religion? I need a religion.

PROBATIONER (*watching the* SURGEON): His hands! His hands! They are so gentle. (*Weeps quietly.*)

FIRST NURSE: Why are your eyes so wet?

PROBATIONER: It is the ether. It tickles my throat.



FIRST NURSE: Poor child. I know. I understand. (*Enfolds* PROBATIONER *in her arms.*)

SECOND NURSE (*bustles up*): Pourquoi pleura-t-elle? Oh yes. But *I* cannot waste time. I must go to the sterilizer.

HOUSE-SURGEON (*clipping loose ends of thread meditatively*): Yes. We dislike the living, so we hide from it, and peep at it through a little hole in a cloth. We hope to glimpse eternity—and see the sigmoid flexure. Mere—

SURGEON (*looks up*): Gut.

SECOND DRESSER (*handing silk*): The mists will be rolling round the Fountain.

SURGEON: No. Gut, you ——

SECOND DRESSER: But, Little Father—(*is not noticed*).

ANÆSTHETIST (*to* SECOND DRESSER): Don't worry. Don't be sad. Look. See how silly eyes look when you roll back the lid. Fishy. And the chest goes up! and down, up! and down, like a schooner on a wind swept sea. Ugh!

FIRST DRESSER: How bored I am.

SURGEON: Bandage her. (*Walks away, handing his mask to* PROBATIONER *who holds it to her cheek, crooning over it.*)

HOUSE-SURGEON: I'm tired. I'm tired.

(*Two big men enter. They take the patient away.*)

FIRST PORTER: Lumme. What a weight.

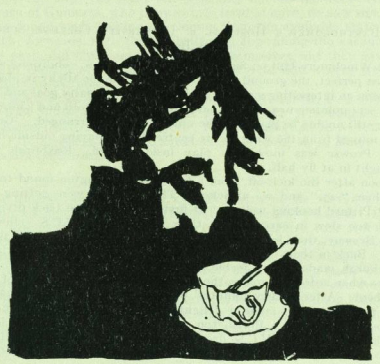
SECOND PORTER: Ah, not as heavy as the stomach in travail.

PROBATIONER: I feel so happy. Soon he will scold me, and then I shall cry tears of great happiness. (*To the others.*) Poor things. Here is tea.

SECOND NURSE (*to* PROBATIONER): Ma pauvre. You are *quite* fey.

SECOND DRESSER: It is dark and we have lost the day's bright beauty. Tea is all that is left us now.

[CURTAIN.]



M.

ABERNETHIAN SOCIETY.

The fifth ordinary meeting of the Abernethian Society was held on November 25th at 5.30 p.m., in the Medical and Surgical Theatre, Mr. Barnsley in the Chair.

After the minutes had been read and confirmed the President introduced Sir Thomas aLegge, and called on him for his address upon "The Duty of the Medical Practitioner in Regard to Industrial Disease."

Sir THOMAS LEGGE, after a little personal history, in which he admitted that it was his Clerkship on District some forty years previously which had turned him into the paths of preventive medicine, said that in general practice, of all the forms of ill-health that due to occupation was the most important. The Act of 1895 laid a statutory obligation on all practitioners to notify certain cases of industrial poisoning, and the Workmen's Compensation Act has a list of twenty-five diseases which entitle compensation. The following description of various industrial diseases was well illustrated by several excellent charts.

Lead poisoning dominates industrial diseases, some 20,000 cases having been reported in the first quarter of this century. The cumulative action is shown by the fact that 2 mgrm. of lead inhaled per day will give chronic nephritis. The poisoning in house-painters was of especial importance, but lead absorption must not be called poisoning; thus a blue line on the gums was only evidence that the patient worked with lead. The same applied to mercury poisoning, for every thermometer worker in Clerkenwell was nervous and even trembling, but that was only absorption, not poisoning. Arsenic poisoning was seen mainly as skin lesions and pigmentation, but arseniuretted hydrogen produced one form of toxic jaundice, and 80 c.c. of this gas was a fatal dose. Toxic jaundice was first discovered in the early days of the war, due to tetrachlorethane used in the dope for aeroplane canvas; its mortality was 30 per cent. Phosphorus poisoning was now of only historical interest. Anthrax was a disease of workers with wool and hides, and the number of cases reported annually had been fairly constant over the last twenty-five years. Epitheliomatous ulceration, on the other hand, had rapidly increased in prevalence, probably owing to the increasing use of mineral oils, and 200 cases were now reported per annum, over half of which were in mule-spinners. It was instructive to contrast it with chrome ulceration, which never became malignant.

Industrial poisoning was best prevented by influences external to the workman, since any provision, such as the wearing of respirators, which depended directly upon the workman for its success, was generally avoided or at best only partially observed. All lead poisoning was caused by the inhalation of dust, and thus its prevention was simply the efficient removal of all dust by fan-suction methods, etc. Such methods, however, were not possible in the case of house-painting, and hence the importance of every case of lead poisoning in house-painters being reported, in order to strengthen the hands of the Factory Department in the matter.

Sir Thomas Legge then showed some excellent slides of various industries and industrial diseases. Anthrax was now efficiently treated by Sclavo's serum, which was first introduced to this country *vid* Bart.'s, and furthermore there was now a Government factory at Liverpool which by the use of 2½ per cent. formalin solution completely destroyed the anthrax spores in wool.

The speaker concluded his address by a survey of the medical men working for the prevention of industrial disease; to some 150,000 factories and an equal number of workshops there were only five inspectors of factories, and the bulk of the work was done for nothing by the certifying factory surgeons, who received the smallest fee offered by any Government Department—"a bob a nob."

The meeting, which owing to the dense fog was considerably below normal strength, expressed its appreciation of Sir Thomas Legge's address, and was then adjourned.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

On Saturday, November 27th, at Winchmore Hill, the Hospital won an even game by a try and a penalty goal—6 points—to a try—3 points. Rait-Smith returned to the side, but in addition to the absence of Guinness, Gaisford was unable to play. Row turned out at full back. The ground was still very heavy from the recent rains, but was not wet enough to make the ball slippery. From the kick-off we attacked, Pittard hooking well, and T. P. Williams sending out beautiful passes from the base of the scrum. Unfortunately, though, Prowse and the centres were not passing well, so that the attack rarely looked dangerous. In addition to these faults the three-quarters did not run straight, so that when a pass was given to a wing he was cramped near the touch-line. The frequent kicks ahead always found their full-back, Surg-Lieut. Joyce, in position, and he returned the ball well to touch.

Owing to a late start it was only possible to play thirty minutes each way, and even then the game finished in darkness. With all our pressure in the first half we could only score through a penalty goal kicked by Bettington from thirty yards out. Early in the second half we increased our lead through a try by T. P. Williams. He followed up a bad pass out from their side of the scrum, dribbled skilfully to within a yard of their line and then picked up to score a good try, which Bettington failed to convert. During the last twenty minutes we only rarely were in their half of the field, and for the greater part of that time were defending desperately well in our "25." However, we succeeded in keeping our line intact except for one try, which Lieut. Branson scored seven minutes before the end.

Apart from their full-back, Joyce, and T. P. Williams, who was

in his best form, the outsides were a long way below the standard of the forwards. Both packs were very good. Pittard hooked well and Maley's work in the line-out was most valuable. At back Row made several good runs, but he was too frequently tackled in possession; but then, of course, he is not accustomed to play in this position. The fly half and centres must run straight. If they are going to use the kick ahead they must look to see where the full-back is before doing so and then judge their kick accordingly. Again, in this game, there were several times when Row had followed up and no one dropped back. The full-back position must not be left vacant. If the full-back is not there, then a centre must fall back. We hope that this most welcome success will stimulate the side to still further efforts, and that it will give a really good account of itself in the coming series of "home" matches.

Team: A. W. L. Row (*full-back*); A. H. Grace, G. F. Petty, B. Rait-Smith, W. J. Lloyd (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H Bettington, M. L. Maley, D. S. Briggs, T. J. Pittard, H. D. Roberston (*forwards*).

We were very pleased, after the game, to be able to entertain the Services team to dinner. We all hope that we shall hear a great deal more of Sergt. Jones, who has a magnificent voice. Hunter's stories were as well told as they were good and we could not have too much of him.

ST. BARTHOLOMEW'S HOSPITAL *v.* ROYAL NAVAL COLLEGE, GREENWICH.

On Saturday, December 4th, in ideal conditions, we played a drawn game at Winchmore Hill, each side scoring eleven points. We scored a placed goal, a penalty goal and a try, to the Naval College's placed goal and two tries. As Gaisford was still unable to play, Frederick was brought in at full-back. Guinness was still an absentee, and neither Jenkins nor Bettington turned out.

From the kick-off we attacked, and for the first five minutes remained in their "25." Then, within four minutes the Naval College twice found gaps in our defence and scored two tries, the second being converted. Vergette then roused the Hospital and we returned to the attack, and Pittard kicked a good penalty goal. Pittard hooked well, the forwards heeled quickly and T. P. Williams passed the ball out smartly, but Petty twice badly dropped passes. The attack was kept up and R. N. Williams and Maley were prominent in a good dribble. After twenty minutes' play T. P. Williams worked the blind side and, after selling the dummy, passed to Lloyd, who dashed over in the corner. Pittard converted with a magnificent kick. This brought the scores level, and as the backs were now passing better we hoped we should soon take the lead. This we did five minutes later, but not by a passing movement. Maley secured the touch-down following a rapid dribble down the touch-line. Pittard was unable to repeat his success. Again we attacked. Vergette was nearly over, so was T. P. Williams, and Pittard nearly dropped a goal from a penalty. Towards the end of the first half Rait-Smith and Frederick were called on to relieve with long kicks to touch.

In the second half the Naval College started off with great dash, but good dribbling, in which Robertson and Briggs showed up, and keen tackling, kept the play in mid-field. From a scrum near their "25" line the ball came out to Prowse, who elected to attempt a drop at goal with the whole "three" line waiting outside him. Lloyd was unlucky when, after an excellent run down the touch-line, he dropped the ball over their line. After twelve minutes the Naval College lost a man, who was off for the rest of the game all but a few minutes. As so often happens after a casualty, the remaining fourteen men played up with even more dash. They attacked almost continuously, but were beaten back at times by good dribbles by our forwards. When we did get the ball Prowse was much too selfish. Ten minutes before the end the Naval College drew level from a try scored following a throw-in from touch, just bordering on the 5 yards. The throw-in, however, was allowed by our touch-judge. The kick at goal failed. For the rest of the time it was the Naval men who most looked like taking the lead, but our defence held out.

Frederick made a most welcome return to form at full-back. He fielded splendidly and his kicking has more length without losing any of its accuracy. Lloyd played the best game we have seen him in, and his resolute running deserved more attention from his fly-half and centre. He tackled well. Rait-Smith must run straight and pass sooner. He and Grace tackled well. T. P. Williams was always prominent and did his best for Lloyd. The ball must be passed out to the wings with greater speed for them to have a chance. We have mentioned Pittard's kicking and hooking. He, and his fellow front-row forwards, R. N. Williams and Robertson, were also seen to advantage in the loose. Vergette, as usual, was always on the ball, but the pack should not make it necessary for him—as they do—to expend so much energy in keeping them up to it. Capper thoroughly justified his inclusion. Maley played his usual sound game, and Briggs and Gonin, while frequently dribbling well, were too often offside.

Team: E. V. Frederick (*full-back*); A. H. Grace, G. F. Petty, B. Rait-Smith, W. J. Lloyd (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, M. L. Maley, D. S. Briggs, W. M. Capper, M. W. Gonin, T. J. Pittard, H. D. Robertson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* UNIVERSITY COLLEGE SCHOOL OLD BOYS.

At Winchmore Hill on Saturday, December 11th, conditions were almost perfect, the ground being perhaps a little too sticky in places. We won an interesting game by a placed goal, a penalty goal and two tries—14 points—to a placed goal—5 points. Gaisford and Guinness were still unable to play and the outsides were rearranged. Grace was moved from the wing to the centre, Rowe playing outside him, and Prowse was moved to play inside Lloyd. Roxburgh was brought in at fly-half.

Soon after the kick-off, from a free kick, Bettington found touch in their "25," and we attacked. The forwards were getting the ball, Pittard hooking well, but at first the rearranged back division were too slow in carrying out their movements. U.C.S. relieved, and Browne, their left wing, went over, only to drop the ball as he fell. Back in their "25," with the "threes" in position to attack, Roxburgh made a very feeble attempt to drop a goal. There are times when a drop at goal is the best thing to do. This was not one of them. After twenty minutes' play the ball was passed smartly out to Lloyd, who made a delightful run along the touch-line to score in the corner. Bettington converted with a very good kick. Within five minutes U.C.S. drew level, a mistake in defence letting Hiscocks over on their right. McKenzie's goal was as good as Bettington's.

In the second half Bettington only just missed the goal from a penalty kick forty yards out. Lloyd was then given the ball with plenty of room to move in, and he showed us he could move. He ran outside his opposing wing, swerved inside the full-back and scored between the posts. Through careless placing of the ball Bettington missed the goal. A few minutes later Prowse followed up a dropped pass by one of their threes, kicked over their full-back and scored a try, the ball bouncing very luckily for him. Bettington could not convert, and a few minutes later just failed from another long-range penalty kick.

After we were nearly over again on the left, U.C.S. attacked and nearly scored twice. T. P. Williams then intercepted near the half-way line and sent out a beautiful long pass to Briggs, who unaccountably knocked on. U.C.S. were now getting the ball in the line-outs and their threes were only kept out by determined tackling. The pressure was relieved and Lloyd was given a clear run in, but he missed his pass. Bettington kicked a penalty goal.

At back Frederick played even better than last week, and was very safe. The threes were consistently good in defence, but in attack they were patchy. Much of their passing was wild, and often they hung on too long. Still, they were a distinct improvement, and Lloyd's tries were very good. Roxburgh started shakily, but improved as the game went on. He tackled well. T. P. Williams proved as the game went on. He tackled well. The forwards were not as suffered from not knowing his fly-half. good as usual, though Pittard was hooking well.

Team: E. V. Frederick (*back*); J. T. Rowe, A. H. Grace, C. B. Prowse, W. J. Lloyd (*three-quarters*), G. P. Roxburgh, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, T. J. Pittard, H. D. Robertson (*forwards*).

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

Played at Winchmore Hill on December 18th. Won, 36 pts. to 6.

Unfortunately much of the interest in this match was destroyed by the Services only bringing a team of thirteen men to play against us, but even so they were the first to score and were three points up at the end of two minutes. This had the effect of stimulating the efforts of the Hospital team, and with eight men in the scrum giving

the backs plenty of the ball seven tries were scored before half-time, and Bettington converting two, we led 25 3.

For the second half we lent them two men, and this had the effect of keeping down the score; however, three more tries were scored, of which Stephens converted one, and as the Services' only score was a penalty goal, we were left the winners by three goals and seven tries to a penalty goal and a try.

The tries for the Hospital were scored by Grace (4), Lloyd (4), Guinness and Edwards, and although the weakness of the opposition detracted from the value of the result, it was most encouraging to see the dash and determination displayed by the wings in scoring their eight tries.

The handling among the backs was an improvement on recent form, and with the great strengthening due to the very welcome return of Guinness, who jumped into form at once, we saw signs of a very sound back division developing from the available material.

The forwards, with three substitutes, ably filling the vacancies in the pack, did not seem to over-exert themselves, but they gave the backs enough of the ball to enable them to add a very welcome victory to our credit.

Team: E. V. Frederick (*full-back*); W. J. Lloyd, C. B. Prowse, B. Rait-Smith, A. H. Grace (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette, R. H. Bettington, R. N. Williams, D. J. F. Stephens, J. A. Edwards, C. R. Jenkins, M. L. Maley, R. E. Norrish (*forwards*).

With half the season over a short review of the fortunes of the Club will not come amiss. The first XV's record to date is: Played 17, won 6, drawn 2, lost 9; points for, 186; against, 192. Not a very good record at first sight, but closer analysis gives it a more cheerful aspect. Only at Bristol, where we showed complete inability to cope with Corbett at the top of his form, have we been badly beaten; otherwise, as our points record shows, we have held our own very well. Our best performance, perhaps, has been running Cambridge to four points, but we have not disgraced ourselves in any match, and the fact that we have invariably, with one exception, played our best games against the strongest teams is a good omen for the cup ties.

The team has one failing, which seems to be becoming more marked as the season advances—that of being slow off the mark against teams which they rate weaker than themselves and bad finishers. In two recent matches the opposing side has been allowed to score obviously preventable tries before our men, especially the forwards, have roused themselves to put that extra bit of go into their play which is necessary from the first kick-off if the team is to do well.

An unexpected score against a team in the first few minutes is likely to have a bad moral effect, and although so far the result has been the opposite with our team, it is time they made up their minds to start a game with the same ardour which they display in its later stages.

The idea that we "shall be all right in a few minutes when we get going" is one to be immediately discouraged, and every man in the team should begin and play every game, however weak the opponents, as hard as he can from the first kick. We usually end badly, too—why, it is difficult to say, but in a very large proportion of our matches, an advantage we have gained when playing our best in the middle periods of the game has been lessened, if not nullified, in the last five minutes.

The defensive tactics of our backs are improving, but they are still much too cautious in their attempts to stop forward rushes. Falling on the ball is one of the least dangerous parts of the game, and even if the ball is not successfully smothered, throwing oneself hard at the feet of a dribbling opponent is a most effective method of stopping his immediate attack; and don't leave it to someone else; get there ready every time in case he fails.

The forwards are chiefly at fault in attack; they see one of our wing forwards taking the ball up the field at his feet and trot slowly after him, in time certainly for the next stoppage, but useless to help him or to carry on directly his dribbling is checked. We must get together; combination, whether in attack or defence, is the essence of success; no individual play is good enough to win a match against a team, which plays together as a team, rather than as fifteen men as we are so apt to do.

As regards individuals, most of what there is to say has been said in the match reports. Gaisford has had a somewhat trying season so far; he has been crocked for the past few weeks and before that he was overshadowed by an exam., and it has been impossible for him to show consistently the form which we have seen in the past, but we hope that in the remaining half of the season we shall be able to congratulate him as much for his display at full back as we do now for his success in the M.B. In Gaisford's absence his place has been adequately filled by Frederick, who has risen to the occasion to a most gratifying degree, and with whom we sympathize in that he is so far above the standard of the average club 2nd XV full back.

Our three-quarter line is still unsettled. The wings are playing well; Lloyd is fast developing into the most dangerous scorer we have had for two seasons at least, but in the centre, competition is too keen for the selectors to find their job in any way easy. If only Petty would pass as well as Rait-Smith, or the latter would show the dash and defensive powers of Petty, and if only Prowse would learn to recognize a little better just that crucial moment when to pass, all would be well; as it is they are minor faults which practice should eradicate and we are optimistic about them all.

Guinness has played very few games for us owing to a shoulder injury, but he has shown us that as a fly-half, even more than as a centre, he is of inestimable benefit to us, and when he and our ever-young T. P. Williams have had more opportunities of playing together we shall have no reason to fear any other pair we may meet.

There is little to say of the forwards. When they get going they are very good; they are, however, apt to forget the necessity of an extra heave when the ball comes in, and in the loose scrums they are slow at hooking, but their line-out work and dribbling has improved greatly. They are all keen and work hard, and with training should prove a really good cup-tie pack. Briggs is a veritable find; his work in the loose is splendid, but, felt from the second row, his weight is not very great—at least the weight that pushes in the scrum.

Bettington and Maley have improved immensely on last season's form, and are both really good forwards, who, in every branch of the game, use their weight and their heads, and have proved invaluable.

There are many of the team who have had little or no experience of cup-tie Rugger; may we impress upon them the value of two things above all others—training and team-spirit, both of which have been commendably apparent in this half of the season, and which we trust will be carried on to the extent of making them deciding factors in our winning the cup this year. E. S. V.

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* R.N.C. GREENWICH.

At Winchmore Hill on Saturday, December 4th, Bart.'s had Platel at inside left, while Roles played outside left and Williams centre-forward.

The Naval College won the toss and played down-hill during the first half, in the first part of which they were the better side. Bart.'s seemed unable to get together, and it was not surprising when the visiting team eventually opened the scoring. The lead was not kept for long, however, and shortly before half-time the Hospital made a great improvement and scored three rapid goals through Williams and Platel (2).

In the second half the home forwards played much improved hockey and put on five more goals, the Naval College replying once only. It was never a great game, but during the second half the Hospital certainly showed improvement and were much the better side. Platel (4), Sinclair (2), Williams and Symonds scored for Bart.'s. Platel played a useful game and shot well, but he was rather inclined to attempt too much on his own. Sinclair was in his best form on the wing, and Williams kept the line together well. In defence Attwood and Church again played fine games and Wright returned to his best form.

Team: R. W. Windle; D. Hay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, A. G. Williams, M. W. Platel, F. C. Roles.

NOTES.

Although the second half of the season is always more important than the first because of the cup-ties, it is possible by Christmas to judge the form of the teams, which by that time should have settled down to a fairly consistent standard of play.

So far the 1st XI have been quite successful as far as results go for they have the following record: Played 7, won 4, drawn 2, lost 1; goals for 39, against 14.

The strength of the team has undoubtedly been the wing forwards and wing halves, where Milner, Sinclair, Attwood and Church have played consistently well. Church, of course, is the best half we have

had for years, and has already played several times for United Hospitals and Middlesex, in addition to being chosen for the first Southern Counties trial. Sinclair and Williams have also played for United Hospitals.

The team played their best game in the first match with Clare, Cambridge, and their worst in the return match. The weakness at back has been noticeable lately and will have to be remedied somehow by the time the cup-ties come along. Roles, at centre-forward, has not yet shown last year's form except in the first game with Clare. In the first round of the Cup we have drawn U.C.H., who are a much better side than they used to be and who have already expressed their intention of beating us. We do not, however, anticipate a beating, and hope to do just as well, and perhaps better, than last year in the Cup. Owing to a re-drafting of the qualification rule we shall have Milner's assistance, and this will make a great difference to us. Possibly also Foster will have returned to the side by then.

The 2nd XI have a rather remarkable record, for out of ten matches they have won eight and lost two, scoring 69 goals against 29. This is truly prolific scoring, and the team's prospects in the Junior Cup are very bright. The secret of their success has been a consistently good half-back line in Thorne-Thorne, McCay and Bradshaw, and the forward line, as shown by the goals scored, have not missed many scoring chances. The team is drawn against Middlesex II in the first round of the Junior Cup, and should do very well. At the beginning of the season better support was urged for the 3rd XI. This has materialized, and the 3rd have played seven matches. When you compare this with last year's dismal list of last-minute scratchings this is very satisfactory. They have played seven, won three, drawn one and lost three, while the balance of goals is just in their favour—22 to 19. Bennett has been well supported by Hodgkinson, Cunningham, Francis, Knight and Lakhert. Hodgkinson, taking up goal-keeping this year, is playing in very promising style, and were we not so strong in halves this year Cunningham would probably be in a higher team.

There is no cup for 3rd XI's, and this is unfortunate, for I believe we are the only Hospital to run one.

UNITED HOSPITALS SAILING CLUB.

The Club concluded a successful season on November 30th with the Annual General Meeting and Dinner, which were held, as in former years, at the Chanticler Restaurant, Frith Street. The Commodore, Dr. C. Worth, took the Chair. Owing to the industrial disputes in the early part of the season, delivery of the two new dinghies was considerably delayed. This, together with the increased difficulties in travel, both curtailed the number of week-ends at which the dinghies were available for individual members, and also held up the sailing of heats in the single-handed racing for the Wilson Cup. Eventually, however, these were successfully carried through.

The Regatta was held early this year on August 7th and 8th. In the first race for the Sherren Cup (Inter-Hospital Race), as nearly all competitors committed some breach of the rules the event was re-sailed. George's, after grounding near the finishing line, eventually proved the winners, defeating Bart.'s by only a few lengths.

The final of the Wilson Cup was won by G. P. Chandler, of Thomas's, after a good race, Watts and Thrower of Bart.'s being second and third.

On completion of three years as Commodore, Dr. Worth retired from that office. Dr. Herbert French (Guy's) was elected as the new Commodore, while Mr. Harold Wilson (Bart.'s) was elected Vice-Commodore in place of Mr. James Sherren (London), who also retired. Dr. Nelson (George's) was created Rear-Commodore.

Four winter meetings have been arranged, the first of which is to be held on January 19th, 1927, and is for the reading of logs. Though the membership increased considerably last year, there is still a great deal of room for new members—particularly from Bart.'s—and it is hoped that any who are interested will come forward and join. All details about the whereabouts and use of the Club dinghies can be obtained from the Hospital secretary.

REVIEWS.

THE ENLARGED PROSTATE. By KENNETH M. WALKER. (London: Humphrey Milford, Oxford University Press, 1926.) 12s. 6d. net.

This book gives an excellent account of the whole field of prostatic surgery. The divergent views of the pathology of enlargement are discussed, and the author favours the degenerative theory.

The chapters on technique are clear, and special mention must be made of the description of cystoscopy appearances of enlargement, which alone would make the book of outstanding importance. The coloured plates give a very clear idea of what is seen.

The author gives a full account of the treatment of all the possible post-operative complications, with many useful hints. Special attention is given to post-prostatectomy obstruction, for which the author's diathermic punch may be employed.

Bearing in mind that the book is intended to be read by house-surgeons and occasional prostatectomists, the author should perhaps not have made a general recommendation of the use of coagulen and hæmatoplastin for the treatment of hæmorrhage, as the use of these substances is not without danger.

An erratum is present on page 80: "Cabol" is presumably "Cabot."

A SHORTER SURGERY. By R. J. MCNEILL LOVE, M.B., M.S., F.R.C.S. (London: H. K. Lewis & Co., Ltd., 1926.) Pp. viii + 298. 12s. 6d. net.

The author has given in this small book a large volume of important surgical facts. He states that his aim has been to render the book as practical as possible, and to lay emphasis on those examination requisites that the student lacks. In this he has undoubtedly succeeded, and has achieved a book which gauges with remarkable accuracy the requirements of the final surgery examination. It is not a cram-book in any sense, and might with advantage replace the pocket cram-books beloved by so many students.

Apart from its examination value its principal feature is the stress laid upon differential diagnosis, and it might be considered as an abbreviated edition of the classic on differential diagnosis—De Quervain.

The operative details are well selected, and excellent judgment is shown. Too much prominence is, however, given to Estlander's operation for chronic empyema, which has largely been replaced by other methods of procedure.

The chapter devoted to the surgery of the stomach contains more valuable details of diagnosis and treatment than are found in many larger books. The author strangely omits to refer to the use of pre-operative blood transfusion in cases of hæmorrhage from a chronic gastric ulcer.

The chapters on diseases of the gall-bladder and pancreas have compressed into them all the essential facts for a thorough grasp of the condition, and the same may be said in a lesser degree of the chapters on the genito-urinary system, but this is obviously not the author's field, and though well written, is not of the excellence of the preceding chapters. One may note, for example, the small place given to pyelolithotomy, and the absence of reference to the importance of drainage in all cases of prostatectomy. No mention is made of phenolphthalein, and methylene blue should never, as the author suggests, be used as a functional test.

Any but the briefest references to pathology have been omitted, but a number of photographs of pathological specimens are given. These vary greatly in their degree of usefulness, no doubt on account of the difficulty of satisfactory reproduction. As this book is likely to run into many editions the author and publisher should consider whether this cannot be subsequently remedied. In any case the book is by far the best short or shorter surgery, and better than many longer ones.

APPLIED PHYSIOLOGY. By SAMSON WRIGHT, M.D., M.R.C.P. (Oxford University Press, 1926.) Pp. 418. 12s. 6d. net.

It is difficult to strike the happy mean in the teaching of physiology, which has both a well-defined "academic" and "practical" aspect. To confine oneself to one has meant the sacrifice of the other. Dr. Wright tries, not unsuccessfully, to solve the problem by describing in a clear, brief way the "pure" physiology of each system, and then discussing it in relation to signs and symptoms and modes of clinical research. The book, advanced in scope and simple in detail, must inevitably (as the author admits) be too dogmatic for use as a text-book of physiology, but those preparing for the Primary Fellowship or their Finals will find it exceptionally useful. Especially good are the sections dealing with the nervous system, the liver and the heart.

OUTLINES OF DENTAL SCIENCE. Vol. II: DENTAL BACTERIOLOGY. By RALPH A. BRODERICK, M.B., L.D.S. (Edinburgh: E. & S. Livingstone, 1926.) Pp. 156. 7s. 6d. net.

Chapters X, XI and XII deal in a simple way with the bacteriology and protozoology of the mouth and teeth. The remaining 111 pages of the book present an elementary survey of the whole of medical bacteriology. In a work of this size, laboratory instructions are bound to be sketchy; those given by the author do not escape this ban, but they have been well chosen.

The diction, the photomicrographs and the typography are excellently clear.

The book is a good "outline," which should be of real use to the beginner.

AIDS TO CASE-TAKING. By H. L. MCKISACK, M.D., F.R.C.P. (London: Baillière, Tindall & Cox, 1926.) 2nd edition. Pp. vii + 168. 4s. 6d. net.

This little book is well worthy of its place in the well-known "Aids" series. To the reader it says, "Regard your patient as a naturalist regards a zoological specimen, and find out all you can about him." This advice is backed by a concise and well-ordered description of what to look for, and how to interpret your findings. In particular, the author's exposition of the physical signs of the chest is lucid and helpful.

The sections on the digestive and nervous systems will please the categorical mind of the "examinee" without being offensively mathematical—a rare achievement in a work of this size.

BOOKS RECEIVED.

PERNICIOUS ANÆMIA AND APLASTIC ANÆMIA. By ARTHUR SHEARD, M.D. (Bristol: John Wright & Sons, Ltd., 1924.) Pp. 94. 7s.

MEDICAMENTA RECENTIA. (Allen & Hanburys, Ltd., 1925.)

ALCOHOL AND MEDICAL PRACTICE. By C. C. WEEKS, M.R.C.S. (H. K. Lewis & Co., Ltd., 1925) Pp. 186.

WHAT IT FEELS LIKE. By "Doctor ROBIN, M.A.," M.R.C.S. (Student Christian Movement, 1926.) Pp. 78. 2s.

CATECHISM SERIES:

- PHYSIOLOGY, Part II, 4th edition.
- MENTAL DISEASES. By W. G. SIM, M.D., F.R.C.S.
- VENEREAL DISEASES. By CHAS. AVERILL, M.A., B.Sc., M.D., D.P.H.
- DISEASES OF THE EYE. W. G. SYM, M.D., F.R.C.S.E.
- DISEASES OF THE EAR, NOSE AND THROAT. GAVIN YOUNG, M.C., M.B., Ch.B.
- OPERATIVE SURGERY, 3 vols., 4th edition.

MATERIA MEDICA FOR DENTISTS. (John Bale, Sons & Danielsson.)

LAW RELATING TO DENTISTS.

CORRESPONDENCE.

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

DEAR SIR,—Mr. W. Kent-Hughes, of Melbourne, has very kindly written to say that he wishes to present medals annually to each individual of the winning team in the Inter-Hospital Cross-Country race for the Cup which was named after him when first competed for in 1886.

The medals are cast in silver, from the United Hospitals Athletic Club die, which was originally designed by Mr. Kent-Hughes.

The first team to receive the medals is the Bart.'s team, which won the cup last March. At the request of Mr. Kent-Hughes, Mr. Dunhill made the presentation in the Dunn Laboratory on Thursday, December 2nd.

The following members of the team received their medals: J. F. Varley, H. N. Walker, C. S. Wise.

Unfortunately W. W. Darley and J. D. L. M. Savage were unable to be present owing to the fact of holding house appointments in the provinces.

I hope you will be able to publish a photograph of one of the medals in the JOURNAL, as I feel sure many members of the Hospital, both Past and Present, would like to see and admire the medal which Mr. Kent-Hughes has so kindly presented to us.

Yours faithfully,
H. N. WALKER.

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

ALEXANDER, G. L., M.R.C.S., L.R.C.P. (and SEDDON, HERBERT J., M.R.C.S., L.R.C.P.). "A Case of Cervical Dislocation and Paraplegia with Recovery." *British Journal of Surgery*, October, 1926.

BARRIS, J. D., M.B., F.R.C.P., F.R.C.S. "The Diagnosis and Treatment of Placenta Prævia." *British Medical Journal*, October 2nd, 1926.

BATTEN, RAYNER D., M.D. "Vessels of New Formation on the Anterior Surface of Iris emerging from the Pupil and Branching Outwards." *Proceedings of the Royal Society of Medicine*, August, 1926.

——— "Black-spot Choroiditis." *Proceedings of the Royal Society of Medicine*, September, 1926.

BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S. *The Doctor's Books*. London: John Bale, Sons & Danielsson, 1926.

BUTLER, T. HARRISON, M.A., M.D. "Slit-Lamp Technique applied to Simple Apparatus." *British Medical Journal*, December 11th, 1926.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Pituitary Glycosuria." *Proceedings of the Royal Society of Medicine*, September, 1926.

CARSON, H. W., F.R.C.S. "Discussion on the Treatment of Duodenal Ulcer." *Proceedings of the Royal Society of Medicine*, September, 1926.

——— "Post-operative Treatment of Cancer of the Breast." *British Medical Journal*, December 11th, 1926.

CLARKE, ERNEST, C.V.O., M.D., F.R.C.S. "An Address on a Half-Century's Progress in Ophthalmology." *Lancet*, November 20th, 1926.

COCKAYNE, E. A., D.M., F.R.C.P. "Bronchiectasis." *Clinical Journal*, October 27th, 1926.

COYTE, RALPH, M.B., B.S., F.R.C.S. "Observations on Twenty five Cases of Prostatectomy." *British Medical Journal*, November 27th, 1926.

DALLY, J. F. HALLS, M.A., M.D., B.C., M.R.C.P. "Ultra-violet Radiation in Man." *Proceedings of the Royal Society of Medicine*, August, 1926.

DONALDSON, ERIC, M.D. "The Schick Test: A Scheme for Active Immunization against Diphtheria in Public Health Practice." *British Medical Journal*, September 25th, 1926.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "Six Cases of Facial Paralysis." *Proceedings of the Royal Society of Medicine*, October, 1926.

——— "Case of Ozæna apparently Cured by Submucous Injection of Paraffin." *Proceedings of the Royal Society of Medicine*, October, 1926.

——— "Case of Hypertrophied Tonsils with Multiple Outgrowths, probably Tonsillar in Structure." *Proceedings of the Royal Society of Medicine*, September, 1926.

DUNHILL, T. P., C.M.G., M.D., Ch.B. "Discussion on the Treatment of Duodenal Ulcer." *Proceedings of the Royal Society of Medicine*, September, 1926.

——— *See also* FRASER and DUNHILL.

ECCLES, W. MCADAM, M.S., F.R.C.S. "Three 'Foreign' Uses of Œsophageal Catheters." *British Medical Journal*, October 2nd, 1926.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred.

D.M.—Barnes, D. T.

B.M.—Hudson, W. H., Savage, J. de la M.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Ch.—Worthington, A. T., Corsi, H., Holmes, J.

M.B.—Hannan, J. H., Grosvenor, C. J. P.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted members:

Davies, I. G., Nankivell, A. T., Simaika, S. R.

ROYAL COLLEGE OF SURGEONS.

The Diploma of *Fellow* has been conferred upon the following:

Jeffrey, A. L. P., Barnie-Adshead, W. E., Coldrey, E. A., Kittel, P. B., Mitchell, J. M. D.

C. I. N. Morgan has passed the Examination, but not having reached the required age, is not eligible to receive the Diploma.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following have been admitted Fellows:

Barnie-Adshead, W. E., Cargill, R. E. D.

CHANGES OF ADDRESS.

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

BULL, G. V., White Gables, Sandhurst, Kent.

DUFTON, H. T., Lansdowne, Totnes Road, Paignton.

FEGAN, R., 33, Morshead Mansions, W. 9. (Tel. Maida Vale 1723.)

HOLMES SPICER, W. T., 8, Chelsea Park Gardens, S.W. 3. (Tel. Kensington 2550.)

MILNER, S. W., 410, Avenue Road East, Hastings, New Zealand.

PAYNE, R. T., 23, Abbey Court, Abbey Road, St. John's Wood, N.W. 8. (Tel. Maida Vale 4052.)

STERRY, J., Thika, Kenya Colony.

WALLIS, R. L. MACKENZIE, 101, Harley Street, W. 1. (Tel. Langham 2676, unchanged.)

APPOINTMENTS.

BARNES, D. T., D.S.O., M.D., B.Ch.(Oxon.), appointed Hon. Assistant Physician to the Electro-Therapeutic Department of the Radcliffe Infirmary.

BURT-WHITE, H., M.B., B.S.(Lond.), F.R.C.S., appointed Obstetric Surgeon to the Female Lock Hospital.

CLARK, A., M.R.C.S., L.R.C.P., appointed House Physician to the Dreadnought (Seamen's) Hospital, Greenwich.

HINTON, W. S., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Southend Victoria Hospital and District Nursing Institution, Warrior Square, Southend-on-Sea.

BIRTHS.

BALLINGALL.—On December 5th, at Devonport, the wife of Major D. C. G. Ballingall, Royal Army Medical Corps, of a son.

BATTEN.—On October 30th, at Lyndhurst Road, Hampstead, the wife of Lindsey W. Batten, M.B., M.R.C.P., of a daughter.

DOWNER.—On November 24th, to Eileen (*née* Craig), the wife of Dr. Reginald Downer, 9, College Hill, Shrewsbury—a daughter.

LINDER.—On December 1st, to Ruby and Geoffry Linder, of The Bryn, Rickmansworth—a daughter.

SATOW.—On December 9th, in Oxford, to Margaret, wife of Lawrence L. Satow, M.C., M.R.C.S.—a son.

MARRIAGE.

BROWNE—FITZGERALD.—On December 1st, at St. Mary's Church, Wimbledon, by the Rev. Canon Horace Monroe, Vicar and Rural Dean of Wimbledon, Horace Ximenes Browne, Deputy Inspector-General of Hospitals and Fleets, Royal Navy (retired), to Marjorie Elspeth Fitzgerald, youngest daughter of the late Major John Gore FitzGerald, R.M.L.I., and Mrs. Fitzgerald, of Furzehatt, Plymstock, South Devon.

DEATHS.

BAINBRIDGE.—On November 27th, 1926, at Chenies Street Chambers, W.C. 1. Hilda Winifred, widow of Prof. F. H. Bainbridge, M.D., F.R.S.

BOSTOCK.—On September 4th, 1926, at Horsham, Edward Ingram Bostock, M.R.C.S., L.S.A., J.P., aged 83.

COATHUPE.—On November 23rd, 1926, at 26, Parkwood Road, Boscombe, Hants, Edwin Weise Coathupe, M.R.C.S. (retired), eldest son of the late Charles Thornton Coathupe, of Birdcombe Court, Wraxall, Somerset, aged 89.

GASPERINE.—On August 13th, 1926, suddenly in New York, U.S.A., John Jones Gasperine, M.R.C.S., L.R.C.P., D.P.H., of Willoughby Road, Hampstead.

MEAD.—On December 13th, 1926, (suddenly), at Whitby, Yorkshire, Robert William Mead, M.D., aged 68.

RISK.—On December 7th, 1926, of heart failure, at 4, Collingham Place, S.W. 5, Colonel E. J. Erskine Risk, A.M.S. (retired).

SKIPWORTH.—On December 17th, 1926, very suddenly at Market Overton, Oakham, Philip Lyonel Grey Skipworth, M.R.C.S., L.R.C.P., aged 55.

TANNER.—On September 6th, 1926, at Eastern Lodge, Kempsey, Worcs., Richard Canning Tanner, aged 86.

ACKNOWLEDGMENTS.

The British Journal of Nursing.—The Bulletin of the New York Academy of Medicine.—The Charing Cross Hospital Gazette.—Guy's Hospital Gazette.—Guy's Hospital Report.—The Hospital Gazette.—The Journal of Cancer.—The Kenya Medical Journal.—London Hospital Gazette.—Long Island Medical Journal.—The Magazine of the London Royal Free Hospital.—St. Mary's Hospital Gazette.—The Medical Review.—The Middlesex Hospital Journal.—The New Troy.—The Nursing Times.—The Post-Graduate Medical Journal.—Queen's Medical Magazine.—Revue de Medecin.—The Stethoscope.—The Student.—U.C.H. Magazine.—University of Toronto Medical Journal.

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, MR. G. J. WILLANS, M.B.E., B.A., *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 0510.*

St. Bartholomew's Hospital Journal.

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

VOL. XXXIV.—No. 5.] FEBRUARY 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Tues.,	Feb.	1.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed.,	,,	2.	—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Fri.,	,,	4.	—Prof. Fraser and Prof. Gask on duty. Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat.,	,,	5.	—Rugby Match *v.* Devonport Services. Away. Hockey Match *v.* Shoeburyness Garrison. Away. Association Match *v.* Clare College, Cambridge. Home.
Mon.,	,,	7.	—Special Subject Lecture by Mr. Rose.
Tues.,	,,	8.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed.,	,,	9.	—Surgery. Clinical Lecture by Mr. L. B. Rawling. Association Match *v.* Wye College. Away. **Students' Union Dance. Savoy Hotel.**
Fri.,	,,	11.	—Sir Percival Hartley and Mr. McAdam Eccles on duty. Medicine. Clinical Lecture by Sir Thomas Horder.
Sat.,	,,	12.	—Rugby Match *v.* Glamorgan Wanderers. Home. Hockey Match *v.* R.M.C., Sandhurst. Away. Association Match *v.* Old Malvernians. Home.
Mon.,	,,	14.	—Special Subject Lecture by Mr. Elmslie.
Tues.,	,,	15.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed.,	,,	16.	—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Thurs.,	,,	17.	—Association Match *v.* Keble College, Oxford. Away.
Fri.,	,,	18.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty. Medicine. Clinical Lecture by Sir Thomas Horder.
Sat.,	,,	19.	—Rugby Match *v.* O.M.Ts. Home. Hockey Match *v.* Old Uppinghamians. Home. Association Match *v.* St. John's College, Oxford. Away.
Mon.,	,,	21.	—Special Subject Lecture by Mr. Scott.
Tues.,	,,	22.	—Prof. Fraser and Prof. Gask on duty. **Last day for receiving matter for the March issue of the Journal.**
Wed.,	,,	23.	—Surgery. Clinical Lecture by Sir C. Gordon-Watson.
Fri.,	,,	25.	—Dr. Morley Fletcher and Sir Holburt Waring on duty. Medicine. Clinical Lecture by Sir Percival Hartley.
Sat.,	,,	26.	—Rugby Match *v.* Northampton. Away. Hockey Match *v.* Mill Hill School. Away. Association Match *v.* Old Bancroftians. Home.
Mon.,	,,	28.	—Special Subject Lecture by Mr. Rose.

EDITORIAL.

SO "Cancer Research" is to be yet another season's shibboleth. Sir Berkeley Moynihan, in his recent lecture to the British Medical Association on "Cancer and Its Control," emphasized three things: The unique rise in the death-rate from cancer as against the fall in that from tuberculosis; the danger of being "treated" by quacks; and the difficulty of talking about early symptoms in front of a mixed lay audience. A substantial part of the Press became romantic over the change of publicity tactics shown by the B.M.A. in inviting newspaper patronage for this lecture, though they admitted that Sir Berkeley stood in "no more need of advertisement than does Westminster Abbey." Yet when it comes to his remedy—the spreading of the knowledge of those early symptoms—we fear it will still be a case for the average Doctor of the Goatherd in *Theocritus*: "No, no, man; there's no piping for me at high noon. I go in too great dread of Pan for that."

Another—the laboratory—aspect of the movement was thoroughly dealt with by Prof. Blair Bell in an address to the Abernethian Society, the first part of which we print on p. 77; and the following account from Dr. Donaldson shows that this Hospital is not to be behind the times:

"It is with very great pleasure that we are able to announce that the College has recently received a grant of £1000 per annum from the British Empire Cancer Campaign for an investigation into the treatment of cancer by means of lead.

"No one who heard Prof. Blair Bell at his recent address to the Abernethian Society could have failed to be impressed by the results so far obtained by this new form of treatment. It is not claimed that lead

constitutes a cure for every case of cancer; such an idea could not for one moment be entertained; but there is no question but that in certain cases it exerts a profound influence on the course of a malignant new growth, even leading to its complete disappearance, and in a few instances there has been no recurrence after a period of several years. This fact alone is sufficient reason for further investigation on an extensive scale. A Committee has been formed, consisting of various members of the Staff, and it is understood that Mr. J. B. Hume will act as part-time officer. It is hoped that a certain number of beds will be promised by several members of the Staff, and that room will be made in the Pathological Department for the scientific side of the work under the supervision of Dr. R. G. Canti.

"We wish the research every success."

* * *

STRANGEWAYS MEMORIAL.

Dr. T. S. P. Strangeways, whose premature death occurred recently, has left a widow and seven children, the five youngest of whom are still being educated. It is known to many of his friends that any part of his income which was not required for household expenses was habitually used by him to assist the Research Hospital. The immediate needs of the family have been met by subscriptions from friends in Cambridge, but a large sum will be required to complete the education of his sons, the eldest of whom is in his second year at Trinity Hall. During the last thirty years many Cambridge medical men have been taught by Strangeways the essentials of pathology, and may feel that this is an opportunity of expressing their appreciation of these services, of his additions to medical knowledge and of his scientific work.

Cheques should be drawn to Lloyds Bank, Cambridge, and crossed "c.a. Strangeways Memorial Fund." They may be sent to the Manager of the Bank, G. F. C. Gill, Esq., who has kindly consented to take charge of the account, or to Sir Humphry Rolleston, Southfield, Cambridge, or to Prof. H. R. Dean, Dr. M. Donaldson, Dr. G. P. Bidder, Dr. L. E. Shore, or Dr. Cobbett.

There will be a meeting at the Royal Society of Medicine on Wednesday, February 2nd, at 5 p.m., and all those who sympathize with the above appeal are invited to be present.

* * *

Do not forget to come to the Dance at the Savoy Hotel on Wednesday, February 9th, from 9.30 p.m. to 2.30 a.m. Tickets are going rapidly, so don't find yourselves left in the outer darkness.

The project for completing the restoration of the five bays of the East Cloister of St. Bartholomew-the-Great requires an outlay of £2400—surely not a great deal to spend on one of the finest old churches in London. Cheques should be sent to the Rev. W. F. G. Sandwith, M.A., The Vestry, St. Bartholomew-the-Great, West Smithfield, E.C. 1.

* * *

We have received the following letter and appeal:

DEAR SIR,—As Honorary Local Secretaries of Epsom College at Bart.'s we have received a letter from Dr. Raymond Crawfurd, making a special appeal for funds for the building of a Sanatorium and Isolation Block at Epsom College. Would you publish this appeal in the forthcoming number of the JOURNAL?

Yours faithfully,
(*Signed*) GEOFFREY EVANS.
GEO. E. GASK.

* * *

EPSOM COLLEGE.

The Council of Epsom College have embarked on a project for the building of a model School Sanatorium and Isolation Block in place of the antiquated buildings which at present serve these purposes. The scheme will cost some £25,000, viz. £15,000 for the main sanatorium, accommodating 20 patients, and £10,000 for the Isolation Block, accommodating 40 patients. This is a large sum of money to raise and, to stimulate giving, the Council have decided to allow a donor of £10,000 to name the main sanatorium, of £5000 the Isolation Block, of £3000 a large ward, of £1000 a small ward, and of £100 a single bed.

In the hope that all men in the profession will help, the Council have sent out an appeal to the Medical Schools of every hospital, and it is with the object of making this appeal more widely known that the Honorary Local Secretaries of Epsom College at Bart.'s have asked us to publish this information in the JOURNAL. The Council hope that each medical school may be able to raise a sufficient sum of money to name a single bed. Subscriptions may be sent addressed to the Honorary Local Secretaries of Epsom College, c/o The JOURNAL, St. Bartholomew's Hospital, London, E.C. 1.

A famous Oxonian scion
Considers the hydrogen ion
The primary source
Of electrical force,
Is an ion too small to rely on?

C. F. O. W.

THE NEW MATRON.

THE election of a new Matron in the place of Miss McIntosh, who has resigned after so many years of good work, has been an outstanding event in the first month of 1927.

The advertisement of the vacant post brought a considerable number of most suitable candidates into the field.

The Election Committee most carefully scrutinized the claims of each one, and made a selection of six who were to be interviewed. Among these were two who had not received their training at St. Bartholomew's—both excellent women. Unfortunately neither was able to attend owing to the fact that they were both applying for another matronship—and the same one—at the same time, and had to be interviewed on the same day elsewhere.

This left four St. Bartholomew's nurses. Needless to say, the Election Committee, which was held on January 25th and was very fully attended, had some real difficulty with such obvious merit before them in making a decision. Necessarily three had to be disappointed, and to them we give our good wishes for continued excellent service in the posts they now hold.

Our new Matron is Miss Helen Dey, R.R.C., and to her we extend a very warm welcome, as she comes back—may we say—to her old Hospital and home, assured she will receive from all good wishes for her work in such a responsible office.

Miss Dey began her training at St. Bartholomew's in November, 1909, and after obtaining her certificate she acted as a nurse in the Theatre for a year. When the Great War broke out she was in Q.A.I.M. Nursing Service Reserve, two years later being transferred to the regular service, being in France in all from August 16th, 1914, to March 23rd, 1919. She was mentioned in despatches and received the R.R.C., 1st class. Later she saw active service in Ireland, until truce was signed.

In 1921 she went over to the United States, and was occupied in a considerable amount of nursing work, superintendence and other duties, which gave her an insight into the training and daily life of nurses in that great English-speaking nation. In consequence of all this experience she was appointed in October, 1925, to the coveted post of Assistant Matron to the Leeds General Infirmary, the home of so much that is good in surgery and in nursing.

Her excellent work, her wide outlook, her organizing ability and her loyalty to her *alma mater* have rightly now been crowned by her appointment to the premier position of Matron and Superintendent of Nursing at St. Bartholomew's Hospital. Long may she enjoy good health to fulfil the onerous but delightful duties of the office.

W. McA. F.

OBITUARIES.

T. S. P. STRANGEWAYS, M.A.(HON.)CANTAB., M.R.C.S., L.R.C.P.,

Huddersfield Lecturer in Special Pathology, University of Cambridge; Director of the Cambridge Research Hospital.

IT is with deep regret that we record the death of Dr. Strangeways Pigg Strangeways, which occurred at Cambridge on December 23rd, 1926.

In 1890 he entered St. Bartholomew's Hospital as a student, and obtained the Matthews Duncan Gold Medal in 1895. Qualifying in 1896 he came under the influence of Kanthack, who singled him out as a kindred spirit possessing a truly scientific mind and relentlessly seeking after the truth. Shortly afterwards Kanthack left St. Bartholomew's for Cambridge and wrote to Strangeways, asking the latter to join him. This offer Strangeways accepted, giving up his post of Curator of the Museum. Kanthack's opinion is well shown in a letter he wrote to a friend after Strangeways became Demonstrator of Pathology at the University. He says:

"When I undertook my duties here I firmly resolved to acquire his invaluable services for this University as soon as a proper opportunity presented itself. Since his arrival the Pathological Laboratory has made rapid strides, for he is the right man in the right place, and ambitious to see our laboratory take the foremost place . . . he impressed the students with his sterling qualities, which were generally acknowledged, in fact I hear his praises from all sides . . . he is a most conscientious worker, honest and critical, so I value his opinion more than that of any other morbid histologist."

In 1900 he was given the honorary degree of Master of Arts, and in 1905 became Huddersfield Lecturer in Special Pathology. About this time he conceived the idea of instituting a Research Hospital, where the laboratory study of disease could be carried on in the same building which housed the patients. Largely through the generosity of Sir Otto Beit his ideals were realized in 1906 by the opening of the Cambridge Research Hospital, which was moved to a larger building in the Hills Road in 1912.

For fifteen years he worked hard and solidly at the difficult problem of arthritis, working out the cases in his wards, collecting notes of many thousands more, and gathering together a museum of some 2000 arthritic specimens which is second to none. Progress was made, and a classification was built up and some order created out of the tangled mass which had previously existed, but Strangeways realized that in order to gain further insight into the process of inflammation it was necessary to investigate intimately the living cell itself, and thus he took up the study of tissue culture.

This decision was more momentous than was realized at the time, for from then onwards the laboratories of the Research Hospital, which had housed a solitary and sometimes despondent fighter, became transformed into the foremost centre of tissue culture, and attracted scientific men from all parts of the country, the Continent and America. He quickly collected around him a number of keen workers, who, following their own lines of research, were directing their experiments to the same end—the study of life itself.

Of the work recently carried out the following deserves special mention: "The Origin of Bi-nuclear Cells by Mitotic Division"; "The Differentiation of Embryonic Tissue Growing *in Vivo* and *in Vitro*." In this work Strangeways and his colleagues devised a method of growing the early embryonic limb bud in a test-tube. A similar experiment was done with the rudimentary eye, which, in artificial media, developed pigment, rods and cones, ganglion cells, nerve-fibres, pars ciliaris, retinæ and lens. "The Effects of Certain Fixatives on Structures within the Cell," beautifully illustrated by dark-ground illumination. Other work was done on the effects of beta, gamma and X-irradiation on the living cell. The actual paper on which he was engaged at the time of his death deals with the causes of death in the embryonic fowl after X-ray irradiation. This work may well prove to be of the greatest value to radiological science. Events during the last five years happened quickly in these laboratories, and Strangeway's imagination and inspiration have instilled far-reaching ideas in the minds of all those who worked with him. His untimely death, therefore, has left a great blank in the Hospital, but his inspiration still lives, and will for ever encourage his colleagues to carry on the work he so dearly loved.

Strangeways was not infrequently to be seen in the Square or Luncheon Room at St. Bartholomew's Hospital. He was engaged in carrying out research of an exact nature on the quantitative effects of X-rays on mitosis in tissue culture. In order to eliminate all possible sources of error due to the elaborate apparatus employed he was actually carrying out the experiments (which lasted over a year or more) in duplicate both at Cambridge and in the Deep X-ray Research Department at St. Bartholomew's. These experiments were carried out at the same time, so that the cultures were of the same batch and of the same age, one set being irradiated at Cambridge and the other in London under identical physical conditions. It is to the credit of his marvellous technique that almost invariably the sister experiments turned out identically alike. It is work such as this, where no trouble for the sake of precision is too great, that brings lasting credit to the worker and the cause for which he works.

We offer our sincere sympathy to his widow with seven children, all but one of whom are under the age of twenty-one.

THOMAS CLAYE SHAW, B.A., M.D.(LOND.), F.R.C.P.,

Emeritus Lecturer on Psychological Medicine, St. Bartholomew's Hospital.

The death of Dr. Thomas Claye Shaw, in his eighty-sixth year, removes from the medical profession a remarkable personality. Dr. Claye Shaw was educated at King's College, London, where he was Senior Warneford Scholar. He became B.A. of the London University in 1860, M.R.C.S. and L.S.A. in 1864, and M.B. in 1866. He took the degree of M.D. in 1867, qualifying for the gold medal, and in 1880 was elected a Fellow of the Royal College of Physicians. Turning his attention to mental disease, he became Medical Superintendent of the London County Asylum at Banstead, in Surrey. Subsequently he was appointed Lecturer on Psychological Medicine at St. Bartholomew's Hospital, and Lecturer on Clinical Insanity at St. Luke's Hospital in the City.

As a lecturer he was very attractive, and his classes at St. Bartholomew's Hospital were always well attended. He was outspoken, and dogmatic as far as his subject would allow. Those who were at the Hospital in the 'nineties will remember an occasion on which he gave the opening address at the Abernethian Society. He came prepared with an address "for men only." He was startled, but unabashed, at finding a mixed audience of students and nurses.

Most of Dr. Claye Shaw's writings were articles in journals, hospital reports, and medical dictionaries; but he wrote one book—*Ex-Cathedrâ Essays on Insanity*. In 1913 Dr. Claye Shaw aroused much discussion by an address to a medical audience. He warned the modern woman that her new activities in sport and independence in life would mar the beauty of her face, change her nature, and alienate male sympathy. At the beginning of the war he made a scathing attack on the mentality of the German in general and the Kaiser in particular. In an article on the psychology of sport he displayed his keenness for this form of mental relaxation by advocating the setting up of public memorials to all outstanding figures in the world of sport. He lived in retirement at Cheltenham with his wife, who predeceased him by less than two years. He had two daughters.—[Abbreviated from the *British Medical Journal*.]

LIEUT.-COLONEL R. F. STANDAGE.

Lieut.-Col. Robert Fraser Standage, C.I.E., late of the Indian Medical Service, while playing bridge at the East India United Service Club on Saturday afternoon, January 15th, 1927, had a seizure, from which he died a few hours later in a nursing home. Only a few weeks ago he underwent a successful operation for cataract on the left eye.

A son of the late Mr. Alfred Standage, of Hurcott House, Worcestershire, he was born on April 5th, 1868, and was trained at St. Bartholomew's Hospital, where he gained the Bentley Surgical Prize in 1890, being appointed in the following year a house surgeon and physician at the Metropolitan Hospital. He entered the Indian Medical Service in 1894, and in the following year was made M.O. to the 2nd Bombay Lancers (now 32nd Lancers). In 1897 he received the thanks of the Bombay Government for his services on famine duty. He was in the field in the Uganda Mutiny of 1897–9, being mentioned in dispatches and receiving the medal with clasp. After a period of plague duty he went to Bangalore as officiating Residency Surgeon, and two years later was confirmed in the appointment, which he filled with distinction until he retired last year. There came, however, the interlude of the Great War. He was on the Medical Staff in the East Africa Field Force in 1917–19, and saw campaigning in what was formerly German East Africa, as well as Nyasaland and Northern Rhodesia. He was again mentioned in dispatches. In 1922 he was made C.I.E.

Col. Standage was a keen professional man. He contributed many articles on surgical and gynæcological subjects to the *Lancet*, the *British Medical Journal*, the *Journal of the R.A.M.C.* and other medical publications in this country and India. For his help to hospitals in India he was last year appointed an Esquire of the Order of St. John of Jerusalem. He married in 1902 Gwendolen, daughter of the late William Lonsdale, of Hutton Roof, Eastbourne, and the Mysore State. She survives him with an only son.

TEAM-WORK IN RESEARCH.

An Address delivered before the Abernethian Society of St. Bartholomew's Hospital on January 20th, 1927.

By W. BLAIR BELL, B.S., M.D., Hon.F.A.C.S.,

PROFESSOR OF GYNÆCOLOGY IN THE UNIVERSITY OF LIVERPOOL.

INTRODUCTION.

TO-NIGHT it is my great privilege to address the students of Bart.'s—men who in a great measure hold the future of medicine in their keeping. The long line of distinguished physicians and surgeons, including the great Abernethy himself, who have laboured here, make it incumbent on you to maintain the high prestige of St. Bartholomew's. But, also, I have the honour of speaking to the nurses, whose horizon in medical matters is no longer bounded by benevolence and bed-making, poultices and pulse-rates, but extends to tolerance and efficiency tests and pressure problems. Indeed, I am not sure but that the nurse of to-day is not required to have more than a nodding acquaintance with the functions of the reticulo-endothelial system. And last, because I believe that by the time we ancients come to occupy positions on the staff we are ready to start all over again, it is with the greatest pleasure, although with anxious foreboding, that I pay my tribute to the kindly interest of members of the staff who are here to-night.

My task is no light one, and I have seriously tried to prepare myself for it. Every morning for some weeks, as I have offered first one cheek, then the other, to the tender mercies of Mr. Gillette, I have looked out upon the world through the memorial arch of Bart.'s. It was indeed a happy thought on the part of that disciple of St. Bartholomew who sent the calendar to me, with best wishes that my vision should be correctly aligned.

I have a very interesting subject about which to talk to night; and although I shall be unable to invest my remarks with the poetic fervour with which Abernethy delivered his discourses, I hope I shall be able to do duty to my text without boring you. I am sure that most of the world is tired of hearing my views on certain subjects; but I, on my part, am very patient and persistent, because I know that people weary soonest of those things which they do not understand.

INDIVIDUAL RESEARCH.

In the days gone by the investigator was an individual who closeted himself in his workroom, unvisited by fellow-workers, existing apart from the world at large. His discoveries were unknown to any for long periods of time, partly owing to his secluded habits, but also because means of communication were slow and haphazard. The alchemist of those days might turn lead into gold without altering the bank-rate or incurring the envy, hatred and malice of his fellow-alchemists.

Now, when the whole world knows at night that Mrs. Thomas, of Tottenham Road, Tooting, was taken ill at 4 p.m., and wishes to see her son last heard of in Siberia at once, intercommunication is so easy that news is spread quickly, and often erroneously, by wireless and by the daily papers, and not slowly or always correctly by the scientific press.

As a result, any startling piece of scientific information is within a short time dissected, accepted, disproved or damned, before the originator has finished his sentence. This makes men extremely careful—so careful that the scientific man who says little and does less, but contrives to look like an owl, is held to be a worthy successor to Socrates. Still, after all, it matters not very much what the contemporary world thinks of a man; it matters far more that he be happy in his work, happy in his friends and colleagues, and fortunate in the regard of posterity.

I shall say little of the happiness and thrills that scientific work brings to those who engage in research for the sake of knowledge and for the benefit of humanity. I shall pass lightly over the beauties of inspiration and fulfilment and the emotions of the seeker. I must move on to my main theme, and the illustration of it that I have to offer.

TEAM-WORK IN RESEARCH.

What do we mean by teamwork in research?

In this Hospital you have your various teams, or units as they are sometimes called, at work. These teams include the resident medical officers, students and nurses, as well as the honorary members of the staff. Whether they be professorial units or not matters little. The object of each is to ensure co-operation towards a definite end. The rules are clear-cut: The game must be played in the laboratory, operation theatre and ward, as it is on the football field. Team-work means unselfishness—playing for the side, and not for individual glory; the man who takes up research for personal gain or advancement is not of the slightest value either as a player or referee. Nevertheless, in all teams there is need of a skipper to correlate the efforts of the team, to see that there is efficiency, economy and proper direction of effort; but he must be an unselfish player himself, and have the respect and confidence of his team, otherwise the goal-line will not be reached.

I need hardly tell you that members of the scientific professions are not immune to jealousy, egotism and other deplorable characteristics, so it comes about that, in addition to the possession of tact, a sense of proportion, and above all a sense of humour is necessary for all. Of course this is idealism; I do not pretend that I myself, or any of the members of our team in Liverpool, possesses

all of these virtues. Indeed, for example, I am fortunately provided with a censor of my correspondence which sometimes (in moments of unsought stress, be it said) is used to extinguish the fire. Still, if one knows the essential characteristics necessary, one can always strive to develop them.

The team I have the honour of directing in Liverpool has worked together for five years in spite of the forecasts, the most optimistic of which gave us three months. I readily admit that this says a good deal for the team and very little for the Director; but there it is, and we are all proud of the keenness and spirit of loyalty that exists.

As you probably know, the team is engaged in working out the problem of cancer on the lines laid down; that is to say, every member of the staff has been engaged in attempting to turn our working hypothesis into a generalization, and to adapt the terms of the generalization to the requirements of clinical work in the treatment of this disease.

The staff meets at fairly regular intervals to discuss interim reports issued by the various departments, to consider future researches, and to discuss matters concerning the scientific work of the organization. These meetings are in themselves of very great educative value—especially to the younger men—for they have an opportunity of asking questions and of discussing abstruse matters with the experts in the different branches.

All publications are issued under the name of the head of the department from which they are issued, and the worker, or workers, directly concerned.

Now you will want to know why a team should be necessary when so much has been evolved by men working alone. In surgery, yes, that has gone ahead and surgical technique is dependent on reliable teamwork—not that this is always to be observed; but in research work, you may say, surely it is the individual that counts; it is originality of thought and outlook that matters.

This is, of course, true in a sense; no great theme can be initiated unless there be originality; there must also be the power of appraisement and co-ordination of existing knowledge bearing on the subject. But in great and complex problems such as that of cancer, it is right and proper that it should be attacked from as wide a point of view as possible, but at the same time in a logical and co-ordinated manner.

It appears, however, that in most laboratories in which cancer research is prosecuted the many workers are engaged in following little side-tracks which are too often unrelated one to the other.

About twenty years ago it seemed to me that since the cancer problem had resisted elucidation on the theory of parasitic origin—as might, in my opinion, have been expected—instead of being a simple question it was a large biological problem. It was necessary, therefore, to conceive a working hypothesis with extensive relations on which to commence operations, and then to prosecute the inquiry in every direction, until the theoretical considerations were disproved or converted into a generalization.

This brings me to my own hypothesis and its evolution; you will see that the development of it was quite beyond the capacity—mental or physical—of one man.

Work of Liverpool Medical Research.*

In the investigation of so complex a question as the nature and control of malignant disease, it cannot be denied that the conversion of a working hypothesis, with which the investigator must start, into a definite and substantial generalization by the putting together of existing scientific facts and the elucidation of further evidence, is of vastly greater ultimate importance than the initial attempts at control based on the generalization enunciated. By this I mean that, provided a generalization concerning the true nature of malignant neoplasia can be established beyond question, some control of this disease—limited, perhaps, as I shall explain later—must assuredly follow, if not at the first attempt, at any rate as the result of subsequent modifications and developments.

It has, therefore, been our chief endeavour to substantiate our hypothesis from every point of view.

I show on the screen a list of the scientific staff of the Liverpool Medical Research Organization. Each group of workers under the branches of science mentioned are working out the problems that come within their scope, and these problems all arise from a common central hypothesis.

Hypothesis.

To us, malignant neoplasia appears to be a reversion of the somatic cell to the early embryonic type which forms the trophoblast. We regard the chorionic epithelium as being a normally malignant tissue that comes under somatic control, as we have described in previous communications. It is malignant in that it is dependent on its own efforts to obtain nourishment for itself, and, indirectly, for the growing embryo.

We believe that if it be possible for a cell to pass through all the phases of undifferentiation to a differentiated state with increasing specialization, as seen in the human embryo, there should be no difficulty in realizing that a differentiated cell is capable, in certain circumstances, of retracing the phases back to undifferentiation. This process is known as dedifferentiation, and it has been definitely shown to occur in normal differentiated cells grown *in vitro*.

Pathologists have long spoken of the *un*differentiated cells seen in malignant neoplasia; but, strictly speaking, we should speak rather of the *de*differentiated cells. This dedifferentiation we hold to occur as the result of the action of the innumerable causes mechanical, bacteriological, radiological, thermic and the rest—all of which lead to a common, pre-cancerous condition of impaired vitality with starvation—possibly oxygen deficiency—in the cell. Whatever the actual metabolic disturbance produced may be, it is evident that the damaged cell, thrown on its own resources, must either recover, die, or develop abnormally in order to provide itself with nutriment. The last condition can only effectually be ensured if the injured cell revert to a trophoblastic type. This is, I believe, a rational explanation, and is what actually occurs. However, as I have said, such a hypothesis must be founded on accepted facts before it can become a generalization on which we can base our methods of control. We have, therefore, sought and found evidence in support of our hypothesis along the following lines: (*a*) Morphological; (*b*) constitutional (i) chemical constitution, (ii) physico-chemical state; (*c*) physiological; (*d*) pathological; (*e*) toxicological.

* This portion of the address was illustrated by lantern-slides.

A comparative study on these lines with regard to the similarity of, and differences in, the structure and function of various tissues may be considered reasonably comprehensive.

Morphological Evidence.

The histological evidence of the structure and mode of progression of malignant cells very strongly supports the view that these cells are of a dedifferentiated type, and that this dedifferentiation of the cell is comparable with its degree of malignancy. Moreover, I must call attention to the fact that in malignant neoplasia there is a tendency to syncytial arrangement on the part of the cells. Pathologists must often have noticed how true this is, not only in carcinoma, but also in sarcoma.

Constitutional Evidence.

Chemical constitution.—Although there are related secondary chemical differences between malignant cells and normal resting tissues, it is the lipin content, especially that of the phosphatides, and the phosphatide-cholesterol ratio that are interesting, for these substances are of primary importance in the constitution of the cell. We have found that the phosphatide content and the phosphatide-cholesterol ratio are much higher in malignant than in normal tissues and benign tumours, and that these figures reach a maximum in the constitution of the chorionic epithelium (Table I).

Table I.

Human tissues.	Per cent. water.	Per cent. phosphatides (on dry weight).	Per cent. cholesterol (on dry weight).	Phosphatide-cholesterol ratio.
Normal tissues:				
Ovary . . .	75·8	5·22	2·16	2·4
Cervix . . .	75·15	1·08	0·43	2·5
Innocent neoplasms:				
Ovary . . .	80·9	1·48	0·52	2·8
Malignant neoplasms:				
Cervix . . .	80·8	3·32	0·92	3·6
Ovary . . .	81·9	4·52	1·12	4·0
Chorionic villi . .	89·9	6·8	1·47	4·7

Physico-chemical state.—With regard to the physico-chemical state of the cell-membrane, it is obvious that permeability is a matter of prime importance; for if a cell be in urgent need of nutriment, permeability may be a deciding factor in the continuance of vitality, as indeed it is an absolute requisite for rapid growth. Now it is interesting that the degree of permeability of the cell membrane is dependent on the phosphatide-cholesterol ratio: a high cholesterol content favours impermeability, whereas a low cholesterol content and a high phosphatide favour permeability, for this ratio is consistent with an oil in water type of emulsion.

(*To be concluded.*)

"The Naive Chatter of My Nurse."

DRAMATISTS IN HOSPITAL.—II.

OSCAR Wilde makes Dorian say to Alan Campbell, the chemist in *The Picture of Dorian Gray*: "You go to hospitals and dead houses. If in some hideous dissecting room you found this man lying on a leaden table . . . you would not turn a hair." It was strange that Wilde, a conscientious devotee of his creed—"Art for Art's sake"—should describe such things, and leave no record of personal experience of them. Patient research has revealed, however, a letter, which is here published.

"Dear ——,

"I am much better. I confess that the *ennui* of convalescence has been relieved by the naïve chatter of my nurse. After hearing of her early training I feel differently toward the class. The uniform (hateful word), at least, is beautiful, like some ample Venetian vase, madly, deliciously and solemnly inverted. It *expresses* them, for the soft dove-grey of the probationer imparts a gazelle-like grace and innocence, while a subtle infusion of the least revolting of primary colours heralds the growth of disillusionment and responsibility. I have invented this trifle. The matter, I fear, is only from hearsay, and the whole bears the mark of convalescent mind. Aubrey has humoured me by illustrating it . . . ."

Scene: *The kitchen of Jokanaan Ward. Nurses* Girdle *and* Dole *and the* Probationer *at tea.*

Time: *Just after a change of duty.*

Dole: Where's Sister?

Girdle: Out to tea.

Prodationer: Has she gone to see Sister Salome?

Dole: The idea! They live on the same floor. And why should she?

(*Enter Nurse* Barchester.)

Barchester (*languidly*): Why does anyone go to tea? (*To* Girdle) Number Six is bad.

Dole: Men go for food. Women get food for thought and subsequent regurgitation.

Barchester: You really must practise that talk before you do it in public, Doley. If you mean Sister, it's probably about the Scarlet Runner.

PRO. (*timidly*): What is a runner?

BARCHESTER: A runner, my child, is a nurse who combines the hardships of both wards with the privileges of neither.

DOLE: When Girdle has a Puritan mood badly, she calls her "Scarlet."

GIRDLE: I—please.

PRO.: But why Scarlet Runner?

DOLE: Because she looks so clinging and gets along so fast.

GIRDLE: Really, Nurse Dole.

PRO.: I think she's rather nice.

DOLE: Oh, *you're* fascinated, are you? I was until we got into a row. She's very pretty and sweet, but get into hot water with her, and she'll have the very skin off your back.

BARCHESTER: Exactly like cheap bath salts.

GIRDLE: You must not say things like that.

DOLE: Girdle, have you ever said anything you shouldn't?

GIRDLE (*distressed*): Yes, dear. I once told a houseman what I thought of him.

PRO.: Is that bad?

BARCHESTER: That's what Trolopp's done.

PRO.: What happened?

DOLE: Oh, she and I were fooling, and the houseman came in when we didn't hear. And when he complained that we had our sleeves up, she said she was trying to get sunburnt in the sunshine of his smile.

PRO.: How naughty! (*Giggles.*)

GIRDLE (*severely*): Please don't giggle. Only clerks giggle.

DOLE: He was frightfully annoyed, because she'd cheeked him in Salome, and he's complained to both Sisters.

BARCHESTER: About both of you?

DOLE: No. I made myself small.

BARCHESTER (*sweetly*): How clever of you, dear, considering your figure.

DOLE (*very sweetly*): But I've had your example so long, my dearest.

GIRDLE: But Trolopp may be asked to go. You don't seem to be worried about the girl.

BARCHESTER: Worried? We're all worried. Look at the tea we've had. Nobody eats unless they're worried. That why the middle classes eat so much at funerals. It takes their minds off the will. You've all made pigs of yourselves.

DOLE: I—

BARCHESTER: Except Doley, who thinks she's safely out of the business.

DOLE: Nobody would get into a row if they could stay out.

GIRDLE: It's wrong. It's your duty to tell Sister you annoyed the houseman.

BARCHESTER: Duty is the invention of the weak-minded, and the convenience of the immoral.

GIRDLE (*sharply*): The weak-minded don't invent.

BARCHESTER: Have it your own way. The best of epigrams is that they read just as well either way, because nobody disagrees for fear they've missed something subtle.

"ENTER SISTER SALOME."

(*Enter* TROLOPP.)

PRO.: Here's Nurse Trolopp.

BARCHESTER: Hallo, dear. Tea?

TROLOPP: Please.

DOLE: Well, dear.

TROLOPP: When a woman says "Well" you know she's hoping for the worst. Scones? I love scones. (*Takes the plate.*) They don't have them in Salome.

PRO. (*eagerly*): Have *you* been there? And was Sister Jokanaan there?

TROLOPP: Yes. No. (*Munches and swings her legs.*)

BARCHESTER: Been up to something, Trolly?

GIRDLE (*to* PRO.): Go and see to Number Six (*exit* PRO. *grumbling*).

TROLOPP (*munching*): I shan't corrupt her.

DOLE: You are a beast, keeping us in suspense.

TROLOPP: My dear, these are good scones. (*Puts feet on table.*)

GIRDLE: Nurse, please take your feet down.

TROLOPP: But, Girdle, there's no one about.

BARCHESTER: A woman's limbs shouldn't be seen. A man's can. It's her safeguard and his liability.

GIRDLE: How vulgar.

(*Enter* PRO.)

PRO. (*to* GIRDLE): Nurse! Number Six!

(*Exit* GIRDLE *and* PRO. *The three are left with their backs to the door.*)

BARCHESTER: Vulgarity is the name less clever people give to one's own witty remarks.

DOLE: Bother your witty remarks. Why didn't Sister go to Salome to tea?

(*Enter* Sister SALOME. *She stands waiting for their attention.*)

TROLOPP: Oh, I talked her round. I said that the houseman had misunderstood me, and that I was put out by being in two wards, because Salome was run *so* differently from Jokanaan. Then she smiled and said she understood and I could go.

DOLE: Yes.

TROLOPP: Then I flattered the houseman's self-respect.

BARCHESTER: Self-respect is the name housemen give to their vanity.

DOLE: Shut up!

TROLOPP: Then I went to Sister Salome and told her I was put out because Jokanaan was run in *such* a different way from Salome. She smiled and said she understood and I could go. (*All three laugh.*)

DOLE: That's saved me. You sauced the geese and the gander.

BARCHESTER: My dear, the gand—

SISTER SALOME: Nurse Trolopp! (*All leap to their feet, startled.*)

TROLOPP: Yes, Sister?

SISTER SALOME: When Sister returns will you please tell her I will call after my visit to the Matron? (*Exit.*) [CURTAIN.]

"CARMEN DE PRANDIENDO."

'Tis hard
I think,
For us
To think,
Of better things to do than drink,
And eat,
And smoke,
And so
Produce
Work for the willing
Gastric juice.

F. W. J. W.

ST. BARTHOLOMEW'S HOSPITAL AMATEUR DRAMATIC CLUB.

"IN THE NEXT ROOM."

A Play in three Acts.

By ELEANOR ROBSON AND HARRIET FORD.

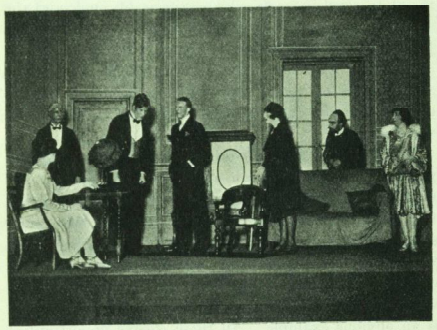
WE may say at once that we spent one of the most entertaining evenings it has been our pleasure to enjoy at the last night of this year's Christmas Entertainment, and everyone we spoke to seemed to share this opinion. To begin with, the play itself was a very happily chosen one, containing as it does a drachm or two of "love-interest" as well as a gripping plot, which drags one along by the scruff and drops one in a gasping condition at the end. The amateur is apt to revel in parts which express his soul, and the audience, not as a rule possessed of a vivid imagination in this country, has to cough to keep occupied. Throughout this play, however, the silence, except for short bursts of involuntary applause and some quite audible laughter (chiefly directed at Parks, the butler), was intense.

It was by no means a gift for the producer. Crook plays require not only an ability to cope with a cosmopolitan assembly of characters, to time to a nicety the different incidents in the *dénouement*, but (more subtle still) to place the exact shade of emphasis on such words and actions as will be of subsequent importance, so that the most block-headed of the audience must, willy-nilly, remember them. The incident of the cigarette is an obvious example. All these elusive opportunities Mr. George Day seized with a sureness of touch that would do credit to the professional stage. His sense of humour was a great asset, for it enabled him both to avoid the banal and the ridiculous, as well as to make full play with such a situation as that in which Parks helps himself to a whiskey while treating Godfrey to a full account of his favourite subject—his own skill as a sleuth. The one criticism we have to make is, after all, a minor one—the chief detective's American accent. With the answer that it was "too good to be missed" (if it were indeed so) anyone who has acted in an amateur show will sympathize, and another legitimate reply, of course, would be that all good Englishmen prefer infinitely to score off an American or a Frenchman.

The producer was greatly helped by the excellent work of the property manager, Mr. W. A. Nicholson; on him a great deal depended, for had a hitch occurred in his complicated machinery, the skein would have become tangled into a knot past all unravelling. To the question, "How did the family jewels get into the cabinet in the first place?" the answer is the producer put them there.

The artistes themselves were all so interested that they obviously did not care a bean for applause, and merely wanted to get on with the story. Miss Hebe Horton made a first-class heroine, being charming or intense with an equally natural ability; and what is more, she continued to be plainly audible even in the "softer" passages. Mr. Melly, like all great actors, gave one the impression of having done it all heaps of times in private life, but it is surprising how difficult an everyday action such as kissing a girl over the back of a sofa becomes when it is done "to order." We noticed his difficulty in screwing his mouth round sufficiently on one occasion.

Miss Aileen Beresford as Julia contrived to make her stealthy disappearance from the sitting-room one of the most telling successes of the performance. Miss



Marion Spencer looked the part of the *grande dame* and acted with commendable reserve, but we noticed a tendency to stress her prepositions and minor words which slightly detracted from the effect of what she had to say. The A.D.S. are indeed lucky to command the services of three such beauties who have also the professional touch.

Mr. Barnes, as the amateur collector of antiques, had a part which did not appear to have been conceived in any very certain frame of mind. He himself was commendably consistent in his acting, but it appeared that neither he nor anybody else quite understood what sort of an animal an amateur collector of antiques should be.

The audience always fell for Parks whenever he came on, and Mr. Duff Scott made full use of his many opportunities. His intermittent coryza and the almost choreiform twitchings of his nose were invaluable assets. A very great deal depended on Mr. Basil Arnold as Felix Armand. To the lay eye he looked rather too malignant to escape suspicion, but it would be difficult to better his French intonation and gestures—a very "froggy" bit of work.

Messrs. W. J. Walter and Campbell Gordon as Inspector Grady and the false Colonel Piggott, *alias* "Crochard," did good work.

The Hall was, as usual, crowded, and the company thoroughly deserved the applause they got. Were it not for tradition the A.D.C. would at this rate soon be capable of launching out into theatreland in real earnest if only they could take their Cappé or their Day with them.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

On Saturday, January 1st, the Harlequins defeated the Hospital at Winchmore Hill by five goals and a try—28 points—to a goal—5 points. Roxburgh took the place of Guinness at fly-half. The 'Quins are fortunate in possessing extremely good reserves. A fortnight previously when they had six men playing in the second International Trial Match, they defeated Gloucester by an even larger margin than the above. On this day too, they provided six men for the final trial at Twickenham.

We venture to think, though, that the score would have been different, though we by no means suggest a different result, had it not been for two facts: Well as Roxburgh played after his journey from Liverpool, our three's would have been a much more efficient attacking force if Guinness had been playing. Roxburgh is slow and runs across terribly. Again, Lloyd, the one really fast man in the team, injured a thigh and had to leave the field after twenty-five minutes' play. Briggs was taken out of the scrum. The score was five all when Lloyd left, and for the remainder of the first half the forwards held their own. In the second half we missed Briggs as wing forward. The Harlequin outsides were able much more easily to develop their attacks without the spoiling work of Briggs. Added to this, the forwards were doing all they could, holding their own in the scrum, and they could not get back in defence.

For the first few minutes play was in the 'Quins half, but their forwards frequently showed up in fast dribbles. From a break-away by Maley, who passed to Jenkins, the ball was taken into the Harlequin "25." The 'Quins soon relieved. Grace nearly got away down his wing, but was forced into touch. Their right wing was nearly over. After twenty-three minutes Rowe gathered from a kick ahead by Roxburgh, broke through and scored between the posts. Gaisford converted. From the long kick-off Gaisford was too slow in clearing and his kick was charged down. T. P. Williams brought play back into their "25." The ball was passed quickly out to the 'Quins, left wing who, when confronted by Gaisford, gave a beautiful inside pass for his centre to score. Hubbard converted. Lloyd went off after this try. The Harlequins continued to press and narrowly missed a drop at goal.

From the kick-off of the second half Gaisford found touch on the half-way line. Their forwards again showed up prominently in the loose. Petty cut through but would not pass. From a scrum in their "25" the Harlequins got away, and at the half-way line, with only Gaisford to beat, the man with the ball had two men on each side of him. Marshall scored for Hubbard to convert. Soon after Petty was again at fault, hanging on too long, and Briggs dropped a long pass out by T. P. Williams. In the last twenty minutes they scored four more tries, but during this time the forwards put in several fierce rushes, and Briggs was a little unlucky not to score after a fine dribble along the touch-line started by Jenkins.

Except on one or two occasions the tackling was good. Grace and Rowe played well. T. P. Williams was not in his usual good form, frequently fumbling badly. Briggs played another good game. We hope the general unfitness can be explained merely by Christmas.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, J. T. Rowe, W. J. Lloyd (*three-quarters*); G. P. Roxburgh, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, G. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, T. S. Pittard, H. D. Robertson (*forwards*).

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

On Wednesday, January 5th, at Winchmore Hill, we defeated the Old Paulines by a dropped penalty goal and two tries—9 points—to *nil*. Frederick played full-back, and reserves had to play for Lloyd, Guinness, Bettington, Maley and Robertson. After a wet morning the afternoon was fine, but the ground was left in a heavy, slippery condition.

From the kick-off the Old Pauline forwards attacked and put in several good rushes. They gave their backs several chances, and Frederick was called on to stop their left wing near the line. The pressure was relieved and we were soon in a good position with a scrum in their goal mouth, but the Paulines relieved. Handling became increasingly difficult, and we saw a game of loose forward rushes, with an occasional kick ahead from Roxburgh. More and more did our forwards take command of the game, and after twenty minutes McMasters scored after short passing on the right. Pittard failed with the kick. The forwards continued to dribble well and Pittard was always prominent. There was an anxious moment when Frederick was passed, but Roxburgh relieved. Passing among the backs was rare, but Rait-Smith, Prowse and Rowe made fifty yards in one good movement. Half-time came with Bart.'s pressing hard ten yards from their line.

At the beginning of the second half Frederick was called on three times in quick succession. First he brought down a man who intercepted, and then relieved twice with good kicks to touch. Our forwards then took the game in hand and brought play well into their half. Rowe nearly scored, but knocked on when over the line. The Old Paulines then put in a strong attack, which ended in a man going over, only to be recalled for a forward pass. T. P. Williams started passing movements, but Rait-Smith knocked on badly twice. Grace put in a good run, but failed to pass the full back. Roxburgh failed with a good attempt to drop a goal. We were attacking very strongly just now and it seemed that we must score soon, but there were only six minutes left when T. P. Williams dropped a good goal from an awkward angle from a penalty awarded for offside. In the next minute Rowe intercepted a pass and kicked ahead. R. N. Williams joined him, and Briggs picked up and started a short passing movement which ended with Dunkerley, playing in the scrum, going over for a try. Pittard was unsuccessful with the difficult kick. Bart.'s kept up the attack, but just on time the Paulines rushed the ball up to within a few yards of our line.

It was not an interesting game to watch, though occasionally a good forward dribble was seen. Frederick was very safe at back and the other outsides defended well. T. P. Williams played well under the difficult conditions and Roxburgh played the right game, though his kicks ahead would have been better had they been higher. Vergette got his forwards going well, but it took him all his time and half the game. The pack should not need such a vast amount of encouragement before they go all out. Pittard frequently hooked well, but often the ball was held up in the back row.

Team: E. V. Frederick (*back*); A. H. Grace, B. Rait-Smith, C. B. Prowse, J. T. Rowe (*three-quarters*); G. P. Roxburgh, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, D. S. Briggs, J. T. Dunkerley, J. A. Edwards, A. M. McMaster, T. J. Pittard (*forwards*).

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

On Saturday, January 8th, at Winchmore Hill, we were without Guinness, Bettington and Gaisford, but so efficiently did Capper and Frederick substitute for the latter two that it was only Guinness whom we really missed. The ground was in excellent condition and the ball dry, and the handling of the Old Blues so much better than ours that they won by two placed goals, a penalty goal and three tries—22 points—to a placed goal—5 points.

Almost immediately the Old Blues opened the scoring from a penalty, Nielson dropping a beautiful goal from about forty yards out. After this our forwards, playing eight against their seven, heeled the ball more often than not. Roxburgh, according to plan, kicked up the field, and after ten minutes' play Franklin was forced to carry over. From the five yards' scrum our forwards heeled smartly and T. P. Williams worked the blind side, Grace crossing the line and scoring in a good position. Pittard converted.

Soon after T. P. Williams had a kick charged down and the Old Blues came into our "25." They went over on our left, but were recalled for a forward pass. The game soon resolved itself into a duel between our forwards and their backs, but whereas our forwards were only having slightly the better of things, their backs showed a marked superiority. Roxburgh was far too slow in getting his kick in and was forced to "carry over." The Old Blues scored a try, which Franklin failed to convert. Three minutes later, however, their left wing passed inside when confronted by Frederick near our line. One of their several forwards, following up, took the pass and scored. This time Franklin kicked a goal.

Prowse was prominent in a good dribble up the field, and, after T. P. Williams had just failed to pick up to score, the ball went into touch five yards from their line. Prowse missed a drop at goal and they added another goal. The ball was kept on the move from one end of the field to the other, either at our feet or in their hands.

In the first ten minutes of the second half we missed several chances of scoring. Maley went over once from a pass from Jenkins, following a cut through by Prowse, but the final pass was forward. Rait-Smith then tried to drop a goal when he had an overlap outside him. Immediately afterwards Rait-Smith made a clever mark, but allowed his drop at goal to be charged down. From a long cross-kick by their right wing, another of their forwards scored far out on their left. T. P. Williams was gaining ground with good kicks and our forwards were keeping up pressure, but their outsides were always dangerous. Roxburgh missed with a drop at goal, and Rowe just failed to take a difficult pass near their line. Maley had to be carried off with an injured knee fifteen minutes before the end. During this period Frederick, who had been playing finely throughout, was kicking extremely well. Just before time Franklin opened up the game and they scored on their right.

It was an interesting and instructive game in many ways. The key-note of the Old Blues' game was attack, and they attacked from any part of the field. Defence was not neglected, their falling on the ball and tackling being distinctly good. Capt. F. W. H. Pratt was a good referee. He was always up with the game and showed a fine appreciation of the advantage rule, which, perhaps, he carried to extreme limits. We thought that he was not strict enough with "lying on the ball."

Our forwards played well, though, in estimating their value, it must be remembered that they only had seven immediate opponents. Pittard hooked well. Maley and Capper were always prominent in the line-outs. Jenkins showed up particularly in the loose. Behind the scrum T. P. Williams played well, being full of resource. Roxburgh is slow, but defends well. The three-quarters were disappointing. We know their limitations now, and they can play better than this. On this day there could be no excuse for dropping passes. They all do good things at times, but then they promptly will do something horrible. Frederick is an amazing man! His kicking has improved immensely, but how he finds touch so accurately and so far down by running into the touch-line is a mystery to us all. His tackling was very safe. Altogether he compared very favourably on the day's play with Franklin, who plays in the second International trial.

Team: E. V. Frederick (*back*); A. H. Grace, B. Rait-Smith, C. B. Prowse, J. T. Rowe (*three-quarters*); G. P. Roxburgh, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, M. L. Maley, G. D. S. Briggs, W. M. Capper, T. J. Pittard, H. D. Robertson (*forwards*).

P. G. LEVICK,
Hon. Treasurer.

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

Played on January 15th. For this match both sides were weakened, Coventry by the absence of six of their team while we were without Bettington and Maley, while Pittard missed the train and we were extremely lucky to find so capable a substitute in W. A. Bourne, who, in spite of his lack of recent play, turned out for us and played very well.

The first half was very even. Coventry gained a five-points' lead through one of our centres missing his man, but otherwise we had as much of the game as they did. In the second half, after another converted try by our opponents, Guinness scored a remarkably fine individual try for us, which Gaisford converted. A penalty goal in the last few minutes left us beaten by 13 points to 5. The outstanding feature of the game was Guinness's brilliance both in attack and defence; seldom, even in the highest class of football, have we seen his display eclipsed, and his try was worthy of any player known. All our backs played well. Gaisford's defence was good and T. P. Williams was at the top of his form, while none of the three-quarters had any cause for self-reproach.

In the second half we were unfortunate to sustain several mishaps. The forwards suffered particularly, Williams being completely knocked out by a blow which, as was discovered later, fractured his antrum, while a sprained ankle and torn muscle were incurred by other members of the pack. In the circumstances the result was

good. Coventry have a young team which is showing astonishingly good form, and the game we played against them was a good one.

Capper showed that he is an exceedingly useful forward in the loose as well as in the scrum, while Jenkins's defence was of inestimable value to us.

Team: W. F. Gaisford (*back*); A. H. Grace, G. P. Roxburgh, C. B. Prowse, W. J. Lloyd (*three-quarters*); H. W. Guinness, T. F. Williams (*halves*); E. S. Vergette, W. M. Capper, R. N. Williams, J. A. Edwards, H. D. Robertson, C. R. Jenkins, W. A. Bourne, J. D. S. Briggs (*forwards*).

E. S. VERGETTE.

Owing to the widespread frost, the match on January 22nd against Bradford, away, had to be scratched.

On Thursday, February 3rd, we embark on the cup-tie matches with a match against Middlesex. Should we be successful, we ought to enter the semi-final round at the expense of U.C.H., when we meet King's. We all hope that Vergette, R. N. Williams and Maley will fully recover from their injuries, and that no further injuries will be sustained. The team has had a strenuous season and have done better than the results indicate. A. W. L. Row is training the team for the cup-ties, and we hope he will have his reward by the team not only entering the final, but winning the cup.

At about the same time the "A" XV play their corresponding match in the Junior cup-ties. May they be as successful as last year. All members, past and present, of the Hospital will wish both teams the very best luck, and we hope that at all the games both teams will be cheered on by a large, enthusiastic crowd on the touch-line.

P. G. L.

ASSOCIATION FOOTBALL CLUB.

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

Played at New Barnet on January 8th, the Hospital team were beaten by 9 goals to 5. The weak Hospital defence were very prone to miskick, and although the score at half-time was 4—4, our opponent ran away in the second half with 5 more goals. Just before full-time the Hospital scored again. Goals were scored for the Hospital by Mailer (2), Gibb (2) and Caplan.

Team: B. W. Cooke, *goal*; T. C. R. George, A. Bennett, *backs*; H. W. G. Staunton, I. Q. Evans, C. Keane, *half-backs*; A. M. Gibb, J. S. H. Wilson, A. Caplan, W. A. R. Mailer, I. E. Phelps, *forwards*.

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

The Hospital succeeded in winning this game at Winchmore Hill on January 15th by 3 goals to *nil*, after a fast game. Although the Hospital forwards attacked for the greater part of the first half, they only scored once, through Burgess, following a corner. In the second half the Hospital maintained their form, and further goals were added by Burgess and Mailer.

Team: J. H. Watkin, *goal*; A. Bennett, H. Roache, *backs*; J. R. Crumbie, C. Keane, C. A. George, *half-backs*; A. M. Gibb, J. S. H. Wilson, W. J. Burgess, W. A. R. Mailer, I. E. Phelps, *forwards*.

INTER-HOSPITAL CUP-TIE.

1st Round.

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

Played at North Wembley on a very muddy ground, this game was won by 7 goals to 6. Our forwards started off with a great rush, and we were soon two goals up. Shortly afterwards Jenkinson and then later Mailer were both injured, and the team did well to lead 5—3 at half-time. In the second half, playing against the slope, the forwards again pressed heavily and scored two further goals. The defence, and in fact the whole team, were rapidly tiring, and Middlesex put on 3 goals, the last coming just as the whistle blew for full time. Cooke, who was called on at the last moment, played a very fine game in goal. The team, however, must be more determined in their efforts to get to the ball, and must also train hard if they hope to beat Thomas's in the semi-final. Goals were scored by Mailer (2), Evans (2), Gibb (2) and Crumbie.

Team: B. W. Cooke, *goal*; T. C. R. George, E. N. Jenkinson, *backs*; J. R. Crumbie, I. Q. Evans, C. Keane, *half-backs*; A. M. Gibb, J. S. H. Wilson, W. J. Burgess, W. A. R. Mailer, I. E. Phelps, *forwards*.

HOCKEY.

ST. BARTHOLOMEW'S HOSPITAL *v.* D/EAST SURREY REGT.

The 1st XI opened the second half of the season by visiting the East Surreys at Kingston Barracks, where, on a very heavy ground, they won very easily by 13 goals to 2.

In the first half the Hospital were on top from the very start and scored 8 times without response, but in the latter part of the game the soldiers played with rather more dash and put on a couple of goals. It was a very one-sided game, and against a weak defence the Bart.'s forwards had a good afternoon—all doing well, with Slinger and Sinclair forming a very good right wing. The defence were not often tested except in the last part of the second half, when the East Surreys scored their goals—goals which would have been prevented had not the backs been playing rather far up the field.

Team: R. W. Windle; F. H. McCay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, L. A. P. Slinger, A. G. Williams, V. Thorne-Thorne, H. B. Stallard.

ST. BARTHOLOMEW'S HOSPITAL *v.* CHATHAM NAVY.

Playing at Chatham on Saturday, January 15th, the Hospital, although having about three-quarters of the game territorially, lost by 2—5. Slowness among the inside forwards and inability to deal with the Navy's centre-forward were the causes of the defeat. A. G. Williams was absent, and A. D. Iliff took his place.

At half-time the Navy led by 2—1, and afterwards added 3 more goals. Their centre-forward was very fast, and their whole team were quick on the ball and took advantage of all their opportunities.

For the Hospital Windle was in very good form in goal and Wright and McCay made a good pair of backs. Wright, however, was too often guilty of "sticks." The halves had plenty of work both in attack and defence and were better in attack. As stated, the Chatham centre was a great trouble when his side made their rather rare dashes to the Bart.'s circle. Sinclair was much better marked than usual, and while Symonds worked very hard at inside right, the other forwards were slow.

Team: R. W. Windle; F. H. McCay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, M. W. Clatel, A. D. Iliff, F. C. Roles.

SWIMMING.

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

This, the first game of the year, was played at Great Smith Street Baths on Thursday, January 20th, and was marred by the unavoidable and unanticipated absence of the captain, F. A. Edwards. To fill his place we were lent a man, who, however, did not seem to fit well into the team.

The Hospital defended the deep end in the first half, and before play had continued more than a minute one of the opposing backs broke away unmarked from a little loose play near their 4-yard line, and was left ample time to send in a long shot in the corner which left Williamson no chance. For the rest of the half play was mostly in the shallow end, and several good shots were punched out by their goalkeeper, who, owing to his height and the unusually small depth of the water, found his task an easy one.

In the second half play still remained chiefly at the College end, but it was in the forward line that the Hospital were weak, both West and Fisher playing out of their usual position, and the right wing being a stranger to the team. The score was equalized soon after half-time by a goal scored by Fisher from a scrummage within a few yards of their line. Later Vartan came up to take West's place, but was hampered by his injured arm; some good shooting by the former and Race met with very bad luck, several shots hitting the crossbar. The score remained even till "no-side."

The team as a whole showed encouraging form in this match; Race in particular, who promises to be a distinct acquisition to the side, played well at half, and all members of the team showed a marked improvement on last season's standard—the result, it is to be supposed, of the weekly practices.

One is tempted to add that, had we played our full team, we should have started the season with a decisive victory.

Team: J. C. F. L. Williamson; H. D. Robertson, C. K. Vartan; R. Race; F. A. Edwards (capt.), J. F. Fisher, J. H. West.

CORRESPONDENCE.

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

THE CHRISTIAN UNION.

DEAR SIR,—We have been fortunate enough this term to gain the services of some very distinguished men for our meetings each Thursday at 5 p.m. in the Library.

We have already had Prof. Albert Carless, F.R.C.S., and are looking forward to hearing such men as Howard Cook, Esq., M.S., F.R.C.S., Admiral Sir Harry Stileman, Dr. Alfred Burton, and others.

May I draw the attention of your readers especially to a series of addresses to be held during February in the Library at 5.30 p.m., preceded each day by tea at 5 p.m.:

Monday, February 21st, Mr. Montague Goodman. Subject: "What Luther found at Rome."

Tuesday, February 22nd, Mr. Montague Goodman. Subject: "Jonah and the Whale."

Thursday and Friday, February 24th and 25th, Dr. Alfred Burton. Subject: "How far does Christianity concern the doctor?"

Further particulars concerning the Christian Union may be had from S. F. Russell, C. H. Devin, J. W. C. Symonds, and H. W. Guinness.

Yours very sincerely,
H. W. GUINNESS.

BACK NUMBERS.

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

DEAR SIR,—I should be much obliged if any reader of the JOURNAL could see his way to send me a copy of the JOURNAL for the following dates, viz. November, 1917, December, 1917, July, 1921, November, 1921, and a copy of the Index for 1904. These numbers are required for a set of the JOURNAL for 1900 to 1926, which I am giving to the Library at Marischal College, Aberdeen.

Yours faithfully,
G. H. COLT.

12, Bon Accord Square,
Aberdeen;
December 31st, 1926.

NATIONAL UNION OF STUDENTS.

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

SIR,—With the generous help of the Carnegie United Kingdom Trust, the National Union of Students has published a *Guide to Library Facilities and Printed Sources of Bibliographical Information.* Excellent facilities of both kinds exist, which are not used by many students because, never having considered what *sorts* of bodies and publications contain the bibliographies of their subjects, they do not know how to familiarize themselves with them. To put this potential demand in touch with the existing supply is a very important need, and an indisputable prevention of waste.

Young organizations, like the county libraries and the central libraries for students with their outlier libraries, are striving to *create* and satisfy an intelligent demand for books from those who, by their own resources, could obtain but tardy and inadequate access to the better-equipped libraries. Yet invaluable labour-saving instruments, like the *Subject Index to Periodicals* and the *International Catalogue of Scientific Literature*, are languishing for want of support. If a student never learns to discover his bibliographical guides for himself, he becomes an incubus on the librarian, and is contributing to the waste of the enormous mass of printed knowledge already in existence.

The Guide referred to aims at helping to abolish this unsatisfactory, not to say paradoxical, state of affairs.

Yours very truly,
R. NUNN MAY,
Secretary.

The National Union of Students,
3, Endsleigh Street,
London, W.C. 1;
January 7th, 1927.

REVIEWS.

WHEELER'S HANDBOOK OF MEDICINE. By WILLIAM R. JACK, B.Sc., M.D., F.R.F.P.S.(Glas). 8th Edition. (Edinburgh: E. & S. Livingstone, 1927.) Pp. xiii + 630. 12*s.* 6*d.* net.

The position of a handbook written about any subject is always equivocal. Its popularity as a quick way to knowledge is counterbalanced by the odium it incurs from those who believe that thicker books mean surer truths. They may, but the truth is usually bewildering at the first reading and voluminous at the last.

Often the shorter book gives a student his first view of medicine as an organic whole, and delivers him from the obsession that the subject is an unrelated list of diseases.

If students take this eighth edition of "Wheeler and Jack" at its face value, they cannot go far wrong. For revision and a quick survey of a subject the book deserves its popularity. And for the dull minded there are intimations in the text of its own deficiencies. No new article is added to this edition, but it has been revised and slightly enlarged.

THE HEALTH VISITOR'S GUIDE. By LUCY E. ASHBY and K. A. EARP. (Faber & Gwyer, Ltd.) 3*s.*

The authors attempt to put into one small volume knowledge which requires some years of hospital training and actual contact with patients and the public to acquire. The chapter on artificial feeding may be read with interest, but the wisdom of wholesale advice of the use of dried milk seems doubtful.

There is a useful list of helpful organizations at the end.

GENERAL NURSING QUESTIONS AND ANSWERS. By DORIS TAYLER. (Faber & Gwyer.)

This book gives specimen questions and model answers on all subjects included in the syllabus of the State Examinations (General Section), and will be found useful to nurses when several meet for a "grind," and also for their written work, both oral and written specimens being given.

NURSING OF DISEASES OF THE NOSE, EAR AND THROAT. By MICHAEL VLASTO. (Faber & Gwyer, Ltd.) 6*s.*

This book is a very welcome addition to nursing literature; it gives in clear language a description of the diseases of these organs, the various treatments and chief nursing points in connection with them.

TYPES OF MIND AND BODY. By E. MILLER, M.A.(Cantab.), M.B., M.R.C.S., D.P.M. (Kegan Paul, Trench, Trübner & Co., Ltd.) Pp. 132. 2*s.* 6*d.* net.

This is one of the attractive "Psyche Miniatures," which comprise a medical series to which Dr. Crookshank and Dr. Kinnier Wilson are among the contributors, as well as a general group dealing with Economics, Social Psychology and other topics of the day, and which are published in connection with the well-known quarterly, *Psyche*. Their red and white colouring is quite familiar already.

The present volume is very interesting as correlating the various classifications of human beings into types, which, as the author says, "is a very ancient pastime." He leads up to the psychological aspect through the morphology (comprising Kretschmer's pyloric and asthenic groups), and the physiological aspect (which is chiefly concerned of course with endocrinology and the vegetative nervous system). Psychologically the cyclothyme-schizothyme division arises from Kraepelin's work on the manic-depressive and schizophrenic groups.

When the author applies his ideas to examples from literature, he is especially interesting on the contrast between Paul Verlaine and Baudelaire, and on Bunyan, Byron and Milton, of whom there are portrait illustrations.

We wished the book were longer, and sat down to read others of the series.

INFECTIONS OF THE HAND. LIONEL R. FIFIELD, F.R.C.S.(Eng.). (H. K. Lewis & Co., Ltd.) Pp. 192. 67 illustrations.

The author of an excellent "Minor Surgery" has written a very exhaustive account of problems which are important both because of their daily occurrence, and because they "are often neglected until irreparable damage is done." Being Surgical Registrar and Demonstrator of Anatomy at the London Hospital, he has had unrivalled opportunities. The first chapter on "Anatomy" should be valuable from the point of view of the Primary Fellowship Examination, and a knowledge of the rest of the book would make a house-surgeon really happy over his visits to the Minor Op. Theatre. The illustrations comprise radiograms, some excellent explanatory diagrams, and drawings of frozen sections and dissections.

MANUAL OF MEDICINE. By A. S. WOODWARK, C.M.G., C.B.E., M.D., F.R.C.P. 3rd Edition. (Humphrey Milford, Oxford University Press.) Pp. 523.

We have heard people say that they backed "Woodwark" to get them through the M.R.C.P. examination. Without feeling absolutely confident on this matter, we agree that for its size this book contains a most astonishing amount of valuable matter. The present edition has been thoroughly brought up to date in so many ways that an enumeration of them is impossible. An instance taken at random: the treatment of tuberculosis includes an excellent account of the tuberculins, the *Bacillus Calmette-Guérin*, and a page and a half on artificial pneumothorax which contains all that could be desired on the subject.

ELEMENTS OF MEDICAL TREATMENT. By ROBERT HUTCHISON, M.D., F.R.C.P. (Bristol: John Wright & Sons, Ltd. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd.) Pp. 163. 7*s*. 6*d*.

This book is founded on an annual course of lectures on elementary therapeutics given by the author at the London Hospital, in which the principles of treatment were discovered and their practical application illustrated by the example of certain typical diseases. Chapters on psychotherapy, insulin, and some minor medical operations complete the subject, except for "physical treatment," which is intentionally omitted. As with everything this author writes, this course, found by many to be unpalatable, has been served up in a very appetizing manner, and the practice of analysing many prescriptions he gives cannot fail to meet with general approval.

THE PRINCIPLES OF PHYSICAL CHEMISTRY FOR MEDICAL STUDENTS. By P. M. TOOKEY KERRIDGE, with an Introduction by Prof. A. V. HILL, F.R.S. (Oxford Medical Publications, 1927.) 5*s*.

The increasing importance of the use of physical phenomena in elucidating physiological action makes the publication under review doubly welcome.

Research in recent years has stressed the *rôle* of metallic ions in biological reactions, such as blood-coagulation, and the vital part played by hydrogen ion concentration in the regulation of respiration and of enzyme action.

In the limited number of text-books dealing with the applications of physical chemistry to physiology and to medicine the bias is often too chemical, and the student has to wade through a sea of facts which, although important, rather tend to obscure the fundamental principles. Such is not the case with Mrs. Kerridge's book, the theoretical side (Part I) of which is clearly and concisely written and the main points readily grasped.

The chapters (IX and X) dealing with hydrogen ion concentration and its practical measurement are particularly good, and will help to clear up many difficulties usually encountered by students in attacking such problems. An improvement in the arrangement of the subject-matter could be made if Chapters IX and X succeeded Chapter V, which gives an account of electrolytic dissociation.

The diagrams are well drawn, while the practical work (Part II) has been wisely selected.

If the experiments are carried out in conjunction with the theoretical reading, the book should prove invaluable to senior medical students and to those taking B.Sc.Hons. in Physiology.

H. GORDON REEVES.

MANUAL OF OPERATIVE SURGERY. By Sir H. J. WARING, M.S., M.B., B.Sc., F.R.C.S. 6th Edition. (Oxford University Press, 1927.) Pp. 868. 618 illustrations. 18*s*. net.

Among the shorter works on operative surgery this manual takes a prominent place. Apart from a general revision, Mr. Harmer has revised the chapter on diseases of the nose and throat and Mr. Foster Moore the chapter on ophthalmic operations. The whole comprises a wide and detailed survey of operative technique, prefaced by a valuable discussion of general principle.

Mr. Keynes has added a section on blood transfusion, while the new illustrations are as clear and vivid as the older.

The book is especially valuable to the St. Bartholomew's student as an exposition of the operative principles held in the Hospital.

INVALID DIET. By DOROTHY MORTON. (William Heinemann [Medical Books] Ltd.) 5*s*. net.

This small book, containing useful hints, excellent cookery recipes, not only for the invalid, but also for the ordinary person seeking easily prepared novelties in the food line, and helpful menus, should be very useful, more especially to the private nurse, who so often has difficulty in thinking of useful and palatable methods of preparing nourishment for her invalids.

DISEASES OF THE HEART AND LUNGS. By A. I. G. MCLAUGHLIN. (Faber & Gwyer, Ltd.) 4*s*. 6*d*. net.

This is a very brief manual on the principal disease of the thoracic organs, unequally written, for whereas the description of preparing for an artificial pneumothorax is good and clear, that of the insertion of Southey's tubes is very poor. It is not necessary for the nurse to know how to stain for tubercle bacilli; how to give continuous oxygen, rather than the intermittent method mentioned, would come in her province. It is open to doubt whether sponging a pneumonia 4-hourly would not do more harm than good in the majority of cases.

HANDBOOK FOR NURSES. By J. K. WATSON. 7th Edition. (Faber & Gwyer Ltd.) 7*s*. 6*d*. net.

This text-book, which in its early editions was a good book of its class, is now old-fashioned in its nursing methods, and its Appendix A is inadequate in its descriptions. A hot-air bath could not be properly done from the information here set out; and nutrient enemata, surely now obsolete, cannot be properly administered with a ball syringe.

SURGICAL APPLIED ANATOMY. By Sir F. TREVES, Bart. 8th Edition. Revised by C. C. CHOYCE, C.M.G., C.B.E., B.Sc., M.D., F.R.C.S. (London: Cassell & Co., Ltd., 1926.) Pp. 727. 14*s*. net.

Anatomy and surgery, in the mind of the student, do not make a harmonious pair. If anything is likely to bring about a wedding of the two, without burdening the mind with on the one hand, details of anatomical research, and on the other, considerations of surgical technique, it will be a manual of the sort Sir Frederick wrote in 1883. The latest edition has been revised by Prof. Choyce, who has added 27 more pages of matter.

The volume is still thin enough to be a pocket manual, and fat enough to skimp nothing. Some of the plates might be renewed. They show the haze of old age—unforgivable in a small anatomical illustration. Otherwise the book is as good as ever.

MEDICAL CASE-TAKING. By A. MILLS KENNEDY, M.D.(Glas.). (London: Edward Arnold & Co., 1926.) Pp. 148. 5*s*. net.

A readable book on medical case-taking which is comprehensive and clear. It steers adequately between the Scylla of being a tedious synopsis of physical signs, and the Charybdis of being uselessly elementary even to the clinical clerk for whom it is intended.

POCKET GUIDE SERIES: THE MUSCULAR SYSTEM. By HAROLD BURROWS, C.B.E., M.B., B.S.(Lond.), F.R.C.S. (London: Faber & Gwyer, Ltd., 1926.) Pp. 183. Illustrated. 4*s*. 6*d*. net.

The muscles are dealt with according to their mechanical action on the various joints. The guide should be useful to those who desire to revise quickly the gross anatomy of the muscular system of the body.

SELF-CARE FOR THE DIABETIC. FOR THE USE OF DIABETIC PATIENTS. By J. J. CONYBEARE, M.C., M.D.(Oxon), F.R.C.P. (Lond.). (Oxford Medical Publications.) 3*s*. 6*d*. net.

Success in the treatment of diabetes largely depends upon whether the patient can intelligently interpret the doctor's orders. Most practitioners, we think, will agree that the difficulty in treating diabetes lies not so much in determining the appropriate diet, or the amount of insulin required, nor in dealing with complications and intercurrent conditions, but in explaining to the patient enough of the nature of his disease and its treatment to get his willing co-operation, and in helping him with the details of his diet.

The doctor prescribes the total daily amounts of protein, carbohydrate and fat, but it rests with the patient to interpret this in terms of food, to vary his diet for himself and make it palatable. He must be taught how to do this, with the help of tables of food values and specimen menus. An excellent and time-saving method of giving this instruction will be to add to his prescription, "*Self-Care for the Diabetic*, by Dr. Conybeare." This little book is "a recapitulation of what a physician would like to tell his diabetic patients had he sufficient time to do so."

Chapter III, which deals with the general principles on which a diabetic diet is based, Appendix I, which gives the protein, fat and carbohydrate values of common food-stuffs and common "diabetic foods," Chapter VII on diabetic cookery, and Chapter VIII, giving daily menus for a diabetic, should be very helpful in constructing and varying the daily diet. For those diabetics who need insulin, details of the method of injection and precautions to be observed will be found in Chapter V.

What Dr. Conybeare would like to tell his diabetic patients he tells so well that we confidently recommend his book both to the patients to whom it is addressed and to all who practise medicine.

ELEMENTARY MORPHOLOGY AND PHYSIOLOGY FOR MEDICAL STUDENTS By J. H. WOODGER, B.Sc. (London: Humphrey Milford, Oxford University Press.) Pp. 528. 12*s*. 6*d*. net.

The intention of the author of this book has been to furnish an account of biological phenomena in which consideration is given to the special needs of the student of medicine. It is suggested that text-books too often present the subject unattractively in the form of masses of disconnected anatomical facts.

We have, of course, the greatest sympathy with any effort to render a biology course more interesting and of more permanent value. Within the limits which he has laid down Mr. Woodger has been at some pains to set forth his subject in a connected form, and we feel he has achieved a considerable measure of success. Yet the presentation of biology as a science will be more truly educational as well as more attractive if it is dealt with as a whole and not merely from the zoological side, as in this volume.

The arrangement of the work is somewhat unusual. It is of interest to observe that the author has adopted the more logical course of dealing with the Protozoa and the less complex Metazoa before proceeding to consider the vertebrate types. Under these circumstances it seems unnecessary to place at the beginning of the book a chapter on the general structure of the frog, followed by one on vertebrate histology. Surely the latter, at all events, might have been more suitably incorporated elsewhere. An exceptional feature in a work of this kind is the chapter on animal behaviour, in which various mental phenomena are discussed. This is a bold attempt to make the student regard animals from yet another angle, but it is, perhaps, a little doubtful whether it will succeed.

The book is very fully illustrated, and its get-up leaves nothing to be desired. In these days of expensive text-books the price is extremely reasonable.

MATERIA MEDICA AND THERAPEUTICS. By J. M. BRUCE, C.V.O., M.A., M.D., F.R.C.P., and W. J. DILLING, M.B., Ch.B. 13th Edition. (London: Cassell & Co., Ltd., 1926.) Pp. xiii + 686. 12*s*. 6*d*. net.

In the six years that have elapsed since the twelfth edition of this book was published much has been added to our knowledge of materia medica and therapeutics.

This present edition is divided into three parts, one dealing with materia medica, the second with special therapeusis, and the third with general therapeusis. The revision is thorough. Insulin and the newer proprietary compounds for the treatment of protozoal and other parasitic diseases are fully dealt with.

Since the introduction of the hygienic treatment of the many forms of tuberculosis more attention has been paid to general therapeusis. Light and dieting are as valuable to the practitioner as any drug in the Pharmacopœia. Although sections upon these subjects are included, they are not treated as fully as one could wish, even for a manual of this size. Diet especially needs careful consideration in the treatment of diseases of metabolism, and a wider exposition of this subject would complete a very useful book.

BOOKS RECEIVED.

CATALOGUE OF SPORTS AND PHYSICAL CULTURE BOOKS. (W. & G. Foyle, 121–125, Charing Cross Road, W.C. 2.)

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

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "The Treatment of Hallux Valgus and Hallux Rigidus." *Lancet*, September 25th, 1926.

——— "Case of Congenital Dislocation of Both Hips Treated by Bifurcation Operation." *Proceedings of the Royal Society of Medicine*, August, 1926.

FLETCHER, Sir WALTER, F.R.S., M.D., F.R.C.P. "The Future of Women in Medicine." *Lancet*, October 9th, 1926.

FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.H. "Post-Scarlatinal Meningitis." *Lancet*, December 11th, 1926.

FRASER, FRANCIS, R., M.D., F.R.C.P.Ed. Addendum to the "Discussion on the Treatment of Pulmonary Tuberculosis with Sanocrysin." *Proceedings of the Royal Society of Medicine*, September, 1926.

——— (and DUNHILL, T. P., C.M.G., M.D.). "Exophthalmic Goitre." *Clinical Journal*, December 8th, 1926.

GARROD, Sir ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "Science of Clinical Medicine." *Lancet*, October 9th, 1926.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S., and SHAW, WILFRED, M.B., B.Ch., F.R.C.S. "A Case of Axial Torsion of the Fibromyomatous Uterus." *Journal of Obstetrics and Gynæcology British Empire*, Autumn No., 1926.

HADFIELD, GEOFFREY, M.D. "The Pathology of Cervical Erosion." *Bristol Med.-Chir. Journal*, Autumn, 1926.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Halogen Eruptions." *Lancet*, November 6th, 1926.

HAMMOND, T. E., F.R.C.S. "Pyelograms of a Ruptured Kidney." *Proceedings of the Royal Society of Medicine*, October, 1926.

——— "Tuberculous Right Kidney; Hydronephrosis of Left." *Proceedings of the Royal Society of Medicine*, October, 1926.

——— "The Function of the Testes after Puberty." *Proceedings of the Royal Society of Medicine*, October, 1926.

HATHAWAY, FRANK J., M.D. "The So-called Chronic Appendix." *Practitioner*, October, 1926.

HEY GROVES, ERNEST W., B.Sc., M.D., M.S., F.R.C.S. "Reconstructive Surgery of the Hip." *British Medical Journal*, November 13th, 1926.

——— "Some Contributions to the Reconstructive Surgery of the Hip." *Lancet*, November 20th, 1926.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "An Address on the Aims and Methods of Health Education." *Lancet*, October 16th, 1926.

HORNE, W. JOBSON, M.D. "The *Rôle* of the Lymphatics in Laryngeal Disease, and the *Rôle* of the Larynx in Lymphatic Disease." *Proceedings of the Royal Society of Medicine*, October, 1926.

HOWELL, C. M. HINDS, M.D., F.R.C.P. "Encephalitis Lethargica followed by Myelitis." *Proceedings of the Royal Society of Medicine*, August, 1926.

HURRY, JAMIESON, B., M.A., M.D. *Imhotep*. London: Oxford University Press, 1926.

JORDAN, ALFRED C., C.B.E., M.D., M.R.C.P. *Chronic Intestinal Stasis: A Radiological Study*. 2nd Edition. London: Oxford University Press, 1926.

KERR, JAMES, M.A., M.D., D.P.H. *The Fundamentals of School Health*. London: Geo. Allen & Unwin, 1926.

KEYNES, GEOFFREY, M.D., F.R.C.S. "Papilloma of the Renal Pelvis Diagnosed by Pyclography." *British Journal of Surgery*, October, 1926.
——— "Blood Transfusion in Surgery." *British Medical Journal*, November 27th, 1926.
KING, H. H., M.B., B.S., I.M.S. "A Summary of Recent Work on Lobar Pneumonia." *Journal Royal Army Medical Corps*, November, 1926.
LESCHER, F. GRAHAM, M.C., M.D. "Prolonged Pyrexia with Latent or Easily Overlooked Physical Signs." *Practitioner*, November, 1926.
LYSTER, R. A., M.D., B.Sc., D.P.H. "The Prevention of Mental Deficiency." *Medical Officer*, September 29th, 1926.
MITCHELL, W. F. M., M.C., M.B., B.S., F.R.C.S. "Treatment of Distension Overflow of Urine." *Lancet*, November 13th, 1926.
MOORE, R. FOSTER, O.B.E., F.R.C.S. "Significance of Retinal Hæmorrhages." *British Medical Journal*, December 11th, 1926.
PINCH, A. E. HAYWARD, F.R.C.S. "Two Cases of Mikulicz's Disease Treated with Radium." *British Medical Journal*, October 2nd, 1926.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Final Examination for the Degree of B.M., B.Ch., December, 1926.

Materia Medica.—Kingsley, A. P.
Forensic Medicine and Public Health.—Bertie, L. W. H., Robertson, D. A.
Medicine, Surgery and Midwifery.—Harding, C. L., Robertson, D. A.

UNIVERSITY OF CAMBRIDGE.

First Examination for Medical Degrees, December, 1926.

Part II. Mechanics.—Jones, J. D. M.
Part IV. Elementary Biology.—Shields, J., Warren, C. B. M.

Third Examination for Medical Degrees, Michælmas, 1926.

Part I. Midwifery and Gynæcology.—Fitzgerald, M. G., Laviers, C. J., Pearce, R., Slinger, L. A. P., Woodrow, C. E.
Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Barnsley, A., Elliott, H. M., Griffiths, T. L., Johnson, A. J., Mackenzie, A. V., Milner, J. G., Roles, F. C., Shields, D. G., Walker, F. H. A.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, December, 1926.

Pass List.—Chester-Williams, T. L., Crabb, D. R., Ellis, G. H., *††‡Harris, C. H. S., Hiscock, L. A., Lloyd, M. A., Macfarlane, R. G., Smith, D. A., Staunton, H. W. G.

*Awarded a mark of Distinction in Inorganic Chemistry.
† " " " Physics.
‡ " " " Biology.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1926.

Pass.—Beagley, J. R., Cruden, S. S., Fairbairn, D. C., Fishman, M., Gaisford, W. F., Greenfield, C. R. M., Hosford, B. B., Hubble, D. V., Loveday, G. K., Nelken, G. J. V., Oldershaw, H. L., Pearsons, C. E., Smith, A. J. Durden, Thomas, D. E., White, E. A.
Supplementary Pass List. Group II.—Brigg, D. A., Hiscocks, H. F., Holmes, L., Payne, R. T., Whitton, J. S.

CHANGES OF ADDRESS.

BRAIMBRIDGE, C. V., Summerleigh, Hornsea, East Yorks.
BURNE, T. W. H., Kuala Lumpur, Federated Malay States.
CHALK, C. L., "Esthwaite," Harlow, Essex.
LOUGHBOROUGH, G. T., 9, Bentinck Street, W. 1 (Tel. Langham 1393). and 1, Ashley Gardens, S.W. 1 (Tel. Victoria 3246).
LOVEDAY, G. K., 130, Joubert Street, Pretoria, South Africa.
TYSON, E., 44, London Road, Royston, Herts.

APPOINTMENTS.

FORD, J. N. C., B.M., B.Ch.(OXON.), appointed House Physician to the Victoria Hospital for Sick Children, Tite Street, S.W. 3.
GREEN, R., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Berkshire Hospital, Reading.
HUBBLE, D. V., M.B., B.S.(Lond.), appointed Resident Medical Officer to the London Clinic, Ranelagh Road, Victoria, S.W.
LLOYD, ERIC I., M.B., B.Ch.(Cantab.), F.R.C.S., appointed Surgeon to the Hospital for Sick Children, Great Ormond Street.
ROLES, F. C., B.Ch.(Cantab.), M.R.C.S., L.R.C.P., appointed a House Physician to the Brompton Hospital for Consumption, Chelsea.
SIMPSON, D. P., M.R.C.S., L.R.C.P., appointed Casualty House Surgeon to the Children's Hospital, Birmingham.

BIRTHS.

ARTHUR.—On November 29th, 1926, at The Lady Willingdon Nursing Home, Madras, to Violet, wife of Dr. G. Kilpatrick Arthur—the gift of a son (Bruce).
POMFRET KILNER.—On January 2nd, 1927, to Florence Mary, wife of T. Pomfret Kilner, F.R.C.S., of Rostherne, Sheldon Avenue, N. 6—a son.

MARRIAGES.

CLIFFORD—JONES.—On January 11th, at St. Anselm's and St. Cecilia's Church, Kingsway, London, by the Rev. Fr. Arbuthnot, Reginald Charles Clifford, Major, I.M.S., to Anne Frederica Jones.
FRANCE—MACOUN.—On December 30th, at All Souls Church, Hampstead, by the Rev. S. N. L. Ford, Francis George France, M.B., only son of the late George France, of Ludlow, and Mrs. France, of 24, Marlborough Hill, St. John's Wood, to Eileen Ritchie, only daughter of the late James Ritchie Macoun, of the Middle Temple, and Mrs. Macoun, of 112, Clifton Hill, St. John's Wood.
LOUGHBOROUGH—MATHER.—On January 12th, at the Savoy Chapel, Dr. G. Trevor Loughborough, of 9, Bentinck Street, W. 1, to Mrs. Betty Vanstone Mather, of 1, Ashley Gardens, S.W. 1.
NELSON—SULLIVAN.—On January 22nd, at St. James's Church, Piccadilly, London, by Canon Welch, Henry Philbrick Nelson, B.Ch. (Cantab.), M.R.C.S., L.R.C.P., second son of Mr. and Mrs. George Nelson, of Hawke's Bay, New Zealand, to Kathleen, elder daughter of Mr. and Mrs. Alan Sullivan, of Pluckley, Kent, and granddaughter of Bishop Sullivan, of Canada.
PAYNE—ABBOTT.—On December 29th, at St. Nicholas' Church, Islip, Northants, by the Rev. Canon Fry, Reginald T. Payne, F.R.C.S., eldest son of Mr. and Mrs. James Payne, of The Crest, Queen's Park Parade, Northampton, to Isabella Margaret, daughter of Mr. G. E. Abbott, J.P., O.B.E., and Mrs. Abbott, of Clanfield, Islip, Thrapston.

DEATHS.

GROSVENOR.—On January 8th, 1927, at Bury Vicarage, Sussex (the residence of his brother-in-law, the Rev. H. E. Emmet), Wilshaw William Grosvenor, M.D., late of Gloucester, eldest son of William and Elizabeth Grosvenor, of 9, Greville Place, London.
PHILLIPS.—On New Year's Day, 1927, at his residence in Kasr-el-Doubara, peacefully, after a long illness, Llewellyn C. Powell Phillips, M.A.(Cantab.), M.D., F.R.C.S., F.R.C.P., only son of the late James Mathias Phillips, M.D., of Cardigan, aged 55.
SHAW.—On January 14th, 1927, after a short illness, Thomas Claye Shaw, M.D., F.R.C.P., of Claremont Lodge, Cheltenham, and 29, Queen Anne Street, London.
STANDAGE.—On January 16th, 1927, suddenly, in London, Robert Frazer Standage, C.I.E., Lt.-Col., late I.M.S.

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, MR. G. J. WILLANS, M.B.E., B.A., *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. 1. Telephone: City 0510.*

St. Bartholomew's Hospital Journal.

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

VOL. XXXIV.—No. 6.] MARCH 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Tues., March 1.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Hospital Cup Semi-final. Rugby Match *v.* King's College Hospital at Richmond.
Wed., " 2.—Surgery. Clinical Lecture by Sir C. Gordon-Watson.
Thurs., " 3.—Abernethian Society. 5.30. Clinical Evening.
Fri., " 4.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat., " 5.—Rugby Match *v.* Old Leysians. Home.
Hockey Match *v.* St. Lawrence College. Away.
Mon., " 7.—Special Subject Lecture by Mr. Elmslie.
Tues., " 8.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Thurs., " 10.—Abernethian Society. 5.30. Discussion by Resident Staff on "Splenectomy."
Fri., " 11.—Prof. Fraser and Prof. Gask on duty.
Medicine. Clinical Lecture by Sir Percival Hartley.
Sat., " 12.—Rugby Match *v.* Plymouth Albion. Away.
Hockey Match *v.* Chatham Navy. Home.
Mon., " 14.—Special Subject Lecture by Mr. Just.
Tues., " 15.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., " 16.—Hospital Cup Final. Rugby Match at Richmond.
Thurs., " 17.—**8.30. Terminal Sessional Address by Sir Humphry Rolleston, Bart., on "Idiosyncrasies."**
Fri., " 18.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Sat., " 19.—Rugby Match *v.* London Scottish. Away.
Hockey Match *v.* Old Felstedians. Home.
Tues., " 22.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Last day for receiving matter for the April issue of the Journal.
Fri., " 25.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., " 26.—Rugby Match *v.* Gloucester. Away.
Hockey Match *v.* Guy's. Home.
Tues., " 29.—Prof. Fraser and Prof. Gask on duty.
Thurs., " 31.—**Saint Bartholomew's Ladies' Guild—Lady Sandhurst "At Home" to Students and friends, Great Hall, 4 p.m.**

EDITORIAL.

THERE are many interesting things to be gleaned from the recent Hunterian Oration on "Hunter and Lister." While we at this Hospital are especially interested in John Hunter—a pupil of Percivall Pott's—in that he taught Abernethy that policy of surgery which has since been the basis of our teaching, we can, in addition, appreciate the pieces of wisdom given us by the orator himself. Well worth our consideration, for instance, is the remark that when John Hunter, after three years' study, counted himself a qualified surgeon, he entered "the critical years of his life, for the life of a young surgeon was determined then, just as it is to-day, not so much by his conduct during the years of pupilage as by the use made of the period after qualification." Perhaps we cannot, like him, spend twelve years experimenting in physiology before specializing in surgery. Life, we say, like our credit, is too short. Yet this "Dick Whittington of British Surgery" rode humbly enough to Covent Garden on a hack from a farm near Glasgow; and times have not changed so much in these 199 years but that there is still just as much scope for inquiry as when Hunter put raw meat into suppurating wounds or tamed a kite to vegetarianism.

* * *

We are glad to publish the following announcement:

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

Lady Sandhurst and the members of the Committee of the St. Bartholomew's Hospital Women's Guild are hoping to hold an "At Home" on Thursday, March 31st, at 4 p.m., in the Great Hall of the Hospital.

It has been felt that the object and work of the Guild are not sufficiently known throughout the Hospital, and the Committee of the Guild are most anxious to enlist the co-operation and interest of all present St. Bartholomew's men, and through them of their relations and friends, in the work that is being undertaken.

The Guild has been in existence for nearly sixteen years. It was founded by some of the wives of the Visiting Staff and their friends, with the original object of providing clothes for the use of patients in the Wards and of necessitous patients on leaving the Hospital, and to take up any work which might prove of assistance to the Hospital.

During these years the scope of the work has very largely increased, and the Guild does not now feel that it is of itself a sufficiently representative body were it to continue to be without the co-operation and help of all the many other ladies who are connected with the Hospital through the members of the Student's Union, and it is with the aim of securing their help that this " At Home " is being held.

We very much hope that the members of the Students' Union will support this meeting, and will bring as many of their relations and friends as they possibly can whom they think are likely to be interested and will join the Guild.

There must be many ladies whose sympathies, although already centred in the Hospital indirectly, through their sons and brothers, are, we feel sure, only awaiting an opportunity such as this in order to take a more active share in its life, and to be drawn into a still closer union with this grand old Hospital, of which all are so justly proud.

* * *

It is with considerable interest that we learn that Mr. W. McAdam Eccles is standing for election by Convocation of the University of London from the Faculty of Medicine to a seat on the Senate.

The experience which Mr. Eccles has had upon such bodies as the Council of the Royal College of Surgeons of England and the Council of the British Medical Association, in addition to all his knowledge of matters concerning the Medical Curriculum, should make him a valuable addition to the Senate as representing Medicine.

It is hoped that all Medical Graduates on Convocation will support him.

* * *

Vergette and his men are this month to be faced with serious warfare. Their last two skirmishes for the Cup have doubtless given them a man-eating appetite, and we hope that they will still retain it after devouring King's. This will be a game worth watching, and we expect a large crowd on the touch-line.

* * *

It is with regret that we bid farewell to Mr. P. Jenner Verrall, who leaves us after sixteen years, to become Orthopædic Surgeon to the Royal Free. We wish him every success in a post which is by some accounts not unfraught with danger.

* * *

This year's B.M.A. Prize goes to Mr. H. J. Burrows, who continues the run of successes this Hospital has enjoyed in that direction.

TEAM-WORK IN RESEARCH.

An Address delivered before the Abernethian Society of St. Bartholomew's Hospital on January 20th, 1927.

By W. BLAIR BELL, B.S., M.D., Hon.F.A.C.S.,
PROFESSOR OF GYNÆCOLOGY IN THE UNIVERSITY OF LIVERPOOL.

(*Concluded from p. 79.*)

PHYSIOLOGICAL EVIDENCE.

Many attempts have been made to discover differences between the metabolism of the malignant and that of the normal resting cell; but until recently little of importance has been established. Two years ago, however, Prof. Warburg, of Berlin, commenced to publish a series of most valuable papers on the glucolytic power of various tissues. The chief conclusion derived from his most ingenious experiments is that, whereas in normal resting tissues respiration is high and energy is produced exclusively by oxidation processes, malignant tissues have a lower respiration, and obtain a considerable proportion of their energy by glucolysis. Moreover, Warburg has shown that although a normal resting cell has a slight glucolytic power in the absence of oxygen, in aerobic conditions it does not perform glucolysis; malignant tissue, however, exerts its glucolytic power even in the presence of oxygen. So definite is Warburg's work on this main line that it is unlikely ever to be upset by subsequent researches; indeed, it has already been fully confirmed by Murphy and Hawkins, of the Rockefeller Institute, New York, and by others.

Certain other investigations have naturally followed. Warburg has stated that benign tumours lie between malignant and resting tissues in regard to their glucolytic power. It is unfortunate, however, that this investigator should have chosen papilloma of the bladder as a representative of an innocent neoplasm, and there is little doubt that considerable difference would be found in the glucolytic power of this tumour and that of, say, a fibroma. This is a matter that is easily settled, and it in no way affects Warburg's general conclusion.

What has, however, interested us is the question of the position of the chorionic epithelium in respect of this function. Warburg himself states that the anaerobic glucolytic ability of this tissue is even greater than that of malignant tissues, but that it does not perform glucolysis aerobically. There is no doubt that his work in regard to the chorionic epithelium is open to the possibility of experimental error, in that he examined this structure after removal from the uterus with very young rat embryos, and may, therefore, have left much of the chorionic epithelium in the uterus. Murphy and Hawkins appear to have investigated this matter a little more definitely, for they chose the placenta of rats at about half-term. Figures given by them do not express quite such a high glucolytic power as that obtained in the case of the Flexner-Jobling tumour, but in this case we may make the criticism that the chorionic epithelium at mid-term has ceased to perform its true malignant activities, and therefore would record a lower figure than at an earlier stage of development. However, these workers commit themselves to the definite statement that, as regards the placenta, the type of metabolism is exactly the same in respect of glucolysis as that of frankly malignant tissue.

TABLE II.—*Glucolytic Power of Normal Resting Tissues and of Innocent and Malignant Tissues.*

—	Respiration.	Anaerobic glucolysis.	Aerobic glucolysis.	Ratio aerobic glucolysis : respiration.
Normal resting tissues	++	+	—	—
Differentiating embryonic tissues	++	++	—	—
Benign neoplasms*	+	+	+	+
Malignant neoplasms	+	++	++	++
Chorionic villi†	+	+++	++	++

* Papillomata of bladder and adenoids (Warburg).
† "The type of metabolism was similar to that of frank malignant tissue." Murphy and Hawkins (1925).

Our own experiments in this direction are very interesting. At first we were unable to confirm the findings either of Murphy or Warburg. We then discovered that the chemists had been obtaining slices of placenta from the fœtal surface instead of that invading the maternal tissues. According to our latest experiments, it appears that the surface of the placenta underlying the amnion behaves like resting tissue; in the middle of the placenta the tissue behaves like that of innocent neoplasms in respect of glucolysis; whereas the part of the placenta that is embedded in the maternal tissue, and is covered with chorionic epithelium, behaves like frankly malignant tumours—and this in spite of the fact that the chorionic epithelium forms only a small proportion of the tissue examined, for the stroma of the chorionic villi largely predominates. Our chemists are working still at this important matter.

PATHOLOGICAL EVIDENCE.

In addition to the histological evidence of the similarity between chorionic epithelium and malignant cells, there is evidence of a very interesting character in regard to the behaviour of these two types of tissue; both invade the structures in proximity with which they lie, and both form metastases. Even in cases of normal pregnancy the syncytium may reach the lungs and erode the blood-vessels, causing hæmorrhage. This, of course, is a common feature in the malignant disease known as chorion-epithelioma. Chorion-epithelioma is interesting in that it is the only type of malignant neoplasia in which dedifferentiation does not occur; for, the chorionic epithelium being normally malignant, it follows that chorion-epithelioma is merely a hyperplastic condition of the normal tissue. This in itself is confirmatory evidence of our hypothesis.

TOXICOLOGICAL EVIDENCE.

I can only, in the time at my disposal, make short reference to two important matters in relation to the toxicological effects of lead. They have a more or less direct bearing on the subject, but draw us away a little from the straight path I have mapped out for to-night. I mean, in the first place, the extreme rarity, if not complete absence, of cancer in lead-poisoned subjects. I have collected a certain number of figures bearing on this point which are of an extremely suggestive nature. They are supported by the evidence privately conveyed to me, but shortly to be published, by the eminent American statistician, Hoffman.

The other point is that lead exerts a very definite stunting effect on the normal growth of plants and animals. We have carried out extensive experiments to demonstrate this. It appears, therefore, that the growth processes of both normal and malignant tissues are related in some fundamental manner, either quantitative or qualitative.

Although it goes without saying that the toxicological affinities of a cell must be closely bound up with its chemistry and physical state, we feel that it is necessary from a practical point of view that the resemblance in this respect between malignant and chorionic tissues should be made manifest; for, obviously, this is the information on which we have based our methods in the medical treatment of cancer. We have shown, then, that the chorionic epithelium is singularly sensitive to the action of lead, and that it is possible readily to produce coagulation necrosis of the epithelium of the chorion in the rabbit. Lead appears to have the same action on the cells of a malignant neoplasm when it is able to reach them immediately and in sufficient

quantity. When the effect is gradual, fibrosis occurs around the atrophic inactive cancer-cells, this being almost a natural form of cure.

I need hardly again refer to the obvious inference that the biological hormone that arrests the invasive powers of the chorionic epithelium in normal circumstances should also have a similar effect on malignant neoplasia; but we ourselves have, so far, been unable to identify this substance. If our hypothesis be correct, and have reached the stage of generalization, there is plenty of work for others along this line; and, indeed, it is not impossible that other inorganic and organic substances may be found that will exert the same effect as lead.

That, then, was the position we reached some time ago, and I think you will agree that team-work alone could have accomplished in a few years so much, and at the present time have in hand the enormous mass of scientific experimental work shortly to be published. The statement recently made in the *British Medical Journal* about our organization in Liverpool by my friend, Dr. Canti, gave us much pleasure. He wrote: "The co-operation and 'team' spirit of the various workers in widely different fields were the admiration of those present, and it may confidently be said that this centralization of control and close co-ordination of workers has set an example to the whole country."

TREATMENT OF PATIENTS.

At this juncture I must call your attention to a curious position that has arisen in regard to our work. Reference is never made to our investigations except in terms, "Lead in the treatment of cancer." All the difficult laboratory investigations—investigations that have established the nature of cancer: what cancer is, and how it is caused—are overlooked, and it is still continually being stated that the cause of cancer is unknown. Until our work has been disproved along the lines by which we claim to have turned our hypothesis into a generalization, no one has any right to make such statements. I repeat, *we have shown what cancer is and how it is caused*. On the other hand, we claim much less for the treatment of cancer by lead—the only part of our work that has attracted attention! As I have often said, we regard the action of lead on malignant cells only as confirmatory (toxicologically) of our views concerning the similarity between the chorionic epithelium and the malignant somatic cell.

The fact that we have based our first attempt at treatment on the toxicological properties of lead, with surprisingly good results in many cases, is no reason why the laboratory work should be overlooked.

This one-eyed stance is a clumsy admission of inability to visualize broadly—a matter of outstanding importance in regard to the cancer problem.

In regard to the treatment of patients I have not time to-night to go into particulars, but these have so often been published, together with our results, it is unnecessary to dwell upon them.

One of the large general issues presented was the demonstration, after treatment, of lead in the malignant cells in far greater quantity than elsewhere in the body.

We succeeded in showing that this was so, chiefly in regard to dogs with spontaneous cancers; and recently Waterman, of Amsterdam, has confirmed our findings. This is obviously a very important point.

Many other interesting facts in connection with treatment have been noted; and, as our clinical methods go hand in hand with our laboratory findings, it naturally follows that we are always making advances, both by minimizing the toxic symptoms and also by increasing the benefits conferred.

I think you will agree that team-work could alone have accomplished in a few years so much, and at the present time have in hand the enormous mass of scientific experimental work shortly to be published. The statement recently made in the *British Medical Journal* about our organization in Liverpool by my friend, Dr. Canti, of Bart.'s, gave us much pleasure. He wrote: "The co-operation and 'team' spirit of the various workers in widely different fields were the admiration of those present, and it may confidently be said that this centralization of control and close co-ordination of workers has set an example to the whole country."

Still, before us is a task of no little magnitude—we have either to improve our present method of treatment, or find something that will do what lead can do, but perhaps better and with less risk. As to the question of improving the lead treatment, this must be solved in one of three ways: First, by making the material more attractive to the tumour-cell; secondly, by making the neoplasm more ready to seize upon lead; and thirdly, by covering up in some way the susceptible normal cells of the body, leaving at the same time the tumour-cells naked and exposed to bear the brunt of the attack.

The completion of this much-needed extension of our work may perhaps fall to the lot of the splendid team—may I call it "'A' team"—that is now going to commence work at Bart.'s with the aid of a substantial grant from the British Empire Cancer Campaign. I hope this team will keep closely associated with us, for our experience is at the disposal of the workers here. I trust that in the course of time our team will be world-wide in its ramifications. Many others are on the same track. Banting, that charming and gentle genius who discovered insulin, is working on the lines I have indicated, and he may succeed. It matters little who solves the question: it matters much that the terrorizing spectre of cancer be banished by prophylaxis and treatment.

When mankind is faced with a formidable menace, it has the instinct to combine to defeat the common foe. This is team-work—the accomplishment by mutual co-operative effort of what it is beyond the power of one man to do.

"FALLACIES."

(A portion of the paper read before the Plymouth Medical Society on December 14th, 1926.)

THE dictionary defines a fallacy as something which misleads the mind—a mistake in reasoning.

SOME OF THE ATTRIBUTES OF A SURGEON.

The laity and a considerable number of medical men labour under the delusion that the terms "operator" and "surgeon" mean one and the same thing. Operating is only a part of surgery, and the part can never be equal to the whole. A medical man, before he rightly can claim to be a surgeon, must have learnt, at the very least—

1. *To use common sense*, which has been described, with absolute truth, as the least common of all the senses.

2. *To diagnose correctly, i. e.* be able to tell, before operation, what is the matter in *nearly* all his cases. *Nearly*, because no one is capable of making pre-operative diagnoses which are 100 per cent. correct.

3. *To know not only what to do, but when to do it, and what to avoid.*—Obviously this attribute is lacking in the operator who performs a long resection operation on a colonic carcinoma, while the patient is in an advanced stage of intestinal obstruction.

4. *To keep the operation wound surgically clean.*—The medical man who infects his patients by being dirty in either his operations or his post-operative dressings is unfit to operate.

5. *To operate, i. e.* to carry out the necessary technical manipulations—in plain English, to do the cutting and sewing. An operation, skilfully performed on suitable indications, is beautiful. Bereft of these indications, it becomes a hideous crime, which is not "performed"—it is "committed."

The story is told of Lawson Tait that, at the time when he was doing his pioneer work on removal of diseased uterine appendages, he met, in consultation, a man who said that he was a humble follower of Tait's methods, and would like to show Tait the specimens removed.

A row of bottles was produced, and found to contain, to Tait's intense disgust, a number of Fallopian tubes and ovaries, all absolutely normal. This operator had acquired the technique, but was incapable of distinguishing between healthy and diseased organs—the type of man who, when a new operation is described, eagerly assimilates the illustrations and operative details, and fails to master the indications for, and against, the operation.

At the present time there is a growing tendency, especially among the younger operators, to exaggerate the importance of manual dexterity, and to minimize the value of other surgical essentials. The blessed word "technique," like charity, is invoked to cover a multitude of operative sins. The medical man who can operate, but is deficient in other surgical attributes, is not a surgeon. He is only an operator. He is a danger to the public and is unfit to treat living human beings. His activities should be limited to demonstrating the operative part of surgery on the dead body. Technique can be learnt in a short time. It takes many years of hard work to make a surgeon. It is possible, and not infrequently easy, to be, at the same time, a good operator and a bad surgeon. By all means let the operating be of the best, but, fortunately for patients and for operators of only average skill, there remains the consoling fact that a degree of manual dexterity far below that of a Moynihan or a Mayo is still capable, when rightly applied, of producing good results.

CANCER OF THE BREAST.

1. *Bilateral cancer.*—It is generally held that in bilateral cancer the prognosis, in regard to cure, is practically hopeless, and that very little benefit is to be derived from operation. But McWilliams (8) has shown this idea to be true only in part. It is correct for cases in which both breasts are involved simultaneously. But when the cancers develop consecutively, *i. e.* first in one breast and then in the other, the outlook is very much more hopeful, provided the cases are seen in an operable stage. Of 87 cases of bilateral consecutive cancer, 54 per cent. after the first operation and 24 per cent. after the second operation lived for five years. The moral is that bilateral breast cancer occurring simultaneously should be left alone, while the cases in which the second breast is involved consecutively can often be operated upon with benefit to the patients.

2. *Adenoma.*—Patients are told, repeatedly, that an adenoma, if not removed, is liable, in course of time, to become malignant. But the truth is that development of cancer in an encapsuled adenoma of the breast is almost unknown. The very few cases in which an adenoma is stated to have become malignant prove,

nearly always, when critically examined, to be cases either of faulty diagnosis or misinterpretation of facts.

The writer, for thirty years, during which, in hospital and private practice, he has seen several hundred cases of adenoma, and also of carcinoma, has not yet seen a case in which it could be demonstrated that a carcinoma had developed in an adenoma. A few years ago he met with what, at first sight, appeared to be a clear case.

A multipara, aged 60 years, was seen with a carcinoma 2½ in. in diameter, invading the skin in the centre of the right breast. For 22 years an adenoma, 1½ in. in diameter, was known to have been present in this breast. Apparently the adenoma at last had become malignant. Huge masses of growth in both sides of the chest, shown by X-rays, contra-indicated a radical operation. Simple amputation of the breast was performed in order to prevent the formation of a septic fungating mass, the skin being on the point of giving way. On section, the breast contained two tumours—a completely encapsuled adenoma and an infiltrating cancer. The adenoma was not involved in the cancer, from which it was separated by an area of normal breast-tissue.

Whatever other reasons may be given to a patient for advising removal of a mammary adenoma, the risk of the adenoma becoming malignant is *not* one which should be employed. The risk is negligible.

THE CONDITION OF THE BLOOD-VESSELS IN SURGICAL SHOCK.

The term "surgical shock" is applied to the state of collapse caused by a stimulation of sensory nerves. In fully-developed shock, as Malcolm (7) has pointed out, "the whole vascular system becomes as depleted of blood as in a case of severe hæmorrhage, even when the operation has been performed with little loss of blood."

The problem always has been, "What becomes of the blood?"

Theories, too numerous to discuss here, have been brought forward as a solution of this mystery. Common to nearly all these theories is the assumption that, in shock, the volume of the blood in the vessels of the body remains practically unaltered, and therefore, that if one part of the body is found to be depleted of blood, some other part must contain the missing blood, and will be found engorged. Coupled with this idea is the statement that in shock the vasomotor mechanism is played out, and therefore the blood-vessels must be dilated. Many years ago, at a time when abdominal operations were of comparatively rare occurrence, someone made the statement that the veins in the splanchnic area were capable of holding all the blood in the body. The conclusion was then jumped at that in shock the blood accumulated in the splanchnic vessels. Later, as cœliotomies became common, the surgeons proved, by visual inspection, that this engorgement of the splanchnic area was a myth. Malcolm (6) pointed this out in 1893. Then the laboratory workers, the chief exponents of the splanchnic engorgement theory, having been driven out of the abdomen, took refuge in the capillaries. The blood was said to "pool" in the capillaries. Bayliss (2) stated in regard to this "pooling" that "the effect in question is not confined to the capillaries of any particular region," and that "a dilatation too small to be detected by direct observation may produce a large increase in the total volume (of the capillaries). The evidence, in the nature of things, must be more or less indirect." Also that "the dilatation of arteries and veins having been ruled out, it (the blood) could only be in the capillaries." This theory, postulating a general, *but invisible*, dilatation of capillaries, completely failed to explain the *visible* anæmia of parts open to inspection, such as the blanched skin and the bloodless condition of the raw surface of an amputation stump, when the patient is in a state of advanced shock.

Mingled with the various theories were contradictory statements concerning blood-pressures, into which it is not proposed to enter now.

It remained for John D. Malcolm to bring forward many years ago, and again in 1922 (7), the only explanation of the blood problem which is in accord with clinical facts. It is not suggested that the condition of the blood-vessels is the sole factor in shock. But, without a recognition of what takes place in the blood-vessels and in the blood, no comprehension of the phenomena of shock or of its correct treatment is possible. Briefly, Malcolm's explanation of surgical shock, an explanation which, even to-day, is being accepted only slowly, is as follows:

Under the influence of sensory stimuli, the vasomotor system, instead of being exhausted, becomes intensely active and causes a contraction of the whole vascular system, the contraction beginning in the arterioles. This state of contracted blood-vessels has been found by Seelig and Lyon (11) and also by Porter (10). The vascular system being no longer capable of containing all the blood, fluid passes rapidly from the contracting blood vessels into the tissues, and the blood becomes concentrated. This concentration of the blood was noted by Sherrington and Copeman as far back as 1893 (see Malcolm (7) and more recently Dale and Laidlaw (4) have shown that the red blood-cells may be relatively increased to a degree which indicates a loss of 40 per cent. of the blood volume. At the same time the shocked patient sweats profusely, but this sweating is not sufficient, by itself, to account for the concentration

of the blood. Loss of fluid by sweating is practically the only way in which fluids escape from the body in surgical shock uncomplicated by hæmorrhage. These changes take place with great rapidity, and all the tissues, including the brain, are starved of blood.

When the cause of the contraction of the blood-vessels, the sensory stimuli, ceases or is removed, the vessels gradually dilate, fluid is reabsorbed from the tissues and recovery takes place.

In the days when intravenous injections of saline solution first became fashionable treatment for shock, the writer frequently injected the solution (the first pint of which contained half an ounce of brandy), by means of a Higginson syringe, through a cannula tied into the vein, and was in the habit of demonstrating to onlooking surgeons, first, the difficulty of finding in the shocked patient a vein which was not too contracted to admit the cannula, and secondly, the enormous resistance which the contracted blood-vessels offered to the passage of the solution.

Every doctor who has transfused a shocked patient by this method, if he is willing to accept the evidence of his senses, must admit that the blood-vessels are intensely contracted.

In prevention of shock, especially during an operation, one of the chief indications is to prevent the passage of sensory stimuli. It is for this purpose that spinal anæsthesia and nerve-blocking have been found so useful. Adjuvants are a minimum of anæsthetic and a minimum of trauma, combined with preservation of the body heat, for which Crile (3) now employs diathermy applied during the operation. If there is excessive depletion of the body-fluids, water, in the form of saline solution, must be supplied by one of the usual routes. In cases complicated by loss of blood or by pre-existing anæmia, blood transfusion may be required. A comparatively recent addition to the means of preventing and treating shock, whether surgical or toxic, is the intravenous injection of glucose, combined with hypodermic injection of insulin. This method has been advocated and employed by Fisher and Mensing (5), Bauman (1), Moynihan (9) and others. Fisher, of Milwaukee, who has done much work on this subject, employs glucose solution, 10 to 15 per cent. 500 to 2000 cubic centimetres of this solution are run into a vein, *very slowly*, *i. e.* taking at least 1 hour—better, 2 to 4 hours. The amount of insulin depends upon the amount of glucose. For every 3 grm. of glucose, 1 unit of U20 insulin. The total insulin is divided into two equal doses. The first dose is given 15 minutes after commencing the glucose injection, and the second dose is given on completing the administration of the glucose. Copious fluid is also given *per rectum*, because glucose acts as a diuretic and tends to dehydrate. With the above method, no insulin reaction has occurred so far. Should such reaction occur, it can be treated either by sugar or by a hypodermic injection of adrenalin. Fisher also employs this treatment, post-operatively, for gastric ulcer cases—"the patient is fed, for days at a time, through his veins."

He believes that "the first defensive reaction of the organism in shock is the mobilization of all the available glycogen in the blood-stream, to be distributed to the body-cells, to furnish them energy." This supply is soon exhausted, and the aim of insulin-glucose therapy is to treat this hypoglycæmia by replenishing the glycogen.

Fisher considers that "the heat energy supplied to the cells, by the rapid oxidation of glucose, at a time when normal oxidative processes are checked, or held in abeyance, is a tremendously vital factor in initiating the process of recovery of the cells." He agrees with those observers who consider that the large amount of fluid injected intravenously is an additional factor in aiding recovery. In the discussion which followed Fisher's paper, G. W. Crile and the late Albert J. Ochsner confirmed, clinically, Fisher's good results. Moynihan(9), who describes the method as life-saving, employs a 5 to 10 per cent. glucose solution, and gives the insulin either hypodermically, or intravenously with the glucose solution.

In the severely injured, morphia, given soon after the injury, often prevents the development of extreme shock. During the war the writer had under his care three men injured by the explosion of a bomb while in the hand of the sergeant-instructor, whose hand was blown off. (Incidentally, bits of his fingers were removed later from the thigh of one of the other patients.) The two recruits were wounded in the legs. All three were carried to a hospital five miles from the scene of the accident. On admission the two recruits were in grave shock, while the sergeant, the most severely injured of the three, was in good condition and almost comfortable. What made the difference in their conditions? Some one had had the sense to give the sergeant an injection of morphia, which, for some inexplicable reason, had been withheld from the two recruits.

In treating shock, already developed, relief of pain is essential, and for this, morphia is a sheet anchor. But it must be given freely—half a grain at least—and must be injected into a part from which it can be absorbed rapidly. It is useless to inject morphia, or any other drug, under the skin of an extremity of a pulseless patient, because the circulation in the limb is practically non-existent.

Application of heat is another essential. For the tightly-contracted vessels of shock, vaso-constrictors

are worse than useless. If, as some physiologists believe, intense sensory stimuli cause the suprarenals to secrete freely, the shocked patient is already under the influence of a vaso-constrictor, adrenalin, formed by his own suprarenals.

The indication is for vaso-dilators which act gradually, such as brandy and the application of heat. If the patient is conscious, let him drink freely. As soon as the contracted blood-vessels begin to relax, saline solution, by any effective route, is most helpful, and acts partly by making up for the fluid lost by sweating. Cases such as the following (one of the writer's) occur, from time to time, in the practice of every surgeon, and illustrate the value of morphia in surgical shock. A large, universally adherent ovarian cyst required for its removal considerable time and extensive manipulations. The loss of blood was trivial. At the end of the operation the patient was intensely shocked and appeared moribund. Half a grain of morphia, injected intra-muscularly, caused rapid improvement, which was completed by the application of heat and the administration of several pints of saline solution *per rectum*.

SUMMARY.

1. Surgery consists of much more than operating.
2. In dealing with the possessor of a mammary adenoma, instead of her being frightened into operation by threats of possible cancer, she should be told the comforting truth that her lump is not malignant and is not liable to turn into cancer.
3. When a patient who has had a breast removed for carcinoma returns later with a cancer in the remaining breast, the case is not, of necessity, hopeless. If the second cancer is operable, it should be removed
4. In surgical shock the blood-vessels are intensely contracted, and therefore vaso-constrictors are useless.
5. In cases of surgical shock and in cases which are bad surgical risks, a trial should be made of the insulin-glucose treatment. There is probably something in it.

C. HAMILTON WHITEFORD.

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"AN INNOCENT ABROAD."

SOME FIRST IMPRESSIONS.

LIFE for the majority is a succession of repetitions. Meals, habits, work, even the processes of education, follow one another in a series whose ranks are so similar that the senses of perception become blunted and habituated. There is nothing that so interrupts this daily round as does a journey to a new country. A second visit will after the first few days merely enable connection to be made between the affairs of the hour and the reflexes established before. Thus the early sensations should be savoured to the full, for the original freshness of perception never will be recaptured.

Coming America casts her shadow before her upon the boat in the guise of elderly men smoking cigars, and young men whose high, penetrating tones and yellow shoes proclaim the great Republic. Here, too, the girls and women wield their sceptres with that air of complete authority, unquestioned and absolute, which points the national origin of the meaning of the adjective "mere" as applied to man.

The God of Chance, or the schedule of the Cunard Line, ordered that the arrival at New York should coincide with the most mysterious hours of a blue and gold morning of early autumn. From the lapping water rose white veils of mist, through which buoys, tugs and outward-bound shipping slowly loomed.

The haze shone more golden towards the east, and suddenly, without warning, were visible great buildings whose feet were in the mist and whose heads seemed nearly to the clouds. The sun behind dusted them with gold and clothed them with shadows—stately towers, but not of pleasure, of the modern Xanadu. Only in the water-colours of Turner could a parallel be found. The sheer lift of the buildings and the cave-like coolness and half-light of the streets added, on landing, to the first feeling of mystery and grandeur.

A short familiarity with the street traffic, and the clash and clangour of the subway and elevated railway, sufficed to break this early spell.

This early picture has maintained its vividness by contrast with the singular lack of beauty found in subsequent towns and States. The beauty of New York when half revealed by mist is a quality not vaunted, perhaps because unperceived, by her countrymen. Equally lovely is the view after dark from Jersey City across the Hudson River, for the towers and clusters of the great buildings seem like a luminous honeycomb rich with lambent gold to hang upside down into the black night.

The three characteristics of the land that stamp themselves earliest and with greatest insistence upon the mind are those of space, youth and growth.

Everywhere, even near New York, there is to be found room. These virgin spaces, it is true, seem to be used as refuse-grounds for disused Ford cars, whose skeletons preside over the less interesting *débris* cast aside by the hurrying population, while reared above stand immense hoardings whose garish designs take on an added insistency when lit up at night. Blocks of new house, each with its garage, sprout in rows along these wastes. A curious effect noticeable is the absence of the feeling of depression or squalor that would inevitably attend such scenes in England.

Whether the cause is to be found in the strength of the first impression of lavishness of means and space, or whether one feels what is largely true of American cities, that there was nothing to spoil, and therefore accepts with an uncritical eye the curious jumble of shops, wooden shacks and palatial hotels, is a matter hard to determine. The fact remains that the surviving feeling is an appreciation of space and of growth.

A third insistent thought is that the country is very young. Thinking in terms of centuries and drawing an analogy between the various periods of a man's life and that of a nation, it is tempting to regard the age of America, with no unkind intention, as being equivalent to that of a boy of twelve or so. The astonishing vigour, activity and incapacity for being tired, the delight in anything new for its own sake are typical of both. Neither has any particular desire for or perception of art, and in neither would such a perception ordinarily be useful or perhaps healthy. Both are attracted by glitter and show, and take delight in noise—their own or that of someone else—for its own sake. The wounds of other individuals or nations find both curiously callous. At least two men are shot each week, one or more is held up by gunmen nearly every day in the city whence these lines come, and within fifty miles rival gangs use aeroplane bombs and armoured cars to determine the supremacy for the control of local "graft," yet no attempt, personal, local or federal, is made to remove the nuisance. The fights of a stranger after all are of no concern to the small boy in the school playground, provided his own "tuck" remains safe in pocket or belly.

The prevalence of "graft" and pull, the political election of judges and sheriffs, the difficulty of convicting wealth of crime and of punishing convicted wealth, all find their counterparts in the petty politics and corruption of the playground.

The poorness of the essential qualities of government tend to be forgotten in England when American policy, both foreign and domestic, is under discussion, and when credit is given it on quite insufficient grounds for an honourable disinterestedness comparable with our own.

The protection of banks by armed guards who mingle among customers, by regular zarebas of steel gridwork, and at times even by armoured cars, are sufficient comment upon the reliance placed upon the protection afforded by the civil powers.

Other youthful characteristics are the credulity and responsiveness that makes the American among the most generous and hospitable of men, and a ready victim to the advertisements of his fellow-huckster.

Another logical thought that rises from these is a doubt as to the ultimate result of the combination of such youth and prosperity. If the analogy is correct, the overdose of material success that at the moment is saturating the nation should do no more harm than does the surfeit of apples, sweets and pastries of youth. The present, however, is the stage of assimilation.

The prohibition problem provides an insight into some aspects of the American character. Its origin was apparently the Puritanical strain that has been persistent for so long, and its motive force a combination of the idea of industrial efficiency, religious idealism and a variegated political expediency.

In effect the States who are averse to prohibition give no local police aid to the administration of the law, the entire burden falling upon the inadequate resources of the Federal officials. It is possible in such cities to enter a discreetly placed saloon in search of a "hard" drink, and to find the local State police among the customers. Such occurrences diminish still further the meagre respect that still persists for law and order in the abstract. It is even permissible to suppose that the wave of impulse that helped to introduce the measure was symptomatic of a realization of the weaknesses of American judicial and civil administration. The result has certainly been the opposite of what was intended.

The Puritanical streak is evident in other ways. A much larger proportion of medical students here appear to attend church than is the case in London. Whether

this is due to a stricter tradition, lack of imagination, or an absence of other resources, philosophical or athletic, is not clear.

The war, as a topic, has largely disappeared. This in itself is sufficient to prove the smallness of its effect upon the progress of affairs here. War-debts of course still rankle. The reasons for this seem to be chiefly three: Firstly, dollar matters are sacred, so great is the respect, almost worship, paid to Big Business; secondly, the British gesture in assuming liability for Allied debts, endorsed certainly by us, to another subsequent ally, means in effect that to cant about "winning the war" an efficient rejoinder has been raised that at any rate we have since bought it; thirdly, that it is unpleasant with however small a fraction of justice to be regarded as a close-fisted creditor by a continent.

Upon economic matters it ill behoves an amateur to pass criticism, though the state of affairs is in many ways so unique as to invite speculation.

It would seem that the fundamental factor is that the internal resources of the country are still very great —all-sufficient indeed for the needs of her present population. The financiers and business magnates lead the race for dollars along a track chosen by themselves. They have found that the margin of profit is so great that at the present time it pays to give big wages. The employees are so busy gathering up these very considerable pickings that their eyes are blind to the greater prizes won on ahead by the leaders.

Should their attention once in a while be drawn to the matter, they feel a bond of union rather than a pang of envy, realizing a common ideal. It is in the countries where culture is older and the ideals of classes differ fundamentally that an inferiority complex gives rise to feelings of real envy and ill-feeling, for the desired end is for so many then unattainable. The test of the soundness of American finance and therewith of American society is yet to come. The shoe has not begun to pinch, and the feet have still room to grow. The business man, never over-modest, of course claims for his vaunted efficiency and organization what is in some considerable degree the result of good fortune.

For art there is little true feeling, though much support. High prices are paid to hear artists whose reputation is known, but chatter and a procession of late arrivals ushered in by electric torches suggest the cinema rather than the overture to an opera. The standards are those of the Volga Boat Song and the "Caprice Vienoise," and the protagonists of these styles can demand what they like, irrespective of what they give in return. In New York, of course, the standards are equal to those of any capital of Europe, but New York is not America.

(*To be concluded.*) G. B.

OLIVER ASKS FOR MORE.

A Letter to the Dean.

[To know how to apply for a job is a problem to most of us. Here is a man with real qualifications and powers of expression who may well serve as a model.—ED.]

SIR,—I am submitting, herewith, my application with copies of testimonials, for grant of a stipend to enable me to prosecute my studies in your College.

2. I have stated every thing in detail in the application and need not recapitulate them again. I can very easily teach you, Gurmukhi, Hindu, Urdu, Panjabi, Shahstri and Persian languages, and can make you thorough in these. I can do Office work for you as well, as I am a good clerk, and am also ready to undetake the duties of a Librarian, and for all these I am not going to charge any thing. I further add that my father is very fond of collecting Used and unused old and Foreign Stamps and Old coins of the world, and so I have thousands of Stamps and Coins which are very very valuable and can scarcely be had from famous Collecting Stamps companies. I am quite willing and prepared to give you these valuable things absolutely free of costs if you so desire and can bring with me in my way to London.

3. I hope you will have no objection in granting me the stipend applied for. Please make all necessary arrangements for my free passage, etc., so that I may be able to reach you safely.

4. Thanking you in anticipation,

I beg to remain, Sir,

Your Most Obedient Servant,

OLIVER ——,

Typist.

To the Dean of St. Bartholomew's Hospital Medical College, West Smithfield, E.C. 1., London.

SIR,—I most humbly and respectfully have the honour of submitting this application for the favour of your kind consideration:—

I have come to know that you grant stipends to deserving candidates for prosecuting further studies; and that you are kind enough to employ them subsequently under your honour: I beg to apply for one such stipend.

As to my qualifications I have the honour to submit, that I have passed the *Matriculation Examination of the University held in March, 1921;* that I have a very good knowledge of *English, Urdu, Punjabi and Persian* languages, and I am sure, *I can be a good Teacher.*

My father is the Elder of the local congregation. As his circumstances were but mo-dest, I could not go to a College and was forced to remain contented with joining the Office where I am working as a Clerk at present. I belong to the HIGH CHURCH OF ENGLAND.

As regards my Military rights, I have the honour to submit, that my eldest brother enlisted himself in the Infantry in 1916, when the fight was the hardest. He went to Basra and then proceeded to Persia as Base-in-Charge Clerk of the Depot; took actual part in *3 battles* and is in possession of *4 medals.*

My other brother next to him offered his services to the Governor in the Kabul Campaign, and served in the Great War as well.

My 3rd brother worked hard in connection with the *Election* in 1920 in recognition of which he got a Sanad (Certificate) from the Provincial Reforms Commissioner.

I am a youngman of energetic, active habits, aged about 21 years, and bear a good moral character. I am a loyal citizens, and even in my school daye, I was always zealous in doing work among my school fellows and prevented them going on *STRIKES or joining Moles.*

While receiving education, I can teach *languages, and do the office work for you, without demanding any money for these, if you so like.* May I beg to know how much stipend will be granted to me, and what other arrangements will be available to me as regards *passage* and other things.

Humbly hoping this will secure your kind and favourable consideration.

Copies of testimonials are also attached for your kind perusal which speak of themselves.

I have the honour to remain, Sir,

Your Most Obedient Servant,

OLIVER ——,

Typist.

PARODIED PROVERBS.

(1) A testicle in the scrotum is worth two in the abdomen (in spite of the case of the double cryptorchid who had offspring reputed his own).

(2) All is not fluid that fluctuates (the finger-pads and some lipomata give this sign).

(3) Where eyes react amiss, 'tis folly to incise (for it is probably a tabetic crisis, not a perforated gastric ulcer).

(4) Voracity is the mother of indigestion.

A. E. R.

A PATIENT'S LAMENT.

CHRYSAROBIN! Chrysarobin!
I shall burst my bonds in twain.
Chrysarobin! Chrysarobin!
I won't try your cure again.
First you scrub my sores with soap
To remove the scales,
Then you spread on pounds of dope—
(Hope you'll stain your nails!)
Chrysarobin! Chrysarobin!
Once I knew my clothes were clean;
Now I'm dressed in purple raiment;
Can't you vizualize the scene?

Chrysarobin! Chrysarobin!
Spread it thickly on the lint;
Tie it firm with strips of strapping--
Yards of it, and do not stint;
Bind it up with roller-towel,
Use a yard or two,
For I know I'll get the wrapping
Off in spite of you.
Chrysarobin! Chrysarobin!
Each day makes me doubly sure
That Psoriasis is better
Than your horrid, sticky cure.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

This match was played at Winchmore Hill on January 26th, under appalling conditions of wind and driving rain.

The Hospital, who were without Vergette, R. N. Williams, Maley, Roxburgh and Prowse, lost the toss and faced the wind in the first half. Nuneaton scored in the first two minutes by means of a foot-rush by their three-quarters, our backs being unable to hold the greasy ball. Within five minutes Petty had to retire owing to a badly sprained ankle, Grace moving into the centre, and Briggs took his place on the wing. Most of the play remained in mid-field, but some wild passing by our backs let Nuneaton in for a second unconverted try. Half-time came with Nuneaton leading by 2 tries (6 pts.) to *nil.*

Bart.'s now had the advantage of the wind and attacked strongly but Nuneaton defended well. Ten minutes from the end Capper forced his way over from a line-out, and Bettington converted with a fine kick. One point behind, the Hospital renewed their attacks but were unable to cross again.

Owing to the weather and the state of the ground, the game developed into a kick-and-rush scramble in the mud, and must have been very uninteresting to watch. Capper was the best Hospital forward, while Guinness was one of the few players able to handle the slippery ball.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, R. Rait-Smith, W. J. Lloyd (*three quarters*); H. W. Guinness, T. P. Williams (*halves*); C. R. Jenkins, R. H. Bettington, T. J. Pittard, H. D. Robertson, G. D. S. Briggs, W. M. Capper, H. G. Edwards, V. C. Thompson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* PLYMOUTH ALBION.

On Saturday, January 29th, at Winchmore Hill, the Hospital won the match against Plymouth Albion by 3 tries (9 points) to a

goal from a try and a penalty goal—8 points. The ground was very soft from the recent rains, and there was a strong wind blowing diagonally across the field towards the pavilion. Gaisford, Vergette and R. N. Williams were unable to play but Maley returned to the side. Stanbury was absent from the Plymouth side.

From the kick-off Plymouth attacked, putting in several three-quarter movements. Although their passing was good, the movements failed to cross our line, partly because their methods were so stereotyped, partly because our backs tackled well. After three minutes' play Grace intercepted a pass near the half-way line, and ran well to score in a fairly good position. Bettington's kick at goal hit an upright. Their full-back was hopelessly out of position when Grace started his run. Plymouth returned to the attack and were nearly over on the left, but Guinness relieved well. A little later Maley was called upon to save our line by a timely fall on the ball. We were penalized for off-side, but the kick at goal failed. Clever kicking by Bettington and Guinness returned the ball to Plymouth's "25," and Briggs went over, but the try was disallowed. Plymouth broke away well from the ensuing scrum and Bettington made a good mark from a kick ahead by their wing.

After a quarter of an hour's play T. P. Williams intercepted a pass on the half-way line, and again their full-back was out of position. Had he been there, though, Briggs was in support, but he was not needed, and Williams scored in a good position. Bettington again failed to convert. Five minutes later Prowse passed out to Lloyd, and then ran outside him to receive the ball again and score a good try far out on the left. The kick failed. We were playing with the wind and tried hard to increase our lead, but half-time came with the score still 9—*nil*.

Within six minutes of the kick-off Plymouth reduced our lead to one point. Hanley kicked a penalty goal, and then converted a try which they scored between the posts. Each side tried hard to score again, and we had several anxious moments. Our forwards were tiring and were not getting back to defend, though several times they broke away well, only to spoil many good dribbles by kicking too hard. Plymouth were unlucky to lose a centre—injured—but fortunately he was not off for long.

Altogether it was a most encouraging performance in view of the coming cup matches. Guinness was the most prominent player on the field, and all his play was of the highest class. The forwards played well, but missed Vergette's leadership, particularly in the last twenty minutes, when the heavy going told its tale. Maley and Briggs played particularly well, while of the remainder Robertson and Capper were fresher at the end. The three-quarters defended well, but the wings were given too few opportunities in attack.

Team: E. V. Frederick (*back*); A. H. Grace, B. Rait-Smith, C. B. Prowse, W. J. Lloyd (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, W. M. Capper, H. G. Edwards, T. J. Pittard, H. D. Robertson (*forwards*).

INTER-HOSPITAL CUP-TIE.

1st Round.

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

On Thursday, February 3rd, the ground at Richmond had recovered to a remarkable extent from the snow and rain. It was a fine afternoon and the attendance was most disappointing. After leading at half-time by 11—*nil* we routed Middlesex in the second half and won by 2 goals from tries, a dropped goal and 6 tries—32 points—to *nil*. Middlesex had bad luck. Nankivell, a forward, had to retire at the beginning of the second half with a sprained ankle; Law, another forward, had to be carried off badly winded late in the same half; and Jacques, their full-back, who had been tackling splendidly, went through most of the second half with his left arm hanging useless down his side. Our three-quarters started very shakily, but after about half an hour settled down and ran and passed well. The forwards had an easy time and gave T. P. Williams the ball repeatedly. T. P. Williams and Guinness combined well, and individually also played great parts in our overwhelming victory. Bettington's place-kicking was disappointing. Neither Roxburgh nor Prowse were at all convincing in the first half, but in the second half, against a disorganized defence, Roxburgh was the better of the two. Although Jacques was admittedly tackling well, Lloyd should have passed him at least once in the first half. Grace ran very strongly on the other wing and thoroughly deserved his two tries.

The game started in a sensational fashion. Bettington kicked off and his kick went right up to their goal line, where their backs fumbled, and Briggs, following up hard, scored a try which Bettington failed to convert. The forwards immediately established their superiority in the scrums, and the backs made ground. Lloyd was nearly over twice and Grace nearly dropped a goal. Middlesex entered our "25" after a quarter of an hour's play, but were penalized for "off-side," and Gaisford found touch near the half-way line. Our opponents were forced to "carry over," and after a good run Guinness was held up on their line. Lloyd was again well tackled near the line. Pittard was hooking well, but the heeling was rather slow. A bad pass by Prowse nearly let Middlesex in, but Guinness saved. A good kick nearly scored a dropped goal for them. Our "threes" attacked again, and yet again was Lloyd tackled in their "25." After half an hour's play Vergette passed the ball out to Briggs, who passed to Lloyd, who in turn passed to Bettington, who, unable to score, passed inside to T. P. Williams who scored a good try far out. Bettington's kick went under the bar. Pittard was still hooking well and the heeling was more rapid. Briggs and Jenkins were always on the ball. A little before half-time T. P. Williams scored a fine individual try after a quick run, during which he sold many dummies. Gaisford kicked an easy goal.

Almost immediately after the kick-off, from a scrum in our half, Guinness went off down the blind side, and after a good run passed to Lloyd, who scored near the touch-line. After several fruitless attacks by our backs, Jenkins started a good dribble. Pittard and Robertson joined in, but a good effort was spoilt with a kick into their full-back's hands. Lloyd again nearly scored, this time after a kick over the back's head. T. P. Williams, Guinness and Lloyd made fifty yards by working the blind side. After an hour's play we had only scored 14 of our 32 points, but at this point Guinness started the rout with a beautiful dropped goal from 35 yards out. Then, in quick succession, Prowse scored after good work by Guinness and Jenkins, Jenkins scored after a run from a line-out, Grace scored after a strong run down the wing and scored again on the line, but the referee ordered a five yards scrum. A little later Pittard started a movement, and Grace ran round to score between the posts for Bettington to convert. After Grace had nearly scored again Middlesex made a run into our "25," but time came with the Hospital still attacking.

Team: W. F. Gaisford (*back*); A. H. Grace, G. P. Roxburgh, C. B. Prowse, W. J. Lloyd (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, G. D. S. Briggs, T. J. Pittard, H. D. Robertson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

February 5th. Devonport Rectory was in a very bad state, and, to make matters worse, it rained throughout the match. Bart.'s were without Gaisford, Guinness, Maley and Capper, while T. P. Williams moved to stand-off half, J. D. B. Games taking his place at the base of the scrum. Services had three of their usual team playing for Devon. Vergette won the toss and the Services kicked off against the wind. Three minutes from the start, while the ball was still comparatively dry, George dropped a goal from 12 yards out. This was the only score of the match, which resolved itself into a series of forward rushes by each side in turn, although our backs courageously brought off two good passing movements. The conditions steadily became worse, and in the second half the forwards were unrecognizable, all being drenched and covered with sand and liquid mud. Everyone was glad when the final whistle went. Frederick played a great game at full-back, his fielding and kicking being faultless. All the forwards worked hard, while the backs on both sides, wet through and frozen, had nothing to do but stop forward rushes.

Devonport Services 1 dropped goal (4 pts.); St. Bart.'s, *nil*.

Team: E. V. Frederick (*back*); A. H. Grace, G. P. Roxburgh, C. B. Prowse, W. J. Lloyd (*three-quarters*); T. P. Williams, J. D. B. Games (*halves*); E. S. Vergette (capt.), R. H. Bettington, H. D. Robertson, T. J. Pittard, H. G. Edwards, G. D. S. Briggs, R. N. Williams, C. R. Jenkins (*forwards*).

On Saturday night we had dinner with the Services in Plymouth, and a very enjoyable evening was spent. We were put up for the week-end at the R.N. Barracks, and our best thanks are due to the Services for the way they entertained us. On Sunday the weather was perfect. In the morning some of us were taken on board the battle-cruiser "Ramilles," where we were shown into gun-turrets, the engine-room, and, what was of much more interest to us at the time, the ward-room. After luncheon we were driven in cars over Dartmoor, having tea near Dartmeet. That evening was spent quietly at the Barracks, although our captain went out about 9 and returned at 11.30, and still persists that he was taking a walk to Plymouth for the purposes of training! The next morning we walked about the dockyard and went all over a submarine. We were entertained to lunch by the R.N.E. College—a very clever piece of strategy on their part—and then we were motored down to the Rectory.

The ground was in a much better condition than on Saturday. Rowe took Grace's place on the wing, R. N. Williams played in the centre, Roxburgh moved up to stand-off half and T. P. Williams resumed in his usual position.

Vergette again won the toss—a record; he has never before won it twice running.

The College attacked strongly at the start, but our defence held out, and then our team began to wake up. Lloyd got well away from a smart bout of passing by our backs, but on reaching the full back he tried to go on himself instead of passing inside, and a certain try was lost. Half-time came with no score. In the second half the hard game on Saturday began to tell on our forwards, while our opponents, who had not played on Saturday, were still comparatively fresh. They heeled from a loose scrum, and smart passing enabled their right wing to score far out. This try was converted. Bettington then kicked a penalty goal from half-way, but the College made the result secure by another try by their right wing, which was also converted. This try should have been prevented by more determined tackling. Bart.'s then rallied, but the College drove us back by good touch-kicking. Vergette was our best forward, but our backs were very disappointing, continually dropping their passes.

R.N.E.C., 2 goals (10 pts.); St. Bart.'s, 1 penalty goal (3 pts.).

Team: E. V. Frederick (*back*); J. T. Rowe, R. N. Williams, C. B. Prowse, W. J. Lloyd (*three-quarters*); G. P. Roxburgh, T. P. Williams (*halves*); E. S. Vergette (capt.), R. H. Bettington, H. D. Robertson, T. J. Pittard, H. G. Edwards, G. D. S. Briggs, V. C. Thompson, C. R. Jenkins (*forwards*). C. R. J.

ST. BARTHOLOMEW'S HOSPITAL *v.* GLAMORGAN WANDERERS.

On Saturday, February 12th, a thaw set in just in time to enable us to play this game at Winchmore Hill. A. W. L. Row played his first game for the Hospital this season, turning out as right centre three-quarter. Neither Gaisford nor Frederick were able to play, so Prowse played full-back. Games substituted for T. P. Williams at scrum-half. Our opponents made two changes from their advertised team. It was most unfortunate for all concerned that the jerseys of the two teams were so alike. This similarity increased as the game progressed and led to a fair amount of confusion. The ground was hard under a slippery surface. We won by 2 goals and 4 tries (22 points) to 1 try (3 points).

Although some good passing movements were seen by both back divisions, it was a scrappy and uninspiring game. Guinness's try, though, was well worth coming up to Winchmore Hill to see. He received the ball from Games near the half-way line, and ran through their entire side to score between the posts. It was a dazzling performance. Capper scored the other try for the Hospital in the first half, and, as Bettington converted both, we led by 10—*nil* at half-time. They were unlucky in losing Nicholls with a fractured clavicle early in the game.

In the second half there was some very good dribbling, in which all the forwards took part, with the addition of Grace. Grace also put in some very strong runs this half, and, in addition to scoring once, gave Bettington his try. Pittard and Maley scored the other two tries, the former after selling dummies to Bettington and Jenkins, and the latter after a good dribble with Williams. Although the ground was difficult for place-kicking, Bettington should have converted one of these tries. Briggs threw away one try when, having dribbled the ball up to the line, he tried to pick up and knocked on. We hope he will always remember this. They scored their only try from a line-out a yard from our line in the last minute of the game.

Pittard again hooked well, and it is most unfortunate for the team that he is leaving us before the season finishes. Capper is a most useful forward, and is seen to advantage in the scrums, in the line-outs and with the ball at his feet. Briggs seems to get faster and faster, and apart from the foolish mistake already mentioned, played a good game. Vergette was always in the thick of it, and he and Bettington used their weight to great advantage. Games sent the ball out well and Guinness stood out as the best back on the field. When Row fits into the "three" line we shall have a better attacking force. His tackling may best be described as devastating. The ball did not go Lloyd's way much, but his speed was valuable once in securing the touch-down. Prowse played a very steady game at full-back. He fielded the slippery ball well, and combined length with accuracy in his kicking.

Team: C. B. Prowse (*back*); A. H. Grace, G. P. Roxburgh, A. W. L. Row, W. J. Lloyd (*three-quarters*); H. W. Guinness, J. D. B. Games (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, G. D. S. Briggs, W. M. Capper, T. J. Pittard (*forwards*).

INTER-HOSPITAL CUP.

2nd Round.

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

On Thursday, February 17th, at Richmond we fielded a full side and won by 3 goals from tries and 6 tries—33 points—to *nil*. Pittard not being available for the next round, Robertson was tried as hooker. The ground was in perfect condition and there was no wind. We hope it is not an act of impertinence to congratulate U.C.H. on their plucky game. They kept going hard the whole game, and came very near to scoring several times, particularly in the last twenty minutes. The display of their full-back was especially good, and it was no fault of his that his line was crossed nine times.

From the commencement we obtained possession in the scrums, and after Guinness had several times worked the blind side without success, the ball came out on the open side. Row dropped the ball, and it was dribbled rapidly sixty yards up the field for Briggs to score far out on the left. Bettington's kick missed the goal. We kept up a strong attack, and from some loose play near their line Vergette picked up and scored. Gaisford kicked a good goal. After this Guinness was called on to relieve well, and Bettington scored a try after good handling in which backs and forwards took part. Gaisford kicked a still better goal. Three minutes later Roxburgh put in a good cross-kick which Bettington fielded in his stride and went over near the goal. Gaisford kicked the easy goal. Thus, after seventeen minutes' play we led by eighteen points. It looked as if we should run up an enormous score, but the forwards became lazy and the backs passed wildly. There was only one other score in the first half, when Lloyd made a good dash for the corner flag after a passing movement. Gaisford missed from a difficult angle.

In the second half there was no scoring for twelve minutes and then four tries were put on in twenty minutes. Graces scored two good tries after good passing movements, Vergette scored again a similar try to his first and Lloyd finished off another three-quarter movement. All the kicks failed, though two of Gaisford's from near the touch-line were good.

There are several points in our play which must be improved before we can enter the final, let alone win the cup. The ball takes far too long to pass through the scrum. This was no fault of Robertson's, who was hooking well. From the touch-line the ball appeared to stick in the second row. The backs and forwards hang on to the ball too long. It was clearly demonstrated in both of Grace's tries, the value of letting the ball out quickly to the wing. When the three-quarters are widely spaced and the ball sent along the line quickly the wing has no one to beat. The ball, in its rapid crossing, has beaten the opposing wing, the full-back and any forwards. We have tried to point this out the whole season, but these two examples should prove more than any words. Again, when a man breaks through then is the time to pass, not when he has failed to pass another opponent. If he passes as soon as he is through the gap the wing again will have a clear run in.

Gaisford played well. He had very little to do but he was always in perfect position. He was good at the feet of their forwards, and twice ran up the field to start attacks. His touch-finding, however, was poor. Lloyd was disappointing. He is fast, but so often hesitates in his dash for the corner flag. Roxburgh was good and bad in turns. After cutting through well he would spoil it by sending out a bad pass. Row was lamed by a bruised thigh, and though passing well in the second half, was passing too high early on. Grace played well. Guinness was brilliant, but frequently hung on too long. T. P. Williams was handicapped by slow heeling, but overcame the handicap remarkably well. Apart from the first twenty minutes, when the whole pack played well, Vergette was the only forward to play up to his reputation.

Team: W. F. Gaisford (*back*); A. H. Grace, A. W. L. Row,

G. P. Roxburgh, W. J. Lloyd (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, G. D. S. Briggs, W. M. Capper, H. D. Robertson (*forwards*).

P. G. LEVICK,
Hon. Treasurer.

ST. BARTHOLOMEW'S HOSPITAL *v.* O.M.1S.

Played on February 19th. We were unable to field a full side for this match. Our absentees were T. P. Williams, Bettington, Jenkins and Vergette, but none of them were seriously injured. Pittard, luckily, had not yet departed for Wales, and, playing in the unaccustomed position of scrum half, he did extremely well, his "spoiling" methods especially proving of great value.

The match was one of the most exciting possible; our opponents had most of the game territorially, especially during the last twenty minutes, but the game was continually passing from one end of the field to the other, each line in turn being in danger. The most pleasing feature from the Hospital's point of view was the form displayed by the young pack of forwards who, up against a much more experienced and heavier eight, stuck to it throughout the game with most commendable spirit. Guinness played his usual excellent game and led up to the only score, a good try by Briggs, after a quarter of an hour, which was converted by Gaisford, who was right on top of his form and hardly failed to find touch with any of his kicks. In the pack, where all played well, Briggs, Maley, Williams and Capper seemed most effective, with Robertson's defence proving very useful.

Grace continued to show improvement in his already good play on the wing, and seems also to have increased his speed. Altogether a most encouraging match, and one which leaves a most optimistic feeling for the future.

Team: W. F. Gaisford (*back*); A. H. Grace, G. P. Roxburgh, C. R. Prowse, W. I. Lloyd (*three-quarters*); H. W. Guinness, T. J. Pittard (*halves*); R. N. Williams (capt.), H. D. Robertson, J. A. Edwards, H. G. Edwards, W. M. Capper, G. D. S. Briggs, M. L. Maley, V. C. Thompson (*forwards*).

E. S. V.

JUNIOR CUP-TIES.

1st Round.

ST. BARTHOLOMEW'S HOSPITAL "A" XV *v.* MIDDLESEX HOSPITAL "A" XV.

This match was played at Winchmore Hill on February 9th. The ground was in good condition, but there was a cold north wind blowing which numbed the fingers of the backs and accounted for many dropped passes. After some even play Norrish scored from a cross-kick from Rowe. Our team were now playing well, the forwards heeling quickly and the backs running straight. Rowe scored from a cross-kick by Dunkerley, Rait-Smith twice cut through to score under the posts and Capper also ran over. Stephens converted the last four, and at half-time we led by 4 goals, 1 try (23 pts.) to nothing.

Middlesex resumed with one short, but were now playing much better, and their left wing nearly scored, only to be tackled into touch-in-goal by Taylor. Our forwards became very sluggish, and the heeling was very slow. In the last quarter of an hour, however, our opponents cracked, and we scored four times through Gonin (2), Knox and Stephens, although more than one of the final passes appeared to be forward. Stephens converted the final try.

All our three-quarters played well, and Pentreath and McGregor did some useful kicking. Rait-Smith used his cut-through to advantage, and Games played a stout game. Taylor did the little he had to do well, and we are fortunate to have such a useful understudy to Frederick, who was unable to play owing to an injury received at Devonport. The forwards were good in the loose except for a bad patch in the second half, but their packing on the whole was ragged. Gonin and Norrish were very energetic wing-forwards though the former was too frequently off-side, while Capper and Thompson did much good work.

St. Bartholomew's, 5 goals, 4 tries (37 pts.), Middlesex Hospital, 0.

Team: J. T. Taylor (*back*); J. T. Rowe, E. U. H. Pentreath, A. McGregor, J. T. Dunkerley (*three-quarters*); B. Rait-Smith, J. D. B. Games (*halves*); M. Gonin (capt.), W. M. Capper, H. G. Edwards, J. S. Knox, L. M. M. le Coultre, R. E. Norrish, D. J. Stephens, V. C. Thompson (*forwards*).

C. R. J.

ASSOCIATION FOOTBALL CLUB.

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

Played at Winchmore Hill on Saturday, February 5th, the game resulted in a win for Clare by 3 goals to 1. The Hospital attacked in the early stages and Mailer scored from a centre. Before half-time Clare equalized, and in the second half put on two further goals. The Hospital forwards played well, but the defence showed marked hesitancy in tackling.

Team: J. H. Watkin, *goal*; T. C. R. George, E. N. Jenkinson, *backs*; A. Bennett, I. Q. Evans, C. A. George, *half-backs*; A. M. Gibb, J. S. H. Wilson, W. J. Burgess, W. A. R. Mailer, T. E. Phelps, *forwards*.

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

At Wye, on February 9th, the Hospital succeeded in drawing after an extremely scrappy game. Playing against the wind in the first half, the Hospital scored through Burgess. Soon afterwards Wye equalized, the defence being all at sea. Throughout the second half the Hospital attacked, but could not add to their score, though many of their shots went very close.

Team: J. H. Watkin, *goal*; J. Shields, E. N. Jenkinson, *backs*; J. R. Crumbie, I. Q. Evans, C. A. George, *half-backs*; A. M. Gibb, J. S. H. Wilson, W. J. Burgess, W. A. R. Mailer, C. Darke, *forwards*.

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

On Saturday, February 12th, the Hospital drew with the Old Malvernians at Winchmore Hill. The game was fast and interesting, and although the Old Malvernian forwards were dangerous when they attacked, the quickness of the defence in tackling prevented them putting in many shots. Our opponents scored first, and after a few minutes Gibb equalized for the Hospital. During the second half both goals had some narrow escapes, but no further goals were scored. The Hospital team played much better than they had done for some weeks. The defence especially were greatly improved.

Team: J. H. Watkin, *goal*; E. N. Jenkinson, J. Shields, *backs*; J. R. Crumbie, I. Q. Evans, A. Bennett, *half-backs*; A. M. Gibb, J. S. H. Wilson, W. J. Burgess, W. A. R. Mailer, C. Darke, *forwards*.

FIXTURES FOR MARCH.

March 2nd—*v.* Centels at Tufnell Park.
,, 5th—
,, 12th—2nd XI *v.* King's College, Winchmore.
,, 19th—*v.* Old Westminster's, Winchmore.
,, 26th—*v.* Old Carthusians, Winchmore.

The Centels match on March 2nd should be well supported. It is played annually for a cup, but it is a charity game with the C.T.O.; all proceeds to Bart.'s. Last year about £35 was raised.

HOCKEY CLUB.

INTER-HOSPITAL CUP.

1st Round.

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

The first round of the Cup was played against U.C.H. on Thursday, February 10th, at Merton Abbey, and ended in a draw—5 goals each. The Bart.'s Dance, which had taken place the previous night, tended to rob the team of its freshness, and it was a quarter of an hour before the Hospital settled down. In the meantime U.C.H. had taken full advanatge of our *ennui* and were 3 goals up before we had realized it.

To their great credit the Hospital were not discouraged by this lead, and were able to score a goal through Williams before half-time. The game was an even one, and Bart's were having their full share of the play.

The Hospital changed over with the score at 3 goals to 1 against them, but were playing a more determined game, with the result that Foster added two goals to our score. These were the result of some clever stick-work in the circle and following up quickly after shooting. U.C.H. were still making attacks, and were able to rush another goal and take the lead again by 4—3. Shortly before time Williams equalized, and the whistle was blown for time with the score standing at 4 goals each.

Ten minutes extra each way was played to bring the match to a definite conclusion, but it ended in a draw, each side scoring one more goal. Foster scored the fifth goal within the first ten minutes, and we were somewhat unlucky after at last taking the lead to lose another goal to U.C.H. in the second ten minutes.

Team: R. W. Windle; F. H. McCay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, A. G. Williams, G. W. S. Foster, J. G. Milner.

The Replay.

The tie was replayed on Thursday, February 17th, and was won by Bart.'s by 8 goals to 1. This result was surprising after previously drawing, but the game was not so uneven as the score suggests. Our score was opened by Foster, who was in great form, netting no fewer than four out of the eight goals. All the forwards were showing more dash and better combination, and the eight goals that were scored were all thoroughly deserved.

At half-time the score was 3—1 in our favour, Foster, Williams and Symonds each getting a goal—the latter's effort being the outcome of a good individual run.

We changed over with a lead of two goals, but the closeness of the game still left the ultimate result in the balance. The honours of this game fall on the halves, and especially Hartley, who worked untiringly. All three were good in attack and made many openings for their forwards. This combined effort added 5 more goals, 3 of which were Foster's and 2 Milner's.

The defence was sound, Church being prominent on the left and Wright was clearing with great judgment. There can be no doubt that if the Hospital continues to play its Cup-ties in this way we shall go far.

Team: R. W. Windle; F. H. McCay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, A. G. Williams, G. W. S. Foster, J. G. Milner.

R. W. W.

GOLF.

1. *The Hospital Cup* (1926) was won, for the second year in succession, by C. E. Woodrow, 86—7=79, J. G. Milner being runner-up with a score of 95—14=81. Played off on the High Course, Moor Park. Entries were very poor.

2. *Girling Ball Cup* (1926) won by W. S. Maclay, who beat G. A. Stocker-Harris by 2 and 1. In the semi-finals Maclay beat C. E. Woodrow at the 20th and Harris beat R. H. Bettington by 3 and 2. Entries for this competition were good. Many competitors unfortunately found it necessary to scratch, and there was great delay all through in playing off the various rounds.

H. V. BURT,
Secretary, St. B. H. G. C.

CORRESPONDENCE.

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

AMATEUR DRAMATIC CLUB.

DEAR SIR,—Did you not realize that Mr. Campbell Gordon doubled the parts of "Crochard" and "Felix Armand"? In order that our audience might not forestall the *dénouement* we attributed the latter character on the programme to a "Mr. Basil Arnold," who does not exist.

You should therefore pay belated tribute to Mr. Gordon not only for his two-character parts, but also for so successfully deceiving you by his "doubling"—even as I do.

Yours very sincerely,
G. DAY.

[Magnificent, Mr. Gordon. Sold again.—ED.]

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

THE CHRISTIAN UNION.

DEAR SIR,—I have the pleasure of forwarding the following completed list of speakers for the remainder of this term:

March 3rd: Major Manwaring Burton
,, 10th: Admiral Stileman.
,, 17th: Godfrey Buxton, Esq., M.C.
,, 24th: Dr. Ernest White.
,, 31st: R. T. Naish, Esq., "Some Startling Signs of the Lord's near Return."
April 7th: Dr. Watney.

The meetings are held in the Library at 5 p.m. A very warm invitation is extended to all readers.

Yours very sincerely,
B. KETTLE.

St. Bartholomew's Hospital
London E.C. 1;
February 21st, 1927.

REVIEW.

APPLIED PHARMACOLOGY. By A. J. CLARK. (London: J. & A. Churchill.) Pp. 430. 15s. net.

We warmly welcome the second edition of this book. Pharmacology comes so often to the student in the guise of a long list of differently acting drugs which can only be learnt by heart, and the actions of which are presented to him not so much from the physiological point of view, with which he is acquainted, but from the experimentalist's angle. We often think that we are asked to learn a subject that consists of a number of names and doses, and we are told that these drugs are given in diseases of whose manifestations we have but the faintest knowledge. The fact that other authors try and form some sort of plan for the manner in which this knowledge shall be presented to us is not to affirm that this plan cannot be bettered. They often appear to us as experimentalists teaching us after the plan in which their bottles are arranged on their benches. Despite the amusing, not to say grotesque, manner of some of the sponsors of the subject, Prof. Clark's method carries us often further, and quite probably does so because he seems to be standing on our side of the bench, and starts pre-eminently from a physiological standpoint. His theme is the alteration of physiological processes by the action of drugs. The result may be that we have a less clear-cut account of all the actions of a single drug on one particular page than other teachers give us, but the method seems to be more adapted to our previous learning and future memorization. Will its circulation be impeded if we assure our readers that it is not a cram-book.

The chapters in which the pharmacology of each separate main body function are considered are written so concisely that they appear to cover an amazing amount of ground in a small space, and are admirable summaries of all the latest assured facts in physiology.

If Prof. Clark has been hampered in his space by his course between the Scylla of writing for the pure pharmacologist and the Charybdis of expounding matters to the unlearned student, could he at least in the next edition leave a little more room for some table whereby the doses given in the metric system could be readily translated into the more usual British terms. If, in addition, without altering his method greatly he could group together more often all the normal results of toxic doses, *e. g.* of digitalis, it would greatly help.

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

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Cock's Operation." *British Journal of Surgery*, October, 1926.

KIVIERE, CLIVE, M.D., F.R.C.P. "Bronchiectasis. I. The Medical Aspect." *Lancet*, November 27th, 1926.

ROBERTS, J. E. H., F.R.C.S. "Bronchiectasis. II: The Surgical Aspect." *Lancet*, November 27th, 1926.

ROBINSON, WILLIAM, M.D., M.S., F.R.C.S. "The Problem of Tuberculosis To-day." *Clinical Journal*, September 29th, 1926.

ROBINSON, WILLIAM VALENTINE, D.M., M.A., B.Ch. "The Ophthalmoscope in General Practice." *Clinical Journal*, October 20th and 27th, November 3rd, 10th, 17th, 24th, and December 1st, 1926.

ROCHE, ALEX. E., M.A., M.D., M.Ch., F.R.C.S. "The Ultimate Result of a Case of Separated Upper Epiphysis of the Humerus." *Clinical Journal*, October 6th, 1926.

——— "Vesical Calculus with Paraffin Nucleus." *Lancet*, October 30th, 1926.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., F.R.C.P. "An Address on the Functions of the School Clinic." *Lancet*, October 2nd, 1926.

——— "Professional Careers." *Lancet*, October 9th, 1926.

——— "Relations of Medicine and Dentistry." *British Medical Journal*, November 27th, 1926.

——— "A Lecture on High Blood-pressure from the Clinical Aspect." *Lancet*, December 11th, 1926.

ROSS, J. PATERSON, F.R.C.S. "Atrophic Disease of the Shoulder-Joint." *British Journal of Surgery*, October, 1926.

SEDDON, HERBERT J., M.R.C.S., L.R.C.P. *See* ALEXANDER and SEDDON.

SEWELL, E. P., C.M.G., D.S.O., V.H.S., M.B., B.Ch. "A Tactical Scheme Set at an Examination for the Promotion of Majors to the Rank of Lieutenant-Colonel." *Journal Royal Army Medical Corps*, October, 1926.

SHAW, WILFRED, M.A., M.B., B.Ch., F.R.C.S. *See* GORDON-WATSON and SHAW.

SPENCER, W. G., O.B.E., M.S., F.R.C.S. "Celsus' De Medicina—A Learned and Experienced Practitioner upon what the Art of Medicine could then accomplish." *Proceedings of the Royal Society of Medicine*, August, 1926.

STRANGEWAYS T. S. P. "The Living Tissue Cell." *British Medical Journal*, October 2nd, 1926.

STURDEE, E. L., O.B.E., M.R.C.S., L.R.C.P. "Discussion on the Modern Control of Infectious Diseases." *Proceedings of the Royal Society of Medicine*, May, 1926.

THEOBALD, G. W., M.D., M.R.C.P., F.R.C.S. "A Plea for Drastic Reform in the Teaching of Midwifery." *Proceedings of the Royal Society of Medicine*, May, 1926.

——— "A Plea for Drastic Reforms in the Teaching and Practice of Midwifery." *Lancet*, September 25th, 1926.

THORNE, LESLIE THORNE, M.D. "Treatment of Children recovering from Acute Cardiac Affections." *Practitioner*, July, 1926.

THURSFIELD, HUGH, M.D., F.R.C.P. "Discussion on Hodgkin's Disease in Man and Animals." *Proceedings of the Royal Society of Medicine*, March, 1926.

——— "Discussion on the Treatment of Exophthalmic Goitre." *Proceedings of the Royal Society of Medicine*, June, 1926.

——— (G. A. HARRISON, B.A., M.D., with H. T.). "Notes on Measures in Infant Feeding." *Archives of Diseases in Childhood*, February, 1926.

BOOKS RECEIVED.

INVESTIGATION OF A CASE OF HENOCH'S PURPURA TREATED BY SPLENECTOMY. By BERNARD MYERS, C.M.G., M.D., M.R.C.P., A. KNYVETT GORDON, M.B.(Cantab.), and RODNEY MAINGOT, F.R.C.S.

A BRIEF NOTE ON THE MORPHOLOGY, CULTURAL CHARACTERS AND BIOCHEMICAL RELATIONS OF VIBRIOTHRIX ZEYLANICA CASTELLANI. By M. BHATTACHARYYA, M.B.(Cal.).

A MYCOTIC DISEASE OF BATRACHIANS. By H. HAROLD SCOTT, M.D., F.R.C.P., D.P.H., D.T.M.H., F.R.S.(Edin.).

NEOPLASM IN A POROSE CROCODILE. By H. HAROLD SCOTT. With an Addendum by JOHN BEATTIE.

TUBERCULOSIS IN CAPTIVE WILD ANIMALS AS COMPARED AND CONTRASTED WITH THE DISEASE IN MAN. By H. HAROLD SCOTT, M.D., F.R.C.P., F.R.S.E., F.Z.S.

REPORT OF THE DIRECTOR-GENERAL OF HEALTH, N.Z., FOR THE YEAR ENDED MARCH 31ST, 1926.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1926.

Branch I. Medicine.—Cullinan, E. R., Johnson, R. S., Robb, W. A.

Branch IV. Midwifery and Diseases of Women.—Soltau, H. K. V.

CONJOINT EXAMINING BOARD.

First Examination, January, 1927.

Chemistry.—Morris, D. S.

Elementary Biology.—Featherstone, G. I. C., Symonds, J. W. C.

Pre-Medical Examination.

Chemistry.—Evans, W. E. F.

Physics.—Ryan, T. J.

Second Examination.

Part I. Anatomy.—Flanagan, H. J. C., Hart, M. R. W., Hodgkinson, H. L., Robinson, P., Whitehurst, T. H. N., Winslow, V. F. F.

Physiology.—Leaver, R. H., Morgan, C. J., Robinson, P., Taaffe-Finn, R. F., Whitehurst, T. H. N., Winslow, V. F. F.

Part II. Pharmacology and Materia Medica.—Colman, N. B., *Davy, A. F., Stephens, D., Stevens, H.

* New Regulations.

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

Burrows, H. J., Clark, B. M., Dean, J., Donnelland, J. H. A., Evans, E. S., Eyton Jones, F. M. M., Griffiths, T. R., Gubbin, J. H., Hardwick, S. W., Holmes, J. W. O., Houston, H. F., Levick, P. G., Llewelyn, D. A., Maclay, W. S., Malk, M., Munro, W. C., Pearce, R., Pittard, T. J., Rees, E. R., Rose, E. E. F., Tait, C. B. V., Vergette, E. S., Windle, R. W., Woodrow, C. E.

CHANGES OF ADDRESS.

BOLTON, R., Missionary Home, Quinsan Gardens, Shanghai (*viâ* Siberia).

CHAMBERS, G. O., 20, Lind Street, Ryde, Isle of Wight.

FAIRBANK, J. G. ATKINSON, 30A, Wimpole Street, W. 1. (Tel. Langham 3907.)

JORDAN, A. C., 82Z, Portland Place, W. 1. (Tel. Langham 1626, unchanged.)

KAYE, E. G., 18, St. George's Road, Eccleston Square, Victoria, S.W.

LOW, G. HARVEY, Les Feux de Noël Pleneuf, Côtes du Nord, France.

MAPLES, E. E., Sports Club, St. James's Square, S.W. 1. (Till end of August, 1927.)

PEARSON, H. W., Holmfield, Reigate.

RICE, F. M. P., Royal Societies' Club, 63, St. James's Street, S.W.

SPEAR, J., c/o Barclay's Bank, Ltd., The High, Oxford.

THOMAS, C. HAMBLEN, 26, Harley Street, W. 1. (Tel. Langham 2252.)

TINCKER, R. W. H., Byfield House, Painswick, Glos.

WARD, R. OGIER, 137, Harley Street, W. 1. (Tel. Langham 3526.)

WILLIS, F. E. SAXBY, 26, Harley Street, W. 1. (Tel. Langham 2252; private telephone Padd. 8189, unchanged.)

APPOINTMENTS.

BARNSLEY, A., M.R.C.S., L.R.C.P., appointed Medical Officer (Anæsthetist) to the Straits Settlements.

CHAMBERS, G. O., M.C., F.R.C.S., appointed Honorary Surgeon, Royal Isle of Wight County Hospital, Ryde; and Consulting Surgeon to H.M. Prison, Parkhurst, Isle of Wight.

MAITLAND, C. T., M.D.(Lond.), M.R.C.P., appointed Medical Officer of Health to the Metropolitan Borough of Stoke Newington.

THOMAS, C. HAMBLEN, M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon to the Throat Department, West London Hospital, Hammersmith.

VERRALL, P. J., M.B., B.Ch.(Cantab.), F.R.C.S., appointed Orthopædic Surgeon to the Royal Free Hospital, Gray's Inn Road, W.C. 1.

BIRTHS.

WHITE-COOPER.—On February 11th, 1927, at "Montagu," Dartmouth, Devon, to Rosamond (*née* Tracey), wife of W. R. White-Cooper, M.B., B.S.(Lond.)—a daughter.

WINDER.—On February 6th, 1927, at 17, Winn Road, Southampton, to Lieut.-Col. M. G. Winder, D.S.O., R.A.M.C., and Mrs. Winder—a daughter.

MARRIAGES.

BEVAN—COMBE.—On January 22nd, 1927, at St. Peter's Church, Brockley, Frank Arthur Bevan, M.B., B.S., of Hadleigh, Essex, to Mary Combe, of Brockley, London, S.E.

LANG—CHRISTOPHERS.—On February 18th, 1927, at St. Anne's, Soho, by the Rev. A. W. Oxford, M.A., M.D., Basil Thorn, only son of William Lang, of 22, Cavendish Square, W. 1, to Norah, daughter of the late John Christophers, of Melbourne, and Mrs. Christophers.

DEATHS.

ARNOLD.—On February 5th, 1927, at Byfield House, Painswick, Gloucestershire, after a few days' illness, Francis Sorell Arnold B.A., M.B.(Oxon.), son of the late Thomas Arnold, M.A., and grandson of the late Thomas Arnold, D.D., sometime Headmaster of Rugby School, beloved husband of Annie Arnold, aged 66.

BEADLES.—On February 16th, 1927, suddenly, at 389, Lower Addiscombe Road, Croydon, Arthur Harry Beadles, the dearly loved husband of Sylvia Beadles and son of the late Arthur Beadles, of Forest Hill.

The address of EDME, LTD., is now 122, Regent Street, W.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, Mr. G. J. WILLANS, M.B.E., B.A., *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 0510.*

St. Bartholomew's Hospital Journal.

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

VOL. XXXIV.—No. 7.] APRIL 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Fri.,	April 1.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Tues.,	„ 5.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Fri.,	„ 8.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Tues.,	„ 12.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri.,	„ 15.	—Prof. Fraser and Prof. Gask on duty.
Tues.,	„ 19.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Thurs.,	„ 21.	—**Last day for receiving matter for the May issue of the Journal.**
Fri.,	„ 22.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Mon.,	„ 25.	—Special Subject Lecture by Mr. Harmer.
Tues.,	„ 26.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Fri.,	„ 29.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

EDITORIAL.

SOME of us, who in our early days struggled for familiarity with the lights of musical culture by listening, painfully attentive, to the later quartets of Beethoven, must have resented the fulsome invasion of the public into our preserves with its passionate avowal of Beethoven's greatness. We accuse the public of superficiality and of culture in fortnightly parts, and at the same blow condemn ourselves. Medical men whose training reflects faintly the labours of those who have preceded them feel only pride when the public takes their great men, however superficially, to its heart. It is perhaps a tribute to the profession that they should be free from such delicate snobbery.

The centenary of Lord Lister's birth takes place on April 5th, when Dr. Leeson, one of Lister's few surviving pupils will publish a book on *Lister as I knew him.*

The Wellcome Historical Museum contributes to the spectacular side of the centenary. They have erected cases illustrating Lister's work (his apparatus or facsimiles of it are used), thrown into an historical perspective by a parallel series of cases, illustrating the researches of Pasteur.

Dr. Morley Fletcher represents St. Bartholomew's Hospital at the celebrations.

* * *

We congratulate Mr. W. E. Le Gros Clark on his appointment to the Chair of Anatomy, tenable at this Hospital. We shall be glad to welcome him in his new capacity next September. Our congratulations are also due to Dr. Hamilton Hartridge, who has been appointed to the Chair of Physiology. Those of us who sat under him at Cambridge will rejoice that their allegiance was transferred to St. Bartholomew's before they had to deplore his loss as Cantabs.

* * *

There is no more vexed question affecting the medical curriculum at the present time than the teaching of pathology, and in particular, of what is known as clinical pathology. Of the great and increasing number of pathological investigations required for patients in the Hospital, it is obvious that some can only be carried out by qualified pathologists, but perhaps the greater bulk of the work has always been done here by students under supervision, who thereby receive their education in that branch of pathology. This is not a universal practice; at many teaching hospitals a great deal of such work is done by technical assistants.

To appreciate the present position, as affecting ourselves, it is necessary to look back for some years to a