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

time when instruction in clinical pathology was not demanded by examining boards. In those days only a comparatively small number of men held the post of pathological clerk; one only, or at most two, were appointed to each firm. They were senior men, sometimes even qualified, and their tenure of the post was recognized as a strong recommendation for subsequent appointment to the Junior Staff. With the advent of universal instruction in this subject, a pathological clerkship became an obligatory appointment; it has usually been held early in the curriculum, and with a greater number of men than before working in the same laboratory, its conditions have changed. It has now been decided to revert to the original conditions of the appointment, limiting it to a reduced number of men who show an interest and aptitude for the work. There will be a course of lectures and practical classes in clinical pathology, conforming to the regulations of the examining boards, both for those men who do not hold the post of pathological clerk, and as a necessary preliminary for those who do.

In addition the lectures and demonstrations as a whole have been rearranged so that it will now be possible for a student to receive the necessary instruction in all branches of pathology in a period of nine months.

These changes came into force this month, and there must obviously be a period of several terms before the new system can wholly replace the old. But, although at the cost of some inconvenience to a number of people, a beginning must be made with what should ultimately meet the needs both of teaching and of hospital work more completely than is possible at the present time.

* * *

Week-End Post-Graduate Classes.—Annually, during the past six years, a course of teaching for old St. Bartholomew's men and other practitioners of a fortnight's duration has been held in the long vacation. The number of practitioners who have attended these courses has been variable, and the course held in September last was somewhat scantily attended.

The Committee of the Medical College has, therefore, not been altogether sure that these vacation courses are the best form of post-graduate teaching. Recently the College Committee has had the question under consideration, and has decided to discontinue, at any rate for the present, the July or September Post-Graduate Course. The Committee is, however, reluctant to abandon post-graduate teaching altogether. It has therefore decided to arrange during each of the three terms of the academic year to hold a course of four consecutive week-end classes. Each week-end will be devoted to a single definite, subject which will be fully dealt with from various aspects. It is proposed that the first of these courses shall be given during the last two week-ends of June and the first two week-ends of July next, and if these prove to meet the requirements of practitioners, other courses will be arranged for week-ends about October next and in April, 1928. The details of the first course in June and July next are now in preparation and will be announced in the May issue of the JOURNAL. The fee charged for the course will be a moderate one.

BERNARD JOHN LOVELY.

It is with deep regret that we record that Bernard John Lovely, who was taken ill on March 11th, died on March 22nd, from the effects of a cerebral abscess. Lovely, who was born on May 1st, 1905, entered the Hospital in October, 1922. He passed the second M.B. in March, 1925, and was *proxime accessit* for the Hervey Prize in the same year. He held the appointments of dresser to Prof. Gask and clinical clerk to Dr. Langdon Brown. We tender our sympathy to Mrs. Lovely and to his friends. A memorial service was held in the Church of St. Bartholomew the Less on Saturday, March 26th.

HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from May 1st, 1927:

Junior House Physicians—	
Dr. Morley Fletcher.	B. M. Clark.
Sir Percival Hartley.	R. M. Gilchrist.
Prof. F. R. Fraser.	A. W. Spence.
Sir Thomas Horder, Bart.	E. S. Vergette.
Dr. Langdon Brown.	C. E. Woodrow.
Junior House Surgeons—	
Sir Holburt Waring.	L. Holmes.
Mr. W. McAdam Eccles.	B. B. Hosford.
Mr. L. Bathe Rawling.	C. B. V. Tait.
Prof. G. E. Gask.	F. H. Aitken Walker.
Sir C. Gordon-Watson.	G. G. Holmes.
Intern Midwifery Assistant (Resident)	S. J. P. Gray.
Intern Midwifery Assistant (Non-Resident)	P. Levick.
Extern Midwifery Assistant	R. G. Anderson.* / E. E. F. Rose.†
H.S. to Throat and Ear Departments	J. C. Hogg.
H.S. to Ophthalmic Department	H. B. Stallard.
H.S. to Venereal and Skin Departments	W. F. Gaisford.* / F. M. Eyton-Jones.†
H.S. to Orthopædic Department	J. H. O. Roberts.
Junior Resident Anæsthetists	G. P. Roxburgh / O. R. Tisdall.

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

THE THERAPEUTIC VALUE OF CARBON DIOXIDE.

THERE are few remedies which have sprung into greater prominence in a short time than carbon dioxide, and it was thought that a brief outline of its action and value in pathological conditions might be useful.

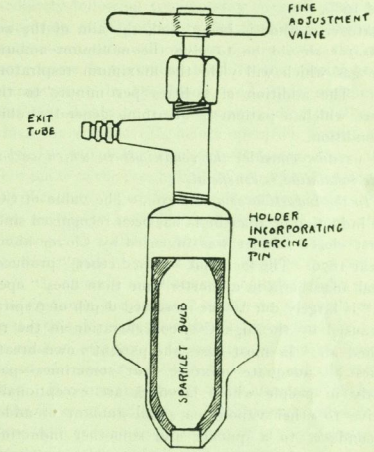
Carbon dioxide was first distinguished from air by Van Helmont in the seventeenth century. It is a colourless gas, with a rather pleasant pungent odour, and is one and a half times heavier than air. It does not support combustion or life. Carbon dioxide was first liquefied by Faraday, and is now stored in cylinders in the liquid state, a pressure of 52·1 atmospheres being necessary for liquefaction at + 15° C.

Solid Carbon Dioxide.

In the first place brief reference must be made to the action of solidified carbon dioxide or "carbonic acid snow." This is prepared in the form of "pencils," and is used in various skin diseases by a few seconds' firm application to the affected area. Refrigeration, followed by hyperæmia, occurs, and surprisingly little pain is caused.

Effects of Inhalation of Carbon Dioxide Mixtures.

Man normally breathes air which contains about 0·04% CO_2. An average adult at rest consumes about 7 litres of air per minute. Under inhalation anæsthesia the consumption is slightly greater, and under endo-tracheal anæsthesia is slightly less. If, however, 5% CO_2 is added to the inspired air, an immediate increase in the depth of respiration takes place, and in about 20 seconds the volume per minute of inspired air rises to about 30 litres. This increase will continue, within limits, for as long as the mixture is inspired, unlike the transitory effects of other gaseous stimulants such as ammonia. We know of no other drug which even approaches this result either in speed or intensity, and this increase in respiratory depth is obtained without any marked increase in metabolism, such as obtains with lobeline, strychnine and other similar drugs. Furthermore, carbon dioxide has the supreme advantage that it is the normal stimulus of the respiratory centre. Occasionally one meets with patients who react in a different manner to 5% CO_2, in that the rate of respiration is greatly affected while the depth remains unaltered or even diminished. This reaction of rapid shallow breathing must be taken as a contra-indication to the use of CO_2 and incidentally shows that the patient is in a very unstable respiratory condition, and that great care must be exercised during a general anæsthesia. An *overdose* of carbon dioxide is indicated by pallor, fibrillary twitching of the facial muscles and rapid or irregular breathing. An immediate reduction in the percentage of the gas must be made under these conditions. It is impossible in the scope of this paper to mention all the extremely complicated effects of CO_2 on human metabolism, but our attention must be mainly directed towards its principal action as a respiratory stimulant.



PORTABLE CARBON DIOXIDE APPARATUS (ABOUT HALF SIZE).

The Technique of Carbon Dioxide Administration.

It is rarely necessary to administer a mixture containing more than 10% CO_2, while 5 is usually sufficient. The balance may be composed of air, oxygen, or mixtures of nitrous oxide, ethylene or ether vapour with air or oxygen, according to circumstances. A satisfactory method of administering such a mixture is to utilize a gas and oxygen machine with a triple sight-feed, and connecting the third tube to a CO_2 cylinder with a fine adjustment valve. It should be noticed that CO_2 for inhalation purposes is supplied in special cylinders (usually painted green), with the delivery tube flush with the top of the cylinder. This ensures the supply of pure gas without any liquid, provided that the cylinder is kept in the upright position.

For short inhalations a simpler method is to use a

"sparklet" bulb in a special holder with a fine adjustment valve. At least two patterns of this handy apparatus are manufactured, and owing to the fact that 10 grm. of liquid CO_2 provide about 4 litres of gas quite a large supply is available. The whole outfit, with several refills, only weighs a few ounces and can be carried in the pocket.

If no apparatus of any kind is available, it should be remembered that CO_2 is present in expired air to the extent of 4·4%, so that simply blowing down a small tube into the pharynx may stimulate respiration. Naturally this is not an efficient method, if only for the fact that the oxygen content in expired air does not exceed 16%.

Whatever method is being used, the aim of the administrator should be to give the minimum amount of the gas which will yield the maximum respiratory effect. The addition of 2 litres per minute to the mixture which a patient is breathing generally fulfils this condition.

Let us now consider *the conditions in which carbon dioxide inhalation is beneficial.*

(1) *In the induction of anæsthesia.*—The value of CO_2 in the induction of anæsthesia has been recognized since the first closed inhaler was invented by Clover about the year 1876. The fact that "closed ether" produces surgical anæsthesia in a shorter time than does "open ether" is largely due to the increased depth of respiration caused by the high CO_2 concentration in the re-breathed air. In most cases the patient's own breath supplies an adequate mixture, but sometimes—particularly in people whose larynxes are exceptionally sensitive to ether vapour—a small amount of added CO_2 conduces to a quicker and smoother induction, owing to the increased pulmonary ventilation allowing a smaller concentration of ether vapour to be employed. Carbon dioxide is also useful in inducing anæsthesia in highly nervous patients. These individuals almost invariably breathe deeply while they remain conscious, and thus deplete the CO_2 in their alveolar air and blood, so tending to pass into a condition of acapnia, with consequent shallow and irregular breathing. The addition of CO_2 rapidly restores deep, regular respiration. Again, if a closed inhaler is not available, the time of an open ether induction can be materially shortened by introducing CO_2 through a tube under the mask.

(2) *In the course of an operation under general anæsthesia.*—If we exclude respiratory obstruction, irregularities of breathing during general anæsthesia are generally due to one or both of two factors. In the first place excessive surgical stimuli may produce a temporary hyperpnœa, often accompanied by laryngeal spasm. This may deplete the pulmonary carbon dioxide sufficiently to produce shallow breathing or apnœa. Thus an irregular or even a Cheyne-Stokes type of respiration becomes established. Such stimuli as stretching the sphincter ani for hæmorrhoids, or distending a sensitive bladder for cystoscopy or everting the liver in cholecystectomy may be cited as examples. Secondly, the sensitivity of the respiratory centre to the CO_2 stimulus may become diminished by the action of the anæsthetic circulating in the blood, so that a higher CO_2 concentration is required to produce a response. This explains the spaced and sighing type of respiration characteristic of prolonged ether anæsthesia. Irregularities in breathing due to either of these causes will be corrected by the addition of CO_2 to the anæsthetic mixture. Again, in the course of a prolonged or severe operation the patient may drift into that unsatisfactory state conveniently described as "surgical shock," and characterized by pallor, sweating, lowering of temperature, shallow and irregular respiration, a feeble pulse, rising in rate and tending to become irregular, while the systolic and diastolic pressures are falling and approximating to each other. In this condition a carbon dioxide-oxygen mixture is a valuable aid to other anti-shock treatment. Its use will deepen respiration and thus re-establish the action of the "respiratory pump," so that the filling of the heart becomes more efficient and the blood-pressure will rise. The direct action of CO_2 upon the vaso-motor centre will also raise the blood-pressure. Furthermore, the high oxygen content in the alveolar air will ensure a supply of fully oxygenated blood to the coronary arteries and thus improve the tone of the heart muscle, so that more forcible contractions will ensue and the systolic blood-pressure will again tend to rise, or alternatively the diastolic pressure will fall. The general improvement in a patient's condition is usually rapid and marked.

(3) *In the course of an operation under local analgesia.*—In most types of extensive regional analgesias the blood-pressure tends to become lowered, and when this is marked a condition very similar to that described above as "surgical shock" becomes established. If the patient is having no general anæsthesia in addition, he usually complains of nausea and may vomit. Spinal, splanchnic and sacral blocks are particularly liable to be associated with abnormally low blood-pressures, and in these cases a carbon dioxide-oxygen inhalation usually has a pronounced beneficial effect.

(4) *In de-etherization.*—If, at the end of a general anæsthesia, the patient be made to inhale a carbon dioxide-oxygen mixture with no re-breathing, the increased pulmonary ventilation will eliminate the anæsthetic much more rapidly than would normally be the case. Consequently the liability of post-anæsthetic vomiting will be diminished. Furthermore, the hyperpnœa will cause expansion and full aeration of the bases of the lungs, thus minimizing the risk of subsequent congestion and consolidation. It also seems reasonable to suppose that pulmonary embolism would be less likely to follow, while it has been demonstrated by Yandell-Henderson that a normal acid-base balance in the blood is restored more rapidly than if the patient were simply left to recover consciousness by himself. It should be noticed that in de-etherization an inhaler embodying an expiratory valve is essential, as if re-breathing takes place, the anæsthetic vapour will be re-inhaled instead of being eliminated. If an endo-tracheal anæsthetic has been given the CO_2-O_2 mixture can be given through the catheter at the conclusion of the operation. This is, in fact, the most efficient means of its administration.

Thus we see that carbon dioxide has given us an almost complete control over respiration, so that general anæsthesia can be made a reversible condition. We can induce deep narcosis rapidly and we can restore consciousness almost equally rapidly, while rendering the effect upon the organism slight and transitory. In this connection, however, a word of warning is necessary. In most major operations it is unwise to continue giving the CO_2 mixture after the reflexes have returned. It is better to let the patient alone after most of the anæsthetic has been eliminated. He will then doze, and remain free from pain for a longer period than if the administration were continuing until full consciousness returned.

(5) *In persistent hiccough.*—Hiccough is a combined laryngo-diaphragmatic spasm, and it seems reasonable to expect that if the diaphragm could be made to contract regularly and strongly, as in hyperpnœa, its spasm would cease. This supposition is fully borne out in practice. The writer has given several patients with most distressing hiccough a 90% O_2-10% CO_2 mixture to inhale, and in every case the spasm has ceased within twenty breaths. The cure may be permanent or a relapse may occur an hour or so later, but as many inhalations as necessary may be given without risk. This method of treatment is of especial value in the intractable type of hiccough sometimes occurring after high abdominal operations, particularly in cases of peritonitis or distension.

(6) *After tracheotomy.*—It has been observed that certain patients upon whom tracheotomy has been performed for chronic laryngeal obstruction have stopped breathing and died for no adequate reason. This has usually occurred when the operation has been performed under local analgesia. Negus has recently pointed out that chronic laryngeal obstruction causes a rise in the CO_2 percentage in the alveolar air (normally 5·6%). When tracheotomy has been performed this immediately falls to normal, so that the respiratory centre, which had previously been accustomed to respond to a higher CO_2 concentration in the blood than normal, no longer receives the necessary stimulus, with the result that apnœa occurs and the patient may die of anoxæmia. Haldane has described a similar condition in animals when the CO_2 in the tissues and blood is greatly reduced by prolonged and forced artificial respiration. When this is stopped, apnœa occurs, and the animal may die from oxygen deprivation without attempting to draw a single breath. This conception of the condition immediately following tracheotomy suggests that a small percentage of CO_2 added to the air inspired through the tracheotomy tube will prevent apnœa while the respiratory centre is becoming used to the diminished CO_2 concentration in the blood, and it is recommended that this should be a routine proceeding in all cases in which the alveolar CO_2 before operation exceeds 6%.

(7) *In pulmonary diseases.*—Reference has already been made to the prophylaxis of *post-operative pulmonary complications.* Carbon dioxide-oxygen mixtures are also extremely useful in *atelectasis* and *asphyxia neonatorum.* If a child is born in asphyxia it will usually breathe regularly within a few minutes if a 10% CO_2-90% O_2 mixture is administered under slight pressure. The frequent success of "mouth to mouth" artificial respiration depends upon the CO_2 in expired air. Again, in cases of *empyema* and *massive collapse* the increased depth of respiration will help to expand the collapsed lung. Encouraging results have also been obtained in *asthmatical attacks,* but an insufficient number of cases have been treated so far to permit of any definite statement upon the results in this condition.

(8) *In cases of poisoning.*—All poisons which act by depressing or paralysing the respiratory centre and those which are excreted wholly or partly by the lungs should be treated by the inhalation of a CO_2-O_2 mixture. Common examples of such poisons are coal-gas or carbon monoxide, hydrocyanic acid, morphia and alcohol. However drunk a man may be, if his stomach be washed out and he be given a CO_2-O_2 inhalation, he will almost certainly be sufficiently sober to walk within an hour. Again, suppose that a man is overcome by exhaust fumes inside a closed garage. He will be breathing so poorly that the inhalation of oxygen will have practically no effect. Directly CO_2 is added, however, the pulmonary ventilation increases, the alveoli become filled with oxygen, and the carboxy-hæmoglobin of the blood is replaced by oxyhæmoglobin. Haggard has shown that the rate of elimination of carbon monoxide in gassed dogs is slowest in the

untreated animals, slightly faster if pure oxygen is inhaled, a great deal faster if air + 10% CO_2 is breathed, and most rapid of all if the mixture is 90%O_2-10% CO_2.

(9) *In suspended animation.*—The rather curious group of cases of suspended animation in catalepsy, trance, partial drowning and lightning or electric shock should be treated on similar lines, as the increased depth of respiration and raising of the blood-pressure are powerful factors in recovery.

It is hoped that the above brief account of the action and uses of carbon dioxide may prove of some value to those who have not, as yet, availed themselves of this stimulating gas.

C. LANGTON HEWER.

REHABILITATION OF MR. COPLAND HUTCHISON, F.R.C.S.

IT is not only to the work of the poet or painter dying neglected in a garret that the recogniton of a future generation may be accorded. To the surgeon also may come the justification of his efforts long after his very name has been forgotten. What, at the time of its first being carried out, may have appeared to have been an unjustifiable operation, may, a hundred years later, become a routine procedure. The measures that some discredited enthusiast is advocating to-day may be acclaimed as sound commonsense in the century to come.

These philosophical musings have been provoked by the perusal of a volume of the *Lancet* dated August, 1824, in which a Mr. Copland Hutchison describes an attempt to deal with a patient suffering from retention, due to prostatic enlargement, by suprapubic cystostomy. In the journal of the following week appears a bitter attack upon Mr. Hutchison by the Editor, in which he accuses him firstly of writing his report in an "exceedingly loose, unsatisfactory manner," and secondly, of making a grave error in the treatment of his patient.

The Editor of that date would appear to have been less diffident in expressing his opinion of his contributors than his successor of the present day. Upon Mr. Hutchison he inflicts a trouncing such as no modern editor would care to deliver. Indeed, Mr. Hutchison seems to have been annihilated by the attack, for there is no rejoinder or attempt to defend his position in subsequent numbers.

In view of the fact that suprapubic drainage has now become a routine measure as a preliminary to prostatectomy in those cases in which there is reason to doubt the efficiency of the kidneys, it may be of interest to describe the circumstances in which Mr. Hutchison had recourse to this operation. Although this justification of his treatment comes too late to relieve the sting of the Editor of the *Lancet's* remarks, the notes of Mr. Hutchison's case are of interest to us.

The patient was a man of 73, who, in the words of Mr. Hutchison, "had a very frequent desire to void urine, although the bladder at such periods might not contain more than one or two ounces; and the irritation was sometimes so great that ischuria or complete suppression was the consequence, as I have had occasion several times to introduce a catheter." The treatment meted out to the patient was that which was usual under the circumstances: in the words of Mr. Hutchison, "warm baths—emollient enemata—opium in the shape of pulv. Doveri—the potassæ nitras cum gum acaciæ—uva ursi, or alkaline remedies." Unfortunately, about the end of the year 1821 his symptoms were aggravated by the passage of blood and an increase of pain. This culminated finally in an attack of complete retention. On passing a catheter very little urine was withdrawn; the eye of the catheter became blocked with blood-clot. As all attempts to obtain relief by this method had failed, a consultation was arranged with Sir Astley Cooper, at which Mr. Hutchison proposed to relieve the distended bladder by opening it above the pubes. It had been recognized that the prostate was enlarged, and for this reason the usual perinæal method of approach to the bladder was considered unsuitable.

Mr. Hutchison's description of his operation is as follows:

"I made an incision into the bladder of between two and three inches, cutting between the pyramidal muscles as in the high operation for the stone, and with a tablespoon scooped out upwards of a pint of coagulated blood, there not being more than a very few ounces of urine likewise contained. The operation was not performed until upwards of twelve hours subsequent to the hæmorrhage. On examining the interior of the bladder with our fingers, we discovered two fungoid tumours projecting into this viscus from the prostate gland; and from which tumours, we conclude, the hæmorrhage must have proceeded, for the bladder in every other part seemed perfectly healthy. The entrance of the urethra was situated between the two tumours, the left being about the size of a hen's egg, and the other that of a large walnut.

"A syphon was now made of a leaden catheter, one end of which was introduced into the bladder by the wound, and a calf's bladder was made fast to the other as a reservoir for the urine. The head and shoulder of the patient being raised by pillows, an opiate administered, and the instrument properly secured, we left him in a comparatively easy and comfortable state, and the syphon performing its office efficiently."

During the first three days following the operation the case would appear to have proceeded favourably, but, unfortunately, on the fourth day a great change took place:

"His spirits became depressed; he declined all kinds of sustenance; his looks were sunken; his pulse was feeble, and a want of action in the wound was but too apparent; and, notwithstanding every effort to save him, he continued to sink gradually until the 7th March, being the sixth day after the operation, when he died in full possession of his mental faculties up to the latest period.

"I lament to say that permission to inspect the body was not obtained.

"I have related the particulars of this case at some length, as it is the first of the kind that ever came under my observation, and only the second which Sir A. Cooper had seen."

At the foot of the report appears the following:

"We shall say a few words on this interesting case in our next.—Editor of the *Lancet*."

There is an ominous tone in that editorial note; Mr. Hutchison is evidently for it. The following week the few words are said.

The Editor adopts the method, not unknown to schoolmasters, of asking a series of questions to which common sense and the Editor both know the answers, although the delinquent himself has apparently failed to find them. "Now in the name of heaven, what does our author wish us to understand by the above paragraph—he surely, while in his sober senses, does not mean to assert that a tube, not a *quarter of an inch in diameter*, was introduced through the wound of the bladder, for the purpose of conveying away the urine, this wound being, at the same time, according to Mr. H.'s account, of sufficient magnitude to admit a *tablespoon*—of what use then could such a tube be? How was it possible that the urine could ascend through the tube while there were inches of space surrounding it by which the fluid could readily escape and extravasate among the neighbouring parts?"

After further questionings the Editor comes to the moral of the unhappy story, which is apparently to the effect that in opening the bladder above the pubis Mr. Hutchison committed a grave error, and that the correct proceeding would have been to have drained the bladder through the rectum. The editorial pen makes its final effort, and poor Mr. Hutchison retires into the oblivion from which we, at the end of a hundred years, have attempted to rescue him.

"Mr. H. says, that the enlarged state of the prostate prevented the attempting that operation, but the description of the tumours, subsequently given, negatives that assertion, and shows that it might have been accomplished with the utmost ease and security; and by thus making a permanent opening of some magnitude at the most depending part of the bladder, the blood and urine would have found a ready exit through the rectum, and the life of the unfortunate sufferer have been, in all probability, materially prolonged."

Mr. H. and the Editor have long retired to the Elysian fields, and, wide as the circulation of this Journal is, it is doubtful whether either of them will read these words. But should they, perchance, do so, Mr. Hutchison will have the satisfaction of knowing that suprapubic drainage has become a routine procedure, and the Editor will realize, if he has not done so already, that a method of treatment that at first sight appears unjustifiable, may, in the long run, turn out to be correct.

KENNETH WALKER.

"AN INNOCENT ABROAD."

(*Concluded from p. 98.*)

In medical affairs there is much that stimulates thought, and here also the factors that chiefly determine the shape of the whole are again wealth and rapidity of development. The interaction of these two motives has, in the writer's opinion, produced a somewhat unexpected result—at least as regards clinical medicine. It must be remembered that a generation back there was practically no organized medical teaching. Two years of anatomy and physiology at a medical school run by local practitioners was followed by a period of apprenticeship to a medical man. This immediately preceded licenced practice. Since then the phenomenal material expansion and organization in other spheres has embraced medical teaching also. Indeed the magnificence of the co-existing triumph of mechanical civilization has coloured all thought.

"To deliver the goods" is the test phrase applied even to ideas. How have the various branches of medical science responded to this call? As might have been imagined, their success has been in proportion to their materialistic and mechanical capacities. The pure scientist, chemist, physicist, biologist, bacteriologist, physiologist, has in America started the race simultaneously with the physician, in contra-distinction to their fellows in England, where many years of a fine clinical tradition, the value and greatness of which is not sufficiently appreciated at home, had enabled the latter to hold his own.

Magnificent laboratories, ample equipment, accessible libraries, salaries that banish worry, and hours of teaching that give adequate time for research, have produced a scientific organization finer probably than exists anywhere else, and with the opportunity have come the men. Pure science here is a wonderful thing.

By comparison the clinician has suffered. His work, to be successful, must by nature be always a compromise. Apart from questions of personality and a ready sympathy he must know just so much (and a little more) of physiology, pathology, anatomy, bacteriology, chemistry, psychology, not to mention all the other particular "ologies" that denote the various branches upon the tree of medicine, to enable him to estimate what is of applicable value in each as regards diagnosing the ills of sick people, of treating them, and of giving a reasonable prognosis. The pure scientist, perched upon his snowy peak, bathed by the rare eddies of his particular breeze and clad in the feathers of complacency, is apt to look with a glacial eye upon the antics of the clinician who slips, clambers and struggles below. Nor does he restrain his raucous, nay, taunting cries. The result appears to have been, over here, the development, quite unnecessarily, of a feeling of inferiority on the part of clinical medicine, embarrassed as it already was by its own immaturity.

The history and notes of the clinical examination are brought forward apologetically by the presenter of a case, as being incapable of accurate measurement in degrees, calories, numbers per thousand or what not, as a prelude to the Wassermann reactions, complete blood-counts, urinalysis (save the mark!) and radiography that form the backbone of the fully worked-out case. As a result, full history-taking, upon which in medicine an accurate diagnosis so frequently depends, threatens to be a lost art, and students, and their betters, ignore clinical findings that would lead to the diagnosis to which laboratory and technical accessories point no helping hand. Furthermore, men comparable to our chief assistants, though they may be excellent physiologists and chemists, have an extraordinary ignorance of clinical medicine, both practical and theoretical. The reason is to be found in the absence of a clinical tradition and inadequate training in physical examination and history-taking.

A further result of the outdistancing of medicine by the pure sciences is seen in the value given to papers. "What has he written?" is the question that typifies this attitude. The writer of a dozen papers will be the successful candidate for a clinical post. Students who would be far better employed examining their cases bury themselves in a chemistry laboratory as being the safest route to an internship; would-be associate professors of medicine spend years in communion with hydrogen ions, the better to understand human beings. The writer has no desire to underrate the extreme value of an extensive knowledge of some pure science as a club in the golf-bag of a clinician; it is of value for its own sake, for the critical attitude it imposes, for the logic it requires, and for the sympathy and understanding that it gives towards the labours of the pure scientist, but no golfer issues to the fray armed exclusively with putters.

The physician should realize that he has a shrine of his own to worship at, and that there is no need to sit in the back row of that belonging to another creed. Medicine is the oldest and the youngest of the sciences. Of the proper interpretation of early symptoms—perhaps the most important factor—almost nothing is known.

A single example, one of many, will suffice, as showing to what depths this false attitude can lead.

A senior resident was presenting a case at a clinical pathological conference. A man had been admitted with high fever, and coughing fœtid sputum. The history strongly suggested a previous pneumonia three weeks previously. The physical signs were briefly those of a febrile toxic condition with, in addition, an impaired note over the upper part of the right lower lobe behind, with many *râles* over both lungs, but especially in this latter area. The sputum was fœtid and copious. An X-ray photograph was taken. This showed a diffuse mottling with an opacity near the lower part of the right lung-root. The clinical diagnosis was "acute tuberculosis." The post-mortem showed an unresolved pneumonia and an abscess in the right lower lobe as the history had suggested. It was on the tip of the writer's tongue to ask the grounds of the clinical diagnosis when the resident, a senior and responsible person, got up naïvely and said with the most transparent innocence: "Of course we considered the case one of post-pneumonic abscess until we saw the X-ray plate." There was no criticism of this attitude. Such is the respect paid to the laboratory and to the special department.

One of the finest things in existence is the organization of American medical research. Mr. Rockefeller and his like have placed the world for ever in their debt. Laboratories, materials, money, nothing is lacking, and the men working in them are fired with that enthusiasm and energy that is one of the finest of American qualities. Interest is shown not only in their own work, but is extended to that of their colleagues in other departments. Chemists attend physiological meetings, biologists those of physiologists, nay, surgeons attend medical conferences and *vice-versâ* out of pure keenness and interest in a manner that their English *confrères* might emulate with advantage. It is only by hearing of other things that familiarity can come.

These three ingredients—keenness of intellect, richness of equipment and readiness to exchange views—is bound in the near future to raise pure science in America to a very high, possibly the highest pinnacle. A minor consideration, but one of definite importance, is the ease with which experimental work on animals is possible. No licence is required, and a definite number of experiments upon dogs is included in the ordinary student's course, both in physiology and in surgery. The result is that in the departments of physiology, medicine and surgery, ready recourse is to be had to experimental proof should any particular problem present itself for solution. The worker is already equipped and facilities are present.

The kindness, readiness to criticize or suggest true interest in one's problem, and ready companionship both in and out of the laboratory of men of science, here make work in their company a continual pleasure. These qualities are only surpassed by the wonderful hospitality that is almost embarrassing in its *largesse*.

As an Englishman travelling in America there are a number of lessons to be learned. Briefly they are as follows: England is a far better place than her native pessimism allows. English medicine suffers from self-complacency and self-sufficiency to some extent, also from lack of energy and enthusiasm. English medicine gains greatly in being possessed of great clinical power and of balanced judgment. American medicine has an exalted idea of research and subordinates everything to that. American medicine gains in the wealth of available mechanical and laboratory appliances, in great energy and enthusiasm, and in the skill of hospital planning and organization.

Both countries seem at the moment to have forgotten the true aims of medical teaching. These would seem to be three in number: (i) The training of research workers, (ii) the training of specialist practitioners, (iii) the training of general practitioners. The route to the second and the third of these does not lie logically through the first. The first is of the highest ultimate importance, just as life looks always to the future, but as there is no escaping the present the third is of the greatest practical importance at the moment.

The number of research workers who have added to knowledge is probably no greater than is that of the painters, writers and musicians who have added to art. Neither class can result from mass production in endowed institutions, though of course to both education and technique is a necessity.

The artists are not as a class discredited if they fail to produce regularly a monthly or yearly masterpiece, but research workers tend at the present time to regard paper production as a necessary means of self-justification. A certain well-known American medical centre sends a speaker to every possible meeting, purely and almost confessedly as a means of advertisement. This is, of course, not typical of research institutions in any country, but is a sufficiently serious sign of the times.

In spite of the possible asperity of some of the contents of this account, the writer would like to place on record his great indebtedness to the country of his sojourn. A happier, more instructive and more interesting place than the physiological laboratory in which he has the privilege of working would be difficult to discover.

G. B.

RHEUMATISM.

DURING the past month we have been well favoured with press notices of the Special Report of the Medical Research Committee of the Ministry of Health on this subject, and also on the Chadwick Lectures on the same subject. The former is the most purely negative document that has ever been issued by such a high authority. Dr. Coombs, in the Chadwick Lectures, did at all events simplify very much the divisions of so-called rheumatism at the three main ages of man, viz. childhood, early middle age and old age itself. To take the comic side of the question first, the Research Report says that concerning rheumatic fever in general it is most prevalent in the children of the well-to-do wage-earners. That it is much less frequent amongst the children of the really well-to-do, but that it is almost absent amongst the really destitute. There are good scientific reasons for explaining this difference in classes. But the comic cheering part of the business is that as only the destitute are free from rheumatism, so we may all expect to be soon quite free of all rheumatism owing to the successful efforts of every Chancellor of the Exchequer to bring us all to destitution by means of the heavy taxation on everyone but the high wage-earners.

The serious explanation of the differences is that amongst the destitute the children never get over-fed with all the stuff, meats and sweets that are stuffed down by the lower middle classes all day long, and which food permeates their tissues with a material that makes a splendid soil for the growth, after infection, with the micro-organisms of rheumatism (discovered twenty-five years ago by Drs. Poynton and Paine). The children of the well-to-do get nearly the same mixture

of wrong foods, but, being of better quality, and the said children getting much quicker attention and better care always when sick, so they do not swell the lists of acute rheumatism as in the school-board class. Both the Report and the Chadwick Lecturer make a very stirring appeal to the profession and the public to take much more care and time in the after-treatment of all cases of rheumatism, especially in children. Now, when I look back at the splendid clinical teaching we had at St. Bartholomew's between 1870 and 1880, I can only recognize that during the past twenty years there has been a gross neglect in this want of care in the after-treatment of acute rheumatism in most of the schools of the Kingdom. I would attribute this neglect to two main causes: (1) For a good many years it has been the custom to ignore all the attention formerly given to the detection of cardiac murmurs in all cases of rheumatism, and to pooh-pooh doctors who made a fuss of their rheumatic patients and kept them from severe exercise for even several years to make sure of no ill after-effects. Also to scoff at inferences that there could have been myocarditis where there were no marked symptoms. And in this way many a boy or girl has been left, to relapse or to carry on for a certain number of years to be crippled in the later years of life. The great efficacy of sodium salicylate is also responsible for much mischief, because so many neglected the advice of the older school that even if all symptoms seemed repressed within a few weeks instead of the usual six weeks, still the patient required as much attention in the matter of rest and care after an attack of acute rheumatism. School-children have been allowed to go back to their games, etc., because they appear to have no murmurs, and the question of even mild myocardial effects is quite ignored. Another great error of the modern cardiac teaching is the statement that a heart muscle cannot be over-strained. And there has been a great tendency to scoff at the old clinician's teachings on the relations of the heart's action both in rheumatism and other affections. The students of the past thirty years have missed much by their having no time or inclination to read such works as those of Trousseau, Graves, Watson and Fagge. But fortunately the wheel has turned now, and there is a cry for true care in the bedside and after-treatment of acute rheumatism. Dr. Coombs, without quite meaning it, practically answered the question, What is the prime cause of rheumatism? "Joy, Temperance and Repose slam the door in the Doctor's nose." For it is intemperance in sweets in children, and intemperance of meats in adults and of alcoholic drinks in adults and old age, that make the tissues a favourable soil for the microbe, which in acute rheumatism is always infected through the mouth by way of the tonsils. When the tonsils have been enucleated, then that patient no longer has sentinels at the door-way to trap the germs on their way into his circulation. So that if it were possible to keep a throat and mouth aseptic by any hygienic rules the tonsils are a safety to the person. But when tonsils block the air-way they must be enucleated at all costs.

Recent workers in America (*International Journal of Childhood*, January) seem to prove that, taking it all round, there is less cardiac disease in after life where there has been tonsillectomy in early life. When one sees the mouth-breathing of the street school-children, and also sees the small children playing in the gutters and with the filthy dust of horse- and dog-dung blown about by winds and motor traffic, and the said children's little mouths so near the ground for receiving the infection, one is not surprised at all at the frequency of acute rheumatism. The slogan of "Eat more fruit" has a great deal to answer for in creating a soil for the germs of every kind of disease that is infectious through the mouth and air-passages. The same may be said of sweet-shops and the ice-cream barrows, etc., that children surround in the hot weather. But who is going to succeed in preaching abstinence in eating and drinking to a world whose one ideal is guzzle! Growing children must have abundant food to thrive, but milk, eggs, bread (wholemeal), butter, meat with reason, and vegetables, sweets in abundance once a day, but not shoved in morning, noon and night, could suffice. The rheumatism of adults is attacked in the same way. Lemon-juice is the only natural cure for rheumatism; and of drugs, bicarbonate of sodium and quinine (not taken with mineral acids) are the best drug cures, relying on aspirin or salicylate of sodium for bed treatment only. Once again the destitute will get their reward!

J. KINGSTON BARTON
(*Student at St. Bart.'s 1870–76.*)

MASTERLY INACTIVITY.

Scene: A surgical ward during a full round. A discussion is taking place concerning the respective merits of the medical and surgical treatment of a gastric ulcer.

THE CHIEF: Tell me, Jones, what do you think the medical treatment of a gastric ulcer consists of?

JONES (*an enthusiastic young surgeon*): Sleeping in a medical ward, Sir.

THE OLD STYLE.

MR. A. M. BARFORD has kindly sent us the following interesting cutting from the *Lancet* of May 8th, 1824:

"DINNER OF THE GENTLEMEN EDUCATED AT ST. BARTHOLOMEW'S HOSPITAL.

"On Saturday the gentlemen educated at St. Bartholomew's Hospital dined together at the Albion Tavern, Aldersgate Street. About 130 gentlemen were present, and the Chairman on this festive occasion was Mr. LAWRENCE. After the cloth had been removed, and Mr. LAWRENCE had said grace, the usual loyal and patriotic toasts were drunk with the usual enthusiasm.

"The CHAIRMAN then rose to propose a toast which he was persuaded would meet with the most cordial reception, the health of the Governors of St. Bartholomew's. Without the active support and co-operation of that body, he observed, that the skill, and all the exertions of the medical officers of the institution would be unavailing. Hospitals were not only most invaluable institutions, affording the means of relief for the poor and distressed, when labouring under those infirmities to which their situation in life particularly exposed them; but they had of late years become objects of great importance, as schools of medical instruction. The benevolence which led to their foundation had thus had a more extended operation than was originally anticipated, and through the medium of those who received their education at these institutions their beneficial effects were diffused over the remotest parts of the Kingdom. St. Bartholomew's Hospital was particularly fortunate in being superintended by a body of liberal and enlightened governors, who felt nothing like jealousy with respect to the exertions of others, and who were anxious only to give effect to every measure which was calculated to extend the benefits of the Institution. The efforts which they had made in erecting buildings for the purposes of medical instruction merited the highest praise. To several of these gentlemen they were indebted, not only for the money, which their affluence and rank in life enabled them to give, but for the time which they had devoted to promote the interests of the institution. He had great pleasure in proposing the health of the President, the Treasurer, the Almoners, and other governors of St. Bartholomew's Hospital.

"The toast was drunk with applause.

"Mr. R. STEPHENSON, the Treasurer, in the absence of Sir J. SHAW, returned thanks in a spirited and appropriate speech.

"The CHAIRMAN next proposed prosperity to St. Bartholomew's Hospital. All he would say on the subject was that such an Institution would, and must continue to flourish.

"The toast was drank with applause, and followed by an appropriate air: '*Peaceful slumbering.*'

"The CHAIRMAN next rose to propose a toast, which in point of phraseology might perhaps be objected to on the ground of its being in the oriental style of exaggeration, like the expression 'may your excellency live for a thousand years!' In the sentiment however he was sure they would all concur, 'Perpetuity to this anniversary.'

"Mr. R. STEPHENSON said the Chairman had proposed the health of the Governors of that Institution in very kind and flattering terms. In returning thanks on the part of the governors, there was one observation which he felt it important to make. It was true that the governors had endeavoured, as far as possible, to promote the interests of the institution; but what, he would ask, would that hospital have been without the talents by which he now saw himself surrounded? He begged leave to fill a bumper of wine to their worthy president, Mr. Lawrence.

"The CHAIRMAN in returning thanks, said, he felt particularly indebted to their worthy Treasurer for the kind manner in which he had proposed his health. He felt it but due to St. Bartholomew's hospital, in the school of which he had been educated, to declare that he was indebted to that institution for all the knowledge he might possess, and all the professional success he had obtained. He had great pleasure in drinking the health of all present.

"The CHAIRMAN, in proposing the health of their absent friends, expressed his regret that Dr. WRIGHT was prevented by indisposition from attending this anniversary.

"The CHAIRMAN next proposed the health of three distinguished members of the Institution, two of whom were among the oldest members of the College of Physicians, Dr. ROBERTS, Dr. POWELL, and Dr. HUGHES.

"Dr. POWELL, in returning thanks, assured the company that the gratitude he felt for the honour which had just been conferred upon him was not 'all my eye and Betty Martin!' (This facetious observation was occasioned by the circumstance of Taylor, the singer, having just delighted the company by a song, the burden of which consisted of the classical phrase which the learned Physician introduced with so much felicity into his speech. The song was received with enthusiastic

applause, and was even encored by a part of the company.

"The CHAIRMAN gave the surgeons of Bartholomew's Hospital. The toast was drunk with loud applause.

"Mr. ABERNETHY returned thanks, and begged leave to fill a bumper to the health and prosperity of all present.

"The CHAIRMAN rose to propose the health of the founder and great supporter of the school of St. Bartholomew's Hospital; it was scarcely necessary for him to mention the name of Mr. ABERNETHY. The medical school of St. Bartholomew's originated in him; before his time, nothing in the shape of regular Lectures on the science of surgery had been delivered at that Institution. He had now the satisfaction of seeing the work of his own industry and genius raised to the highest pitch, and equal to any other medical school in the world. It was unnecessary for him to enter more at large into this subject, because they were all aware of the great merits and exertions of the individual whose health he now proposed. As professional men they were aware that Mr. ABERNETHY had contributed more than any other individual to give a philosophical character to the medical science. They were aware also of his high character in all other points connected with his public conduct, and that in independence of mind, in integrity, in liberality of principle, in a firm and consistent adherence to that liberality of principle, in all those points, in short, which could add lustre to the professional character, Mr. ABERNETHY might be equalled, but could not possibly be surpassed.

"The health of Mr. ABERNETHY was drank with loud and continued applause.

"Mr. ABERNETHY, in returning thanks, said, he had certainly endeavoured to learn his profession to the best of his ability, and he felt conscious also that he was at all times free to communicate what he knew. He was not conscious, however, of any superiority in discharging his duties as a teacher. He had endeavoured to excite in the minds of the students the same enthusiasm which he felt himself for the prosecution of a noble science, and if he had endeavoured to create enthusiasm, he had luckily been successful, for he had excited the desire of studying the profession with diligence in the minds of many who possessed far greater abilities than himself. When he heard himself designated as the founder of the school of St. Bartholomew's he really felt considerable embarrassment, because it was a designation to which he could lay no claim. He cordially concurred in wishing continued and unremitting prosperity to that institution, and with every reciprocal sentiment of good-will, he begged leave to drink the health of all present. (Applause.)

"The CHAIRMAN said that the health of one of the teachers of Bartholomew's school, had just been drank; and he was going to propose a similar mark of respect to the talents and genius of the others. Bartholomew's school was supported by professional men who did everything in their power to fill the important offices which they held, and he would therefore propose the following toast:—'Health to the other teachers of Bartholomew's school; Dr. HUGHES, Doctor GOOCH, and Mr. STANLEY.' The toast was received with great applause, and drank with three times three.

"Dr. HUGHES rose to offer, in the name of his colleagues, their sincere acknowledgment for the honour that had now been conferred on them; he was sure that he was expressing their sentiments, as well as his own, when he added that it was their sincere wish to discharge their duty in such a manner as to be deserving of approbation, and it was their pride at the present moment to have obtained it.

"The CHAIRMAN said, that he was about to propose the health of a gentleman, whose kindness to the sick, and zeal in the discharge of his duty, were well known to all connected with the hospital, he meant the clergyman of Bartholomew's Hospital. The health of the Rev. Mr. WILKES was then drank with applause.

"The Rev. Mr. WILKES returned his best thanks for the handsome manner in which the Chairman had mentioned his name. This was only one out of many marks of favour which he had received from the medical officers, for the civil were continually receiving marks of attention and kindness from the medical officers of the establishment, and it was their pleasure as well as duty to be always in harmony with those gentlemen; he wished health and prosperity to the medical and chirurgical officers of Bartholomew's Hospital.

"The CHAIRMAN said he was about to propose the health of three officers belonging to the Hospital, who, although not directly connected with the medical school, were at all times most ready and willing to promote its interest, and whose aid and assistance had been often afforded. The health of Mr. WOOD, Mr. WILLBY, and Mr. WATTS.

"Mr. WILLBY, steward to St. Bartholomew's Hospital, returned thanks for the manner in which his own health, and that of his colleagues, had just been drunk, and said that no exertions should be wanting on their part to promote the interests of the institution.

"The CHAIRMAN then proposed the health of the Officers who had held official situations in the hospital, and to whom the establishment was indebted for many valuable services, but who, *from some cause or other*, had retired. 'The health of the retired Officers' was then drank.

"The health of the physicians and surgeons of other hospitals was next drank; several other toasts were given, and the festivity of the evening was kept up to a late hour. *The Lancet.*"

THE BLOOD TRANSFUSION.

A RISING young Surgeon
Who won't give his name,
Has recently mounted the ladder to fame.
A pallid young curate
Was nearing the grave,
So the Doctor announced that his life he would save.

He searched for a Donor
Whose blood was Group I.
Found him—and sent him to have a test done.
Dr. Walker reported
Serúm will agglu
Tinate his corpuscles, but hope it will do."

They lay side by side
On a very hard bed;
The Patient was pallid, the Donor was red.
As he pushed in the needles
The Doc. said, "Don't jump;
I hope for the best, but I don't trust the pump."

Large drops of anguish
Bespangled his brow;
"It works fairly well, though I cannot tell how."
He anxiously asked
If the Curate felt pain,
"Yes—here in my arm." The Doc. breathed again.

He worked at the pump
For an hour or two,
Though every few minutes it stuck, it is true.
At length he desisted;
"The Patient is red,
The Donor is pallid—I hope he's not dead."

The Transfusion's completed;
The Curate's in health;
The Donor is pleased as he counts up his wealth;
The Surgeon is glad
When he sees all is well,
And he hopes that his number of patients will swell.

STUDENTS' UNION.

ANNUAL REPORT OF COUNCIL, 1926–27.

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

The year 1926–27 has been an eventful year as regards the Union, and has been a successful year for the Clubs.

First of all we have to record the unprecedented events of last May; we refer to the mobilization of the Special Constabulary Force during the General Strike, when probably for the first time in its history the Great Hall was used as a dormitory for students! Although we are unable to record any brilliant baton charges, with our Chief Inspector at the head, there is no doubt that the services of the Force whilst "standing by" were much appreciated by Scotland Yard.

Another equally outstanding event during the year was the "Fleet Street Week for Bart.'s," held last October. The success of the Week, thanks largely to the publicity given to it by the daily press, exceeded even the most sanguine hopes of the Organizing Committee. The students, as in former "Fleet Street Weeks," worked whole-heartedly in the numerous events of the Week, the Students' Collecting Day and the Mansion House Bazaar being outstanding successes. We do not wish to enumerate the various events of the Week, but a new addition to the students' efforts deserves of mention; we refer to the Rag Edition of the *Westminster Gazette*; printed free of all cost, the selling price being a minimum of 3*d.*, the students themselves sold 120,000 copies in the City.

Although the financial result of the Week has not yet been officially announced, it is confidently hoped that well over £30,000 will have been realized.

During the year several improvements have been effected in the Hospital Club Rooms of the Students' Union. The existing furniture in the Abernethian Room has been re-upholstered and additional seating accommodation has been provided.

A new and larger notice-board has been provided—a sure sign of the increased activity of the various clubs.

We should like also to take this opportunity of thanking the College Committee for the new letter-rack which has been placed in the Cloak Room.

The Council are very grateful to Mr. Hubble for his good work as Editor of the JOURNAL, and consider his retirement a great loss to the Hospital.

During the year the Council has been approached by the promoters of Schemes for the London University Sports Ground and London University Union. In both cases we have been asked to co-operate, and the Council, after due consideration, passed the following resolution, which was sent to the promoters:

"The Students of St. Bartholomew's Hospital do not at the present time desire to enter into any general arrangement with the London University with regard to the Union or Sports Ground, and are not financially able at the present time to give any assistance towards the suggested scheme.

"Students who wish to join the Union may do so on the Individual Basis."

To turn to the Clubs—

Rugby Club.—The Rugby Club has had a successful season, running five fifteens regularly. In the Hospital Cup we defeated Middlesex Hospital by 32 points to *nil* and University College Hospital by 33 points to *nil*, but were beaten by King's in the semi-final by 8 points to *nil*. This was an extraordinarily good game for a cup-tie, both sides being evenly matched, though perhaps the Goddess of Fortune was kinder to our opponents than to us. Mention must be made of W. F. Gaisford's display at full back in this match—he has seldom played better.

The most notable victories of the season were against Plymouth Albion, Devonport Services and Old Merchant Taylors. We were well served at full-back by W. F. Gaisford and E. V. Frederick. The three-quarter line has been our chief problem this season. A. H. Grace has become a first-class wing, and W. J. Lloyd eventually filled the left wing adequately.

H. W. Guinness and T. P. Williams were an excellent pair of halves; both, however, were unlucky in the matter of injuries.

Our forwards were again a good pack, and to quote the *Times*, "were an excellent blend of the wily, the veteran and the dashing youngster."

E. S. Vergette has proved himself one of the best captains we have ever had, both on and off the field; he will unfortunately be no longer eligible to play for us next year.

C. R. Jenkins has been one of the most energetic secretaries possible; his interest in every team has been of the utmost value. His fixture list for next year will prolong the good effect of his work. On the field he has been one of the keenest and most effective players in the team.

A word of thanks is also due to P. G. Levick, who carried out the duties of Treasurer, and to A. W. L. Row, who gave up much of his time to coaching the team.

The prospects for next season are very bright when one considers the youthfulness of the team, and the capable material in the "A" XV.

The "A" XV, with Gonin as Captain and Dunkerley as Hon. Secretary, have become a powerful combination. They have already beaten Middlesex and University College Hospital and King's, and are expected to retain the Junior Inter-Hospital Cup, which they won last year.

The extra "A," "B" and "C" XV under Maley, Burrows and Fisher have all had a successful season. Fisher has been a most hard-working and efficient secretary, and perhaps the players in the Junior XV's do not realize how much they owe to him.

Cricket Club.—The opening of the season was delayed by the General Strike, with the result that it was impossible to have any trial games before the matches started, and the first four matches had to be scratched.

Considering this handicap the 1st XI did well to win 7 of the 14 matches played. The batting of the Hospital was good, as is seen by the fact that our aggregate score for the season was 2267 to our opponents, 951. Cook headed the batting average with an average of 46 runs.

Fine weather, a large attendance and the band of the Royal Engineers helped to make the Past and Present Match a great success. The Hospital, batting first, made 224; the Past, captained by Dr. Hinds Howell, made 60.

In the Inter-Hospital Cup we beat Charing Cross in the first round, and, owing to a tricky wicket, were beaten by St. George's in the second round.

The 2nd XI played 7 matches, won 2, lost 4, drew 1.

Much of the success of the Club was due to its efficient secretary, H. L. Hodgkinson.

The prospects are bright for the coming season, as the majority of last year's team are still available.

Hockey Club.—The season commenced with a very good omen in the number of new players available, including Church, the Cambridge Hockey Blue. The Club was unfortunate, however, in losing Briggs, the captain, who left for South Africa early in the season.

The 1st XI have had a most successful season, having lost only one match before Christmas.

In the Inter-Hospital Cup they beat University College Hospital 8—1 in a replay, but have lost to Guy's in the semi-final.

The 2nd XI have a strong side and have been remarkably successful, recording some high scores; they should do well in the Cup, in which they have already beaten Middlesex 4—1 and King's 12—1.

The 3rd XI has played regularly throughout the season. The number of hockey players in the first and second years is greater than ever before; this should augur well for the future of the Club.

Association Football Club.—The Club enjoyed a successful season until Christmas, but since then the teams have been weakened by injuries to some of the best players.

The 1st XI reached the semi-final of the Cup, in which they were defeated by St. Thomas's.

The 2nd XI are as yet unbeaten, and are in the semi-final of the Junior Cup.

The 3rd XI, which has only been turned out with the greatest difficulty in previous seasons, has played four games and has four more to play.

It is unfortunate that many fixtures have been scratched owing to the condition of the grounds; the 2nd XI suffered especially in this respect.

Athletic Club. The activities of the Club during the season were considerably curtailed by the General Strike, the Annual Sports having to be postponed for over a month.

They were finally held on June 9th at Winchmore Hill. Dr. Morley Fletcher presided, and the Hon. Neville Gordon presented the prizes.

On June 16th we competed in the Inter-Hospital Sports at the Crystal Palace and were second to Guy's, scoring 19 points to their 56.

Our Cross-Country team won the Kent Hughes Cup, held at West Wicken in March of last year.

The Club is very grateful to W. W. Darley for his work as Hon. Secretary during the past season.

Golf Club.—The Club has not enjoyed a very successful season. In the Inter-Hospital Cup St. George's scratched to us in the first round. Guy's were beaten in the second round, after a replay, and we lost to a strong St. Thomas's side in the semi-final.

The Staff *v.* Students' foursomes again provided a most enjoyable afternoon at Sandy Lodge, the students winning by 3½ matches.

Seven club matches were played; all were lost except one. Four matches had to be scratched, partly owing to the Strike and partly to the weather.

The Hospital Cup was won by C. E. Woodrow and the Girling Ball Cup by W. S. Maclay.

Tennis Club.—The weather and the General Strike combined to reduce the activity of the Club during the past season; many important matches were necessarily scratched, and the Inter-Hospital Cup-tie was prolonged into September, when we lost to Guy's in the final. In reaching the final we had beaten St Thomas's and University College Hospital.

Of the other seven matches played during the season we won 5 and lost 2.

The 2nd VI maintained their usual high standard, winning 5 of the 6 matches played.

Fives Club.—The Club has played 15 matches this year, of which they have won 9, both Oxford and Cambridge Universities being defeated.

As early as November the settled composition of the team was disturbed owing to an accident to Oakley, the Secretary, whilst playing against the Bank of England. This necessitated his retirement from Fives till January.

The playing membership of the Club has been larger this year than ever before.

Boxing Club.—Apart from injuries to the captain and secretary, the Club has enjoyed a good year. For the second year in succession the Hospital was second to St. Thomas's in the Inter-Hospital Competition.

The winners for the Hospital were LeCoutre, in the middle weights, and Richards, in the heavy weights. Melly, in the light heavy weights, and Hackett, in the fly weights, were runners up in their respective weights.

Rifle Club.—There has been a good attendance at Bisley this year. The Inter-Hospital Cup was unfortunately lost to London, largely owing to the regretted absence of Elgood, Harker and Row, who were doing appointments at the time.

The reopening of the Miniature Range has been justified by the number of people using it.

Boat Club.—Early in 1926 a race was arranged between the Hospital *v.* Reading University. The Hospital crew trained at Putney. The race was rowed at Reading, and the Hospital are to be congratulated on winning a good race by 2 ft. Owing to the Strike the Inter-Hospital Races had to be scratched.

Swimming Club.—The Club has enjoyed a successful season in spite of the loss of several of the most prominent members.

Several polo matches were played, the number of goals scored being in our favour.

In the Cup-tie we had the bad luck to lose to Guy's in the first round; they, however, were a strong side and went through to the final with ease.

The number of swimmers has increased since last year, but is still too small for the size of this Hospital.

Practices will be held at Pitfield Street Baths every Friday during the summer, and the Club hopes that anybody who is not already a member of the Club, and is interested in swimming, will come to Pitfield Street some Friday evening.

The United Hospitals' Sailing Club with C. F. Watts as the most enthusiastic Bart.'s representative have made great progress this season, and now own four sailing dinghies. It is satisfactory to note that many Bart.'s men have joined the Club and have been down to Fambridge for a week-end's sailing.

The Annual Regatta was held in July. Bart.'s were second in the Inter-Hospital Cup, and provided the second and third places in the Wilson Single-handed Cup.

During the winter the Club have held an Annual Dinner and four evening meetings.

Abernethian Society.—Nine meetings have been arranged during the past year:

Summer Session Address by Prof. Hugh Cabot on "Travels among North American Indians."

Inaugural Address, by Dr. Geoffrey Evans, on "A Doctor's Point of View."

Mid-Sessional Address, by Prof. Blair Bell, on "Teamwork in Research."

The Terminal Address will be given by Sir Humphry Rolleston.

Three 5.30 addresses and one Clinical Evening have been held.

All meetings, especially those held at 8.30, have been well attended.

In conclusion, Gentlemen, we pass on the affairs of the Union to our successors with every confidence that they will do their utmost for its improvement and well-being.

Finally we should like to thank the Treasurer and Almoners, the Dean, the College Committee and Mr. Hayes and the representatives of the Staff on the Students' Union for their invariable courtesy and their unselfish efforts on behalf of the Union.

We remain, Gentlemen,

ARTHUR C. BELL,
W. E. UNDERWOOD,
Hon. Secs., Students' Union.

RUGBY FOOTBALL.

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

On Saturday, February 26th, 1927, at Northampton. For this match, lost by 13 points to 6, we were short of Bettington, R. N. Williams and Capper in the scrum, and T. P. Williams at half. Vergette won the toss, and Northampton kicked off against the wind on a very heavy ground. The game was at first with the forwards in midfield. Bart.'s being superior in loose play, but Northampton heeling from the tight, as they continued to do throughout the game. Play was transferred to the Northampton "25" by a good run by Grace, and settled there for some time until a free kick to us went astray, the ball being already very greasy, and the resulting drop-out gave Northampton relief. Our forwards were soon back, and after twenty minutes a loose rush and quick following up resulted in Knox's dribbling on from a pass intended for the "Jackies'" full-back, and touching down. The kick failed. From the re-start Northampton settled on our "25" but their outsides were very well marked. Their forwards, however, used their advantages in height and weight, and after many scrums, kicked over our line and were given a somewhat lucky though deserved try, since Grace actually touched down. This kick also failed, and the remaining ten minutes of the half were occupied by continuous pressure by the Northampton pack.

The second half opened in similar manner. After seven minutes Jones received as visual from a tight scrum and made an opening on the blind side for Haselmere, whose pace gave an unconverted try. Bart.'s counter-attacked from the re-start, and five minutes later Guinness, obtaining the ball after a series of scrums on the Northampton "25," threw a long pass to Prowse, who passed to Lloyd. By most determined running the latter equalized in the corner though tackled by two Northampton men, and the kick failing the scores remained equal for the next twenty minutes. The Northampton forwards held the advantage during this period, Coley and Merry leading well in the loose, but Jenkins, J. A. Edwards and Lloyd were several times very nearly away, mud and the Northampton defence just defeating them. At last, five minutes from time, Haselmere dropped a good goal from the "25" line; and just on the whistle Jones broke through from a tight scrummage to score a spectacular individual try.

The feature of the game was the advantage Northampton held in the tight scrummages; only when our much lighter men were worn down in the last ten minutes was the advantage clearly with Northampton in the loose. Outside the packs there was little to choose; except for Jones and Haselmere, Northampton were inferior, and these two rarely had much rope. Our defence, except on two occasions, was absolutely sound, and all the outsides were equally good. In view of our lack of heavy forwards and the necessity to go easy in view of impending cup-ties, the result was very satisfactory.

Team: W. F. Gaisford (*back*); W. J. Lloyd, C. B. Prowse, G. P. Roxburgh, A. H. Grace (*three-quarters*); H. W. Guinness, B. Rait-Smith (*halves*); E. S. Vergette, H. G. Edwards, H. D. Robertson, J. A. Edwards, M. L. Maley, G. D. S. Briggs, C. R. Jenkins, J. S. Knox (*forwards*).

W. A. B.

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

On Saturday, March 5th, we played our last home match of the season. We were without Gaisford, Guinness and Bettington. Vergette played in what probably will turn out to be his last game for the Hospital. The game ended in a draw, each side scoring six points. In the first half the Old Leysians, with a fairly strong wind behind them, scored two unconverted tries. The second half was largely spoilt by a terrific downpour of rain, but we were able to draw level through a penalty goal kicked by J. A. Edwards before the rain came, and a try scored by Grace after a good dribble in which he controlled the slippery ball well.

From the kick-off the Old Leysians settled in our "25," but were unable to score. We were penalized for offside play in our "25," but the angle was too difficult. Frederick started very shakily, and once had his kick charged down, but Grace picked up the ball, and instead of immediately kicking to touch, ran many yards before his opponents recovered from their surprise. After about a quarter of an hour play was transferred to the other end of the field, and Maley nearly scored. Rait-Smith made a good run, but nothing came of it. In their "25" Morel snapped up a bad pass by one of our men and ran up the field. He kicked past Frederick and won the race for the ball, to score a fine opportunist's try. After both Grace and Lloyd had narrowly missed scoring, the Old Leysian forwards took the ball up the field in a fine rush. Our backs were passing badly, but Frederick had now settled down to his usual steady game. Just on half-time the ball was flung out to our opponents' right wing, who dodged several would-be tacklers to score far out. Our tackling was very much at fault.

Early in the second half Grace found touch within a yard from their corner flag, and Lloyd was nearly in from a resulting passing movement. The Old Leysian scrum-half was unlucky to have a penalty kick given against him for being offside when the ball stuck in our back row. It was from this that Edwards kicked his goal. We were doing nearly all the pressing at this time, and it was about ten minutes before play came to our half. There was an anxious moment when Morel found touch close to our corner flag, but Frederick touched down. The last quarter of an hour was played, rather muddled, in the storm previously mentioned, but Grace scored his try to make the scores level.

After his shaky start Frederick played very well, some of his saving at the feet of their forwards being particularly good. Neither Lloyd nor Grace had many opportunities, but Grace showed much more determination, Prowse had an off day. Before the ball was like soap he kept on dropping his passes. Roxburgh did not use Grace enough. Rait-Smith, taking Guinness's place as T. P. Williams's partner, played distinctly well, making several good runs. T. P. Williams showed what beautiful passes he can send out from the scrum when his forwards heel quickly. The forwards obtained possession in the great majority of scrums, Robertson hooking very well. Apart from their scrummaging, we thought them rather disappointing, although Maley was often prominent in the line-outs and loose play.

Team: E. V. Frederick (*back*); A. H. Grace, G. P. Roxburgh, C. B. Prowse, W. J. Lloyd (*three-quarters*); B. Rait-Smith, T. P. Williams (*halves*); E. S. Vergette (capt.), R. N. Williams, C. R. Jenkins, M. L. Maley, G. D. S. Briggs, W. M. Capper, J. A. Edwards, H. D. Robertson (*forwards*).

P. G. LEVICK,
Hon. Treasurer.

INTER-HOSPITAL CUP-TIE.

Semi-Final.

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

Played at Richmond on Tuesday, February 1st. For this match both teams were at full strength and the ground was in excellent condition, having recovered well from the heavy rains. Vergette won the toss, and King's kicked off against the wind before a good crowd. Play was at first in midfield, and it was seen that Macmyn was winging for King's. Following a breakaway into the King's half their forwards took play to our "25" and appeared dangerous, but Gaisford relieved with good kicking. Play continued even for some time, neither side getting well away. Contrary to expectations Bart.'s were obtaining a fair share of the ball in the tight, but there was some tendency for it to hang in the middle row, and when Williams obtained possession, Macmyn's activities hampered our outsides considerably. We nevertheless worked well up field, and for some time kept up pressure, but attacks were not well pressed home and kicking by the centres was rather too prominent. King's

relieved by good forward play and sound kicking by their back, who played a good game throughout, and settled well in our half. They now appeared distinctly the more dangerous, and after thirty-five minutes took advantage of a line-out close to the flag, and Cove-Smith grounded in the corner for a much-discussed try which was not converted. From the kick-off Bart.'s took the ball to the opposing "25," and on several occasions the three-quarters now appeared dangerous, but the wings were invariably too well marked. The forwards were by now showing rather more of their usual spirit, Vergette and Maley being especially prominent, but the King's pack showed rather too sound a knowledge of the game, especially in line-outs and the loose, and our men were unable to make headway. Half-time thus arrived with the score 3–*nil* against us, and it was clear the second half would be a stern battle. It was now our turn to kick against the wind, and by judicious kicking we established a position in the King's "25," and for some time pressure was very closely applied. The King's full-back was, however, never at fault, while Cove-Smith and Macmyn were prominent in the loose scrums and in breakaways from the tight, several of Macmyn's dribbles in particular taking play some three-quarters the length of the field. Gaisford showed no fault in dealing with these, and played a sound defensive game, but there was some hesitation on the part of the other outsides. These also showed the same tendency to overdo kicking at a time when there was everything to be won and nothing to be lost. Their movements in attack also, though well begun, were not completed, partly due to lack of pace in the centre, Lloyd in particular being several times held up, partly to faulty handling, this being most noticeable on the right wing. The King's outsides showed, however, more pace and determination than had been expected and seemed invariably the more dangerous. Play ruled there for the majority of the second half, steady pressure on the King's line being punctuated by long dribbles by the King's forwards or breakaways by the King's outsides. At the same time our defence appeared sound, and it was only five minutes from the end that from a tight scrum within our "25" Farr obtained the ball, to run through our team for a brilliant converted try. Further attempts by Bart.'s were unavailing, and the score at the close was 8–*nil* against.

The match was indeed disappointing, the side never showing the form they had displayed since Christmas. Gaisford, at full-back, was an exception; he showed the qualities which all but himself had almost forgotten he possessed. The centre three-quarters showed hardly enough pace, and Roxburgh's handling was at times too bad to be true. Grace suffered accordingly, and Lloyd on the opposite wing never found himself with less than two men to beat, probably by reason of lack of pace in the centre. Guinness was too closely marked to show his usual attacking powers, but his kicking was sound as ever. Williams at half had a not too easy time behind an unsuccessful pack, but made no mistakes. Vergette led the pack as well as ever, but the scrum-craft of the King's men spoiled our attacks, and the team spirit was lacking. Jenkins was often seen in the loose, and Maley everywhere; indeed every member appeared to be working hard and well. It was a lack of the elusive team spirit which was responsible for their failure. Of the King's men, Cove-Smith and Macmyn were the dangers, and Farr was the most prominent of the outsides.

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

JUNIOR INTER-HOSPITAL RUGBY CUP.

Second Round.

ST. BARTHOLOMEW'S HOSPITAL "A" *v.* U.C.H. "A."

On February 24th, 1927. We lacked Dunkerley on the left wing in this game. Played at Perivale in half a gale of wind and rain, on a ground consisting of mud almost entirely covered by water, it seemed doubtful whether anything but determined fly-hacking would be of any use. Gouin won the toss and chose to have the wind behind him in the first half. The forwards settled down to perfectly orthodox Rugby, and the three-quarters apparently finding no difficulty in holding the ball, we were soon in the U.C.H. "25," and within five minutes had scored as the result of a perfect passing movement among the three-quarters, which gave Rowe a good run in. Stephens proceeded to kick a surprising goal. For the remainder of the first half we were rarely in our own territory, and Frederick's kicking was always to be relied on to take us back into the U.C.H. "25." Two other tries were added, one during a forward rush by McMaster, and one after much handling among the three-quarters by Ward, but were not converted.

The second half was largely a repetition of the first, but play was more with the forwards. Thompson, Games and Norrish scored, and Stephens converted one. The score of 22 points on such a day was very satisfactory indeed. The soundness of Frederick has been mentioned. All the outsides played admirably, Ward being a very sound substitute for Dunkerley. The forwards scrummaged well, and were all prominent at one time or other in the loose, Gonin, Thompson, Norrish and McMaster perhaps most frequently.

There seems every reason to hope that the "A" will retain the cup. They are a sound enough side to repay watching when the first XV is not at home, and would appreciate it.

Team: E. V. Frederick (*back*); E. M. Ward. E. U. H. Pentreath, A. McGregor, J. T. Rowe (*three-quarters*); B. Rait-Smith, J. D. B. Games (*halves*); L. M. M. le Coultre, D. J. Stephens, H. G. Edwards, J. S. Knox, A. M. McMaster, M. W. Gonin (capt.), V. C. Thompson, R. E. Norrish (*forwards*).

W. A. B.

Semi-final.

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

On March 10th at Dog-kennel Hill. Bart.'s attacked at once from the kick-off, and following a forward rush Stephens scored far out, the kick failing. After the first ten minutes King's began to get the ball in the scrums, and their backs were constantly attacking, but the Hospital defended well. King's were awarded a penalty for offside in front of our posts, and failed with an easy kick, but a few minutes later they kicked a penalty goal from a more difficult angle for a similar offence. King's kept the play in our "25," and their right wing put them ahead with an unconverted try after a good bout of passing. Our opponents did not keep their lead long, the Hospital equalizing after a determined run by Rowe, following good work by Pentreath, and half-time came with the scores level.

The second half started at a great pace, the play quickly changing from one end of the field to the other, while the forward play was especially keen. Pentreath crossed for Bart.'s, but was held up, being injured in the process and leaving the field. Stephens then kicked a penalty goal, which was disallowed as the ball touched an opponent, and Knox dribbled well, but just lost the touch-down. Pentreath then returned, and following a forward rush, Edwards scored what proved to be the winning try. King's attacked fiercely during the last ten minutes but our defence held out, and we were left winners of an exciting match by 3 tries (9 pts.) to 1 penalty goal and a try (6 pts.). Frederick played a great game at full-back, saving two almost certain tries, and Rait-Smith shone both in attack and defence. The forwards did well in loose rushes, but were beaten in the tight and never got the ball back in the loose scrums, while the team-work as a whole was disappointing.

Team: E. V. Frederick (*back*); J. T. Rowe, E. U. H. Pentreath, A. McGregor, E. M. Ward (*three-quarters*); B. Rait-Smith, J. D. B. Games (*halves*); M. W. Gonin, V. C. Thompson, R. E. Norrish, A. M. McMaster, J. S. Knox, L. M. M. le Coultre, D. J. Stephens, H. G. Edwards (*forwards*).

Final Round.

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

We have kept the Junior Cup, but we had to go "all out" for the whole eighty minutes to do so. Mary's were unlucky to lose, but we cannot really say we were lucky to win. The Rugby was not particularly good, indeed much of the handling and tackling was extremely bad, but the keenness and obvious determination to win excited the admiration and enthusiasm of the large crowd present. For twenty minutes of the second half we faced a score of 6–*nil* against us, and a side that can keep at it and wipe off such a deficit in the last ten minutes of the game does not deserve to be called lucky.

At a quarter past three Stephens kicked off for the Hospital. The ground was firm, a little hard even, and there was no wind. Within two minutes a scrum was formed near our "25" line. The ball came out to the Mary's "threes," and was passed quickly and accurately along their line to the wing, who had no difficulty in scoring a try, which was not converted. It was a beautifully executed movement and had our defence hopelessly out of position. We were frightened of these Mary's backs after that.

For the remainder of the first half, however, there was no score. le Coultre was prominent in a dribble, and Rait-Smith kicked extremely well. Games was on to their scrum-half like a bulldog.

At the beginning we were very bad; the ball went back instead of forwards when the "threes" had it, and the tackling was ghastly. As the game went on these faults were improved.

Faulty tackling let one of their men through in the centre, and Thompson saved a try by a smother tackle from behind. Rowe put in a good run down the right wing. Rait-Smith continued to kick well, and once cut through beautifully, only to spoil it by a bad pass. Mary's were nearly over again, but our forwards took the ball to the half-way line. Thompson was again prominent in defence, but he was forced to carry over. Pentreath started a good movement when Mary's were attacking in our "25." In the tight scrums Mary's were getting the ball four times out of five and so had countless chances, but their centres, who started so well, tried to do too much. The game was being played at a great pace.

At the beginning of the second half we were in their "25," but their forwards came away in a strong rush. Soon afterwards Mary's found touch on our line, and our forwards relieved to the "25" line. The Mary's right wing was well tackled by Frederick when well away. When this half was eleven minutes old, from a scrum near our line the ball went across their "three" line, just as it had done when they scored their first try, and their left wing scored near the goal. Luckily for us the kick failed. We, on the touch-line, thought it was all over, but not so the "A."

Frederick made a good mark, and we entered their "25," only to be driven back again by their forwards. We were penalized for offside 25 yards out, but no goal resulted. Yet again Thompson saved a try by leaping on the back of a man who cut through. McGregor and Rait-Smith were now tackling well. Our forwards attacked strongly, and Mary's were forced to carry over and then touch down. Rait-Smith kicked ahead and their full-back misfielded, but there was no support. We were attacking almost continuously now. Knox knocked on when he should have kicked with the line at his mercy. Ward was nearly over on the left, and from the scramble on their line Gonin scored a try which Stephens just failed to convert. This left nine minutes more. Again and again we attacked. It was a different side from the one that started the first half. Their men were put down properly and our "threes" made ground. Five minutes before the end Rowe was seen to get away from some loose play. It looked as if he would be caught, but he finished up an excellent run of some thirty yards between the posts, with the Bart.'s supporters running about like madmen on the field. Stephens kicked the goal from the easy position, but in the not too easy conditions. We had no difficulty in keeping our line intact for the remaining four minutes.

It was a most exciting game, and all those who saw it would not have missed it for anything. Let us heartily congratulate the team on winning the cup for the second year in succession, and offer them the very best of luck for next year and the "hat trick." Games and Rait-Smith both played very well all through the game, but the three-quarters were not so consistent. They started badly, but went on improving as the game progressed. Both Rowe and Ward on the wings did several good things. Even Frederick started badly—that is to say, he fumbled badly early in the game. As always, though, we felt safe with him at full-back, and later on he played his usual reliable game. Of the forwards, we have mentioned Thompson's valuable work in defence. Stephens was beaten for possession, partly because they were pushing us off the ball. Norrish was always being useful both in attack and defence. We would mention the whole pack, each man of which played well, and lasted well the eighty minutes played at a great pace.

In defeating in turn Middlesex, University College, King's and Mary's, the "A" have scored 76 points to 12. In their last two games, though, the score reads 17 points to 12.

Team: E. V. Frederick (*back*); J. T. Rowe, E. U. H. Pentreath, A. McGregor, E. M. Ward (*three-quarters*); B. Rait-Smith, G. D. B. Games (*halves*); M. Gonin (capt.), H. G. Edwards, J. S. Knox, L. M. M. le Coultre, A. M. McMaster, R. E. Norrish, D. J. Stephens, V. C. Thompson (*forwards*).

P. G. LEVICK.
Hon. Treasurer.

HOCKEY CLUB.

INTER-HOSPITAL CUP-TIE.

Semi-final.

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

Bart.'s played Guy's in this tie on Friday, March 11th, at Chiswick. Foster and Williams changed places in the forward line, but otherwise the team was exactly the same as that which beat U.C.H. As Guy's won by 6—1, there does not appear to be much to say about the game, but they may be said to be lucky, however, in that the majority of their goals were scored in a short period of the second half when the Bart.'s defence was rattled and disorganized.

Bart.'s played well for the first ten minutes of the game, but were gradually worn down, and Guy's at half-time led by a single goal—a goal that was rather a lucky one, but which was deserved on the run of the play. During the second half Guy's more or less monopolized the play. Their forwards were fast and, opposed by a rather shaky defence, they did not let many opportunities slip. Their defence, too, was very strong, and only Sinclair of the Bart.'s forwards could make much impression upon it. On the Bart.'s side Windle could not be blamed for the shots which beat him, for they gave him no chance. The backs were not so safe as usual, but in fairness to McCay it must be said that he had only just recovered from an attack of 'flu.

The halves fell below their standard of the U.C.H. match and never mastered the Guy's forwards. Church was probably the best, but even he found his opposing wing man a difficulty at times. Sinclair was easily the best forward, and had really bad luck in hitting the post with three hard drives in the second half. Symonds scored a good goal.

Briefly the Hospital were not in their best form, and against a better team never looked like winning.

We much appreciated the presence of Dr. A. E. Gow, our Vice-President, who came down to see the match. We trust that next year he will see us get further than the semi-final, which of recent years seems the full extent of our powers.

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, G. W. S. Foster, A. G. Williams, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL *v.* R.N. (CHATHAM).

At Winchmore Hill on Saturday, March 12th, Bart.'s took revenge for their previous defeat by the R.N. (Chatham) by winning by 4 goals to 2.

The game was started three-quarters of an hour late owing to the very late arrival of the Chatham side. Several of the Cup-team were absent, but their substitutes did very well, and the Hospital's display was really very creditable. The ground was on the heavy side, and consequently hard hitting and rushing tactics were more in evidence than science, but it was quite a good, fast game. Bart.'s pressed early, but the Navy scored first, their centre-forward scoring with a good shot from the edge of the circle. Before long, however, Cliff equalized from one of Slinger's many good centres. This was the half-time score.

On resuming, the Navy again took the lead through their centre-forward, but Williams equalized. Playing downhill Bart.'s were now pressing heavily, and Symonds scored a rather extraordinary goal, putting the ball into the net first time from a chest-high centre. Whether this was "sticks" or not is difficult to say; the visiting umpire, however, seemed to have no doubt about its validity.

Later on Symonds made the game safe with another goal. Considering the changes necessary in the team it was a good display all round. The defence was sound, Attwood and Wright being very safe. The halves gave the forwards plenty of passes and assisted adequately in defence. Forward, all played well and with great dash, Slinger and Pagan getting in many centres from the wings. Williams was the cleverest of the inside forwards, Iliff was good in the centre and Symonds was in quite his best form.

Team: J. B. Bamford; J. H. Attwood, P. M. Wright; G. H. Bradshaw, K. W. D. Hartley, W. F. Church; L. A. P. Slinger, J. C. Symonds, A. D. Iliff, A. G. Williams, A. T. Pagan.

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

In perfect weather this game was played at Winchmore Hill on Saturday, March 19th. The Hospital were still without Milner and Foster, and Williams was also absent. The Old Felstedians won the toss and played up hill during the first half, at the end of which the score was 2—1 in favour of the Old Boys. Play had been level, and the Hospital's goal was obtained by Iliff. During the second half play was again even, but the Hospital could not finish their attacks off satisfactorily, while their opponents added two more goals, thus winning by 4—1.

The Felstedians won deservedly, mainly on account of a splendid defence. Evans, the Essex county player, was in great form at back, and the goalkeeper made two excellent saves by coming out twice to meet Sinclair on the edge of the circle. The Bart.'s defence were kept busy and did quite well, the wing-halves, Attwood and

Church, doing particularly good work. Forward, things were not too satisfactory, and there was again a lack of thrust in front of goal. Sinclair, at outside right, was good, however, and Francis was the best of the other forwards.

Team: R. W. Windle; F. H. McCay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; R. M. Sinclair, J. C. Symonds, R. H. Francis, A. D. Iliff, A. T. Pagan.

UNITED HOSPITALS HARE AND HOUNDS.

The Annual Inter-Hospital cross-country race for the Kent-Hughes Cup was held over a 7-mile course on Wednesday, March 9th. Scoring on the 'Varsity system, London, running for the first time since the War, won the cup from Bart.'s, who were second. The first man home was J. F. Varley (Bart.'s), who finished in the exceptionally fast time of 41 mins. 15 secs., being followed 2 minutes later by G. W. May (London). J. F. Varley is to be congratulated on setting up a new record for the course, which is also used by the Blackheath Harriers in their matches. The following ran for Bart.'s:

	mins.	secs.
J. F. Varley (1)	41	15
W. J. Walter (6)	44	53
R. R. Race (11)	45	46⅖
R. G. West (13)	46	6
H. N. Walker (16)	47	15
J. E. Snow (23)	48	55
D. A. Langhorne (25)	49	38

From a field of 29 runners the hospitals scored as follows: London (1) 41; Bart.'s (2), 47; King's (3), 58; Guy's (4), 64.

As there is a possibility of there being only the first three members of the Bart.'s team at the Hospital next year, it is absolutely essential that they should have the required and deserved support to enable them to regain the cup.

REVIEWS.

MEDICAL LABORATORY METHODS. By HERBERT FRENCH, M.A., M.D., F.R.C.P.(Lond.), Physician to Guy's Hospital, and TALLENT NUTHALL, M.D.(Lond.), Medical Assistant, Guy's Hospital. (London: Baillière, Tindall & Cox.) Pp. 226. *7s. 6d.*

Clinical pathology has recently become of great importance in an age where the "bedside manner" is rapidly becoming an adjunct to scientific knowledge. Any candidate for an M.B. or similar examination has of late been quite taxed to find a source of knowledge where the important parts are stressed and the details of practical value are dragged out of the obscurity of the mass of empirical literature which must attend the birth of a new branch of science. A number of people have been delighted to discover this book, with its excellent illustrations, small size and meagre price. Body fluids, skin and morbid anatomy are treated on safe, modern and interesting lines.

SHIP-SURGEON'S HANDBOOK. By A. V. ELDER, D.S.C., M.R.C.S., L.R.C.P., Surg.-Lieut. Commander, R.N.V.R. 3rd Edition. (London: Baillière, Tindall & Cox.) Pp. 511.

For anyone having just completed their qualification examinations and thinking of taking the post of ship-surgeon for a certain period, this is an excellent book to read and keep by them always for reference.

It is extremely helpful from the point of view of advising the line to join, the legal side of matters and treatment of common ailments met with at sea—including that of sea-sickness.

Also for a pure landsman there is an excellent chapter on ship etiquette and customs, which will prevent him breaking time-honoured maritime traditions.

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

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ARKWRIGHT, J. A., M.D., F.R.C.P., F.R.S. "The Importance of Motility of Bacteria in Classification and Diagnosis, with Special Reference to *B. pseudotuberculosis rodentium*." *Lancet*, January 1st, 1927.

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——— (and YOUNG, J. M., M.B., Ch.B.). "Lipiodol in Pulmonary Diagnosis." *British Medical Journal*, February 5th, 1927.

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CORBETT, RUPERT S., F.R.C.S. (and PEIRCE, CARLETON B., A.B., M.D.). "A Clinical Type of Cholelithiasis resembling Renal Disease." *Surgery, Gynæcology and Obstetrics*, October, 1926.

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DAVIES, IVOR J., M.D., M.R.C.P. "Atypical Tabes: Clinical Variation in the Course of the Disease." *Lancet*, December 25th, 1926.

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LIST OF JOURNALS IN KANTHACK LIBRARY.

(*a*) CURRENT.

(1) *Biochem. Journ.*, vols. i, ii, iii (incomplete), and xx (1926).
(2) *Bull. de l'Inst. Pasteur*, vols. i to iv, and xxiv (1926).
(3) *Ergebnisse d. Allg. Pathol. (Lubarsch u. Ostertag)*, vol. i onwards (1896–1926). Index first to sixth year and Supplements for fourteenth and sixteenth years.
(4) *Journ. Exper. Med.*, vols. i and ii, both incomplete. Vols. xliii and xliv (1926).
(5) *John Hopk. Hosp. Bull.*, vol. xxxviii (1926).
(6) *Journ. Hygiene*, vols. i to v, and vii to xxv. Plague Supplements ii, iii and iv.
(7) *Journ. Immunology*, vols. xi and xii (1926).
(8) *Journ. Infect. Dis.*, vols. i to xxxix.
(9) *Journ. Path. and Bact.*, vols. i to xv, xxi (incomplete), xxiii, xxiv (incomplete) and xxix (1926).
(10) *Pasteur Annales*, vols. i to xxvii (except xiii and xv), xxviii incomplete) and xxix to xl.
(11) *Zeit. f. Hygiene*, vols. i to lx, lxi (incomplete), and lxii to cv. Register i to lx. Register lxi to c.

(*b*) DISCONTINUED.

(12) *Abst. Bacteriol.*, vols. i, vi (incomplete), vii (incomplete), viii and ix (incomplete) (1925).
(13) *Beitrage zur Path. Anat.* (Ziegler), vols. xi to xix (1896). Supplement for 1896.
(14) *Biochem. Zeit.*, vols. xxxi to lxxii (1916). Register i to xxx.
(15) *Centralblatt f. Bakt.* Originale, vols. i to liv, lv (incomplete), and lvi to lxxiv (1914). Referate vols. xxvi to lxii (1914). Indices i to xxv, xxvi to xl, and xli to lx.
(16) *Centralblatt f. Path.*, vols. i to xxv (1914). Index i to xx.
(17) *Folia Hæmatologica*, vols. i to xvi, xvii (part 1 only), xviii (part 1 only, incomplete) (1914).
(18) *Folia Serologica*, vols. i to vi, and vii (incomplete) (1911).
(19) Hoppe-Seyler's *Zeit. f. Physiol. Chem.*, vols., xliii to lxviii, lxix (incomplete), and lxx to xcii (1914). Index xxxi to lx.
(20) *Index Catalogue U.S. Army*, vols. i to xvi (1895).
(21) *Indian Journ. Med. Res.*, vols. i to xii (1925). Supplement to vols. i, ii and iii. Supplement to vols. iv and v. Supplement for 1924. Special numbers for 1919 and for 1920. Memoirs 1924.
(22) *Journ. Physiol.*, vols. xiv to xix, xxii to lviii and lix (incomplete) (1924).
(23) *Lister Inst. Collected Papers* (all unbound). Numbers 2 to 10, and 14 to 19 (1923).
(24) *Local Govt. Board Reports and Supplements* from 1874 to 1923. Index 1891 to 1904.
(25) *Med.-Chir. Trans.*, vols. lxxiii to lxxxvii (1904).
(26) *Proc. Roy. Soc. Med.*, vols. i to xi (1918).
(27) *Trans. German Path. Soc.*, Tag. vi to xv (in 4 vols.), Tag. xvi (1913).
(28) *Trans. Path. Soc. Lond.*, vols. i to lii, and liv to lviii (1907). Indices i to xv, xvi to xxv, xxvi to xxxvii, and xxxviii to l.
(29) U.S. Dept. Agriculture—Bureau Animal Industry, *Reports* xii to xvi and xx to xxv (1908).
(30) *Virchow's Arch.* (all unbound), vols. xcii, cxviii, cxx to cxxiv, cxxv (incomplete), and cxxvi to cxxx (1892).

February, 1927. G. A. H.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
B.M.—Robertson, D. A.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Chir.—Shields, D. G., Bourne, W. A., Simon, G.
B.Chir.—Wilson, H. L., Roles, F. C., Heathcote, H. J.

Diploma in Medical Radiology and Electrology:
Part I.—Chambers, C., Hudson, W. H., Saigol, R. D.

UNIVERSITY OF LEEDS.

Diploma in Psychological Medicine.—Paddle, K. C. L.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted *Members*:
Bourne, W. A., Klaber, R. A. E., Walsh, R. A., West, R. G. R.

ROYAL COLLEGE OF SURGEONS.

The following were successful at the Examination held for the *Primary Fellowship*:
Boyd, A. M., Everett, A. D., Fox, P. H., Greenwood, W. P., Gwillim, C. M., Hartley, K. W. D., Hobbes, I. H., Hussein, M. K., Hutchinson, H. P., McKee, G. K., Philps, A. S., Sharples, E. M., Thompson, V. C.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

Diploma in Public Health.

The Diploma has been granted to the following:
Kynaston, A. H.

Diploma in Laryngology and Otology.

The Diploma has been granted to:
Desai, R. T.

L.M.S.S.A.

The Diploma of the Society has been granted to the following:
Smith, R. S. S.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following has been admitted a *Fellow*:
Fisher, H. H.

CHANGES OF ADDRESS.

ANDREWES, C. H., 54, Brent Way, Church End, Finchley, N.3 (after April 15th).
BARNSLEY, A., c/o Principal Medical Officer, Straits Settlements, Singapore.
BATTERHAM, Capt. D. J., R.A.M.C., British Military Hospital, Maymyo, Upper Burma.
BELLERBY, O. H., Radcliffe Infirmary and County Hospital, Oxford.
BURKE, Major G. T., I.M.S., c/o Messrs. Grindlay & Co., Ltd., 54, Parliament Street, S.W. (on leave).
FORBES, J. GRAHAM, White Lodge, Chislehurst Common, Kent.
GOODWIN, T. S., C.M.S. Hospital, Hangchow, Chekiang, China.
HORNE, W. JOBSON, 11, Wimpole Street, W. 1. (Tels. Langham 2534 and Langham 1062.)
LISTER, Lt.-Col. A. E. J., 86, Pembroke Road, Clifton, Bristol. (Tel. Bristol 7350.)
WIGAN, W. C., Luddesdown, Gravesend, Kent.
WIGHT, C. H., Jessamine Cottage, Wangford, nr. Lowestoft, Suffolk.
WILKINSON, W., Native Hospital, Kisumu, Kenya Colony.

APPOINTMENTS.

BELLERBY, O. H., M.R.C.S., L.R.C.P., appointed Casualty House Surgeon to the Radcliffe Infirmary and County Hospital, Oxford.
DOWNER, R. L. E., M.D.(Lond.), appointed Obstetric Consultant under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, in the County of Salop.

BIRTHS.

DAVIES.—On March 20th, 1927, at Tavistock House, Haywards Heath, to Isabel (*née* Ross), wife of Dr. J. H. T. Davies, M.B., of 1, Belvedere Terrace, Brighton—a son.
HAMILL.—On March 19th, 1927, at 25, Marlborough Hill, St. John's Wood, N.W. 8, the wife of Philip Hamill, M.D., F.R.C.P., of a son.
POPE.—On February 16th, 1927, at Bournemouth, to Florence (*née* Stein), wife of Surg. Capt. W. H. Pope, O.B.E., R.N. (retired), the gift of a daughter.
WAYLEN.—On March 7th, 1927, at 41, Long Street, Devizes, Betty (*née* Anstie), wife of G. H. H. Waylen, of a daughter.
WILKINSON.—On July 14th, 1926, to Dr. and Mrs. Wilkinson, Kenya Medical Service—a daughter.

MARRIAGES.

ANDREWES—LAMB.—On March 26th, 1927, at the Parish Church, Berkhamsted, by the Rev. W. C. Stainsby, M.A., Christopher Howard Andrewes, only son of Sir Frederick and Lady Andrewes, of Windy Gap, Merton Lane, Highgate, to Kathleen Helen, younger daughter of the late Mr. R. B. Lamb and of Mrs. Lamb, of 3, Greenway, Berkhamsted.
BARNSLEY—SHAW.—On March 23rd, 1927, at the Church of St. Bartholomew the Great, London, by the Rev. E. G. M. Evans, M.A., assisted by the Rector, the Rev. W. F. G. Sandwith, M.A., Arnold, youngest son of the late Brig.-Gen. Sir John Barnsley and of Lady Barnsley, of Edgbaston, Birmingham, to Doris Winifred, elder daughter of the late W. H. Shaw, Esq., and of Mrs. Shaw, of Altrincham, Cheshire.
BAYNES—DE ANGULO.—On March 19th, 1927, at the Marylebone Town Hall, Helton Godwin Baynes, of Marlowes House, Hemel Hempstead, to Cary Fink de Angulo, of Carmel, California.
GORDON—MILHOLLAND.—On February 19th, 1927, at Holy Trinity, Brompton, by the Rev. Canon Coleridge and the Rev. Archibald Fleming, D.D., Edward F. S. Gordon, M.D., elder son of the late Rev. the Hon. Arthur Gordon, D.D., and the Hon. Mrs. Gordon, of Guildford, to Florence Phyllis, only daughter of Mr. and Mrs. J. F. Milholland, of Jamaica and Wimbledon.
HAMBLEN-THOMAS—OLIVER.—On February 24th, 1927, at St. Marylebone Church, Charles Hamblen-Thomas, F.R.C.S., to Eulalie, only child of Mr. and Mrs. Victor Oliver, Clarence Gate Gardens, W.
NESS-WALKER—BACON.—On March 17th, 1927, at Edale, Derbyshire, by the Rev. F. B. Champion, uncle of the bride, John, only surviving son of William Ness-Walker, of Ainthorpe, Danby, Yorks, to Anne Camilla, eldest daughter of Arthur Bacon, of Cape Town, S.A., and niece of Miss Champion, of Grindlslow, Edale.
YOUNG—EDWARDS.—On March 1st, 1927, at the Parish Church, Shanklin, by the Rev. R. A. Storrs, S. L. Orford Young, M.D., of Wood End, Yarmouth, I.W., to Olive, widow of Capt. Guy Threlkeld Edwards, Royal Fusiliers, of Wayside, Yarmouth, I.W.

DEATHS.

CUTHBERT.—On March 11th, 1927, at the Royal United Hospital, Bath, Harry Edward Cuthbert, B.M., B.Ch., dearly beloved elder son of Mr. and Mrs. Henry E. Cuthbert, of Awdry Nowell, Newmarket, aged 26 years.
HAYNES.—On March 12th, 1927, at Evesham Hospital, after an operation, Horace Eyre Haynes, M.R.C.S., L.S.A., J.P., of Greyfriars, Evesham, and Littleton Hall, Brentwood, aged 80.
JERVIS.—On February 7th, 1927, at Willow Copse, Barton Court Avenue, New Milton, Lt. Col. H. P. Jervis, I.M.S. (retired), aged 71.
PHILLIPS.—On February 18th, 1927, at Hardwick Lodge, Streetly, George Arthur Phillips, J.P., M.R.C.S., aged 77.
SYLVESTER.—On March 1st, 1927, at Leiston, Suffolk, of pneumonia, Herbert Mayris Sylvester, M.R.C.S.(Eng.), L.R.C.P.(Lond.), beloved husband of Jessie Sylvester.

ACKNOWLEDGMENTS.

Archives of Medical Hydrology.—British Journal of Nursing.—Bolletino della Società fra i Cultori delle Scienze mediche e Naturali.—Bulletin of the New York Academy of Medicine.—The Charing Cross Hospital Gazette.—St. George's Hospital Gazette.—Giornale della Reale Società Italiana d'Igiene.—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 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, 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.*

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St. Bartholomew's Hospital Journal.

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

VOL. XXXIV.—No. 8.] MAY 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Mon., May 2.—Special Subject Lecture by Mr. Harmer.
Tues., „ 3.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 4.—Surgery. Clinical Lecture by Sir Holburt Waring.
Cricket Match *v.* Wanderers. Home.
Fri., „ 6.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat., „ 7.—Cricket Match *v.* Southgate.
Mon., „ 9.—Special Subject Lecture by Mr. Just.
Tues., „ 10. Sir Percival Hartley and Mr. McAdam Eccles on duty.
Wed., „ 11.—Surgery. Clinical Lecture by Sir Holburt Waring.
Fri., „ 13.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Medicine. Clinical Lecture by Dr. Langdon Brown.
Sat., „ 14.—Cricket Match *v.* Winchmore Hill. Home.
Mon., „ 16.—Special Subject Lecture by Mr. Cumberbatch.
Tues., „ 17.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., „ 18.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Thurs., „ 19.—Cricket Match *v.* C.I.D., N Division. Away.
Fri., „ 20.—Prof. Fraser and Prof. Gask on duty.
Sat., „ 21.—**Last day for receiving matter for the June issue of the Journal.**
Cricket Match *v.* Streatham. Away.
Mon. „ 23.—Special Subject Lecture by Mr. Scott.
Tues., „ 24.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed. „ 25.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Thurs., „ 26.—Cricket Match *v.* M.C.C.
Abernethian Society: Summer Sessional Address by Gen. Sir Matthew Fell, on "Casualties," at 8.30.
Fri., „ 27.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Medicine. Clinical Lecture by Sir Percival Hartley.
Sat., „ 28.—Cricket Match *v.* Metropolitan Police. Home.
Mon., „ 30.—Special Subject Lecture by Mr. Elmslie.
Tues., „ 31.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

EDITORIAL.

SO the Porter has, in common with certain other birds, exchanged his drab winter covering for more summery plumage. Having given this phenomenon our most sage consideration, we can no longer incline to the view that it is a purely passive development of natural selection. We feel rather that there is behind it an active agent, a poetic mind, who probably imagined a magnificent creation like Ben Jonson's Courtier: "These are his graces. He doth (besides me) keep a barber and a monkey; he has a wrought waistcoat to entertain his visitants in, with a cap almost suitable. His curtains and bedding are believed to be his own; his bathing tub is not suspected." But alas the noble enterprise stuck at the "cap almost suitable," and the result is considered by many to vie with Farringdon Street or (let's be fair) with the Inspectors on the North-Western main line. The patient porters themselves, with whom we have conversed on the subject, appear to have come to consider the headgear rather fetching, and a very pretty little Easter toy for their children. So let's all be happy about it.

* * *

The Evil Eye *is* rather active at present. In a recent issue of an evening paper we saw the startling announcement that a new road was contemplated from Holborn Viaduct to Aldersgate Street which "would go through the yard of St. Bartholomew's Hospital behind the new General Post Office," thus very nearly short-circuiting any idea of a site for the new Surgical Block in that direction. Fortunately the opposition is likely to be considerable.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The annual meeting of the Guild this year will be exceptionally interesting and important. For the first time in the history of the Guild the Lady Mayoress will attend the meeting as a member and has kindly promised to say a few words. The Hospital is to be further congratulated, as Dame Madge Kendal, D.B.E., is to be the principal speaker, and everyone who has had the privilege of hearing her at the height of her fame will realize what a delightful treat is in store for all those who are present. In addition to this the Staff of the Hospital will be represented by Dr. Geoffrey Evans, who has most kindly promised to speak on its behalf. The meeting, which will take place as usual in the Great Hall of the Hospital, will be on Wednesday, May 11th, at 4.15 p.m. It will not be limited this year to members of the Guild only, but is to be thrown open to all members of the Nursing Staff, Students and their friends, to whom a cordial invitation is issued.

* * *

Members of this Hospital are urged to support Antony Lyall Haynes at the Election of Foundation Scholars at Epsom College, which takes place in June next. His father, Edmund Lyall Haynes, M.R.C.S., L.R.C.P., was educated at St. Bartholomew's Hospital, was Resident Medical Officer at York Dispensary and Hon. Surgeon to Stockton Hospital. For a long time before his death in 1927 heart disease rendered him incapable of practising, and he had to leave his wife and child totally unprovided for.

* * *

DR. R. WAGSTAFF SMITH.

Dr. Richard Wagstaff Smith died at Exmouth on April 11th, in his 93rd year. Born in Nova Scotia, where his father held an important engineering appointment, Dr. Smith was a member of a very old Staffordshire family. Returning to England in early life, he decided to become a doctor, and entered St. Bartholomew's Hospital, where he was subsequently house surgeon. He began his life-work by settling at Harborne, then near but now part of Birmingham. Here his practice speedily became very extensive and, as the first medical officer of an area where sanitation left much to be desired, he was instrumental in effecting a great change, instituting systems of drainage and water supply which had been unknown there before. He was also one of the first certifying surgeons appointed under the Factory Act. After forty years' work he retired to Exmouth in 1903, retaining his life-long interest in science, especially electricity, up to the very end. His wife died five months ago, and he is survived by an only daughter.

SOME PRACTICAL CONSIDERATIONS IN THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF ANO-RECTAL FISTULÆ.

IT has often been said that more reputations have been lost in the unsuccessful treatment of fistula *in ano* than in any other condition requiring surgical interference.

The description, classification of the types and the complicated diagrams in many of the text-books are a nightmare to many students, who feel greatly relieved when these pages have been turned.

As in all surgical conditions, success lies in the careful attention to the essential details. It is the intention of this article to emphasize some of these details.

Pathology.—Infection of the peri-rectal and peri-anal tissues is a necessary precursor of a fistula. The resulting suppuration takes the form of a peri-anal or an ischio-rectal abscess. The infection of the supporting connective tissues, in the vast majority of cases, has its origin in the anal canal or rectum. This occurs either by direct spread from a breach of surface or by way of the lymphatics. Many abscesses, however, appear to start primarily in the surrounding tissues, there being no definite lesion in the canal. Some of these may be blood-borne, but most of them are probably due to a minute abrasion of the bowel-wall. When a lesion is demonstrable, it takes the form of a torn submucous pocket found lying between the terminal branches of the superior hæmorrhoidal artery (Gordon-Watson), a fissure *in ano*, an infected internal hæmorrhoid, or a traumatic ulcer due to a foreign body, which is found very occasionally in the abscess-cavity. Trauma and infection of the bowel-wall above the level of the levator ani muscle may give rise to suppuration in the pelvi-rectal space. The pelvi rectal abscess so formed passes through the levator, points in the perinæum, and terminates in a fistula with a high internal opening. Such fistulæ are fortunately very rare.

It might well be asked why an acute abscess in the peri-rectal tissues has so complicated a termination, compared with abscesses in other parts of the body. The answer to this question is to be found on consideration of the structures involved in the infection. The peri-rectal connective tissues are loose in texture, poorly nourished, and only containing a small amount of fibrous tissue. On the other hand, the skin in this region is singularly tough and resistant. The conditions are therefore ideal for the spread of the suppurative process subcutaneously and into the depths of the peri-rectal spaces. The septic granulation-tissue surrounding the abscess-cavity plays a very important part in the development of a fistula. During operation on either an acute or a chronic abscess, a small button of granulation-tissue is often found adherent to the bowel-wall. Although there is no apparent track into the bowel in a large number of ischio-rectal abscesses when first seen and treated, a definite indurated pit will be noticed to develop occasionally in the lumen of the anal canal, whilst the case is still under observation. The site of this newly developed internal opening is at the point of adherence of the button of granulation-tissue noted at operation. This may be the site of a microscopic lesion in the bowel, from which the infection originated. Some cases are seen, however, in which the infection originates high up in the ischio-rectal fossa, and an internal opening has been noticed to develop later low down in the anal canal, in the midline posteriorly. The infected granulation-tissue, in such a case, must erode the bowel from without.

An internal opening of a fistulous track, which passes into the bowel just above the external sphincter, is usually found in the midline posteriorly. The probable explanation of this fact is to be sought in the arrangement of the levator ani muscles. As these muscles pass downwards, forwards and inwards to surround the rectum, they come nearest the skin surface in the middle line behind the anus, and thus direct the inflammatory spread (aided by gravity) to this area. The ischio-rectal fossæ are in intimate subcutaneous communication with one another, especially posteriorly. An abscess, initially unilateral, extends finally across the middle line, and the formation of a posterior or anterior horseshoe fistula can readily be understood.

Fistula *in ano* is sometimes a complication of carcinoma of the rectum, and patients sometimes present themselves complaining only of the fistula. An acute ischio-rectal abscess, which clinically appears to be pyogenic in origin, is occasionally found to be tuberculous. This should be suspected if the pus is sterile.

Considerable space has been devoted to elementary pathology, but it is only by detailed consideration of the mode of production of these fistulæ that they can be successfully treated, and, what is more important, prevented.

Diagnosis.—The position of the external openings should first be noted, together with the character of any pouting granulations or the presence of a swelling. The distance of an external opening from the anal margin is of the very greatest practical importance. An external opening, distant more than 1 in. from the anal margin, usually has a corresponding opening in the middle line on the posterior or anterior aspect of the anal canal. A fistulous track within this radius passes into the bowel directly, and usually superficial to, or through, the external sphincter.

A probe is an unnecessary and painful instrument for the diagnosis of a fistula, and should be used only after careful palpation. Most information can generally be obtained by careful and delicate palpation of the peri-anal tissues between finger and thumb, with the index finger inside the anal canal and thumb outside. The presence and direction of tracks can be felt, with a little practice, as lines of induration. The characteristic feature of a tuberculous fistula is the lack of induration. Thus, if a probe reveals extensive tracking which has not been discovered by the method described above, it is strong evidence in favour of tubercle. If, on routine examination, the patient is found to have pulmonary tuberculosis, it by no means follows that the fistula is tuberculous. A non-tuberculous fistula in a tuberculous subject, if not successfully treated, often becomes tuberculous however. Fistula is a rare complication of phthisis, although there seems to be evidence that many cases of primary tuberculous fistulæ are followed by signs of pulmonary disease at a later date.

In acute peri-anal infection there are often only a few of the usual signs and symptoms of inflammation. Pain is sometimes very slight, and swelling and redness are late in appearance, for the reasons already mentioned. On the other hand, induration and tenderness are constant and early features. It is of the greatest importance to determine the exact extent of the inflammatory process, particularly as to whether it passes across the midline. The possibility of there being bilateral ischio-rectal abscesses in different stages of development should not be forgotten. If on examination of a fistula or an abscess, a patch of induration is detected in the ischio-rectal region, sharply limited medially, and which on rectal examination does not extend towards the bowel, the possibility of the case being one of pelvi-rectal infection should be considered. Subgluteal bursitis or bony disease, local or at a distance, are other possibilities. Fistulæ of the urethra may be very confusing, but few mistakes are likely to be made if careful examination of every patient is carried out.

Lipiodol has been used recently by Mr. L. E. C. Norbury and the writer for the investigation of doubtful and complicated fistulæ. X-ray photographs of the injected tracks have then demonstrated clearly unsuspected ramifications and diverticula, and the diagnosis of fistulæ with high internal openings has been greatly facilitated. The anterior diverticulum of the ischio-rectal fossa, lying between the postero-superior layer of the triangular ligament and the inferior surface of the

§§

anterior portion of the levator ani muscle, and passing forwards almost as far as the symphysis pubis, was in one case shown to be involved in the infection. Two skiagrams obtained after the injection of lipiodol are shown. The first shows distinctly a posterior horseshoe

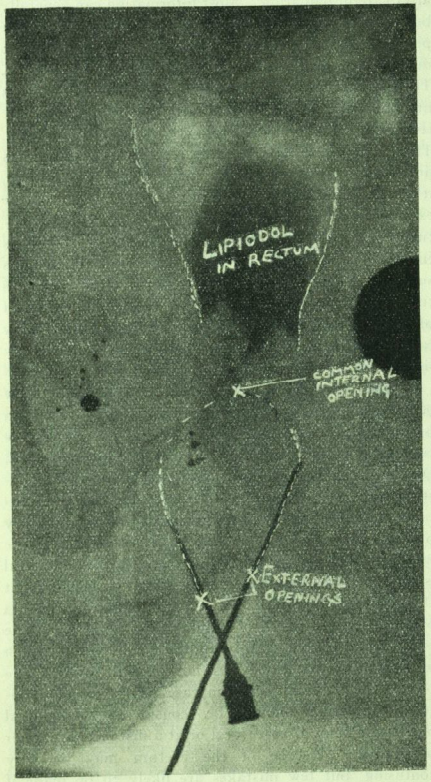


FIG. 1. THIS SHOWS A POSTERIOR HORSESHOE FISTULA. THE LIPIODOL HAS COLLECTED IN THE RECTUM HAVING PASSED THROUGH THE COMMON INTERNAL OPENING.

fistula, with two lateral external openings and one common internal opening in the anal canal in the midline. The second photograph shows a long track passing upwards to an internal opening 4½ in. from the anal margin, and hence obviously above the level of the levator ani muscle.

Treatment.—Prevention is better than cure, and in the case of a fistula *in ano* is often far easier. The majority of the complicated fistulæ seen could have been anticipated and prevented. An ischio-rectal abscess, like a septic finger, is often a serious surgical condition, and should be treated as such. Many lives have been made a misery from constant discharge and pain, incontinence, stricture of the rectum, or the inconvenience and worry of a colostomy, as the direct result of the inadequate treatment of an ischio-rectal abscess. Simple incision or the **T**-shaped incision described in the text-books is insufficient.

A general anæsthetic, or, in the case of a patient suffering from pulmonary disease, some form of regional

FIG. 2.—LATERAL VIEW OF PELVI-RECTAL TRACK. THE METAL BOUGIE IS INSERTED INTO THE RECTUM, THE END OF WHICH IS AT THE LEVEL OF THE ANAL MARGIN.

anæsthesia, must be used in every case. Adequate drainage must be provided, all septic granulations carefully excised or curetted, and a flat wound, free from pockets, should be left to heal by third intention. To carry this out, a large area of skin often must be excised and the granulations diligently followed and removed, particularly near the anal canal and lower rectum. It is surprising with what rapidity healing occurs in the large ulcer formed by *cutting the top off* the abscess, provided that the granulations have been thoroughly removed. Abscesses treated in this way rarely give rise to fistula, and never to a complicated fistula. In cases suspected of being tuberculous in origin, curettage of the granulations (as distinct from clean excision) is not advisable, as metastatic infection has been recorded. Flat moist dressings are applied to the healing surface,

a daily bath is instituted, and a careful watch is kept throughout the healing period for the development of pockets and bridges of granulation-tissue.

In spite of the text-books, most fistulæ lie superficial to the external sphincter, and the whole of the track can thus be fully laid open without injury to this important structure. The method of choice, in dealing with any fistula, is excision, but this is only possible in some cases. The ultimate aim, however, of a flat healing surface comparatively free from fibrous tissue can be secured, more or less, in every case.

Division of the external sphincter muscle is necessary to produce a flat granulating surface in the case of a fistula entering the bowel just above this structure. Simple division of the external sphincter, if properly carried out, will not give rise to incontinence, but there is often lost an indescribable sense of security. When a circular muscle is divided, it is obvious that the cut ends must retract, especially when the muscle is normally passively contracted and actively relaxed, as is the case with the external sphincter. This leads to a slight mechanical weakening when healing has taken place. "Division" of the sphincter is recommended in the middle line posteriorly. In reality, the sphincter is not divided in this situation, but split, for the muscle-fibres here are diverging from their point of common origin from the ano-coccygeal ligament. To prevent this retraction of the cut ends when the sphincter has to be divided laterally, the operation is just carried out in *two stages* (Lockhart-Mummery). At the first operation all the superficial tracks are followed up and laid open or excised, and the opening into the anal canal found and dilated, by passing an artery forceps through it. Within two or three weeks the portion of the sphincter for division will be firmly held in the newly-formed fibrous tissue, and thus, on division, the cut ends will remain approximated. The division of this bridge of external sphincter can be satisfactorily performed in the ward after infiltration with 2% novocaine.

The presence of submucous tracks at the internal opening should be carefully looked for and laid open. It is well to remember that serious hæmorrhage may occur after the division of the mucous and submucous layers of the rectal wall necessary in the treatment of an extensive submucous fistula. Large vessels unfortunately pass superficial to the track in the submucous layer. Where possible the probe should be inserted into the track, and the whole delivered through the anus by pulling down the mucous membrane. Division of the layers can then be carried out in sight, and the vessels secured as they are cut. If this cannot be done, it is wise to leave a large vulcanite bougie in the rectum for 24 or 36 hours.

When the internal opening of a fistula is situated above the level of the levator ani muscle, it is impossible to lay the track fully open into the bowel, as this would entail division of the external and internal sphincters, the levator ani muscle and the whole thickness of the lower third of the rectum. In such a case, that portion of the track lying below the levator (the ischio-rectal portion) is laid open, together with all its ramifications. In order to drain efficiently that part of the track lying above the levator (the pelvi-rectal portion), a large area of skin must be removed. The area of skin removed should have a diameter at least as wide as the distance of the internal opening from the external opening. Under such circumstances, the internal opening in the rectal wall above the levator will usually close.

Patience is essential in following up to their terminations all the tracks, and unless this is conscientiously done, recurrence is certain. When operating on a fistula, remember that more can be felt than seen.

To conclude, there can be no doubt that correct treatment of an ischio-rectal abscess will prevent the formation of a fistula. Exploration should not be delayed, even in cases of doubtful suppuration in this region, and fluctuation must not be waited for, as the risk of extensive fistula formation is then very great.

C. NAUNTON MORGAN.

THE ANATOMIST'S VADE-MECUM.

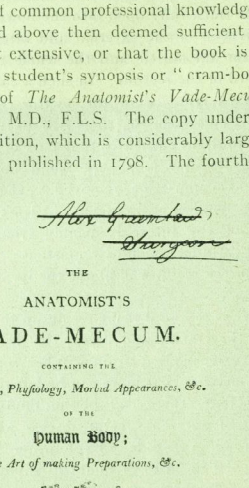
A Publication of 1802.

THE scope of the book is defined in the author's introduction in the following words: ". . . a short but accurate description of the different parts of the human body, and their functions; the method of preparing the various parts of the body in order to exhibit their structure, in a healthy and diseased state, so far as our present knowledge will enable us; and a glossary, or explanation, of the principal terms used in that science."

It may be presumed, from the introduction, that the information contained may be regarded as a fair summary of the knowledge that the student of 1802 should possess on the subjects now described as anatomy, physiology and morbid anatomy. The art of preparation for display and permanent preservation, the museum curator's craft, has no counterpart in the modern curriculum.

The book in question consists of 322 pages, exclusive of introduction and glossary. This fact suggests either that the range of common professional knowledge of the subjects outlined above then deemed sufficient for the student was not extensive, or that the book is indeed no more than a student's synopsis or "cram-book."

The author of *The Anatomist's Vade-Mecum* was Robert Hooper, M.D., F.L.S. The copy under review is the fourth edition, which is considerably larger than the first edition, published in 1798. The fourth edition


THE

ANATOMIST'S

VADE-MECUM.

CONTAINING THE

Anatomy, Phyſiology, Morbid Appearances, &c.

OF THE

Human Body;

The Art of making Preparations, &c.

THE FOURTH EDITION,

REVISED AND ENLARGED.

By ROBERT HOOPER, M. D. F. L. S.

LONDON:

PRINTED FOR MURRAY AND HIGHLEY, FLEET STREET.

1802.

is graced with a frontispiece of Vesalius, and a dedication to Sir Christopher Pegge, then Regius Professor of Physic and Reader in Anatomy in the University of Oxford. Both frontispiece and dedication are lacking from the first edition. The fact that Pegge became Regius Professor in 1801 will account for the last.

The book opens with 11 pages devoted to "A Compendious History of Anatomy," of which 8 are devoted to Vesalius. Of the era before Vesalius, the author particularly notes Eristratus and Herophilis in these terms: ". . . they not only corrected many former errors, but wrote with great judgment upon neurology. They observed a variety of structure in nerves supplying different parts, and hence distinguished them into those which were neccessary to sense, and those which were subservient to motion." The student of to-day usually connects this service with the name of Charles Bell, who described the functions of the anterior and posterior nerve-roots in 1816. Anatomists after Vesalius are disposed of, in little over one page, with only the shortest references.

The book proper starts with a definition: "Anatomy is a science which explains the structure and use of every part of the human body, both solids and fluids." This definition refers to the scope of anatomy, and is not a personal claim of the author, who later states in many places that the use of an organ is unknown. Physiology then had no recognition as a separate or allied science; the first chair of physiology in England was that held by Sharpey, at University College, in 1825.

The book contains scarcely a reference to microscopy; no magnifying instrument, other than the hand lens, is referred to.

It is probable that Hooper had no knowledge of the microscope.

The opening page of the book, headed "Anatomy," contains, as well as the definition set out above, this somewhat remarkable sentence: "Analysis of the solid parts demonstrates their constituent principles to be earthy particles, connected together by an intermediate gluten!" This is surely a place for an exposition of the cellular structure of the body, if known to the author.

"The science of Anatomy comprehends, and is divided into—

Osteology		Bones.
Syndesmology		Ligaments.
Myology		Muscles.
Bursalogy		Bursæ mucosæ.
Angiology	or doctrine of the	Vessels.
Neurology		Nerves.
Adenology		Glands.
Splanchnology		Viscera.
Hygrology		Fluids."

A counterpart of this list might be found in any of our text-books, though "Bursalogy" and "Hygrology" deserve special notice. In general, the author is methodical. He gives a definition, a description of form and texture, and the use of the structures he describes. Occasionally he gives a list of synonyms, and frequently notes of pathological or clinical interest.

The definition of bone is perhaps the best: "Bones are hard, compact, inflexible and insensible substances, composed of animal earth and gluten, which support and form the stature of the body, defend its viscera and give adhesion to its muscles." Except for the views implied that bone is a non-living tissue, and that it is insensible, the definition satisfies, and is not ungraceful.

The author apparently feels obliged to ascribe a use to each structure, and his remarks are often trite. For example, we find the use of the scapula is "to defend the back, and give articulation to the humerus"; of the humerus, "to constitute the arm"; and of the femur, "to form part of the lower extremity."

Anatomical nomenclature seems to have been very fluid at the time, if we may judge from the large number of synonyms. The os sphænoidale has three equivalents—os multiforme, os cuneiforme and os vespertiliforme.

The articulations of the ossa nasi give rise to a quaint phrase—"Each bone is connected to its fellow, and the superior maxillary bone by harmony."

Clinical notes on bone include a reference to a mastoid operation to remedy deafness. Formation of a fistula of the tympanic cavity is the objective, but the author prefers simple perforation of the membrana tympani. There are described, also, operations for the formation of a fistula between the lacrymal sac and the nasal cavity, and trephining the sternum for mediastinal abscess.

There is a formidable list of morbid appearances of bones that may be encountered by the anatomist. It runs thus: Inflammation, suppuration, necrosis, morbid thickness, morbid thinness, mollities, hyperostosis, rachitis, exostosis, absorption, præternatural joints, diastasis, anchylosis, fracture, fissure, tophus, sarcostosis, caries, spina ventosa and fragility. Tophus apparently is syphilitic periostitis; sarcostosis is deposit of neoplasm in bone; spina ventosa is osteomyelitis.

The section on syndesmology is short and not informative, but the section on muscles is more interesting. The author uses the terms "congeneres" and "antagonistæ," but does not follow the idea through in describing individual muscles.

In the earlier edition the individual muscles are set out in tabular form, in their regional distribution, under headings—name, origin, insertion and use. In the fourth edition the descriptions are discursive. Descriptions are not inaccurate, but do not include anatomical relations.

Synonyms for the ocular muscles are:

Rectus superior	. attollens oculi .	superbus.
,, inferior	. deprimens ,, .	humilis.
,, internus	. adducens ,, .	bibitorius.
,, externus	. abductor ,, .	indignabundus.

"Patientiæ," the equivalent of levator scapulæ, conveys the shrug of resignation, and may aptly close the list of muscles to which the expression of emotion has given a name.

Regarding physiology of muscle, Hooper differentiates voluntary, involuntary and mixed motions. Histological differences of muscle are not mentioned, though striped muscle was described by van Leeuwenhoeck in the seventeenth century.

Muscle tone is mentioned, but hardly in any approach to its modern meaning. Hooper defines the "vis mortua" or "vis elastica" by which muscles tend to retain their dimensions. He writes: "It is greater in living than in dead bodies, and is called the tone of the muscle"; there is no mention of any dependence on the nervous system.

Irritability is remarked as one of muscle's inherent qualities; the mode of contraction is peculiar to the muscle itself. Thus: "The heart contracts with a jerk; the urinary bladder slowly and uniformly; puncture a muscle, and its fibres vibrate, and the abdominal muscles act slowly in expelling the contents of the rectum."

The diaphragm is noted as the chief muscle of respiration, and its perfection is such that "though there be a complete anchylosis of the ribs, the person lives and breathes by the diaphragm, without feeling the loss." Exception might be taken to the last words; perhaps the condition referred to is emphysema.

Bursalogy calls for little attention. The synovial tendon-sheaths are fairly described under the name of "bursæ mucosæ," but clinical notes are entirely lacking. The prepatellar bursa even is not mentioned.

Angiology, whether descriptive of arteries, veins or absorbents, is little more than a catalogue. Clinical notes refer chiefly to aneurysm.

Ossification of the coronary arteries, writes Hooper, is supposed by some to be a cause of angina pectoris, though he shows cause to doubt the statement. An aneurysm of the pulmonary artery is described and comment passed on the rarity of the occurrence.

The epigastric artery, it seems, may be wounded by the trocar in tapping for ascites; a fatal case of hæmorrhage is quoted, with the flippant comment—"the improved method of tapping, in the linea alba, does away with this inconvenience."

There is some uncertainty as to the identity of the salvatella vein. The digital veins, it is stated, drain into (1) the cephalic of the thumb, a tributary of the external radial vein, and (2) into the salvatella, which runs along the little finger, unites with the former, and drains into the internal and external cubital veins. This description identifies the salvatella with the posterior vein, which agrees with the account in Macalister's text-book. The glossary gives the salvatella as a vein of the foot.

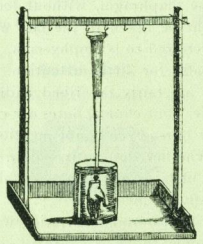
Incision of the median vein and the formation of varicose aneurysm by puncture of the artery beneath is mentioned. The neurology is short and contains little of interest. The cranial nerves are described in nine

pairs. The seventh nerve consists of the portio dura, which emerges by the stylomastoid foramen, and of which the chorda tympani is a branch, and the portio mollis. The seventh and eighth pairs are indicated.

The eighth is called the par vagum. The accessory nerves of Willis, "ascending through the great occipital foramen from the fifth cervical nerve, proceed through the foramen lacerum, separate and vanish in the sterno-cleidomastoideus and the cucullaris muscles."

There seems no account of the glosso-pharyngeal nerve or of the cervical plexus.

Hooper gives a very fair account of the brain, but in the section of splanchnology.



THE QUICKSILVER TRAY, AND ITS APPENDAGES

The tray is to be made of mahogany, of a convenient size, and to have a small hole in one corner, with an ivory plug, to let out the mercury, when necessary. The two uprights are moveable, and cut so as to permit the cross bar to be fixed at any distance from the tray. The uprights and cross bar are only to be affixed occasionally, as when a hand or teeth is to be filled with mercury.

The description of the peripheral nerves is very scanty, and the author makes no clinical notes in amplification. The synonym "great intercostal nerve" of the sympathetic chain may be noted.

The description of the peritoneum takes less than one page; its use is succinctly stated "to contain and strengthen the abdominal viscera and to exhale a vapour to lubricate them."

The hygrology seems to be the author's pride. The normal contents of organs, together with such juice as can be scraped or squeezed from them, are passed under review. In the absence of microscopy, or even of simple biochemical tests, the result is eight pages of print with a minimum of information and much duplication. In all forty-five fluids are mentioned, including mucus at least eight times.

The methodical author considers the fluids common to the whole body and those proper to each part. In the first category are the blood, the lymph, and the "vapour of the sheaths of the nerves." In the second category is a list headed by the vapour between the membranes of the brain, and followed by that in the ventricles. The fluids proper to the eye (eight, including the pigment of the choroid membrane), to the ears, to the neck, to the cavities of the thorax and abdomen follow. The list closes with the synovia, bone-marrow, and the fluids of the common integuments. The last need explanation; they include the rete mucosum, the oil of the adipose membrane, of use "to facilitate muscular motion," and the sweat. Sweat gives occasion for one of the very scanty clinical notes in this section which reveals an unsuspected national character, "a morbid increase of perspiration is termed epidrosis or sudor anglicanus."

In 1797 *The Hygrology or Chemico-physiological Doctrine of the Fluids of the Human Body* was published by the same author. It may perhaps be suggested that the 1798 edition, which was much smaller, was enlarged by the inclusion of the author's other work, and by a section, much more interesting, descriptive of the "Ruyschian Art and method of making preparations to exhibit the structure of the human body."

This section is introduced by a figure illustrating the process of injecting the vessels of the human hand with mercury. General observations on museum technique precede description of injection methods. For the preservation of wet specimens, the author recommends preliminary soaking in water to remove blood, followed by hardening in spirit; for brain, saturated solution of corrosive sublimate is preferred to spirit.

Hooper recommends permanent mounting in spirit, in bottles sealed with bladder, varnish and sheet lead. Specimens so mounted may be seen in our older museums to-day.

Injection after the method of Fridrik Ruysch, of Amsterdam, is the enthusiasm of the author. Instruments for injection of vessels of all degrees of fineness are described, and media recommended. For coarse injections, mixtures of pigment with beeswax or resin with turpentine; for fine injections, spirit and turpentine varnish with suitable pigment; for minute injections, glue, isinglass and size are used.

The preparation of a large number of specimens is described, with suggestions for mounting and colouring. Most are dried, varnished and mounted under glass.

The mercury method of the introductory figure is preferred for display of the lymphatic vessels and the testis. For the successful injection of the lymphatics of a limb, the selection of a dropsical subject is advised.

It is difficult to justly assess the value of this book.

The omissions are remarkable, unless the diffusion of knowledge was a process slower than we realize. The omission of all reference to microscopy and of facts acquired by that practice is inexplicable otherwise. Apparently the cellular structure of the body was unknown to the writer of a student's text-book in 1802, though van Leeuwenhoeck worked about 1700.

More remarkable and less excusable is the scantiness of regional description. Bones, muscles, ligaments and blood-vessels are described fairly enough, but of their inter-relation almost nothing is said. It would be thought that, in the pre-anæsthetic days, when speed in operation was so desirable, anatomical guides or surface markings would have been much in evidence; such are not mentioned.

The clinical notes at times have much merit; the principle perhaps is to be commended. It is to be noted that appearances now described as pathological are not described in the foot-notes, but in the general text. The author notes the variations met with in the dissection of the human body: morbid anatomy and pathology as separate branches of study did not come within his purview.

The hygrology has no merit to modern eyes, and can scarcely have been more useful in 1802.

The Ruyschian art is much more interesting; its moral seems to be addressed more to the teacher than to the student. The preparation of permanent specimens is seldom urged on the student to-day, save by his professor of histology in the formula "stain . . . and mount in canada balsam."

The production of a fourth enlarged edition in the fourth year after first publication testifies to the popularity of the book. The inference is that it met the requirements of the student of the period. A commentary on this point might be found in the examination papers of the period, but will not be attempted here.

The *Dictionary of National Biography* records the birth of Robert Hooper in London in 1773. He entered Pembroke College, Oxford, in 1796, and graduated B.A. in 1803, M.A. and M.B. in 1804. He took the degree of M.D.(St. Andrews) in 1805, and appears as L.R.C.P. in the same year. This book—not the author's first—was published in his 26th year, while he was still an undergraduate.

The preface of the fourth edition has the address of St. Marylebone Infirmary; the first edition has not. Hooper was Apothecary at this institution, but what the duties of this post were it is difficult for us to understand. Even if this book is a compilation by a (then) non-professional man, it is a remarkable enough achievement, and evidently filled a need of the time.

It is known that Hooper settled in Savile Row and lectured on the practice of medicine. He retired to Stanmore in 1829, but died in Bentinck Street in 1837, at the age of 63. A complete catalogue of the writings of Robert Hooper taken from the *Dictionary of National Biography* follows:

(1) *Observations on the Structure and Economy of Plants; to which is added the Analogy between the Animal and Vegetable Kingdoms.* Oxford, 1797.

(2) *The Hygrology or Chemico-Physiological Doctrine of the Fluids of the Human Body.* From the Latin of J. J. Plenck. London, 1797.

(3) *A Compendious Medical Dictionary, explaining the terms in Physiology, Chemistry, Materia Medica and the Practise of Physic.* London, 1798.

(4) *The Anatomist's Vade-Mecum.* London, 1798.

(5) *Anatomical Plates, of the Bones and Muscles, reduced from Albinus for the use of Students and Artists.* London, 1802.

(6) *Observations on the Epidemial Diseases now prevailing in London.* London, 1803.

(7) *The London Dissector.* London, 1804.

(8) *Examinations in Anatomy, Physiology and Pharmacy.* London, 1807.

(9) *The Physician's Vade-Mecum, containing the Symptoms, Causes, Prognosis and Treatment of Diseases.* London, 1809.

(10) *Anatomical Plates of the Thoracic and Abdominal Viscera.* London, 1809.

(11) *The Morbid Anatomy of the Human Brain, being Illustrations of the Most Frequent and Important Organic Diseases to which that Viscus is Subject.* London, 1826.

(12) *The Morbid Anatomy of the Human Uterus and its Appendages.* London, 1832.

L. R. SHORE.

BRONCHIECTASIS TREATED BY ARTIFICIAL PNEUMOTHORAX.

THIS is an account of a case of bronchiectasis treated by artificial pneumothorax.

Josephine O'C—, æt. 10, was admitted to Annie Zunz Ward on May 11th, 1926, with the following history:

In September, 1924, she was brought to Hospital on account of cough and loss of weight; she did not continue her attendance at hospital.

Since 1924 she has frequently had coughs and colds, and her general health has been poor.

Since May, 1925, she has complained of pain in the left chest, and which has been aggravated by cough.

Since October, 1925, any exertion more than walking

has made her breathless; she has lost weight and appetite, has been tired and listless, and has coughed up, and at times vomited, a great quantity of inoffensive sputum.

At no time has she spat blood.

As an infant she had measles, and in 1922, when 6 years old, she had pneumonia. It is not known whether the pneumonia was lobar or lobular. There is no family history of phthisis.

When admitted the child was pale and unhealthy-looking; temperature 98° F., pulse 110, respirations 35.

Examination of the chest showed the following signs:

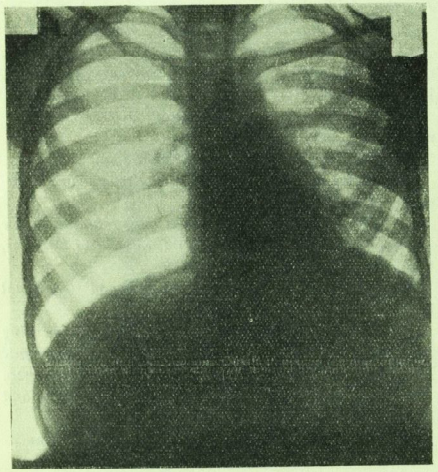


FIG. 1.—SHOWING FIBROSIS OF LEFT LUNG.

Diminished movement and retraction of the left chest, more marked in the lower half; cardiac impulse visible in the second, third and fourth left intercostal spaces in front; diminished vocal fremitus over whole of left chest. Percussion note impaired over the left upper lobe and dull over the left lower lobe. Air entry into both left lobes poor. Bronchial breathing in patches over left lower lobe, and over these areas there was bronchophony and whispering pectoriloquy; *râles*, medium and coarse, were heard over the left lower lobe and to a less extent over the upper lobe.

There were no abnormal physical signs in the right lung.

The fingers were not clubbed. The heart was displaced to the left.

The signs suggested that there was fibrosis of the left lung with dilatation of the bronchi. Culture of the sputum showed many colonies of Pfeiffer's bacillus and of the small chained streptococcus; no tubercle bacilli seen. The amount of sputum varied from 75–125 c.c. daily.

The skiagram, Fig. 1, shows the extent of the disease in the left and the absence of disease in the right lung. Examination with lipiodol confirmed absence of disease in right lung.

The diagnosis having been made, the question of treatment arose. It was decided that medical treatment

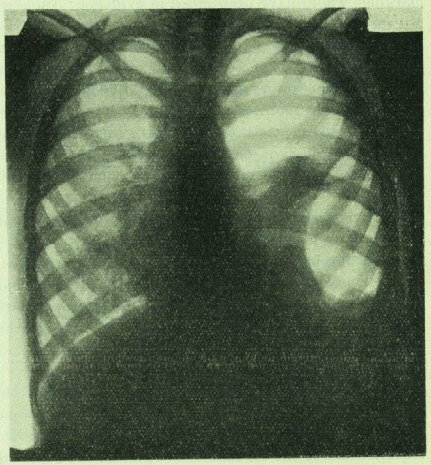


FIG. 2.—SHOWING MAXIMUM COLLAPSE AFTER STRETCHING THE APICAL ADHESIONS.

alone would do little to arrest what was a progressive disease, and so an artificial pneumothorax was induced on June 4th, 1926, 300 c.c. of air being admitted into the left pleural cavity.

Since then 24 refills have been done, between 200–250 c.c. of air being given each time, at intervals of 10 to 14 days.

Initial pressures in c.c. of water: − 4, − 12 (− 8), 300 c.c. of air, 0 − 8 (− 4). Pressures after twenty-fourth refill: + 1, − 5 (− 2), 200 c.c. of air, + 6 − 2 (+2).

As a result of the treatment the patient has had no sputum or cough since September, 1926, and during her stay in hospital she has gained one stone in weight.

The aim of the treatment is to secure permanent

collapse of the diseased lung, and that this is impossible can be seen from the skiagrams 2 and 3. The second skiagram shows adhesions at the apex, and a band at the base holding the lung back and preventing complete collapse

In spite of this fairly good collapse has been obtained, and enough to bring about a marked improvement in the patient's condition.

An attempt to stretch the adhesions was made, and 600 c.c. of air introduced under pressure. As a result

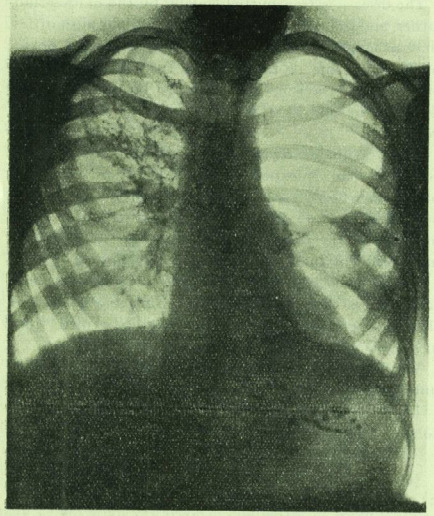


FIG. 3.—SHOWING SPREADING ADHESIONS AT BASE EXTENDING UPWARDS, OBLITERATING PNEUMOTHORAX CAVITY.

considerable stretching of the apical adhesions was obtained.

The third skiagram shows, however, that the adhesions at the base are spreading and that the pneumothorax cavity is becoming obliterated.

Had this not happened, the artificial pneumothorax would have been continued two or three years. As things are, it seems that two lines of treatment are possible:

(1) A combination of pneumothorax and phrenicotomy—as much as possible of the phrenic nerve being removed to produce fixation of the diaphragm and further collapse of the diseased lung—might be made.

(2) That a complete thoracoplasty should be done.

As it is, it seems that the pneumothorax will abandon itself owing to the further spread of adhesions.

At present we intend to continue with the pneumothorax treatment, and if cough and sputum return to consider thoracoplasty.

This case has been presented in order to show (1) the success attending pneumothorax treatment; (2) the difficulties that may occur in continuing the treatment, and the possibility of having to abandon it in favour of more drastic measures.

I am much indebted to Dr. Hugh Thursfield for permission to publish this case.

H. A. CLEGG.

"LADIES PREFER BART.'S."

(A District monologue in three breaths.)

"WOT I ses is, doctor, none of them young women wot I attends likes the nusses. As one young woman ses ter me the other day she ses, 'They're too exposin',' she ses; 'lot's of 'em come the last time, and me nightgown was right round me neck, and I ses to the 'ead nuss, I ses, "Must I 'ave me nightgown round me neck?" I ses, and she ses, "You keep quite," she ses, and she tells the other nusses ter come and listen ter me stumick with a stuffyscope. "Do you 'ear that there 'art?" she ses ter the other nusses, and they all ses "Yes, Nuss," though I knows well enough they didn't 'ear nuffin.'

"'Then arter me baby was born,' she ses, 'the Superintendint Nuss come round ter see me; nice she were,' she ses, 'but my, she were that stately; I wanted to ask 'er if the cord was 'orf—but I couldn't, she were that stately.'

"Then, doctor—them doctors from the —— ——! My, I shall never forget a case I 'ad up along of the Gray's Inn Road. Me an' the 'usban', we 'ad just a-shifted a marble-top washstan' from the front room ter the back, and we was a-standin' on the landin' a puffin' and a-blowin' like as we was fit to bust, when in comes one of them doctors from the —— ——. My, she did give me a fright. Six feet tall she were, doctor, and coal-black. She were so black that the whites of 'er eyes was black. Curly 'air she 'ad, doctor, like wot niggers 'ave, an' lips like sossidges. In she comes, an' sees the marble-top washstan' me an' the 'usban' 'ad put in the back room. 'Wot's that there washstan' a-doin' of in there?' she ses—an' would you believe it, she puts 'er arm round that there washstan', 'eaves it inter the front room an' puts it down—plonk! Then, 'Look sharp,' she ses, 'I wants four jugs of 'ot water, four basins of 'ot water, and four cups of 'ot water.'

'Ho!' I ses—very sarcastic—'Ho! an' p'raps you'd like four saucers of 'ot water!'

"Wot I always ses ter the young women wot I attends is—'You 'ave a BART.'s doctor,' I ses, 'an' you'll be alright,' an' they always takes me advice—all except one, that is, an' she 'ad the nusses. I saw 'er arterwards—and miserable she were. 'Wot's the matter, Lil?' I ses. 'Oh Sal,' she ses, 'me baby was a-comin' bootiful, an' then, all of a suddin, me pains went right orf.' 'There you are,' I ses, 'there you are. It jist about sarves you right. Them pains, let me tell you,' I ses, ''d never 'ave gorn orf if it 'ad bin a BART.'s doctor.'"

R. A. P. G.

A CASE OF HÆMORRHAGIC TELANGIECTASIS.

THE following case is reported as one of an unusual condition of the venules and capillaries of the skin and mucous membranes.

A girl, æt. 19, was recently admitted into Brompton Chest Hospital with advanced pulmonary tuberculosis. She gave a history of epistaxis and tingling in the finger-tips for the past two years.

On examination the girl was well nourished, and showed the usual signs of extensive tuberculous disease of both lungs. Nothing abnormal was discovered in her abdomen and nervous system.

The temperature oscillated between 99° and 101° F. Her sputum was loaded with tubercle bacilli. Her urine and blood-count were normal. The tip of each finger showed from five to ten punctate subcutaneous hæmorrhages. Hæmorrhagic vessels in the form of a "spider's web" were easily visible in the anterior part of the nasal mucous membrane on each side of the septum. No hæmorrhagic spots were seen on the oral mucous membrane. The family history is interesting, as the patient's father was a "certified bleeder," but no other member of the family was similarly affected.

The patient remained in hospital three weeks, and during this period she had several attacks of epistaxis. Her chest condition did not improve, and she was ultimately sent to a home for advanced cases of pulmonary tuberculosis.

Similar cases have been recorded by C. F. T. East (1), C. M. Williams (2), and Steiner (3).

C. F. T. East made the following observations on the pathology and classification of the disease. He says "that the disease is due to a familial tendency for defects to appear in small blood-vessels, and found dilated vessels, their walls being thin and deficient in muscular and elastic tissues. These defects render hæmorrhages liable to occur on very slight injury.

The hæmorrhages may appear in the following forms:

(*a*) Irregular dilated venules scattered more or less thickly in a sort of network or mat.

(*b*) A spider nævus, where little vessels radiate from a central dot about the size of a pin's head.

(*c*) As tiny pink dots.

(*d*) Little purple raised spots like blebs.

Distribution.—Face, cheek, nose, nasal septum, finger-tips and feet.

The disease is transmitted equally by the mother and father, and it has been pointed out by various authorities that although the disease is hereditary, there is a possibility that some of the sporadic cases may be really instances of atavism, and that the disease has been dormant in one of the parents for more than one generation.

C. M. Williams remarks that "the disease is more common than is expected, and adds that "if every physician who sees a spider nævus will ask about the occurrence of nose-bleeding in the patient and other members of the family, he will find that the disease is more frequent than has hitherto been supposed."

Steiner, who has written on the prognosis of such cases, states that "the prognosis is not too good, and that out of 171 cases, 4 have actually died from hæmorrhage itself.

Very little can be done for the patient medicinally, but cautery is said to have the best results.

I am indebted to Dr. W. J. Fenton for allowing me to record this case.

REFERENCES.

(1) EAST, C. F. T.—*Lancet*, February, 1926, 1, pp. 332–334.

(2) WILLIAMS, C. M.—*Arch. Derm. and Syph.*, July, 1926, xiv, pp. 1–3.

(3) STEINER.—*Arch. Int. Med.*, February, 1917, xix.

W. K. MCKINSTRY.

THE MEDICAL WARDS A HUNDRED YEARS AGO.

Extract from the *Lancet* dated April 24th, 1824.

ST. BARTHOLOMEW'S HOSPITAL.

THERE has been another highly interesting case at this hospital of the hydraulic species, the particulars of which we will give in a subsequent number. We are informed that it was a case of ascites, but the water, by some miraculous power, suddenly became converted not into urine but a fine chopping boy, who took the liberty of leaping into the world about half an hour previous to his intended passage through the cannula of a trocar.

K. M. W.

DRAMATISTS IN HOSPITAL—III.

GEORGE BERNARD SHAW has touched winningly upon many institutions. It was strange that so universal an institution as a hospital should escape his penetration. Patient research has revealed a manuscript, which is here published.

Preface on Poor Patients.

In my heyday I was accused of tub-thumping and propaganda whenever I lifted my voice. Now the public (fearing some blow below the belt) become uneasy if they do not find an obvious moral in my utterances. For their relief I elucidate the windmill against which I, Quixote-like, tilt my pen. Enlightened men flatter themselves that they no longer heed the thaumaturgics of Purgon, with his "De la bradypepsie dans la dyspepsie"; that a modern Argan has the doctors under his moneyed thumb; that the dicta of an Eddy or a Freud are making the medical profession look to its laurels. But the readers of high-toned weeklies are too busy taking in each other's intellectual washing to consider the position of patients in a hospital, except to drop a pious shilling into the grimy hand of some second-rate medical student emulating a third-rate clown upon his "Hospital Day."

That a poor man in search of health has to undergo indignities comparable only to those of an English law court crosses their minds no more than it does the doctors'. Yet neither is to blame; one class is too ignorant, the other too knowing; both must be taught. In short, my play aims at the mind of the clubman and the heart of the medico.

To avoid a libel action with some eminent medical man, I have made Carvon a composite of some of my earlier characters. Why not? Wagner composing Parsival unblushingly lifted his Kundry themes from his father-in-law's B flat minor Sonata. Ibsen writes Ghosts after reading a garbled account of G.P.I. What a German and Scandinavian can do with other people's work, surely a British genius can do with his own?

A critic, while declaring that he has no wish to insist on sex as a dramatic motive, deduces from the absence of woman in this play that I am not a dramatist, and cannot portray women! Apart from love interest, I take it he wishes to see an exposition of womanliness, *i. e.* reliance upon "intuition" and preconception, charming vacillation of mind, and piety and respectability covering a devastating lack of scruple or conscience. He will find it in the portrait of any average physician.

London, 1927.

NOTE.—*The subject-matter of this play demanded that the usual division into three acts should go. I here defy the playgoer who demands an interval solely to visit a bar, where he comfortingly befuddles a mind already bedevilled by my brilliance.*

The Out-patient Room of St. Odge's Hospital. Carvon, the physician, chatty and urbane, his face studiedly humane, awaits his patients. BLACK, *an anxious student, enters, followed by* GRINLY, *a suspicious and assertive Cockney, at present containing himself with difficulty.*

BLACK (*nervously gabbling*): A man, aged 40, complaining of pain in the head while reading.

CARVON: H'm. Remember that this man wont read much, so that probably the pain is due to something else, but noticed during a laborious occupation. (GRINLY *glares at the students assembled, who titter.*)

CARVON (*to* GRINLY): When did it first come on?

GRINLY: I told im.

CARVON: I asked when it first came on.

GRINLY: Ave I got ter tell it agen?

CARVON: Certainly. (*To the rest*): There is something marvellously obtuse about the mind of the hospital class, which is irksome. We must overcome it, though. Read Osler.

BLACK: Yes, sir.

CARVON: And when did the pain come on?

GRINLY: *I* dont want to irk yer.

CARVON (*blandly*): We can probably construe this patient's surliness as a symptom possibly related to his headaches, both fitting into a certain syndrome. (*Confidentially*) You understand.

BLACK (*nodding very knowingly*): Oh yes, sir.

CARVON: Or it may be habit. (*Musingly*): Habit! Do you read Butler?

BLACK: Not—not yet sir.

CARVON: My *dear* boy—

BLACK (*desperately*): I was saving it up for my finals, sir. (*The class reflects* Dr. CARVON'S *acid smile, to the discomfort of* BLACK *and the increased suspicion of* GRINLY.)

CARVON: Has it any relation to food? Does the man overeat? Is he a heavy drinker?

BLACK: No sir.

CARVON: How do you know? We've only his word for that.

GRINLY: Ere! I told im I dont drink, and I dont, see?

CARVON: Look at his belly, someone.

GRINLY: Ere! I got a bad ead.

CARVON: You must allow us to judge. Remember you're getting a three guinea consultation free.

GRINLY (*pushing aside the student who is nervously tickling his ribs*): Free? Dont I pay it out? Dont I risk me trade wasting a morning ere? I give my docter full perticklers, then I tells you, then (*contemptuously pointing to* BLACK) to im, and now ter yew. Aint yer got brains to take it in fust time, instead of inting I aint nice ter knaow? Garn! Read Pelman.

CARVON (*politely*): I'm sorry, Mr.—er—Grinly. You are a man of education?

GRINLY (*violently*): I aint. Im a thinking man. Wot's the use of curing me trouble by giving me lots more? I want consideration, not homeypathy. Maw ed's urtin'.

CARVON: How can we help you when you refuse to speak?

GRINLY (*fervently*): Gawd elp me. Gawd elp us all.

CARVON: Very excellent sentiments, but—

GRINLY: I suppose E aint qualified, eh?

CARVON (*gravely*): Blasphemy is useless, Mr. Grinly.

GRINLY: Wot about blaspheming agenst my umanity. Aint I more than a bloomin doll? I'd rather keep me eadache than lose me soul. I'm off ter see a *docter*. (*He goes.*)

CARVON: I'm sorry, gentlemen. Remember, in dealing with a class, mostly illiterate labourers, imbued with catchwords of the class-conscious politicians, one must show tolerance. Read Dickens. We who have the blesséd opportunity for literature can find much to help our understanding. Read Morris. By the way, Black, what *was* this man's job?

BLACK: He owned a second-hand book-stall, sir.

M.

WOMEN'S GUILD.

A VERY successful meeting of the Women's Guild was held in the Great Hall on March 31st.

Lady Sandhurst explained how much new members were needed to carry on the work of the Guild. It was a great pleasure to have Miss Paget with them that afternoon, as she would be able to explain that work in detail.

Miss Paget began by explaining the objects and works of the Guild, and also the way in which it had been formed. To many of us present this had been quite unknown, and we had certainly not realized the varied, extensive and invaluable work which the Guild performed for the assistance of both the in-patients and out-patients of the Hospital. For the in-patients many comforts were provided—recently, for example, some new feather pillows, which added considerably to the patients' comfort; again, a large proportion of the clothing worn by these in-patients is made by the Guild.

For the out-patients the work is very difficult, and considering the success with which the Guild works in assisting out-patients, it can hardly be sufficiently praised.

Miss Paget thus gave us a vivid picture of the work of the Guild, so clearly described that we could not fail but to give our best assistance to so good a cause.

Mr. Vick said that after the wonderful speech by Miss Paget little was left to be said, but he wished to emphasize the work of Miss Ball and her staff, which work can only be said to be beyond praise and of infinite value to the Out-Patient Department.

The meeting was extremely successful, many new members being enrolled; at the same time we spent a very pleasant afternoon due to the excellent work of Mrs. Barris in arranging the catering and a most enjoyable musical entertainment.

W. E. U.

DE MEDICO PUELLAQUE.

"WILL you walk into my surgery?" said the doctor to the girl
(The damsel's name was Beatrice, the doctor's name was Turle.)
"I've lots of little bottles all set out upon the shelf;
Just step inside the doorway here and look at them yourself."
"Oh, thank you, sir," the girl replied, "I'm sure you're very kind,
But yet I must not waste your time"—said he "Oh, never mind;
I want to show you many things, 'twill interest you much,
My instruments, appliances, my stock of drugs and such.
I've bottles full of iodine, of tincture digitalis,
Of ipecacuanha and of liq. arsenicalis,
Of fragrant asafœtida, of elixir camph. co.,
Of soda sal. and ammon. brom. and strychnine, don't you know.
This charming little bottle I feel sure you will suspect
Contains that enervating fluid spirit vini rect.,
And several tablespoonfuls of this nectar in your tea
Will make you quite ecstatic, Miss, with everything you see.
You've had some metabolic trouble some time I feel sure,
So let me recommend you soda bic. (a certain cure).
This prussic acid, madam, I can strongly recommend,
But yet an ounce or so too much will often mean the end.
Now here you see a little tube so shiny and so clean,
I use for tracheotomy—a thing you've no doubt seen.
It is an awful nuisance if you cannot get your breath,
In fact, if it is very bad, I've known this lead to death;
But if your breathing needs no help, I've knives in rows arrayed,
And here we have a scalpel, Miss, and here a smaller blade;
And though it's still a secret, I remember how our maid
Once used those knives for cutting orange peel for marmalade.
And here we have some larger ones with which I often try
To remove those congenital multiple cysts from the corneal coat of the eye.
I've boxes full of wooden splints and aluminium too,
And I am very willing, Miss, to lend a set to you.
This pair of Waring's shears you see I use for cutting bone;
You're very welcome to them if you've got none of your own.
Here's A.C.E. and G.O.E., the stuffs you sometimes smell
Because such painful processes are apt to make one yell.
I've cotton-wool and bandages and gauze so neat and clean—
The other day a lady said it rivalled crêpe de Chine!
You've only got to mention what you'd like me to essay,
I'll operate with pleasure, Miss, without the least delay."
"Oh, thank you, sir, you're very kind," the blushing girl replied,
"But I'm afraid there's nothing wrong at all with my inside;
My arms and legs are safe and sound, my heart and lungs as well;
About my indigestion, sir, I fear there's naught to tell.
Your amputation knives I really think weren't meant for me,
Although I must admit they're awfully pretty things to see;
And so your splints and bandages, your cotton-wool and gauze
I really think you'd better keep to use in worthier cause.
But inasmuch as you're so kind, your conduct, sir, to me,
Is capable of being described as generous and free;
And when we say its capable of being so described,
We mean you really couldn't have been kinder if you'd tried."
"But I am disappointed," he replied, "that you've refused,"
And fail to find the reason why you seem so much amused."
"GET UP!" she screamed, "it's half-past nine, the day is growing old,
And if you're not down jolly quick your coffee will be cold."

F. W. J. W.

ABERNETHIAN SOCIETY.

A MEETING of the Society was held in the Medical and Surgical Theatre on Thursday, March 17th, 1927, at 8.30 p.m., when the Terminal Sessional Address was delivered by Sir Humphry Rolleston, who spoke on "Idiosyncrasies."

Idiosyncrasies, he said, prevented medicine from being mathematics, and explained why patients were not clockwork animals. One had to consider and estimate the patient and not the disease, each patient being a new problem, and not a machine occupied by a specific morbid process.

Idiosyncrasies were abnormal reactions in an otherwise normal individual, the result of unusual personal equations, and must not be confused with the altered tolerance to drugs resulting from organic defects, such as was found with calomel in nephritis, opium in pain, and iodides in syphilis.

Allergy was a response altered in both amount and time; anaphylaxis now meant hypersensitiveness produced by a former injection of a foreign protein. Diathesis, a conception driven out of favour by the bacteriologist, was again becoming fashionable; it meant that there was a definite tendency in a certain class of patient towards a given disease, such as tuberculosis, gastric ulcer, etc., whereas idiosyncrasy did not predispose towards any one disease.

Antipathies were modified idiosyncrasies of a psychical nature, as evinced by the mental horror of cats shown by some great soldiers; by Boyle, who fainted at the splash of water; and Nicanor, who behaved similarly on hearing a flute. It has been suggested that the mutual antipathy of some married couples was due to their belonging to different blood-groups.

The site of the manifestations depended on the local resistance, being usually the skin, the bronchial and nasal mucous membranes, the alimentary canal, and sometimes the central nervous system in the cases of epilepsy and migraine.

Idiosyncrasies towards foods were marked in children, becoming less as the child grew older and became desensitized. In the case of substances like egg-white, which was used for clearing soups and glazing buns, it might be unsuspected or misunderstood; for instance, a doctor for years thought that he was hypersensitive to salmon, but found it was really the parsley sauce. The connection between veal and purgation, honey and headaches, figs and pruritus, rice and asthma, strawberries and rash was well established, as well as the suggestive fact that certain brands of champagne adversely affected people sensitive to gooseberries.

Idiosyncrasies towards drugs was an important matter: a quarter of a grain of quinine produced a rash in some, whilst five grains of potassium iodide produced a bullous eruption in others. Morphia and bromides could excite some patients; belladonna could cause a rash, and one brand of aspirin could induce asthma. Some people were sensitive to arsenic, cocaine, adrenalin or thyroid extract—in fact, all the useful drugs. Veronal was especially dangerous, as death had been known after five grains, and recovery after one hundred.

Sir Humphry felt that any discussion on idiosyncrasy that included no reference to asthma was like a presentation of "Hamlet" that omitted the Prince of Denmark, but that the time left at his disposal would permit of only a brief mention of this complaint, and rather than treat it thus inadequately he would draw his lecture to a close.

Dr. LANGDON BROWN, in proposing a vote of thanks, said that one of his first meetings with Sir Humphry was when in his final M.B. he was asked what he knew about drug rashes. He was forced to admit that drugs were given with such skill at St. Bartholomew's, he had not seen any. Sir Humphry, being a physician and a landsman, had naturally been made a Surgeon-Admiral in the war. The subject of the lecture was an extremely interesting one, and he thought it was neatly expressed in the remark that "immunity is assimilation," and that "anaphylaxis is the last stand of the protoplasm against adulteration." He was sure they had spent an exceedingly entertaining and enlightening evening, and he proposed a hearty vote of thanks.

Mr. WINDLE, in seconding, professed that the idiosyncrasies that interested him most were those of his examiners; he had come this evening to discover what these were, and he now looked forward to his final M.B. with confidence.

The vote of thanks was carried with enthusiasm; Sir Humphry spoke a few words in reply, and the meeting was declared adjourned.

CORRESPONDENCE.

EVOLUTION RECONSIDERED.

SIR,—Will you allow me, though late, to offer some criticisms on an article by Dr. Willoughby, entitled "Psychological Evolution," which appeared in the January number of the JOURNAL.

I have not discovered what the dominating idea of the article is, or why the writer gives the title 'Psychological Evolution" to an extremely diffuse paper on the history and relations of certain words or groups of words. My concern is with the actual etymological details of which the paper largely consists. I will take some of these in order.

P. 59, l. 3: "*Homo lalus*." There is no Latin adjective *lalus*. The word λάλος (lalus), talkative or loquacious, is Greek.

l. 16: The Greek word for tongue is not "glossus," but "glossa," γλῶσσα.

l. 16: The Greek word "glottis," γλωττίς, does not mean "the throat," but the glottis.

l. 16: Even if "glossus" had been the Greek for tongue, glottology obviously could not come from it, but from a form glottus. There is a form γλῶττα, the Attic equivalent of γλῶσσα.

l. 18: A description of glottology, such as that which follows, is not a "definition."

l. 44: "Yet it is not Greek more than English." This is an example of the looseness of this article. The word ὥρα is a Greek word and is not an English one, so to say that it is not Greek more than English is simply untrue. And similarly as regards Kamskhatkan. If the writer means that certain Greek forms, certain English forms and certain Kamskhatkan forms have descended from common sounds made by human beings (roots) before there were any people who could be called Greek or English or Kamskhatkan, he should say so. But it would be wiser to omit all reference to Kamskhatkan unless he is prepared to show that it contains a word which there is reason to suppose has descended from the same root as ὥρα.

P. 60, col. *a*, ll. 4, 5: "The word means 'originally "any period" of time.'" In ll. 9–11 it is asserted that nothing is more certain than that this is wrong. If the writer had read the part of the article in Liddell and Scott before the large A, he would have seen the words, "so that the word seems originally to have denoted *year*." And yet he writes, "According to Messrs. Liddell and Scott [why "Messrs."?] . . . the word means 'originally "any period" of time,'" and then says that Liddell and Scott are wrong. Moreover, when they pass on to classify the meanings of the word they do *not* say under A "any period of time," but "*any time* or *period*, fixed by natural laws and revolutions, whether of the year, month, or day."

Dr. Willoughby should at least quote correctly.

l. 15: "I have no doubt equally Choctaw and Kamskhatkan words." Again a mere rhetorical flourish. No Choctaw or Kamskhatkan words are produced in support of the suggestion. "I have no doubt" is not evidence, even in etymology, but it is the only foundation on which various suggestions in this paper rest.

l. 21: "Jour" is not derived from "hora," but from dies, diurnus.

l. 23: "Oer" does not mean "time past"; it simply means "over," and "over" is not from "hora," but allied to Greek ὑπέρ and Latin *super*.

l. 24: "Here" does not mean "now." It means "in this place," or "in the present life or state," and is allied with a Gothic word meaning "this."

l. 25: "Itself a monthly lunar period," as we have seen Liddell and Scott suggest that the word originally denoted "year."

l. 28: ἔρα is earth. Calling it "Mother Earth" does not bridge the gap between a period of time and a solid thing in space. What has it got to do with hora?

l. 32: "Ear." The word, which is a different one from the word meaning the organ of hearing, means the spike or head of a plant of Indian corn or other grain.

ll. 33–40 and 41–49: These two paragraphs are a farrago of wild and irresponsible guesses. For example, the writer says, "The first syllable of Mænads is *μήν*, a moon or month." It is nothing of the sort; it is *μαν*, which is the first syllable of *μαίνομαι* to be mad.

Again, the words "calendar," "to calender" and "colander," have nothing to do with each other. Calendar is from the Latin "Kalends." To calender is to press between hot rollers and is connected with cylinder. A colander is from the Latin *colo*, to strain, and *colum*, a strainer.

l. 50: The writer says, "The alternative to calendar is Al/men/ach, a rather obviously monthly count," apparently meaning that the second syllable of Almanac is connected with the Greek *μήν*. The word is of Arabic origin. A Hebrew scholar of my acquaintance writes "that a piece of a Semitic word should be derived from or allied to Greek is, I should say, unthinkable."

Al is the Arabic definite article. What the writer means by saying it "is equivalent to the French sale," and by associating it with "salvation," which comes from the Latin *salvus*, safe, I cannot conceive. We seem to have deserted reason altogether, and to have wandered with Alice into a Wonderland, but not an amusing one.

Col. *b*, l. 25: "*Capitas agere*" is quite unintelligible. I know no such word as "*capitas*."

l. 7 from bottom: "Aptising" would appear to be printed instead of "baptising" intentionally, as if to make it more like "ablution." This is mere playing with words.

P. 61, col. *a*, ll. 21, 22: Ever has nothing to do with *ver*, spring.

col. 2, l. 10: The Roman month was not a calendar, and was not "divided into" Kalends, Nones, Ides and Antekalends. The kalends were the first of the month, the nones and ides were other dates in the month. The irregular spaces between dates were thus not four, but three.

Many other criticisms might be directed against this paper. It is not easy to discuss it with restraint, especially when one reflects that it was presented to a class of readers whose studies are not of a kind to enable them to estimate it at its real value, and that a morning spent in the company of a good Greek, Latin and English dictionary would have shown the writer that a great deal, if not all of it, ought never to have been written.

Yours faithfully,
F. C. POYNDER.

CARBON DIOXIDE.

DEAR SIR,—My attention has been drawn to the fact that the sparklet device mentioned in the article on carbon dioxide in your last number was devised by Dr. I. W. Magill, and described by him in the *Lancet*. I regret that I missed this article, the only reference to the device which I had seen being in a paper by Dr. Whitridge Davies in *The British Journal of Anæsthesia*, where a similar holder for "J" type bulbs was said to be "designed by Messrs. Sparklets Ltd." As this article was published some time later than the preceding one, there is no doubt that Dr. Magill's name should be attached to this ingenious apparatus. I trust that he will accept this apology that an error was made.

Yours faithfully,
C. LANGTON HEWER.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. GLOUCESTER.

Played on March 26th at Gloucester. For this match Gloucester were without Voyce and Millington, while we lacked the services of Vergette, Bettington, Jenkins, Gumness, Grace, Prowse and Roxburgh. R. N. Williams won the toss, and had the assistance of a strong wind. Gloucester pressed at the outset, but our defence was sound, Taylor in particular making two good saves. The Hospital then gained ground by means of judicious touch-finding by Gaisford, and nearly scored following a forward rush, but the home side touched down; from the drop-out, however, Gloucester took play into our "25," and their scrum-half slipped over for a try between the posts, the easy kick failing. Rowe then intercepted in his own half and broke away on his own, but kicking over the full-back's head he just failed to get the touch. Gloucester were then penalized near the touch-line, and Gaisford kicked a perfect goal, judging the wind excellently.

Half-time: Gloucester, 1 try (3 pts.); Bart.'s, 1 penalty goal (3 pts.).

The Hospital now had to face the wind, but the forwards gained ground by means of combined dribbles, which were proving very difficult to check. Lloyd then made a strong run, but was forced into touch, and from the ensuing scrum, short passing among the forwards saw Thompson score a good try. Fifteen minutes from the end saw us still leading, but Gloucester then equalized from a penalty goal from the half-way line. Play now became very keen, and Gloucester went ahead with a try that appeared to have been scored from an offside position, but the referee, as explained afterwards, was unsighted. This disheartened our young team, and Gloucester scored two more tries in quick succession from scrambles near the line.

Our team, with seven of the "A," played very well until the end, and should give a good account of themselves next season. Gaisford was at his best, and Taylor and Rowe showed great promise, while all the forwards were good, with Williams and Maley outstanding.

Result: Gloucester, 1 goal, 1 penalty goal, 3 tries (17 pts.) Bart.'s, 1 penalty goal, 1 try (6 pts.).

Team: W. F. Gaisford (*back*); W. J. Lloyd, J. T. C. Taylor, J. T. Rowe, E. M. Ward (*three-quarters*); B. Rait Smith, T. P. Williams (*halves*); R. N. Williams (capt.), M. L. Maley, H. D. Robertson, G. D. S. Briggs, W. M. Capper, V. C. Thompson, H. G. Edwards, J. S. Knox (*forwards*).

HOCKEY CLUB.

HOSPITALS JUNIOR CUP FINAL.

Having beaten Middlesex II and King's II on their way to the final, Bart.'s II met Thomas's II at Richmond on Thursday, March 24th.

The ground was in good condition, although the afternoon was rather a damp and cheerless one. Briggs, just back from South Africa, played right back for the Hospital. Bart.'s started well and were soon pressing strongly, it being only a few minutes from the start when Bell took the ball away from a Thomas's back and, dashing into the circle, scored with a good shot. Soon afterwards Bell repeated his effort, making a good individual run from the left and giving the goalkeeper no chance. Two goals up seemed to promise an easy victory, but for the next twenty minutes Thomas's had the better of the game. They could not get through the Bart.'s defence, however, where Briggs and Lockhart were playing well, with Hodgkinson safe in any emergency. Consequently the next score was again by Bart.'s.

Bradshaw got the ball on the right and hit across a hard pass to the centre. Bell took it, and, drawing the back, slipped the ball to Slinger, who hit it hard into the net. This was a very good goal.

Just afterwards Thomas's made the score 3–1, and this was the half-time score.

On changing over Thomas's made strenuous efforts, and their outside right in particular gave the Bart.'s defence plenty of trouble. Eventually one of his centres was picked up and a good goal scored.

After this play was very even, and the result appeared doubtful until Neil got away for Bart.'s, and centred for Iliff to put his side 2 up again. Later play became scrappy, and nothing of note occurred except a good goal by Neil for Bart.'s. Running in from the right he took the ball into the circle by a fine run and, after having his first shot saved, followed up well and scored the fifth and final goal for the Hospital, who thus won by 5–2.

The whole team played a splendid game, and are to be heartily congratulated on winning back the cup they won in 1924–25. To mention individuals is perhaps unnecessary where everyone did so well, but Lockhart played such a good game at left-half that an exception must be made. He had only played a few games in this position for the Hospital, but he gave a fine display in attack and defence.

K. W. D. H.

NEW INVENTIONS.

(Contributions to this column are invited.)

UTERINE DOUCHE DILATOR.

This consists of two halves, which, when closed, resemble an ordinary uterine douche. Each half is hollow and perforated at the distal extremity, so that fluid can pass through it and be sprayed out at the end. The douche is passed into the uterus in the usual manner, and then by slight pressure on the handle it is made to open. By this means the cervix is held open during the process of douching, thereby facilitating the passage out of the uterus of any foreign matter.

(Makers: Messrs. Allen & Hanbury, of Wigmore Street.)

J. E. HEPPER, M.R.C.S., L.R.C.P.

REVIEWS.

LENK'S INDEX AND HANDBOOK OF X-RAY THERAPY. Translated by I. I. CANDY. (London: Oxford University Press, 1926.) 0s. 6d. net.

This little book fills a long-felt want in lifting the veil of mystery and magic with which many doctors have clothed X-ray treatment, and, as the author points out, in instructing general practitioners in the indications and prognosis of this branch of therapy. It also introduces a clever treatment formula, succinctly summing up the many variable factors in a complete course of treatment, while at the same time remaining sufficiently elastic to suit varying opinions and patients.

It would be an excellent thing if such a formula were universally adopted, as the present transference of details of treatment from one radiologist to another is often a complicated and cumbersome business.

Some of the doses and penetrations appear on the small side according to the teaching of this school, but the author is not unduly optimistic, and never shirks his heading, "Mode of Action."

Practitioners interested in modern methods of treatment, budding D.M.R.E.'s as well as radiologists are strongly recommended to read and refer to this concise and excellent little volume.

G. T. L.

CAVERNOUS SINUS THROMBOPHLEBITIS. By WELLS P. EAGLETON, M.D. (New York: The Macmillan Company.) Pp. 196. 12s. 6d. net.

In this work the various types of cavernous sinus thrombosis are dealt with, and it consists in the main of a review of 25 cases which have come under the personal observation of the author.

The routes of infection which may give rise to this condition are considered in detail, as well as the different clinical types of the disease which may be found.

A strong plea is put forward by the author for the earlier diagnosis of the condition, and also for the abandonment on the part of the surgeon of a despairing mental attitude when faced with a case. The treatment advocated is radical and operative, and in most cases involves ligature of the common carotid artery.

The book contains a full bibliography of the condition, and it is a definite contribution to the study of the subject.

URINARY SURGERY. By W. K. IRWIN, M.D., F.R.C.S.E. (London: Baillière, Tindall & Cox.) Pp. 271. 10s. 6d. net.

This book is the second edition of a work which appeared in 1923 under the title of "Surgical Urology," and is intended primarily for the general practitioner.

In the main the subject is dealt with under the headings of symptoms. This arrangement inevitably involves considerable overlapping and repetition. In addition to this there are parts of the book where pathology, signs, symptoms and treatment are crowded into a single paragraph. From the point of view of the student we cannot, therefore, recommend this book as an introduction to the subject of urology.

Parts of the book could be considerably improved by the introduction of diagrams.

THE HEART AND ITS DISEASES: A HANDBOOK FOR STUDENTS AND PRACTITIONERS. By E. F. CHAPMAN, M.D.(Durham), M.R.C.P. (Lond.). (Edinburgh: E. & S. Livingstone, 1927.) 8s. 6d. net.

Dr. Chapman, having bound himself to produce a small book, seems constantly to have held himself in check for fear of making it a large one.

Hence this monograph contains little information about the heart which cannot be gleaned from an average text-book of medicine. Several of the chapters have promising titles, such as those on "Cardiac Reflexes" and "Anæsthesia in Heart Disease," but the whole book makes disappointing reading.

Though good in quality, it is so deficient in quantity as, in our opinion, hardly to be worthy of purchase.

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By DAVID LEES, D.S.O., M.B., F.R.C.S. With an Introduction by WM. ROBERTSON, M.D., F.R.C.P., D.P.H. (Edinburgh: E. & S. Livingstone, 1927.) 15s. net.

An admirable addition to the literature of venereal diseases, this book is essentially practical and marvellously detailed in its descriptions of clinical examination, diagnosis (including pathological diagnosis) and treatment. As instances of the latter may be quoted the "set courses" of treatment for syphilitic patients. While recognizing that every case must be treated, to some extent, on its merits, the author presents, in Chapters XII to XV, a kind of time-table giving the precise treatment which he adopts in average cases of the various stages of syphilis—including congenital syphilis and syphilis during pregnancy. This is a welcome inclusion. Many authors say vaguely, "Give arsenic, mercury or bismuth"; Mr. Lees tells us how and when to give each.

He includes, also, a useful chapter on intolerance to arsenical preparations, and a 24-page pharmacopœia for venereal cases.

The section on gonorrhœa is as full and as good as that on syphilis, and the photographic illustrations to both sections are the best we have seen.

BACTERIOLOGICAL ATLAS. A Series of Coloured Plates illustrating the Morphological Characters of Pathogenic Micro-organisms. By RICHARD MUIR. (Edinburgh: E. & S. Livingstone, 1927.) Pp. 134. 60 plates. 15s. net.

Whatever may be the reason for the production of this book, the format is very attractive. Too attractive perhaps, for not only are the drawings made with the help of a much higher magnification (×1500 diameters for the most part) than is commonly attainable, but also it is seldom that the artist's beautifully clear colour schemes are seen in ordinary laboratory work. The descriptions to the plates are good but brief. A beautiful example of the attainments of colour printing.

THE PRINCIPLES OF PATHOLOGY. By CHARLES POWELL WHITE, M.D., F.R.C.S. (London: Longmans, Green & Co., Ltd., 1927.) Pp. 279. 15s net.

This very readable book makes an extraordinarily interesting first step in the evolution of a philosophy of pathology. Leading minds have for some years been groping for the thread which will bind together the facts brought out by the post-mortem knife and the microscope. It is fortunate that the author is himself a laboratory worker, for his reasoning is essentially scientific.

His introductory Part I deals with morphology, growth, metabolism, etc., and subsequent parts with the causation and processes of disease. Each factor is dealt with in a conscientious and markedly original manner. While more attention is paid to the relation between pathological processes than to the details of those processes, the reader has to have the knowledge of at least a senior student to supply the gaps. The book is light, well printed, and not nearly as formidable as the text-books of pathology. The index is a model; being an expression of purely personal opinion, the author has intentionally omitted a bibliography and references.

We can thoroughly recommend this work to those who, after qualification, would like to reassemble their ideas.

COMPENDIUM OF REGIONAL DIAGNOSIS IN AFFECTIONS OF THE BRAIN AND SPINAL CORD. By ROBERT BING, Professor in the University of Basle. Translated from the 6th German edition by F. S. ARNOLD, B.A., M.B., B.Ch.(Oxon.). (London: William Heinemann, Ltd.) 3rd edition. Pp. 204. Illustrations 102. 15s. net.

The 3rd English edition of this well-known continental book makes available advances made from war experiences. Being thoroughly up to date, it keeps up its position as a very fine book of reference. The illustrations have been carefully revised and improved.

MINOR SURGERY AND BANDAGING. By GWYNNE WILLIAMS, M.S., F.R.C.S. (London: J. & A. Churchill, 1927.) 19th edition. Pp. 249. 247 illustrations. 10s. 6d.

This handbook still continues to maintain its excellent standard, and the revisions in the 19th edition are adequate. For the surgical dresser and house surgeon there are few books which can so readily command recommendation.

One flaw is noticeable in a book which gives such consideration to the pitfalls of minor surgery: there is no reference to the possible confusion of the Moss and Jansky blood-groupings.

TREATMENT OF VENEREAL DISEASE IN GENERAL PRACTICE. By E. T. BURKE, D.S.O., M.B., Ch.B.(Glas.). (London: Faber & Gwyer, Ltd., 1927.) Pp. 158. 5s.

To write a readable book on a subject which at first sight would appear to resolve itself into lists of drugs, their doses and effects, is an achievement. Dr. Burke deals with the history and administration of all the standard drugs in use in the treatment of venereal diseases, and adds detailed courses of treatment for different types of cases. His advice, he claims, constitutes the irreducible minimum of treatment. Mercury he relegates to obsolescence in favour of arsenic and bismuth, but for those who feel "a reluctance to discard an old and useful friend," he gives it full discussion.

There are several useful appendices, notably on collection of pathological material and on secondary infection in gonorrhœa.

The *obiter dicta syphilitica* and *gonorrhoica* are both witty and wise.

DISEASES OF THE NERVOUS SYSTEM. A Book for the Recording of Cases and Text-book combined. By B. BURNETT HAM, M.D., D.P.H. (London: Ash & Co., 1927.) 2s.

Dr. Ham's booklet has a misleading title. The "text-book" part of it consists of a page or so of notes on each type of case—useful perhaps for frenzied conning in the ante-room of an examination hall, or for a quiet glance during note-taking, but as a substitute for book work, of no value. The rest is blank except for titles and outline figures of the anterior aspect of the body. Delete "text-book" from the title, and there remains a record book for nerve cases for the use of any medical student who is taken that way.

PRACTICAL GASTROSCOPY. By JEAN RACHET, M.D. Translated by F. IMIANITOFF. (London: Baillière, Tindall & Cox.) Pp. xii + 140. 10 Plates. 15s.

This book gives a clear account of the development of gastroscopy and its clinical possibilities. No extravagant claim is made by the author for its use, as the technique has only been perfected quite recently.

The various types of gastroscope are described, particularly a new instrument invented by Bensaude, based on the principles of the modern cystoscope. This appears to be more efficient in exploring the cavity of the stomach than the older type of instrument, but it necessitates the genu-pectoral position for the examination, with hyper-extension of the head. The passage of the gastroscope appears frequently to be difficult, and must certainly be extremely unpleasant, as it can only be satisfactorily performed without a general anæsthetic. While we may expect to obtain much valuable information by its use, it is improbable that such an uncomfortable method of examination will be well tolerated by English patients.

The book is well produced, the illustrations are good, and it is very readable. It is an excellent work of reference for those interested in gastric disease.

OUTLINES OF COMMON SKIN DISEASES. By T. G. GILCHRIST, M.D. Also Diet Plans for Children. (London: Baillière, Tindall & Cox, 1927.) Pp. 54. 60 illustrations. 7s. net.

This outline aims at an intermediary between the 1000-page text-book of dermatology and the student or practitioner. A classification of skin-diseases and a scheme of examination forms the basis of the book. The actual diseases are classed according to their primary lesions, each type being subdivided into regional groups. Hygienic, pharmacological and light treatments are briefly indicated in each case.

The illustrations are, within the limits of half-tone reproductions of photographs, good.

There are some useful, though short, diagnostic tables on, *e.g.*, febrile eruptions, diseases of the mouth, diseases of children, ulcers, etc. These distinctly add to the use of the book for medical students, but the price is perhaps a little too high for a handbook intended for them.

CLINICAL PHYSIOLOGY. By ROBERT JOHN STEWART MCDOWALL, D.Sc., M.B., F.R.C.P.(Edin.), Prof. of Physiology, King's College. (Edward Arnold & Co.) Pp. 424. 21s. net.

It is very useful after qualification which necessitates a pigeon-hole type of knowledge to sit back and watch somebody knock down the partitions so that one can get a full view of the actual extent of the cupboard. Not only does it help one's own memory, but it enables one to give much more intelligent treatment for patients' actual illnesses which are rarely "text-book," and much more intelligible answers to their questions.

Prof. McDowall has written a book which, within its small compass of 400 pages, achieves its object very well, and remains thoroughly readable.

Neurology is perhaps most fully dealt with, and a much-needed attempt is made to put psychology on a more physiological footing. There are seven very sound chapters on the circulation—a minor point. The bradycardia produced in those given to much exercise and in those who have been subjects of pneumonia and painful conditions is put down to vagal stimulation; no mention is made of that occurring in jaundice, though one would have liked to have known Prof. McDowall's explanation of this. The three chapters dealing with respiration are especially interesting; the conception of anoxæmia is very up-to-date; the vital capacity and other subjects usually omitted are given full scope. Diet, growth, bile, temperature, etc., are all described, but, as one would expect, the thorny subject of the kidney in relation to pathology is left severely alone; the constituents of the urine and their significance are, however, discussed. There are four good plates and an introduction by Prof. Halliburton. This book should be useful for the Primary F.R.C.S., also the M.R.C.P.

BOOKS RECEIVED.

PHARMACOPŒIA, CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS. (London: H. K. Lewis & Co., Ltd., 1926.) 3s. 6d.

CATECHISM SERIES: Anatomy (Bones), Part VI (4th edition); Physics, Part II (3rd edition). (Edinburgh: E. & S. Livingstone, 1927.) 1s. 6d. each.

MNEMONICS OF ANATOMY. By A. S. IRVING. 3rd edition. (Edinburgh: E. & S. Livingstone, 1926.) 1s. 3d.

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

BALL, W. GIRLING, F.R.C.S. "Hunterian Oration on the Value of Modern Methods of Investigation in the Diagnosis and Treatment of Hæmaturia." *Lancet*, March 5th, 1927.

BARTON, J. KINGSTON, M.R.C.P. "On Hyperpiesis." *West London Medical Journal*, January, 1927.

——— "Discussion on Hyperpiesis." *Proceedings of the Royal Society of Medicine*, June, 1926.

——— "Discussion on Prevention of Scurvy in the Navy." *Proceedings of the Royal Society of Medicine*, December, 1925.

——— "Discussion on Vitamin Deficiency." *Proceedings of the Royal Society of Medicine*, January, 1926.

BOURNE, GEOFFREY, M.D., M.R.C.P. "An Attempt at the Clinical Classification of Premature Ventricular Beats." *Quarterly Journal of Medicine*, April, 1927.

CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. "Bilharzia Ova and the Test-tube." *British Medical Journal*, March 5th, 1927.

COLT, G. H., F.R.C.S. "The Clinical Duration of Saccular Aortic Aneurysm in British-born Subjects." *Quarterly Journal of Medicine*, April, 1927.

DIVE, G. H., D.S.O., R.A.M.C. "Dengue in Aden: A Clinical and Statistical Survey, with an Appendix on Fevers in Aden." *Journal Royal Army Medical Corps*, April, 1927.

FRASER, FRANCIS R., M.D., F.R.C.P. Goulstonian Lectures on "Cardiac Dyspnœa." *Lancet*, March 12th, 19th, 26th, 1927.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "The Effect of Sun, Sea and Open-air in Health and in Disease." *Practitioner*, March, 1927.

——— "Light Treatment in Surgical Tuberculosis." *Lancet*, April 9th, 1927.

GORDON, M. H., C.M.G., D.M., F.R.S. "Experimental Production of the Meningo-Encephalitis of Mumps." *Lancet*, March 26th, 1927.

HADFIELD, GEOFFREY, M.D. "The Central Nervous System in Addisonian Anæmia." *Bristol Medico-Chirurgical Journal*, Spring, 1927.

——— (E. BARTON WHITE, M.R.C.S., L.R.C.P., and G. H.) "Observations on Pellagra." *Bristol Medico-Chirurgical Journal*, Spring, 1927.

HALL, PERCY, M.R.C.S., L.R.C.P. "Actinotherapy and Dental Surgery." *Bristol Dental Journal*, April 16th, 1927.

HATTERSLEY, S. M., M.C., R.A.M.C. "The Regimental Water-Cart." *Journal Royal Army Medical Corps*, April, 1927.

HERNAMAN-JOHNSON, F., M.D. "Ultra-Violet Rays: Their Place in Medicine." *British Medical Journal*, March 26th, 1927.

HEY GROVES, ERNEST W., M.D., F.R.C.S. "Fractures of the Clavicle." *Lancet*, April 16th, 1927.

——— "Some Contributions to the Reconstructive Surgery of the Hip." *British Journal of Surgery*, January, 1927.

——— (VINCENT COATES and E. W. H. G.). "Exploratory Laparotomy and Appendicectomy in Chronic Amœbic Dysentery." *British Journal of Surgery*, January, 1927.

HURRY, JAMIESON B., M.A., M.D. "The Disorders of Pregnancy and the Vicious Circle." *Practitioner*, April, 1927.

KLIONSKY, G., M.B., B.S., M.R.C.S. "Research Problems in Diseases of the Nervous System." *Practitioner*, April, 1927.

LINDEMAN, S. J. L., M.C., R.A.M.C. "Difficulties in the Differential Diagnosis between Rabies and Nervous Forms of Distemper." *Journal Royal Army Medical Corps*, April, 1927.

LINDER, GEOFFREY C., M.D., M.R.C.P. "The Effect of Mineral Acid on Acid-base Regulation in Health and in Nephritis." *Quarterly Journal of Medicine*, April, 1927.

LYSTER, R. A., M.D., B.Sc., D.P.H. *A First Course in Hygiene.* 7th edition, revised and enlarged by Col. R. J. BLACKHAM, C.B., D.S.O., M.D., D.P.H. London: W. B. Clive, 1926.

MOORE, R. FOSTER, O.B.E., M.A., B.Chir., F.R.C.S. "Acute Glaucoma." *Clinical Journal*, March 30th, 1927.

MORRIS, R. J., C.B.E., M.D., M.R.C.P. "The Electrical Treatment of the Paralysis of Poliomyelitis." *British Medical Journal*, March 12th, 1927.

ORELL, C. C., M.C., M.D., B.Ch. (H. J. PARISH, M.D., and C. C. O.). "Titration of Scarlet Fever Antitoxin in Rabbits." *Lancet*, January 8th, 1927.

POSEL, M. M., M.R.C.S., L.R.C.P. "A Fatal Case of Acute Pulmonary Œdema." *British Medical Journal*, March 19th, 1927.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Spencer Wells's Forceps." *British Journal of Surgery*, January, 1927.

——— "Presidential Address on Comparative Medicine." *Proceedings of the Royal Society of Medicine*, December, 1926.

RIDOUT, C. A. SCOTT, M.S., F.R.C.S. "Total Removal of Tongue by Diathermy for Carcinoma." *Proceedings of the Royal Society of Medicine*, January, 1927.

——— "Epithelioma of Left Tonsil, Left Anterior Pillar of Fauces, Tongue and Lower Jaw." *Proceedings of the Royal Society of Medicine*, January, 1927.

ROBERTS, J. E. H., F.R.C.S. "Discussion on the Diagnosis and Treatment of Intrathoracic New Growths." *Proceedings of the Royal Society of Medicine*, December, 1926.

ROBINSON, WILLIAM, M.D., M.S., F.R.C.S. "On the Value of Vitamins and the Diets of Infants and Children." *Clinical Journal*, December 22nd, 1926.

ROCHE, ALEX. E., M.A., M.D., M.Ch., F.R.C.S. "A Case of Encrusted Cystitis." *British Journal of Surgery*, January, 1927.

——— "A Case of Multiple Urinary Lesions." *British Journal of Surgery*, January, 1927.

——— "Fracture of the Os Magnum." *Clinical Journal*, February 2nd, 1927.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., F.R.C.P. "Treatment of Patients with High Blood-Pressure." *Lancet*, January 1st, 1927.

——— "The Effects of Tobacco-Smoking on the Digestive System." *Practitioner*, January, 1927.

——— "An Address on Changes in the Clinical Aspects of Disease." *British Medical Journal*, January 15th, 1927.

——— "A Domestic Survey." *Lancet*, April 9th, 1927.

SAXBY-WILLIS, F. E., M.D. "Discussion on the Diagnosis and Treatment of Intrathoracic New Growths." *Proceedings of the Royal Society of Medicine*, December, 1926.

SEDGWICK, H. C., O.B.E., R.A.M.C. "A Case of Saccular Aneurysm of the Posterior Tibial Artery: Complete Exposure and Extirpation of the Sac." *Journal Royal Army Medical Corps*, December, 1926.

SLADDEN, A. F., D.M.(Oxon.) (ROY THOMAS, M.B., F.R.C.S., D.O.M.S., and A. F. S.). "A Case of Metastatic Carcinoma of the Choroid." *Lancet*, March 12th, 1927.
SOUTHAM, A. H., M.D., M.Ch., F.R.C.S. "A Lecture on Mule-Spinner's Cancer: Clinical Features and Treatment." *British Medical Journal*, February 26th, 1927.
——— (and E. R. A. COOPER, M.D.). "Hunterian Lecture on the Pathology and Treatment of the Retained Testis in Childhood." *Lancet*, April 16th, 1927.
TEICHMAN, O., D.S.O., M.C., R.A.M.C. "Frederick the Great's Cavalry Surgeons." *Journal Royal Army Medical Corps*, January, 1927.
THURSFIELD, HUGH, M.D., F.R.C.P. "Discussion on the Diagnosis and Treatment of Intrathoracic New Growths." *Proceedings of the Royal Society of Medicine*, December, 1926.
——— "The Use of Banana Pulp in the Feeding of Marasmic Infants." *Archives Diseases in Childhood*, February, 1927.
WALKER, KENNETH M., F.R.C.S., M.A., M.B. "The Experimental Bases of Prophylaxis in Gonorrhœa." *British Medical Journal*, January 1st, 1927.
——— *The Enlarged Prostate.* London: Humphrey Milford, Oxford University Press, 1926.
WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Arrest of Hæmorrhage after Prostatectomy: a Hæmostatic Clamp." *British Medical Journal*, February 26th, 1927.
WEBER, F. PARKES, M.D., F.R.C.P. "A Child Recovering from Aphasia and Right-sided Hemiplegia: Attacks of Jacksonian Epilepsy on the Right Side." *Proceedings of the Royal Society of Medicine*, December, 1926.
——— (and LOEWY, F. E., M.D.). "A Case of Syringomyelia with Somewhat Acromegaloid Features." *Proceedings of the Royal Society of Medicine*, November, 1926.
WHITE, C. POWELL, M.D. *The Principles of Pathology.* London: Longmans, Green & Co., 1926.
YATES, A. LOWNDES, M.D., F.R.C.S. (GEOFFREY EDEN, M.D., M.R.C.P., and A. L. Y.). "Treatment of Encephalitis Lethargica by the Removal of Possible Ætiological Factors." *British Medical Journal*, April 16th, 1927.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, March, 1927.

Part I.—Barigrasser, S., Baxter, W. S., Briggs, G. D. S., Churchill, M. H., Cimmering, S., Cohen, P., Dean, D. M., Freeth, J. W. O., George, W. F. T., Great Rex, J. B., Hackett, L. J., Hargreaves, W. H., Hiscock, L. A., Hogg, W., Ishmael, D. T., Keane, C. A., McGladdery, W. F., O'Connell, J. E. A., Patrick, F. L. L., Roberts, J. C., Rodgers, H. W., Smith, D. A., Stanton, H. G., Staunton, A. A., Sugden, A., Taylor, J. T. C., Tidswell, T. H., Wright, P. M.

Part II.—Beattie, D. A., Caplan, A., Coltart, W. D., Fisher, J. F., MacVine, J. S., Matheson, I. W., Pierre, J. H., Rerrie, J. I., Risk, R. S., Silverstein, H., Ward, E. M., Page, A. P. M., Wickramasinghe, S. A.

CONJOINT BOARD.

Pre-Medical Examination, April, 1927.

Chemistry and Physics.—Hopkins, I. T., Palmer, I. J.
Chemistry.—Cutlack, A. R., Shields, J., Warren, C. B. M.
Physics.—Turiansky, S.

First Examination, April, 1927.

Chemistry.—Symonds, J. W. C.
Physics.—Morris, D. S., Symonds, J. W. C.
Biology.—Kitchen, B. C. J.

L.M.S.S.A.

The Diploma of the Society has been granted to the following: Walker, H. N.

CHANGES OF ADDRESS.

DARNSLEY, Maj. R. R., R.A.M.C., c/o Messrs. Grindlay & Co., Bombay, India.
COOK, A. R., Church Missionary Society, Salisbury Square, E.C. 4 (on leave).
DALE, W. C., "Belmore," New Barnet, Herts.
KENT, SYDNEY, Corner House, 73, Dorset Road, Bexhill.
KENWORTHY, T. R., Hazelden, East Grinstead, Sussex.
KYNASTON, A. H., 5, Witham Place, Boston, Lincs.
LEE, W. EDWARD, 3, Pump Court, Middle Temple, E.C. 4. (Tel. Central 8602.)
RICHARDSON, G. B., 45, Morrab Road, Penzance, Cornwall.
ROBERTON, J. A. W., 213, Great South Road, Auckland, New Zealand.
STUART, R., Hiawatha, Laindon, Essex.
TOWNSEND, Maj. R. S., I.M.S., c/o Messrs. Grindlay & Co., 54, Parliament Street, S.W. 1.

APPOINTMENTS.

KYNASTON, A. H., M.R.C.S., L.R.C.P., D.P.H., appointed Assistant Medical Officer of Health and Assistant Tuberculosis Officer to the Holland (Lincs.) County Council.
MAURICE-WILLIAMS, H. C., M.R.C.S., L.R.C.P., D.P.H., appointed Assistant Medical Officer of Health and Assistant Port Medical Officer for the County Borough and Port of Southampton.

BIRTHS.

BATTERHAM.—On April 8th, 1927, at the British Family Hospital, Maymyo, Burma, to Thelma (*née* Rundle), wife of Capt. D. J. Batterham, R.A.M.C.—a daughter.
COLDREY.—On March 28th, 1927, at Chatham House, Kotherham, Yorks, to Eleanor (*née* Gardiner), wife of Eric Coldrey, M.D., F.R.C.S.—a son.
DAVIES.—On March 20th, 1927, at Tavistock House, Haywards Heath, to Isabel, wife of Dr. J. H. Twiston Davies—a son.
DRIVER.—On March 21st, 1927, at the Spa Nursing Home, Llandrindod Wells, to Phyllis (*née* Pettit), wife of George P. Driver, M.R.C.S., L.R.C.P., of "Noddfa," Builth Wells—a daughter.
ORAM.—On April 21st, 1927, at 43, Lee Terrace, Blackheath, S.E. 3, to Evelyn Mary (*née* Trethowan), wife of E. H. B. Oram, M.B., F.R.C.S.—a son.
ROXBURGH.—On April 16th, 1927, at 3, Redington Road, Hampstead, London, the wife of A. C. Roxburgh, M.D., M.R.C.P., of a daughter.

MARRIAGE.

BURROWS—PAUL.—On March 30th, 1927, at St. Martin-in-the-Fields, London, by the Rev. C. C. Hamilton, Harold Burrows, C.B.E., F.R.C.S., to Gwendoline Mary, second daughter of Eng. Rear-Admiral O. R. Paul, C.B.E.

DEATHS.

BURD.—On March 21st, 1927, at Mornington, Richmond Road, Malvern Link, Cyril Prichard Burd, M.R.C.S., L.R.C.P., aged 51.
FLETCHER.—On March 23rd, 1927, Dr. Dennys Fletcher, fifth son of the late Charles Fletcher, of the Stock Exchange, aged 55.
MILLER.—On April 18th, 1927, after an illness bravely borne, Guy Witton Miller, M.R.C.S., L.R.C.P., dearly beloved husband of Alice Elizabeth Miller, of 68, Killieser Avenue, Streatham Hill, aged 50.
SMITH.—On April 11th, 1927, at Mount Kundell, Exmouth, Richard Wagstaff Smith, M.R.C.S., L.M., L.R.C.P., formerly of Harborne, aged 92.

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, 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. 9.] JUNE 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Wed., June 1.—Surgery. Clinical Lecture by Sir C. Gordon-Watson.
Cricket Match *v.* Stoics. Home.
Thurs., „ 2.—Cricket Match *v.* Brasenose College. Home.
Fri., „ 3.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Medicine. Clinical Lecture by Sir Thomas Horder.
Mon., „ 6.—Cricket Match *v.* Croydon. Home.
Tues., „ 7.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 8.—Surgery. Clinical Lecture by Sir C. Gordon-Watson.
Cricket Match *v.* Winchmore Hill. Away.
Fri., „ 10.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine. Clinical Lecture by Sir Thomas Horder.
Sat., „ 11.—Cricket Match *v.* U.C.S. Old Boys. Home.
Mon., „ 13.—Special Subject Lecture by Mr. Elmslie.
Tues., „ 14.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Wed., „ 15.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Cricket Match *v.* R.A.F. (Uxbridge). Away.
Fri., „ 17.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat., „ 18.—Cricket Match *v.* St. Anne's. Away.
Mon., „ 20.—Special Subject Lecture by Mr. Rose.
Tues., „ 21.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed. „ 22.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Last day for receiving matter for the July issue of the Journal.
Thurs., „ 23.—Cricket Match *v.* St. Albans. Away.
Fri., „ 24.—Prof. Fraser and Prof. Gask on duty.
Medicine. Clinical Lecture by Sir Percival Hartley.
Sat., „ 25. Cricket Match *v.* Honor Oak. Away.
Mon., „ 27.—Special Subject Lecture by Mr. Elmslie.
Tues., „ 28.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Thurs., „ 30.—Cricket Match *v.* Herts Wanderers. Away.

EDITORIAL.

DURING the past month this Hospital has succeeded in being very much in the public eye, if indeed the Press (as at least one editor fondly imagines) affords any indication of the visual field of that vacuous optic. Thus her Fleet Street Week egg has been hatched at last, and even as we write Sir Rowland Blades is presenting her with a cheque for the chicken. Dr. Canti's film has achieved honourable, if insufficient, mention. An ex-editor of this, her JOURNAL, has been one of the three stalking-horses behind whose persons a sensational daily has attempted the public discomforture of Mr. Spahlinger. And finally and most brilliantly the familiar name of another ex-editor has been put *into heavy type* under the headlines:

CLINIC STAFF STRIKE.
9 NURSES AND DOCTOR LEAVE TOGETHER.
MOTHERS' TEARS.

The "Doctor" was no less a man than this ex-editor. Where he went with the nine nurses is nowhere distinctly stated, and whether it was the mothers of these fortunate girls who shed those unaccountable tears has also been repressed with the discretion always displayed by the reputable press. At any rate the Doctor has been quoted as admitting that he had been threatened that he would never get another good job. Why, we ask?

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

A most successful General Meeting was held on View Day in the Great Hall. This was the first occasion on which the Guild has been honoured by the presence of the Lady Mayoress as a member in her official capacity. The gathering was also delighted that the Lord Mayor

had found time, in spite of his many onerous duties, to accompany her, and that he was attended by the High Sheriff, Mr. H. P. Shepherd, C.C., and his wife. The Chief Speaker was Dame Madge Kendal, who charmed the audience with a characteristically witty speech. Dr. Geoffrey Evans followed with an interesting account of the work of the Guild in the Out-Patients' Special Departments. The Lady Mayoress then said a few kind words, and appealed for generous support for the Provision Stall which was to be held at the Garden Fête.

The Committee was delighted to welcome such an enthusiastic audience, and the success of the meeting was crowned by a magnificent gift of five hundred pounds from the High Sheriff.

As a further effort on behalf of the Guild to raise a sum of money towards the Hospital Rebuilding Fund, it had been decided that a Provision Stall should be held at the Old English Garden Fête at the Botanical Gardens on May 19th, 20th and 21st.

This was most successfully and efficiently organized and carried through by Mrs. Elmslie, her willing band of helpers and Col. D. C. Robinson, a splendid and untiring salesman through all three days, to whom great thanks are due, and as the result of this and a most generous response to the appeal sent out, a sum of nearly three hundred and fifty pounds was raised towards the object in view.

Mrs. Elmslie and the Committee would like to take this opportunity of specially thanking all the kind and generous donors who responded so splendidly to the appeal made, including the many kind friends who most tactfully sent their parcels anonymously.

* * *

Sir Berkeley Moynihan, Bart., P.R.C.S., has accepted an invitation to take charge of the Surgical Professorial Unit during the second fortnight in June.

* * *

At a quarterly meeting of the Royal College of Surgeons of England, held on April 7th, 1927, Sir Henry John Gauvain was elected a Fellow of the College as a Member of 20 years' standing. Mr. E. Miles Atkinson, F.R.C.S., of Bath, was awarded the Jacksonian Prize for his dissertation on "The Pathology, Diagnosis and Treatment of Abscess of the Brain."

* * *

We congratulate Dr. L. R. Shore on being appointed Lecturer in Anatomy in the Witwatersrand University, Johannesburg, but we shall be sorry to lose him.

* * *

The Annual Dinner of the 9th Decennial Club will be held on Wednesday, July 6th, at 7.30 p.m., at Verrey's Restaurant, Regent Street, W. 1 (Hanover Street entrance).

* * *

We have been asked by Mr. Hayes to insert a reminder to members of the Resident Staff that the regulations as regards pulmonary tuberculosis hold good also for tuberculous disease in joints, bones, peritoneum and genito-urinary system.

* * *

PAST AND PRESENT CRICKET MATCH.

The date for this match has been fixed for Saturday, July 9th. There will be a marquee where tea will be served, and it is hoped that a band will perform during the afternoon. Past and present members of the Hospital and their friends will be welcome.

Any member of the Past who wishes to play should write as soon as possible to Dr. Hinds Howell.

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ST. BARTHOLOMEW'S HOSPITAL REPORTS.

During the last two or three years an endeavour has been made to improve the standing of the *St. Bartholomew's Hospital Reports*. The present editors feel that it is highly desirable that an effort should be made to include in these *Reports* articles which give an idea of the work which is actually going on in the Hospital. With this object in view they have made a special effort this year to acquaint its readers with a specific piece of work which has been conducted by a number of men on the uses and value of radium as a therapeutic agent. A number of members of the Staff during the past three years have been giving special attention to this subject, and have been induced to make a report on the individual portions of the work which they themselves have been carrying out. This is an almost unique series of articles, and it is felt that there are many St. Bartholomew's men and others who would like to have this report in their hands. So much is said about the use of radium from impressions which are gained by a large number of persons who use it in individual cases, and it is seldom that observers can be induced to collect their material and put it together. This has been accomplished on this occasion, and we feel sure that the effort will be much appreciated by those who read the articles.

The subscription to the *Reports* is 15*s*. to those who subscribed before January 1st, 1927, and such should be made payable to Dr. Langdon Brown, 31, Cavendish Square, W. 1. Intending subscribers should send their names to either of the Honorary Editors, Dr. Geoffrey Evans or Mr. Girling Ball, at St. Bartholomew's Hospital, E.C. 1.

THE ARTIFICIAL CULTIVATION OF TISSUES.

DR. CANTI'S FILM.

IT is difficult at present to appraise the true value of the science and art of tissue culture. Until quite recently workers in the subject have had to expend the greater part of their energies in getting tissues to grow in artificial media at all. It has been no easy task, but the results are most satisfactory.

Tissue cultivation evolved out of attempts to study the methods whereby the animal body can repair injuries. Cohnheim and Loeb really laid the foundation idea when they induced the products of inflammation to wander between coverslips and into porous substances like agar, which they had placed inside the bodies of animals. This was in the 'nineties. In 1907 Harrison succeeded in growing the nerves of frogs *in vitro*. It is doubtful whether this was true growth or simply survival for a short time. It is strange that the first success should have been achieved with nervous tissues, because of all tissues these have been the most troublesome in the hands of later workers.

In any case, Harrison's work was followed up in America by Carrel, Burrows and others, while in England the great exponents were Dr. Strangeways and his companions in Cambridge, and Dr. Canti at this Hospital.

In the last seventeen years or so huge advances have been made in the technique of the business. Many of these advances have been empirical, in that their mechanism is not perfectly understood. Thus, Carrel discovered the extraordinary effect of embryonic extract as a growth promoter. This fact alone opens up avenues for speculation and future research.

For an account of the behaviour of tissues in culture the reader is referred to Dr. Strangeways' little book on *Tissue Culture in Vitro*, to Dr. Alexis Carrel's papers in the *British Medical Journal*, especially that of July 28th, 1924, and to Dr. Albert Fischer's more elaborate text-book.

In these one has read of the behaviour of fibroblasts and epithelial cells; of leucocytes, and how polymorphs and large mononuclears repeat the incident of Jacob's dream cows; of dedifferentiation and redifferentiation; of mitosis, and the minute structure of living cells.

It is all most interesting, alike to scientist and layman.

Recently some of us have been fortunate enough to see Dr. Canti's film of cells actually growing and dividing. The first part of the film deals with the life-history of normal connective-tissue cells. It is a perfect exposition of the subject, and a fascinating thing to watch. Its intrinsic interest and a consideration of the skill and ingenuity which have produced it fill us with admiration, and make us very pleased that Dr. Canti is working at this Hospital.

But the function of the film extends far beyond pleasing audiences (if a cinema has an audience). The method of photographing a single cell at intervals of a few minutes and so producing the film gives a means of watching and recording the exact behaviour of that cell over a period of time that would wear out several unaided observers. Moreover, the record is permanent, and complete down to the minutest detail. This is a great advance, which will surely be of value to all tissue cultivators.

The second half of Dr. Canti's film deals with the behaviour of pathological cells, namely, those of Jensen's rat sarcoma.

This brings us to the question of the application of tissue culture in general.

The economic mind of the man in the street, of course, has visions of mutton at seven-three the yard (double width), and of prime pork by the square foot.

Likewise, the ultra-eugenist dreams of ectogenesis.

At present these undesirables are, fortunately, moonshine.

The uses of tissue culture are manifold, but of a more academic nature.

Apart from the study of cell morphology, the technique gives a constant and reliable medium in which to work out cell physiology and biochemistry.

Of its application to cancer research everyone knows. An interesting part of this is Dr. Lumsden's work on the immunology of malignant tissues, now proceeding at the Lister Institute.

All these lines of research are still in their youngest infancy. The world at large awaits the results. Meanwhile, any addition to the subject, such as Dr. Canti's cinematographic method, brings a better promise of success and cheers us up.

S.

SOME NOTES ON THREE CASES OF TETANUS.

"THE disease is not commonly met with in this country." The above words from Gask and Wilson's *Surgery*, together with the occurrence of three cases of undoubted acute tetanus within a few weeks of each other among the admissions to the Royal West Sussex Hospital, have prompted the writing of these notes in the hope that they may furnish some instructive features.

CASE 1.—R. J. H—, æt. 59, porter, was admitted on August 20th, 1926, to the Royal West Sussex Hospital with the following history:

August 17th, 1926: Stiffness of the muscles of the back attributed by the patient to "muscular rheumatism."

August 18th: Stiffness of muscles of the back continued; also had slight stiffness of jaw.

August 19th: Increasing stiffness of back; began to have difficulty in opening his mouth and pain in the limbs.

August 20th: Called in his doctor, who sent him to hospital.

On examination.—Patient in opisthotonos with marked head-retraction.

Rigidity of all muscles, particularly of jaw, which could only be opened a quarter of an inch.

Temperature 99·4° F., pulse 110, respirations 20. Cyanosed. Complained of pain in all limbs and in back. Had tonic spasms on attempting to move or on being touched. Mentally clear.

A small healed wound was found on the left thumb, which his friends stated he received on August 10th, 1926, whilst handling a packing-case. Also a varicose ulcer on the lower third of the right leg, which was covered by a very foul slough. *B. tetani* were afterwards found in scrapings from this ulcer.

Heart and lungs normal. Abdomen—board-like rigidity. Urine—slight trace of albumen, otherwise normal. No incontinence of urine or fæces.

Chloroform was administered and lumbar puncture performed.

The cerebro-spinal fluid was under increased pressure and was blood-stained (obviously owing to wounding a small vessel). 4 drachms were withdrawn.

10,000 units A.T.S. given intrathecally.

6000 units A.T.S. given intramuscularly.

August 21st: Temperature 98·6°, pulse 96, respirations 22. 10,000 units A.T.S. intravenously 10 a.m. 2 p.m.: Seemed slightly improved; could drink fluids from a feeder.

August 22nd: Temperature 99·4°, pulse 84, respirations 24. Had a fair night. Spasms decreasing in frequency. Less stiffness of limbs; could open mouth more than half an inch. 10,000 units A.T.S. given intravenously, and 3 drachms of liquor bromochloral co. *per rectum* in saline.

2.30 p.m.: Temperature 100·4,° pulse 104, respirations 24. Signs of cardiac failure. No spasms and less rigidity. Digitalin gr. $\frac{1}{60}$ given with some improvement, and repeated at 4.30 p.m.

August 23rd: Marked cardiac failure. Digitalin gr. $\frac{1}{60}$ and brandy 1 oz. 4-hourly produced no effect, and the patient died at 8.30 p.m., mentally clear to the end.

The cessation of the spasms and the diminution of the general rigidity unfortunately cannot be taken to indicate that therapeutic measures were producing a desired result, as it is on record that some cases exhibit this feature in from 24–48 hours of a fatal issue.

CASE 2.—F. D—, æt. 26, barman. Admitted 7.30 p.m. on October 27th, 1926. History of a blow on the nose three weeks previously, since when he was quite well until five days ago, when his muscles became stiff, with inability to open his mouth and "fits."

On examination.—General muscular rigidity well marked. Frequent spasms, during which the patient went into opisthotonos. Trismus and "*risus sardonicus*" present. Had many small healed wounds on the hands; no wound on the face. Temperature 98·2°, pulse 62, respirations 18. Lumbar puncture was performed under chloroform, cerebro-spinal fluid under increased pressure.

20,000 units A.T.S. given intrathecally.

6000 units A.T.S. given intramuscularly.

Liquor bromochloral co. half an ounce *per rectum* was given, to be repeated in four hours.

October 28th: Spasms increasing in frequency and severity. Temperature 102·2°, pulse 86, respirations 36. Froth on lips. Respiration hissing through clenched teeth. 6 a.m. hyoscine gr. $\frac{1}{100}$ given with no relief. The patient was mentally clear, but very excited.

8.40 a.m.: Excitement increasing; spasm of all muscles continuous and very distressing. Hyoscine gr. $\frac{1}{60}$ given with no relief whatever. Pulse-rate rose to 136 per min. and the respirations to 40, and the patient died.

CASE 3.—V. L , æt. 10, schoolboy, admitted September 10th, 1926.

History.—Three weeks ago wound of right hallux caused by nail in boot. Has been helping in farm work when out of school.

September 9th, 1926: Complained of pain in the back; was sent to school as usual, and was punished for "making faces."

On examination.—Healthy, well-built lad. "*Risus sardonicus*" well marked. Masseters strongly and firmly contracted, permitting the mouth to be opened only one-eighth of an inch. Had twitching of both arms and both legs, and short tonic spasms of all muscles, during which he went into opisthotonos. Mentally clear; heart and lungs normal; abdomen rigid all over. There was a small healed punctured wound on the pad of the right great toe.

Chloroform was administered and lumbar puncture performed. Cerebro-spinal fluid under increased pressure.

10,000 units A.T.S. given intrathecally.

3000 units A.T.S. given intramuscularly.

The wound was completely excised and the cavity packed with flavine gauze. The patient was fed on fluids through a soft rubber catheter passed in between the teeth, deglutition being performed normally.

He was given gr. ii hyd. c̄ cret. that evening and a mixture containing gr. viiss each of chloral hydrate and pot. brom. in 2 drachms of syr. simplex 4-hourly. Temperature 99°, pulse 100, respirations 24.

September 11th: Had a fairly good night. Bowels well open. Has taken fluids well. During the morning had periods of 15 minutes without any spasms, then a slight movement ushered in a short tonic spasm. Chloral hydras and pot. brom. discontinued, as he disliked it intensely.

September 12th: Passed another good night, and during the morning had fewer spasms.

4.30 p.m.: Not so well. Temperature 100·2°, pulse 96, respirations 28. Repeated and prolonged spasms. Lumbar puncture under chloroform; fluid again under increased pressure.

10,000 units A.T.S. intrathecally.

3000 units A.T.S. intramuscularly.

September 13th: Better. Temperature, pulse and respirations down to normal, and the spasms had diminished in frequency and severity; could open mouth further. This improvement lasted until September 15th, when condition again became worse, with severe spasms of all muscles of limbs and trunk at frequent intervals, general rigidity between spasms, and continuous spasm of jaw and face muscles. 10,000 units A.T.S. were again given intrathecally, the cerebro-spinal fluid being found under increased pressure as before. 3000 units were also given intramuscularly at the same time. Temperature 99°, pulse 104, respirations 24. Liq. bromochloral co. 2 drachms. *per rectum* 4-hourly started.

September 16th, 2 a.m.: Condition worse. Temperature 100·2°, pulse 80, respirations 28. Liq. bromochloral co. continued 4-hourly. Respiration seriously embarrassed for the first time.

At midday there was no improvement, and the patient was becoming drowsy. In spite of this the "bromidia" was continued. Temperature 102°, pulse 110, respirations 34. At this stage, with the exception of the drowsiness, the case resembled Case 2 before the fatal issue.

At 2 p.m. a slight improvement was noticed; the spasms of the trunk and limbs were diminishing. The patient was still very drowsy. Temperature 100·4°, pulse 126, respirations 36.

At 6 p.m. the attacks of tonic spasms were very infrequent, and the general muscular rigidity was decidedly less. By this time he was almost comatose.

September 17th: Temperature 97·8°, pulse 108, respirations 28. Breathing less laboured, and the spasms occurring at still longer intervals. "Bromidia" omitted at 1 a.m. and 5 a.m.

9 a.m.: "Bromidia" given, and then discontinued; from this point onwards he improved steadily.

September 20th: Rigidity only present in the muscles of the face and abdomen. Very slight spasms occasionally on being touched; these were transitory, and not distressing to the patient.

September 28th: Slight rigidity present in face muscles. Abdomen still a little rigid.

October 2nd: The mouth could not be opened quite fully, but the patient could talk and masticate easily. All other muscles were normal.

October 12th: Mouth could be opened fully. Patient started getting up. All muscles functioning normally. Sensation normal.

October 20th: Patient discharged perfectly well.

These cases illustrate the text-book descriptions of the disease from the Hippocratic aphorism that "the spasm supervening on a wound is fatal," down to the most recent observations during the war, which seem to show that treatment of the declared disease with antitoxin is disappointing.

Escherich has described a form of generalized tonic contraction, chiefly involving the muscles of the jaw, back, neck and limbs in children, arising sometimes idiopathically, usually after some acute infection. The contractions may closely simulate tetanus, but the patient generally recovers in from one to eight weeks. If the last case of our series was an example of this disease, then antitoxin treatment could well be said to be of no value.

Although no *B. tetani* were isolated, it may be fairly assumed we were dealing with the classical generalized type of tetanus, on consideration of the history and condition of the patient. This being so, the following interesting points emerge:

1. That the experimental evidence of Sherrington that the correct route for the administration of the serum is by the spinal canal is borne out practically, but only in cases where serum therapy can be commenced early. Case 3 came under treatment earliest, and showed most marked response to treatment by this means on two occasions by remission in the severity and frequency of the tonic contractions. This case would seem to show that the antitoxin has some neutralizing action on the toxin that is already irritating the central nervous system, and does not merely serve to neutralize any further toxin that may be absorbed from the original focus. It will be remembered that the wound was a small one, and was widely and completely excised. The injection of 10,000 units A.T.S. intrathecally was on two occasions followed by diminution in the frequency and severity of the spasms. Whether this was a specific action or whether it was of a similar nature to the relief that is reported to follow the injection intrathecally of mag. sulph. is an interesting conjecture.

2. That the pre-serum treatment of exhibiting sedatives and hypnotics still has a place in the modern treatment of the disease. To quote Case 3 again, we were failing to produce any effect with serum therapy, when the tonic contractions and the distress of the patient increased for the third time, until pot. brom. and chloral hydras. were given, and were pushed far enough to produce drowsiness.

3. The routine treatment of all wounds likely to be contaminated with the virus of tetanus with prophylactic doses of serum is a general precautionary measure—how important may be gathered from the apparent trivial injury in Cases 2 and 3—but that we are still faced with the danger of the secondary infection of chronic sores and ulcers (Case 1) and of trivial injuries for which no medical advice has been obtained.

My thanks are due to Dr. Garratt, Dr. Hamilton and Dr. Bostock for permission to publish these notes.

L. I. M. C.

PYELOGRAPHY IN A CASE OF RENAL CALCULUS.

IT is not often that the diagnosis of renal calculus needs pyelography for its establishment or confirmation. But this may be necessary when the history or the radiogram is atypical. Owing to some doubt on both these grounds, pyelography was performed in a case which Mr. L. B. Rawling kindly asked me to investigate, and for permission to report which I wish to express my thanks.

H. V—, aged 51, was admitted to Kenton Ward on April 22nd, 1927, complaining of pain in the left side.

He had never had trouble with the water, except that at the ages of 14 and 24 he passed "gravel" with urethral pain, but without higher antecedent pain.

He was well till 2½ months before admittance, when he fell off a ladder from a height of about 4 feet, landing on the left buttock, and sustaining only bruises, which did not prevent him from walking.

Six days later he began to have dull aching pain in the left side, on a level with, but not quite so far back as, the posterior renal angle. The pain, though not constant, was present every day. It was not felt while the patient was lying down or sitting, but was felt on turning over, or on getting up. It was worse on walking, and rendered still worse by the jolting of a bus. The pain, which was gradually increasing, though never more than a dull ache, used to come round to the front transversely, but never radiated in the direction of testicle or shoulder.

There was no history of hæmaturia, no pain on micturition, and no recently increased frequency of micturition, though he thought that for the last year or two there had been very slight diurnally increased frequency.

He was a healthy-looking man, whose eyes reacted to light. Examination of chest and abdomen was negative.

The X-ray report by Dr. C. M. Roberts stated that the "kidneys appear normal in size, shape and position. Superimposed on the lower pole of the left kidney shadow in the posterior view is a dense pear-shaped shadow (Fig. 1). In the lateral view this is seen lying posterior to the anterior plane of the bodies of the lumbar vertebræ. This suggests that it is within the kidney substance. The rest of the tract appears normal."

Cystoscopy revealed a normal bladder and ureteric orifices, and clear effluxes from both sides, which indigo-carmine, intravenously injected, coloured equally blue in normal time, and which occurred with equal force and frequency.

The centrifuged deposit of a sterile specimen of urine, collected the day after cystoscopy, contained 5 to 10 pus-cells per ⅓ field, a few red cells, uric acid crystals, and a very few oxalate crystals. Cultures on agar and in peptone broth remained sterile after 24 hours with $\frac{1}{10}$ c.c. of urine, while, after 48 hours with 1 c.c. of urine, the peptone broth contained gram-positive cocci in pairs with an occasional bunch. The urine was acid, and otherwise normal.

The pear-shaped shadow referred to lies within the outline of the kidney-shadow on the same side as the pain; its outline is faintly irregular, as might be that of an oxalic calculus; its shape, though not typically

FIG. 1.—LEFT RENAL CALCULUS (POSTERIOR VIEW).

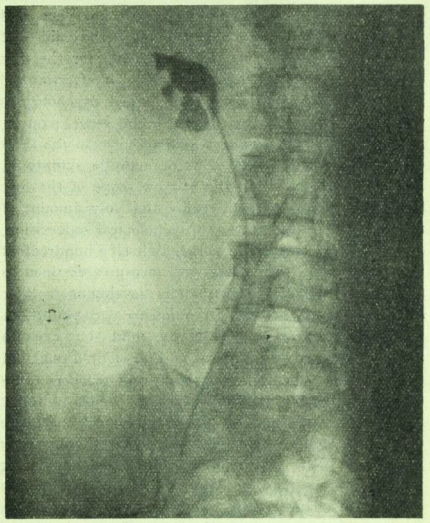

FIG. 2.—LEFT PYELOGRAM INCLUDES SHADOW OF RENAL CALCULUS.

renal, is such as might be possessed by a stone in the lowest calyx (the usual calyx to contain a stone); and the urinary changes, though slight, are also consistent with this diagnosis. Therefore, although the pain and shadow were not pathognomonic, the clinical diagnosis was made of a probable stone in the lowest calyx. However, in view of the element of doubt, pyelography was decided upon, and carried out in conjunction with Dr. E. J. Roth.

The diagnosis was thereby confirmed, the information acquired being threefold. First, the pain felt on injection was similar to, but worse than, the patient's usual pain (a very strong point in favour of this being of renal origin); secondly, the pyelogram (Fig. 2) includes the suspicious shadow; and, thirdly, while being normal in other respects, it shows pathological changes of dilatation, such as might be caused by a stone, in the very calyx suspected of harbouring it. This calyx, further, roughly conforms in size and shape to the shadow previously seen. The pyelogram, moreover, indicated the need for nephrolithotomy rather than pyelolithotomy, in view of the comparative narrowness of the neck of the involved calyx.

This was carried out four days later (May 2nd), by Mr. Rawling. On exposure of the kidney, the stone was felt superficially in the lower pole, and removed through a small incision over it along the convex lower border of the kidney. This incision was closed with catgut, and the wound drained for three days. The patient, whose convalescence was normal, left the hospital on May 15th. The stone, which was sparkling and spiculated, was found by Dr. Archer to be very hard, and to consist almost entirely of calcium oxalate, with a trace of phosphate, while no evidence of blood-clot was found in its interior; so that the possible theory of its formation round a nucleus of blood-clot—a hypothetical result of the accident—was discarded in favour of the much more probable one that this had loosened a pre-existing stone.

ALEX. E. ROCHE.

SOME PSYCHOLOGICAL POINTS BEARING ON THE TRAINING OF THE PRE-SCHOOL CHILD:

WITH SPECIAL REFERENCE TO THE POSSIBILITY OF PROVIDING NURSERY SCHOOLS FOR CHILDREN UNDER FIVE.

A WELL-KNOWN Jesuit priest has once said with reference to the training of the child—"If you will let me have the child for the first four years of its life, anyone can have it afterwards." This is literally true, as all enlightened psychologists will agree. When taken in this literal sense, namely, that all asocial tendencies, whether shown in the form of criminal trends, perversions or neurotic symptoms, have their origin within this narrow scope of the first few years of life, we can realize that any amount of money spent by the State on psychological supervision, or, if necessary, treatment, will repay itself a hundredfold later on. Hence, in dealing with measures destined to prevent psychological disturbances developing in later life it is necessary not only to commence very young—in fact from the year of birth of the child—but even to anticipate its arrival by a wise and far-sighted policy of psychological education of parents and teachers. We aim at creating an environment in the home as nearly as possible ideal, and at providing some atmosphere outside the home where the child's early training may be guided along the right lines, and where glaring parental errors may perhaps be at any rate partly discounted. These centre round erroneous attitudes on the part of the parents to the instinctive tendencies of the child. Such an ideal atmosphere might be created by the institution of nursery schools for the pre-school child (those under five), staffed by teachers trained upon correct psychological lines.

Nursery schools.—The nursery school is not a problem brought about through poverty, but through the facts of childhood, the difference in age between the mental outlook of parent and infant. The upper classes have a form of it in the nursery, and it ought to be available for all classes as the nursery school. In the lower classes the mother is too poor to concentrate on the child, she cannot afford the time; in the upper classes the mother is too rich to concentrate on the child—she will not afford the time—and in both cases the child is neglected from the point of view of the developing individual. It is in nursery schools that the child first comes into contact with the outside world, escapes from the home environment overcharged with emotion, and begins to expand in new directions, developing new talents not developed at home. It is because of the over-apprehension of the parents in the home that the child tends to keep too close to the parental model, for fear of incurring displeasure; mental in-breeding is bad for the child. In nursery schools the child can develop in an atmosphere of home life not warped by an undue amount of parental apprehensiveness and responsibility. The nursery school, in other words, would be a buffer between the over-loving parent and the over-harsh outside world.

Housing.—One of the most important questions that needs facing with a view to ensuring the mental health of the child, and so of future generations, is that of adequate housing. So long as a child in infancy is herded in one or two small rooms with both parents and brothers and sisters, so long shall we surely find traces in later mental breakdowns of conflicts that had their origin in such an early situation. The ideal for a baby is never to share the parental bedroom—it should sleep in a small room opening off the parents', but never with them. This is true even from the first year of life.

Curiosity.—Curiosity is a prominent feature of the child, and most necessary to it for education of all sorts. Psychological investigation shows us that it observes what goes on around it very much earlier in its life, and much more fully, than adults give it credit for; such curiosity is by no means absent with regard to parental intimacies. Early curiosity and phantasies round this subject, guilt, etc., are found reflected in many a neurotic conflict arising in later life. The child, for the first few months of life, is egocentric. It feels as though it were the king or queen, and the world at large its slaves, ready at a moment's notice to do its bidding. The child loves itself. Probably the biggest renunciation in its life is that entailed by having to resign such a position of supremacy to the next child. We all cling to it as long as possible; some of us succeed to a major, and others to a minor degree. With each addition to the family we find ourselves further removed from our little kingdom that once was. Traces of this early conflict in life are to be found in our ambivalent—that is to say, combined love and hate-attitude to our younger brothers and sisters. Jealousy of our more successful rivals and a wish that they had never arrived on the scene is found buried in the unconscious of us all. But when this repressed wish is, for some reason, unusually strong, then later we may find that the death of the now beloved but once hated rival will arouse an acute conflict connected with unconscious guilt.

Feeding.—The mouth zone is especially important to the baby, as on it alone it depends for nourishment in the first few months of life. The strength of the baby's sucking powers is known to anyone acquainted with the upbringing of the child. Should the child be unsatisfied by the mother, or over-indulged by her—fed for longer than nine months, or forcibly weaned at that time (*e. g.* alum or charcoal applied to the nipple)—it may in its later life be unable completely to give up the nipple in a psychological sense, and develop characteristics or symptoms reflecting a conflict indicative of such early mistakes. Examples of such are to be seen in stammerers, nail-biters, thumb-suckers, and later, compulsive smokers, drinkers, etc., all symptoms pointing to an unconscious striving to perpetuate the gratification of the once forbidden or over-indulged nipple. Or again, from the same root cause may arise the opposite set of characteristics. An early disappointment may cause a withdrawal of interest from the mouth. Such a child would become as an adult a rabid non-smoker, teetotaller, one faddy about food, or even later develop a degree of melancholia, with a tendency to turn away from food and speech altogether.

Early childhood interests.—In the first five years of life we live very largely in phantasy; these revolve round the question of our own bodily functions, and are looked upon as something important and precious. Fantasies connected with them are ambivalent, having the value of, on the one hand, love offerings to a loved parent, or on the other hand, hostile attitudes directed against an offending parent.

Where the child is over-strictly dealt with in connection with the bodily functions (*e. g.* bed-wetting), or over-indulged, a conflict is apt to be set up. The wise mother does not unduly punish the child for such offences, nor does she disparage either the functions themselves or the parts of the body concerned. If she does, the child will react by resentment, which is dealt with usually by repression, re-echoing perhaps through later life in undesirable character traits or even the formation of symptoms. The same applies to over-indulgence. Where the baby is allowed to urinate and defæcate when and where it pleases, or to spend a prolonged time over such activities, a habit is established. Its attitude to its first "business" in child life will be reflected accurately in its attitude to its later business in adult life. Such a child will become a man dilatory and protracted in his habits generally and unduly resentful of interference. I heard of a child recently whose parents wished to bring it up generously and without inhibitions. It was allowed to sit on the chamber for half-an-hour to an hour at a time—it played with its toys the while—dragging itself with its chamber from one corner of the room to the other. This, it is unnecessary to say, bodes ill for the future of the child.

Interference.—Any undue concentration on or interference with any particular function of the child on the part of the parent or nurse reflects the adults' unconscious interests, and will tend to turn the child's interests also in the same direction. Enemas administered frequently to a child would come under the category of undue interference. It is doubtful if suppositories or enemas are ever really necessary before the age of five. Care should be taken not to frighten a child, *e. g.* by threats of the policeman, or the doctor, or ghosts. An operation on a very young child should be avoided unless absolutely necessary. If it is necessary, the child should be told the truth about it and reassured, and it is most important to obtain an anæsthetist who understands the psychology of the child, so that it need not be unduly frightened. There is less possibility of the incident then becoming repressed in the unconscious and forgotten, together with the attached affects (*i. e.* emotions), where they may later in life cause trouble. Any cutting—*e. g.* circumcision or tonsillectomy—may become distorted in the child's mind into a castration.

Parents.—The unconscious of the parent reacts on that of the child. Where one parent is excessively strict, or alcoholic and cruel, a later reflection of the child's fear and hatred of the parent (the first authority in life) may be found in the adult's fear and hatred and intolerance of control of any sort. On the other hand, such a parent may react upon the child in another and common way. The child attempts to put up a defence against such unnatural feelings—with the formation of a neurotic symptom or symptoms. A common example of such is the morbid fear of dogs. The child may transfer all the emotion of an undesirable nature from the father to the dog. He will then be able thereafter to live with the father, or think of him without undue reaction. His hostile feelings have become repressed and forgotten, but only incompletely, the residue being attached to the dog (the father symbol). The first sign in a child of a tendency to develop later neurotic symptoms is *pavor nocturnus* (*i. e.* night-terror); such is connected with anxiety, and the neurotic symptoms that arise later are an attempt on the part of the ego to shut off anxiety. Again, where a mother or father becomes over-affectionate or indulgent to any one child, always fussing over it, etc., one may certainly suspect an ambivalent attitude in the unconscious toward the child. The parent is attempting to compensate by excessive affection for the opposite feeling existing somewhere deeper down, as if denying the existence of such a hostile attitude. It is as if some part of the parent or teacher were always accusing it of not caring

enough, and so recourse had to be taken to magnify such affection, for the simple reason that it was really so small a thing.

Such an ambivalent attitude may frequently be found in the parents towards the first child, who may have been born a few months after marriage, or even the innocent cause of the marriage of a couple that later proves a disastrous mistake. Such an attitude on the part of the parents' unconscious is accepted by the child's unconscious, who in his turn develops more than usually ambivalent feelings to the parents.

Just as we have seen above that over-interference with a child's bodily functions is a mistake, so it is in its play. It should be allowed to play undisturbed, and so develop its own sublimations in its phantasy life. By sublimation we mean that an originally primitive urge connected with the early sex life of the child is being unconsciously deflected from its original asocial purpose to find a social outlet in a hobby, or even later, a profession. Let us take as examples two primitive instincts—those of exhibitionism and cruelty. At an early age the child delights to exhibit its own body, admiring it and showing it to others for their admiration. Should this urge be strong, and yet proceed to satisfactory sublimation, the later activities in life will prove to be of an exhibitionistic nature such as the choice of acting or the Church as a profession. So with the cruelty instinct or agression (the primitive urge on the part of the child to show its superiority over weaker beings). The child who before five will delight in pulling off the wings of flies, teasing the dog or cat, pinching the baby, etc., will after that age develop a reaction formation—the stronger the original aggression the stronger the reaction against it later. Such is demonstrated in the well-known adage, "The poacher makes the best gamekeeper." If this instinct is very strong, and yet proceeds to satisfactory sublimation, the later activities in life will reflect this primitive urge; such will be found as an unconscious determination in the choice, for example, of a butcher's or surgeon's profession. Should such primitive instincts not proceed to complete sublimation, nerve symptoms may arise; their content, too, will reflect the original instinctive urge, but also the counter reaction against it.

The wise parent lets the child play unmolested.

Truth.—When a child asks a question, even on sexual matters, such as the common one of "Where do children come from," the parent or teacher should answer truthfully. If the parent pretends what is not true, the child will sooner or later discover this and never trust the parent again. The fact that a child asks the question is proof that the time has come for it to be enlightened in this particular respect.

Summary.—To sum up, those in charge of young children should be trained in the psychology of the child in order that—

(1) Guilt with regard to asocial tendencies may be minimized as much as possible.

(2) That full scope may be given to phantasy play.

It will be seen from the above that the child comes to school already affected from the psychological point of view, and that many of the troubles of after life can be traced to mistaken attitudes of parents or nurses to the child in the first four to five years of life. A strong case can therefore be made out for some special training of those in charge of very young children, and also for some degree of psychological as well as physical inspection of every child at intervals during its early development. Psychological training would enable those in charge to recognize early manifestations of conflict in any one child; such indications might call for active interference to prevent graver trouble developing later. The ideal form of such interference is psycho-analysis, which is conducted in the very young child by means of its toys and games, and through these means its phantasies are studied and elucidated. The trained analyst alone, provided with this magic key, is enabled to enter into the inaccessible but rich pastures of the child's life of phantasy.

CYRIL WILSON,
Clinical Assistant,
Psychological Department.

A CASE OF ACUTE HÆMORRHAGIC PANCREATITIS.

"THE following case presents interesting features. A woman, æt. 28, married, had an acute attack of pain in the abdomen in 1921. This attack lasted for a week, during which she was jaundiced. She recovered completely after a rest in bed.

She had no further trouble until February 5th, 1927, when she had an acute attack of pain in the epigastric and right hypochondriac regions. The pain spread through to the back. She went to bed. The pain continued throughout the night, but gradually subsided. On February 9th the pain came on again with greater intensity, and on this occasion was mainly localized in the back. Applications of hot-water bottles brought some relief. Her bowels were not opened in spite of several aperients. There was no vomiting. She was seen by a doctor, who sent her up to St. Bartholomew's Hospital.

On examination of the patient she was found to be an exceedingly fat woman. She appeared slightly cyanotic. An examination of the chest showed no abnormality likely to account for her symptoms. There was no evidence of jaundice. Her abdomen was very well covered. The movements were poor. Pain was mainly referred to the epigastric and right hypochondriac regions. On palpation the right rectus was rigid and tender in the region of the ninth right costal cartilage. No tumour was felt in this situation and the gall-bladder was not palpable. In the lower dorsal region at the back the skin was reddened from the application of the hot-water bottles. A rectal examination showed that the pelvic organs were natural. The urine was dark in colour and contained bile. The stools appeared natural. The temperature was 99·4° F.; pulse 110; respirations 36.

The diagnosis of acute cholecystitis was made and an exploratory laparotomy was performed. A right paramedian incision was employed, extending downward from the right ninth costal cartilage. On opening the peritoneal cavity a large quantity of watery blood-stained fluid appeared in the wound. This suggested acute hæmorrhagic pancreatitis. An examination of the omentum showed numerous areas of fat necrosis. On palpation the pancreas was felt to be enlarged and hard.

The gall-bladder was then palpated and found to contain several stones. The fundus was brought up the wound and held between two pairs of forceps. It was incised, and three stones were removed with a scoop. A rubber tube was placed in the cavity and fixed with a purse-string suture and the gall-bladder was fixed to the deeper part of the anterior abdominal wall. Two large drainage-tubes were then passed through the lesser omentum over the upper border of the stomach down to the pancreas. The abdominal wall was then closed in layers.

The patient subsequently made a good recovery. Bile drained freely from the gall-bladder and much foul-smelling discharge from the drainage-tubes. This gradually diminished, and patient was discharged on March 11th with only a slight raw area where one of the drainage-tubes had been.

The symptoms of cyanosis and very severe pain in the back occurring in a fat woman with a long history of constipation are typical of acute hæmorrhagic pancreatitis.

I am indebted to Mr. McAdam Eccles for permission to publish this case.

S. J. P. GRAY.

BRONCHIECTASIS TREATED BY ARTIFICIAL PNEUMOTHORAX.

[Addendum to the article published in the JOURNAL, May, 1927.]

The above was written two months ago, and since then the spread of basal adhesions shown in Fig. 3 have continued, making it impossible to continue treatment. The treatment lasted eleven months, and as a result the patient is now free from cough and sputum, and is gaining weight. In the event of a relapse she would be a good subject for thoracoplasty.

H. A. CLEGG.

A DIFFICULT CASE.

THE difficult case
We have to trace
Of a very small mouth-breather.
He left on a tram
His home—West Ham—
"Wivout father nor muther neether."

Need we trouble to trace
The steps of this case,
That led him by painful stages,
One hot May day
For "T and A"
With urchins of various ages?

Now about this case
With the adenoid face
We're filled with wild remorses;
For the gaps won't close
In his bleeding nose
And his flaming fiery fauces!

"O 'Throats' please come
And place your thumb
On the spot where was his palate."
We plugged and sewed
But blood still flowed
So we hit the boy with a mallet.

The difficult case
We have to face
Before the coroner's jury
Of a boy of West Ham
Who came on a tram—
The Coroner *is* in a fury.

F. C. R.

NEPHROS.

By R–DY–RD K–PL–NG.

THE first felt the wash of the Stream past his inner surface at the rear end of a convoluted tubule. "Please don't shove so," a plaintive voice remonstrated.

"Come on, come on," said a large cell with a big nucleus, "don't fuss the child. Let him get down to it. There's plenty to do." The cell felt bewildered.

"Never mind him. He's too big for his limiting membrane." A small cell, with an openwork nucleus, nicknamed Cheery, chuckled and, skilfully grabbing a sugar molecule, swished it back into the blood-stream with a *hoosh* of water. "Take what you fancy, and you'll find out what's wrong."

Now when a cell is born, it forgets all it ever knew, but later the wisdom of celldom regenerates, and the experience of its forefathers floods its nucleus. Until this happens, it is known commonly in the kidney as a "dazed one," or simply, a Daze. The new Daze manfully seized a bundle of urea that floated past, choked and swelled, while Cheery winked a vacuole. "The young 'un means business," he said. The plaintive voice broke in: "I can't think why no one teaches him decent principles." "Oh, caseate it," said Cheery rudely. "You got religious mania. He don't need 'em. Wasn't his paw one of the best sugar-sifters in the hull blamed kidney?" The other cell sagged sulkily and answered sententiously:

"Our only hope of salvation is a return to the theories of our forefathers. The Days of the Stone were a punishment for the blasphemy of the Secreters." His voice rose and fell in the ding-dong rhetoric of the born pulpiteer. "What would the Stream be but for washing away our excretions?"

The large cell across the tubule spoke: "You poor flusher. If you *want* to be *pi* you'd better do it on a theory that has a politer name." There was a general giggle, in which even the strait-laced Henlë-loopers joined.

The Daze felt sorry for the Flusher. "What were the Days of the Stone?" he asked with a shy flutter of his granules. "Punishment," moaned the Flusher. "Nix," snapped Cheery; "it was a blamed traffic-block further down. Congestion of Urates. Not *our* fault. Then one day a lot of alcohols came round this way"—— "Allyl alcohols," amended a refined voice. "All right. *I* ain't a perfessor." Cheery contemptuously spat out a couple of sulphates he'd been chewing and absently grabbed a creatinine which was drifting by.

"I am afraid I don't know you." The molecule spoke, and, as he was not heeded, lost his temper in the quick way ring compounds have. "Damn it, sir. Leggo. Can't you tell an Endogenous gentleman from the ruck?"

"*All* right," said Cheery, "'op it. You make me tired." The creatinine shot bladder-wards. The Daze was beginning to remember, and grabbed a vacuole full of glucose. "*Come* out of it," he grunted. For a minute or two nothing but the quick give and take of the tubules was heard, while Cheery cleared his cytoplasm preparatory to continuing.

"Well," he said, "next we knew the kidney was *in*cised, and lots of us saw a queer thing called light, and there was holy mess getting that Stone away. We ——"

"Punishment, it was." Flusher was moaning. Cheery roared at the interruption: "You cross-bred son of a pronephric anomaly! You vacuolated, toxin-riddled T.B.'s dinner! You mutt!!" The surgeon had been an American. "Shut up, you cancerous lout!"

Now to call a cell cancerous, unless it has been tried and convicted by all its immediate neighbours, is a gross breach of etiquette, and during the shocked silence the tubule reflected that it was only Cheery's popularity that saved him from Complete Deoxygenation. There was an awkward pause.

"Alcohol!" suddenly boomed a warning voice. It was Glomerulus, the ruler of the tubule. "Drinking, is He?" queried the large cell.

"Taste and see," came the answer. "It's rotten stuff, too." The spirit roared in the dilating capillaries, and the Daze felt his plasm reeling.

"By Malpighi, He *is* having a blind," muttered Cheery, with a quick cross-swap of molecules. "Don't get drunk, young 'un. Flusher's gone cloudy." The pace was terrific, and Flusher, swollen and overcome by that dread disease of kidney-cells, had stopped work, moaning, "I'm going, you chaps." The Daze was frightened, while the rest of the tubules felt the strain of the work. Everyone's biological balance was on edge, and matters were not improved when it was whispered that a tubule 60 μ anterior had cast.

"A cast! A cast!" Poor Flusher called for a royal burial. Round about the undertakers were politely offering help. "Come in," said the large cell grimly, and as each leucocyte squirmed in, he shoved it downstream. The Daze felt suddenly happy, and imitated him. He pushed granulocytes in, and with mocking consolation called after them: "*Pooor* pus. *Pooor* pus."

He was rather drunk, but the sight of the moribund Flusher floating by sobered him. He felt the give on his right as the cells expanded into the space Flusher had left, and suddenly forgot all his gaucheries; forgot the trials of his youth; forgot everything that it is not worth a cell's while to remember, and in the discharging of a vacuole became a Cell. In the mælstrom of that fading diuresis he recited to his fellows the solemn Proverb of Maturity: "The end of reproduction is the beginning of function."

"Hooray," piped the irrepressible Cheery. And the cell settled down to his life's work. M.

ABERNETHIAN SOCIETY.

At the Annual General Meeting of the Abernethian Society, held on May 6th, 1927, the following officers were elected:

Presidents: Mr. R. F. Phillips and Mr. C. Wroth.
Vice-Presidents: Mr. C. F. Watts and Mr. C. E. Woodrow.
Hon. Secretaries: Mr. H. J. Burrows and Mr. E. T. C. Spooner.
Extra Committeemen: Mr. H. P. Hutchinson and Mr. A. P. M. Page.

STUDENTS' UNION.

ROWING CLUB.

On May 18th the United Hospitals Boat Club Regatta was held. There were two events, an eight-oared and a four-oared race, and two entrants for each race—Guy's and St. Bartholomew's Hospitals.

The Eight-oared was rowed from Putney to Hammersmith Bridge. St. Bartholomew's won the toss and chose the Surrey station. Guy's got away from the start at a quicker rate of striking, and soon led by two lengths.

At the mile-post they led by three lengths, but by this time Bart.'s had settled down after the shock of Guy's quick get-away and held them pluckily, and at one point started to decrease the lead. At Harrod's Guy's drew away again and won by five lengths.

Guy's was much the better trained crew, and the result was according to merit. The Bart.'s eight, considering the short period of training necessitated by difficulty in raising a crew, rowed well and pluckily. They were unfortunate in being unsettled by the breaking of No. 3's oar while rowing down to the start.

The Four-oared Race, rowed from Putney Bridge to the mile-post, was won by a hastily gathered Bart.'s crew, who profited by the inexperience of their opponents to the extent of a "distance." The Junior Challenge Cup comes to the Hospital, while Guy's still hold the Senior Cup.

Senior Eight: Bow, J. H. West; 2, A. T. Andreasen; 3, E. N. Ward; 4, P. M. Oxley; 5, C. M. Duncan; 6, S. F. L. Dahne; 7, D. E. Oakley; stroke, W. G. Oakley; cox, R. Knox. Captain, A. A. Miles.

Junior Four: Bow, H. D. T. Fraser; 2, J. T. Rowe; 3, A. A. Miles; stroke, C. H. Dale; cox, W. Radcliffe.

ANNUAL SPORTS.

THE Annual Athletic Sports took place at Winchmore Hill on April 30th, with Dr. Morley Fletcher presiding and also acting as starter. The weather was very favourable and the attendance was better than last year.

Mrs. Morley Fletcher very kindly presented the prizes. The results were as follows:

120 Yards Handicap: 1, J. R. Crumbie (6 yds.); 2, R. E. Norrish (4 yds.).

1 Mile Handicap: 1, J. F. Varley (scratch); 2, O. H. Grace (10 yds.). Time, 5$6\frac{1}{5}$ sec.

Throwing the Hammer: 1, G. H. Day; 2, E. V. H. Pentreath.

100 Yards: 1, J. R. Hill; 2, H. B. Stallard. Time, 11 sec.

Inter-Firm Tug-of-War: Final: McAdam Eccles's firm beat 1st and 2nd Year team.

220 Yards: 1, J. R. Hill; 2, E. V. H. Pentreath. Time, 24$\frac{1}{5}$ sec.

High Jump: 1, C. B. Prowse; 2, H. Pierre. Height, 5 ft. 4 in.

880 Yards Handicap: 1, H. B. Stallard (scratch); 2, R. E. Norrish (45 yds.). Time, 2 min. $\frac{1}{5}$ sec.

120 Yards Hurdles: 1, H. W. Rodgers; 2, J. Powell. Time, 18$\frac{2}{5}$ sec.

Long Jump: 1, J. H. Pierre; 2, M. W. Platel. Distance, 20 ft. 3 in.

3 Miles Handicap: 1, J. F. Varley (scratch); 2, W. J. Walter (scratch). Time, 16 min. 51 sec.

Putting the Shot: 1, G. H. Day; 2, H. Royle. Distance, 31 ft.

440 Yards: 1, H. B. Stallard; 2, E. V. H. Pentreath. Time, 53$\frac{1}{5}$ sec.

Inter-Club Relay Race: 1, Rugger 3rd team; 2, Rugger 1st team.

Children's Handicap Race: 1, G. Myers; 2, P. Brownlees.

On Wednesday, May 18th, a team from the St. Bartholomew's Hospital A.C. competed in the one mile relay race in the South London Harriers sports at Norbury, and gained a victory in this event for the fourth year in succession. The team was as follows: 440 yds., E. V. H. Pentreath; 220 yds., J. R. Hill; 220 yds., B. W. Alexander; 880 yds., H. B. Stallard.

The whole team ran very well. B. W. Alexander, starting about 10 yds. behind, set H. B. Stallard going with a slight lead, thus assuring us a very easy victory.

GOLF CLUB.

Wednesday, March 16th.—The first round of the Staff and Students Foursomes, played at Sandy Lodge in fine weather, resulted as follows: Dr. Graham and W. Beattie beat Mr. Corbett and W. A. Barnes, 1 up; Mr. Rose and R. H. Bettington beat Dr. Carmichael and C. L. Carter, 5 and 4; Dr. Hill and E. R. Hole beat Dr. Roxburgh and H. O. White, 5 and 4; Mr. Just and N. V. Kendall beat Dr. Garrod and G. A. Stocker-Harris, 2 and 1; Mr. Rose and R. H. Bettington have entered the final, but the match, Dr. Hill and E. R. Hole *versus* Mr. Just and N. V. Kendall, remains to be decided.

Wednesday, April 6th.—A friendly match against King's College Hospital was played at Sandy Lodge in very fine weather. All but two of our opponents were honoraries, and we unfortunately could turn out only 7 to their 8 aside. The Hospital won by 4$\frac{1}{2}$ matches to 3$\frac{1}{2}$. We played one honorary, Dr. Graham.

Wednesday, April 27th.—For the first time our annual match against Sudbury Golf Club resulted in a win by the large margin of 11 matches to 4. Weather was very fine and the course in excellent condition.

Wednesday, May 18th.—On this date the annual Staff *v.* Students' match was played at Sandy Lodge in fine weather. Singles and foursomes were played, and the Students conceded 3 holes in each match.

Result:

SINGLES.

Mr. Rose (4 and 3)	1	H. G. Stanton	0
Mr. Boyle	$\frac{1}{2}$	N. V. Kendall	$\frac{1}{2}$
Dr. Hinds Howell	$\frac{1}{2}$	W. A. Barnes	$\frac{1}{2}$
Dr. Roxborough	0	C. E. Woodrow (4 and 3)	1
Dr. Graham (4 and 3)	1	R. Gordon Williams	0
Mr. Corbett (1 up)	1	E. K. Hole	0
Mr. Just	0	H. O. White (5 and 4)	1
Dr. Garrod (1 up)	1	H. V. Burt	0
Sir Charles Gordon-Watson	0	G. A. Stocker-Harris (6 and 4)	1
Dr. Foster Moore	0	K. W. D. Hartley (5 and 3)	1
	5		3

FOURSOMES.

Drs. Hinds Howell and Graham	0	W. A. Barnes and Woodrow	1
Messrs. Rose and Just	0	White and Burt (1 up)	1
Dr. Roxborough and Mr. Boyle	0	Kendall and Stanton (5 and 3)	1
Sir C. Gordon-Watson and Mr. Corbett (5 and 4)	1	Hole and Stocker-Harris	0
Drs. Garrod and Foster Moore	$\frac{1}{2}$	Garratt and Williams	$\frac{1}{2}$
	1$\frac{1}{2}$		3$\frac{1}{2}$

The Students thus won by 8$\frac{1}{2}$ matches to 6$\frac{1}{2}$. An impromptu discussion after supper resulted in the formation of an "Old Bart.'s Golfing Society," Sir Charles Gordon-Watson, who originated the suggestion, being unanimously elected the first President. The Students wish it all success, and hope that some day they may become eligible for membership.

CORRESPONDENCE.

EVOLUTION RECONSIDERED.

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

SIR,—I ask space to regret first that "Psychological Evolution" should have caused any trouble to Dr. Poynder or anyone at all; then the difficulty of illustrating the evolution of the mind in words despite so excellent a basis as that of a wider signification given to Glottology by Sayce.

I would wish to leave the matter there, but courtesy demands reference to Dr. Poynder's remarks. Thus, serially, as far as allusion is made at all—

1. *Homo lalus* is in strict antithesis to the *Homa alalus* of literature, whose classical feminine personification is Lalla.

6 and 8, Choctaw, Kamskhatkan—Dr. Poynder has fully and better expressed my meaning.

7. As to quotation. Either "originally any limited time or period especially as fixed by natural laws and evolutions," or "any time or period fixed by natural laws—a season" should have been used by me. I am unable to agree that the word "seems originally to have denoted a year." Liddell and Scott apparently have not determined on the point of origin.

9, 10, 11, 12, 13, 14 and 20. "Jour" to "Ear" and "Ever" and "Ver." Submitted as natural times or seasons which are of the glottological form of ὥρα, and represent some of the given meanings of that word.

15, 16, 17. The glottological correlations mentioned were not reasoned in the paper; they are neither pretty nor amusing.

18. "*Capitas agere*," a missed typographer's error, and quite unintelligible until the words recur after "heir" as "*capacitas agere*."

19. "Aptising" was intentional; nothing like a play was intended here or elsewhere in the article; mere play or jest was avoided.

21. The Horæ are confusedly represented both as three and four in number.

22. It is a tremendous subject and perhaps only for writing and reading by one skilled in medical biology, who is also a linguist on the classical and modern sides, and well up in glottology, etymology and philology—a rarity. As I have no claims to any learning in these combined departments, I am inclined to agree with Dr. Poynder in the comment on the article contained in the last line of his letter.

Yours faithfully,
W. M. WILLOUGHBY.

21, The Avenue,
Gravesend;
May 6th, 1927.

SOUTH-WEST LONDON MEDICAL SOCIETY: BOLINGBROKE LECTURE.

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

DEAR SIR,—The above lecture—with lantern demonstration—will be delivered by W. McAdam Eccles, Esq., M.S., F.R.C.S., in the Bolingbroke Hospital, Bolingbroke Grove, Wandsworth Common, S.W. 11, on Wednesday, June 8th, 1927, at 9 p.m.

The subject of the lecture will be "The Romance of Fœtal Pathology."

Yours faithfully,
A. W. FORREST,
Hon. Secretary.

12, Frewin Road,
Wandsworth Common, S.W. 18;
May 21st, 1927.

REVIEWS.

MANUAL OF BACTERIOLOGY. By ROBERT MUIR, M.A., M.D., Sc.D., LL.D., F.R.S., and the late JAMES RITCHIE, M.A., M.D., F.R.C.P. Eighth edition. (Humphrey Milford: Oxford University Press, 1927.) Pp. 821.

The new edition of "Muir and Ritchie" will be welcomed by everyone. Six years have passed since the last impression of the seventh edition was published, and during these six years many alterations and additions have become necessary.

The chapters on technique and morphology abound in small additions and improvements. Among many, one particularly notices the following: A section dealing with Ph. estimation; A clear and useful exposition of the new American classification of bacteria; and an interesting account of the bacteriophage, with a discussion of its nature.

The latter end of the book is improved enormously by the removal of the Appendices A, B, C etc., of the last edition. These have all been absorbed into a series of chapters which deal with protozoal, spirochætal and "filter-passer" diseases—an arrangement that lends balance to the whole work and materially helps to adjust the perspectthe of the student.

The same remark applies with equal force to the chapters on immunity and the relation of bacteria to disease. These are good. They are comprehensive and exact, and at the same time clear and very interesting. They are exactly what has been wanted by the average medical student for a long while.

The end effect of all these alterations is to give us a text-book which is thoroughly up-to-date and reliable, and which will be equally welcome to those who are familiar with the older issues and to those who have not yet had that advantage.

THE STUDY OF OLD AGE AND MY METHOD OF REJUVENATION. By SERGE VORONOFF. Translated by FRED. F. IMIANITOFF, D.Sc., B.A., M.R.C.S. (The Gill Publishing Co., Ltd.) Pp. 135. Price unknown.

This is interesting to us as a reappearance of Mr. Imianitoff, now assistant to the Gynæcological Research Department, Brussels. The book is an entertaining one, for Dr. Voronoff's ways of showing how his bulls have become rejuvenated make excellent reading. As a scientific treatise, however, we feel it is not satisfying. No account is given of the failures which must have taken place, while the accounts of successes are rapturous. There are many photographs; the technique of the grafting operation is lovingly described and illustrated.

THE SCIENCE AND PRACTICE OF SURGERY. Vol. I. By ROMANIS and MITCHENER. (J. & A. Churchill.) Pp. 795. Illustrations 666.

The teaching and practice of surgery is bound to vary somewhat even among the medical schools of London, and we welcome the first volume of a St. Thomas's Hospital text-book of surgery.

This volume on general surgery follows the conventional arrangement common to most general text-books, but the presentation is unusual in that it is both readable and practical. The authors have in the main shown excellent judgment in the relative space given to the principal facts and to the uncommon features of a condition. A surprisingly large number of pages is devoted to the blood-vessels, and aneurysm, which has almost disappeared from surgical practice, is dealt with in great detail. An interesting account is given of the various operations for aneurysm, and these and other procedures of historical interest only have apparently been included from set purpose.

The chapter on fractures is particularly good, and full details and illustrations of treatment are given, with any variations that may be required. Antiquated splints have been omitted, and the application of splints or plasters is described in great detail, while operative measures are also indicated.

The chapter on X-rays in diagnosis and treatment provides the basic knowledge necessary for appreciating the methods employed and for interpreting the results obtained by the radiologist. Pyelography, cholecystography and the use of lipiodol are described, and a brief account is given of X-ray and radium therapy. A chapter on anæsthesia is introduced in which the principal methods are described, including the use of gas and oxygen, the endotracheal method and spinal and regional anæsthesia.

The illustrations throughout the book are unusually numerous and good. Coloured plates have not been used, but effective detail has been obtained in the illustrations of pathological specimens. The combination of clinical, pathological and radiographic illustrations side by side is good, and might have been more extensively employed. The publishers are to be congratulated on the general presentation of the book, and if the standard of the first volume is maintained in the second, the book is certain to be widely read.

VENEREAL DISEASE: ITS PREVENTION AND TREATMENT. By HUGH WANSEY BAYLY, M.C. 3rd Edition. 3 Coloured Plates and 74 Illustrations in the Text. Pp. 242. (London: Scientific Press, 24, Russell Square, W.C. 1.) Price 10s. 6d.

This is no doubt an excellent book, and should be of invaluable help to medical students and practitioners.

It is concisely written, and written from wide and practical experience—so containing much original matter—giving a full exposition of the subject which the student of medicine and practitioner so badly need.

The coloured plates and illustrations are very well done and these are described aptly in the text.

Symptoms, signs and treatment of the various diseases are gone into fully and with full practical details—the lesser unimportant details being left put.

Major Bayly is to be congratulated on the way this work has been brought up to date, and presented in such a readable and practical form.

PULMONARY TUBERCULOSIS. By G. T. HEBERT, M.A., M.D., M.R.C.P. (London: Edward Arnold.) Pp. 212. Price 7s. 6d.

As the author—Physician in Charge of the Tuberculosis Department of St. Thomas's Hospital—remarks, the student gets relatively few opportunities of studying this important disease owing to the establishment of special centres for the treatment of consumption. This book goes thoroughly into all the problems that should arise; pathology, symptoms, physical signs, X-rays, diagnosis, and an account of complications such as hæmoptysis, pneumothorax and pleural effusion are all fully treated. Anatomy, physiology and the details of specialized forms of treatment are intentionally omitted. There are a number of useful diagrams and tables, though we confess inability to see the value of Fig. 1. Perhaps the most valuable part of the book deals with the explanation and significance of physical signs from a very practical and rather original standpoint. In the chapter on special examinations are briefly described: Examination of sputum, tuberculin tests (von Pirquet and subcutaneous), complement-fixation, sedimentation, and examination of the fæces.

The book thoroughly achieves its object, the first part being useful for students, the second for post-graduate work. The price appears most reasonable.

EPIDEMIC DISEASES OF THE CENTRAL NERVOUS SYSTEM. By A. S. MCNALTY, M.A., M.D.Oxon., M.R.C.P. (London: Faber and Gwyer.) 194 pp. Price 12s. 6d. net.

A well-printed and handy book, based on the Milroy Lectures to the College of Physicians, on a subject which is being much discussed at the moment. The author confines himself in a most commendable manner to scientific facts. There are six parts: Part 1, the increasing susceptibility of the central nervous system; Part 2, historical; Parts 3, 4 and 5, cerebro-spinal fever, poliomyelitis and encephalitis lethargica respectively; and Part 6, the prevention of epidemic disease. There is a very full bibliography, a general index, and an index to authors. This book gives a full exposition of the present state of the question. The historical side is extremely interesting, the author being very widely read in his subject.

THE QUEEN CHARLOTTE'S PRACTICE OF OBSTETRICS. By J. BRIGHT BANISTER, M.D., F.R.C.S., H. W. BOURNE, M.B., F.R.C.S., T. B. DAVIES, M.D., F.R.C.S., L. C. RIVETT, M.C., F.R.C.S., L. G. PHILLIPS, M.S., F.R.C.S., C. S. LANE-ROBERTS, M.S., F.R.C.S. (London: J. & A. Churchill, 1927.) Pp. 629. 4 plates and 270 illustrations.

Obstetrics is a controversial subject, and the authors of this book do not tend to make it less so. They cover themselves neatly in the preface by declaring their intention to describe only their own opinions and practices, and in no way to write an encyclopædia. This is excellent as far as it goes, but they have lapsed into a greater excellence in many places by recording opinions and treatment not their own. We cannot, therefore, see why they did not round off the book by full, but short references to general obstetrics. At least it would throw their own views into greater relief. For instance, mention might have been made of the use of nitrous oxide gas and oxygen anæsthesia during labour.

But to stress these defects unduly is unjust to the good quality of the rest.

The book describes pregnancy, labour, the puerperium and the child, and the abnormalities are treated with the normalities—happier reading than that of the text-book, where one is swamped with pathology in the last few chapters.

In the section on obstetric operations, emphasis is laid on the exclusive use of non-absorbable sutures for the uterus in Cæsarian section—a recommendation which will be regarded with suspicion by those who have seen the irritant effect of non-absorbable material left on the surface of perimetrium.

There are useful chapters on pituitrin, anæsthetics in labour, X-rays, and on reproductive insanity, fœtal and maternal mortality, and vaccination. There is a judicious seasoning of statistical tables, while the illustrations will relieve the student, who approaches the subject without practical experience, of much difficult visualization. They are excellent.

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

ANDERSON, R. G., M.B., B.S. "A Case of Hydatid Pneumothorax." *British Medical Journal*, April 23rd, 1927.

BROCKMAN, R. ST.LEGER, M.A., M.Chir., F.R.C.S. "An Influenzal Condition Simulating the Acute Abdomen." *British Medical Journal*, May 14th, 1927.

BUTLER, T. HARRISON, M.A., M.D. *An Illustrated Guide to the Slit-Lamp.* London: Humphrey Milford, Oxford University Press, 1927.

COLT, C. H., F.R.C.S. "The Surgical Treatment of the 'De-gloved' Hand." *British Journal of Surgery*, April, 1927.

DAVIES, IVOR J., M.D., M.R.C.P. "Atypical Tabes." *Clinical Journal*, May 18th, 1927.

FOOTE, ROBERT R., M.R.C.S., L.R.C.P. "Pseudo-mucinous Cystadenoma of the Ovary." *British Medical Journal*, February 26th, 1927.

GILLIES, H. D., C.B.E., K.afDbg., F.R.C.S. (and KILNER, T. POMFRET, and STONE, DUDLEY). "Fractures of the Malar-Zygomatic Compound: With a Description of a New X-Ray Position." *British Journal of Surgery*, April, 1927.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Rectal Pain and Inflammation." *Practitioner*, May, 1927.

HATTERSLEY, S. M., M.C., R.A.M.C. "Filling for the Joints of Tables." *Journal Royal Army Medical Corps*, May, 1927.

HERNAMAN-JOHNSON, F., M.D. "Ultra-Violet Rays in Medicine." *Clinical Journal*, April 27th, 1927.

KILNER, T. POMFRET, F.R.C.S. See Gillies, Kilner and Stone.

MAINGOT, RODNEY, F.R.C.S. "A Case of Gummatous Colitis." *British Medical Journal*, May 7th, 1927.

MILNER, J. G., B.Ch. "Papillœdema and Arterio-sclerosis." *British Medical Journal*, May 14th, 1927.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Gamgee's Tissue." *British Journal of Surgery*, April, 1927.

PRITCHARD, HAROLD, M.D. "Intravenous Therapy." *British Medical Journal*, April 30th, 1927.

SNOWDEN, ERNEST, M.B., B.S. "The Psychological Treatment of Mania and Depression." *Lancet*, May 14th, 1927.

STONE, DUDLEY, M.R.C.S., L.R.C.P. See Gillies, Kilner and Stone.

TANNER, G. M., M.A., M.R.C.S. "A Note on Castor Oil in Acute Appendicitis." *Lancet*, May 7th, 1927.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Chir.—Johnson, D. McI.

B.M.—Wilson, H. L.

UNIVERSITY OF LIVERPOOL.

The Diploma in Tropical Medicine has been conferred on: Maclay, W. S.

CONJOINT EXAMINATION BOARD.

Second Examination, April, 1927.

Part I. Anatomy.—DAVY, A. F., KAVANAGH, H. E., KNOX, J. S., LANNAMAN, L. J., LEAVER, R. H.

Physiology.—FLANAGAN, H. J. C., HART, M. R. W., HODGKINSON, H. L., LANNAMAN, L. J.

Part II. Pharmacology and Materia Medica.—ALLEN, E. L., FREDERICK, E. V., JENKINSON, E. N., LANNAMAN, L. J., LAWRENCE, I. B., MCBRIDE, J. R. B., THOMAS, E. W., VARTAN, C. K.

Final Examination.

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

Addison, V. H., Alexander, B. W., Barendt, G. H., Cruden, W. V., Cunningham, R., Dahne, S. F. L., Davies, C. S., Davies, T. G., Day, L. F., Harrison, W. R. E., Janes, L. R., Kharegat, S. M., King, N. A., Norrish, R. E., Oakley, D. E., Ogden, C. E., Richards, R. I., Russell, S. F., Slinger, L. A. P., Underwood, W. E., Watts, C. F., Willoughby, A. M.

ROYAL COLLEGE OF PHYSICIANS.

The following have been elected *Fellows* :

Shore, T. H. G., Stott, A. W.

The following have been elected *Members* :

Cochrane, R. G., Klionsky, G., Macfadyen, J. A., Martin, P. H.

ROYAL COLLEGE OF SURGEONS.

The following has been admitted a *Fellow*, as a member of 20 years' standing :

Gauvain, Sir Henry J.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.

Diplomas in Tropical Medicine and Hygiene have been granted by the Royal College of Physicians (conjointly with the Royal College of Surgeons) to the following :

Bilderbeck, A. C. L. O'S., Martin, P. H., Miller, F. R. L.

L.M.S.S.A.

The Diploma of the Society has been granted to :

Fernandez, J. A.

The Diplome de Médecine Tropicale, University of Brussels, has been conferred on :

Church, J. E.

CHANGES OF ADDRESS.

BAILEY, W. H., Chemin de Roches 2, Geneva, Switzerland.
BURNE, T. W. H., Seremban, Negri Sembilan, Federated Malay States.
CATFORD, E., Torbay Mount, Torquay. (Tel. Torquay 2971.)
CHURCH, J. E., 1, Penton Place, W.C. 1.
CLAXTON, E. E., Banting, Selangor, Federated Malay States.
ELLACOMBE, G. H. W., 21, Alma Road, Rosebank, Cape Town.
JOWERS, R. F., "Hartfield," Palmeira Avenue, Hove. (Tel. Hove 711.)
KEMP, J. H., "Woodchester," Rusper Road, Horsham, Sussex.
KERR, JAMES, Gillespie End, Colinton, Midlothian.
NESS-WALKER, J., Woodlands, Denby Dale, near Huddersfield.
PALMER, C. SPENCER, Elmsleigh, Solsbro Road, Torquay.
ROTH, E. J. H., 23, Devonshire Street, W. 1. (Tel. Mayfair 5205.)
SPARKS, J. V., 23, Devonshire Street, W. 1. (Tel. Mayfair 5205.)
THWAITES, P., 6, Conyers Road, Streatham, S.W. 16.
WHITBY, H. A. M., 144, Maldon Road, Colchester, Essex.

APPOINTMENTS.

CLAXTON, E. E., M.R.C.S., L.R.C.P., appointed Estates' Medical Officer, Kuala Langat, Federated Malay States.
DICKS, H. V., M.R.C.S., L.R.C.P., appointed House Physician to the Bethlem Royal Hospital, S.E. 1.
DOWNER, R. L. E., M.D.(Lond.), appointed Honorary Obstetric Surgeon to the Royal Salop Infirmary.
HARRISON, S. G., M.R.C.S., L.R.C.P., appointed Medical Officer, West African Medical Staff, Georgetown, The Gambia, W. Africa.
MALK, M., M.R.C.S., L.R.C.P., appointed Casualty House Surgeon to St. Bartholomew's Hospital, Rochester, Kent.
ROTH, E. J. H., D.M.R.E.(Cantab.), appointed Radiologist to the German Hospital, London.
SHORE, L. R., M.B.(Cantab.), M.R.C.P., appointed Lecturer on Anatomy in the Witwatersrand University, Johannesburg.

BIRTHS.

BATTERHAM.—On April 8th, 1927, at Maymyo, Upper Burma, to Thelma (*née* Rundle), wife of Capt. D. J. Batterham, F.R.C.S., R.A.M.C.—a daughter.
BROWN.—On April 27th, 1927, at Northdown, Bassett, Southampton, to Dr. and Mrs. A. W. Brown—a daughter.
CRONK.—On March 13th, 1927, at Osborne House, Queen's Road, Ashton-on-Mersey, Manchester, the wife of H. L. Cronk, M.D. (Camb.), of a son.
HODGSON.—On May 14th, 1927, at Simla, to Guelda (*nee* Earle), wife of Lt.-Col. E. C. Hodgson, D.S.O., I.M.S.—a son. (By cable.)
TOTHILL.—On May 2nd, 1927, at Caa-an-righ, Leigh-on-Sea, to Dr. and Mrs. Henry Tothill—a son.

MARRIAGES.

COUCHMAN—FROST.—On April 27th, 1927, at the Church of St. Mary the Virgin, Ripple, by the Ven. Archdeacon G. H. Cameron, assisted by the Rev. N. P. Frost, uncle of the bride, Hugh John Couchman, only son of the late Mr. R. E. and Mrs. Couchman, of Edgbaston, to Alma Doris, elder daughter of the Rev. S. Wallis and Mrs. Frost, of Ripple Rectory, Tewkesbury.
MORRISON—COLLINS.—On May 19th, 1927, quietly, at Holy Trinity Church, Marylebone, W. 1, Henry Morrison, M.A., M.D.(Cantab.), son of the late Henry Haslett Morrison, of Knaresborough, and of Mrs. Morrison, 16, Kent Road, Harrogate, to Olive Mary Collins, daughter of Maurice Collins.
MORTON—HEDDLE.—On April 27th, 1927, at St. Stephen's, S.W. 1, by the Rev. W. H. Manning, John Edward Cockburn, M.R.C.S., L.R.C.P., only son of Dr. and Mrs. Reginald Morton, of Westbourne, Gullane, N.B., to Dorothy Forster Traill, elder daughter of Mr. and Mrs. Forster Heddle, 56, Ravenscourt Gardens, W. 6.
PARSONS—SABBERTON.—On May 18th, 1927, at St. Andrew's Church, Chesterton, Cambridge, by the Rev. Canon S. T. Adams, assisted by the Vicar, the Rev. W. L. MacKennal, M.A., Frank Bett Parsons, M.B., L.R.C.P., M.R.C.S., youngest son of Mr. and Mrs. Stephen Parsons, of Chatteris, Cambs., to Elizabeth Winter, only daughter of Mr. and Mrs. R. W. Sabberton, of the Ferry House, Chesterton, Cambridge.
WELLS—BEAUMONT.—On Thursday, May 26th, at Danbury Church, Chelmsford, Jack Pascoe Wells, M.A., M.B., M.R.C.S., to Joyce, daughter of Mr. and Mrs. J. H. Beaumont, of Danbury.

DEATHS.

ANDERSON.—On May 12th, 1927, at 38, Castletown Road, West Kensington, Joseph William Townsend Anderson, retired Lt.-Col. I.M.S., F.R.C.S., L.R.C.P., L.S.A.
COLLINGRIDGE.—On April 29th, 1927, at Yarrell Croft, Pennington, Hants, William Collingridge, M.D., J.P., M.A., LL.M., D.P.H., Knight of Grace of St. John of Jerusalem, formerly Medical Officer to the Port of London and the City of London, Colonel (Militia) R.A.M.C., aged 73.
HASLAM.—On March 15th, 1927, at St. Winnows, Bromley, Kent, Arthur Charles Haslam, aged 54.
HILLIER.—On February 22nd, 1927, at 396, Ecclesall Road, Sheffield, Robert John Hillier, M.R.C.S., L.R.C.P., aged 58.

ACKNOWLEDGMENTS.

British Journal of Nursing.—Bolletino della Società fra i Cultori delle Scienze mediche e Naturali.—Broadway.—Bulletin of the New York Academy of Medicine.—St. George's Hospital Gazette.—Giornale della Reale Società Italiana d'Igiene.—Guy's Hospital Gazette.—The Hospital Gazette.—The Journal of Cancer.—The Kenya Medical Journal.—London Hospital Gazette.—Long Island Medical Journal.—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.—Report of the Director-General of Health, N.Z., 1926.—Revue de Medicin.—St. Thomas's Hospital Gazette.—Sydney University Medical Journal.—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, 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. 10.] JULY 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Fri.,	July	1.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Sat.,	,,	2.	—Cricket Match *v.* Hornsey. Away.
Tues.,	,,	5.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Thurs.,	,,	7.	—Cricket Match *v.* C.I.D., "N" Division. Home.
Fri.,	,,	8.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues.,	,,	12.	—Prof. Fraser and Prof. Gask on duty.
Wed.,	,,	13.	—Cricket Match *v.* Moorcroft House. Away.
Fri.,	,,	15.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	,,	16.	—Cricket Match *v.* Hampstead. Home.
Tues.,	,,	19.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Thurs.,	,,	21.	—**Last day for receiving matter for the August issue of the Journal.**
Fri.,	,,	22.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat.,	,,	23.	—Cricket Match *v.* Rams. Home.
Tues.,	,,	26.	—Dr. Langdon Brown and Sir C. Gordon Watson on duty.
Fri.,	,,	29.	—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

THE month of July should bring with it many consolations for your Ordinary Man. June has been genuinely bad for him. Dickens has been openly mocked in Hammersmith. In June the Eclipse with its attendant prophesies of dissolution has made him repent; and this can be remedied in July. In June Lady Oxford published another book in which she twisted his Bible into politics; this can never be remedied by the end of July, but the buzz of it may die down. There will then be no more anxiety for him about the relation of the weather to Wimbledon and the more important Hospital fixtures. Grand opera will have given place to Russian ballet; and the Spook Sonata will have claimed its last victim, demented by ceaseless inquiries into the state of its author's strange mind, or will in the living have created the state described by W. B. Yeats in his latest poem, when—

> "Imagination ear and eye
> Can be content with argument and deal
> In abstract things; or be derided by
> A sort of battered kettle at the heel."

For the intellectual masters of your Ordinary Man have been divided; they are earnestly concerned about symbols being "harmonic undertones," and are debating over "Neo-classicism as a repressive instrument of literary criticism." They have levelled the first attack against his idol Community Singing, saying that "it obviously cannot be explained by a new passion for music; it seems to have more in common with what Matthew Arnold illustrated by 'bawling, hustling and smashing' and breaking the Hyde Park railings."

These and other difficult things have made him in that same hated Strindberg's understanding words: "To feel my vision weakened by an eye, my hearing blunted by an ear, and my thought, my bright and buoyant thought bound in labyrinthine coils of fat."

In fact our hero needs a holiday. July should help him to it.

* * *

To remind our readers that the Sixth Annual Contest for the *Financial Times* Challenge Trophy between Banks, Insurance Offices, Stock Exchange and United Hospitals will take place at the Crystal Palace on Saturday, July 16th.

The Hospitals have won the Shield for the last two years, and if they turn out their best team, should go close to retaining it for another year.

Tickets 1*s.* 6*d.* each, including admission to the Palace. Return tickets at special fare 1*s.* 6*d.* first class, 1*s.* third (not including admission to the Palace), will be issued from the London stations of the Southern Railway.

The proceeds are divided between the Hospitals comprising the U.H.A.C. Since the inception over £900

has been raised. Last year a sum of £250 was divided. Let's hope a greater sum will be found this year, and so make a record in the year of office as President of our Senior Physician, Dr. H. Morley Fletcher.

* * *

The occasion of Sir Berkeley Moynihan's recent address on "Medicine and Art" was extremely successful from start to finish. The lecturer is so conversant with his twin subjects that he can give a number of addresses having this title which do not apparently overlap. On June 29th he dealt mainly with Hystero-epilepsy and Achondroplasia as they are depicted in works of art.

* * *

OLD STUDENTS' OCTOBER DINNER, 1927.

The above dinner will be held in the Great Hall on Monday, October 3rd, at 7 for 7.30, with Dr. Morley Fletcher in the Chair.

As many old students have expressed a desire that more time should be available at the dinner for conversation, it has been decided on this occasion that there shall be no toast list. The Chairman will make a statement after dinner dealing with the progress of the College during the past year, but there will be no formal speeches.

Coffee and other refreshments will be served in the Library after dinner.

Notices will be sent out to all those whose addresses are available and guests may be invited.

The price of the dinner will be 26/- and tickets may be paid for at the time of the dinner.

The Honorary Secretaries hope that these modifications will attract a large attendance.

Many of the old students have from time to time expressed the view that the price of the dinner is too high. The Honorary Secretaries have made every effort to provide a less expensive dinner, but in view of the fact that the caterers have to bring all their crockery and cooking equipment with them in order to serve dinner in the Great Hall, charges are of necessity higher than for a dinner served in a restaurant.

All communications with reference to the dinner should be sent either to Sir Charles Gordon-Watson, 82, Harley Street, or to Mr. Reginald M. Vick, 113, Harley Street.

* * *

We take this opportunity of reminding intending contributors that no contribution can be accepted without the name and address of the author. The correspondence columns have lately been full of vituperation which might have been launched at us had we not redirected it.

THE ROMANCE OF EMBRYO-PATHOLOGY.*

BEFORE the beginning of the present century the anatomy of the human subject pre-eminently held sway in the curriculum of the medical student, and particularly of the surgeon. To have a thorough and practical knowledge of the intricacies of the human frame was essential for the operator, and really indispensable for the general practitioner. Many a surgeon, and not a few country practitioners, made their fame upon the foundation of anatomy.

Comparative anatomy was a fascinating subject, elucidating many of the tangles of evolution.

Then pathology began to loom largely on the horizon, and has now come into its own. No physician, no surgeon, no specialist, no general practitioner is worthy of his salt unless he or she can think or act in the terms of pathology.

Crude morbid anatomy has its place, and a very definite place at that. What is seen in "end-results" in the post-mortem room is of high significance in the estimation of the origins of disease, but it is in the laboratories of the wards, and in those of chemical pathology, of bacteriology and of clinical pathology that much more of the ætiology and progress of disease is investigated and tabulated.

After all is said and done, it is desirable to discover why our mortal bodies cease to live, even although it might not be a good thing to prevent their dissolution. We die because others have to live. We die because we become the habitat of parasites. We die because we fall victims to "accident"—preventable, and therefore sheer carelessness; unpreventable, and therefore "the act of God." We die because we wear out in the endeavour to live, but very few depart in this manner.

Given a healthy adult body, fitted with all the niceties of the human machinery, it is foolish to allow the works to grind instead of running smoothly. Hence preventive medicine has come to stay, and marks the altruism of the profession.

But it is not of these matters I desire to speak, however fascinating they are to all of us. It is quite another, and, may I say, even more fascinating an item in the wheels of progress of pathology and treatment to which I wish to direct your attention. I allude to embryo-pathology, and particularly as applied to surgery. Embryo pathology concerns literally all parts of the body from head to foot. Normal embryology is mystical; abnormal embryology—that is, pathological

* The Bolingbroke Lecture delivered before the South-West London Medical Society on June 8th, 1927.

embryology—is even more mysterious. We are still quite in the dark as to the actual forces which cause the various cells of the embryo to develop along prescribed lines. Vitamines, hormones, the influence of nerves, the distribution of vascular supply, or even the position of the embryo *in utero* may all play a part in moulding the future individual.

What is more difficult of explanation, for instance, in embryology than the closure of the lateral halves of the body in the middle line?

Think of it: that closure along the mid-ventral line of the abdomen, a perfect closure without the semblance of a scar, save at the umbilicus. Such is the perfection of Nature's surgery!

Where in the ovum lies the force which induces this union along the whole length, but without any interference with the passage of blood from the placenta to the fœtus? It is in the consideration of this and similar facts that the most learned appear as children before stupendous possibilities. But if this closure is mystical, what of the non-closure in this and other lines? While we know little as to the reason of the closure, we know less as to the cause of the non-closure.

A brief survey of some of these lapses from perfection is, therefore, not without interest and profit.

HARE-LIP.

Imagine the agony of a mother on beholding her firstborn with a cleft in its upper lip like that which is natural in the hare. If the cleft is bilateral and complete, with protruding intermaxillary bones, the appearance of the infant is truly repulsive. Embryo-pathology explains "how" the condition occurs, but not the "why" thereof.

It tells us that there has been a failure in the normal coalescence of the labium and the prolabium to form the anterior naris, but it is silent as to why this abnormality has occurred in this particular infant.

Some suggest "reversion to type," but why should this singular unborn fœtus think thus of its ancestors? Others hint that the failure is an intra-uterine effect of inherited syphilis. Possibly not, but if it were, then why should the spirochæte hit on such a remarkable method of showing its power? Is it merely "an arrest of development"? Yes, perhaps, but why at this particular spot? May it be due to want of proper innervation in this local area? Very likely, but what led to this failure of the usual nervous influence? Is it owing to the failure in the production of the secretion of a certain hormone? Possibly, but what brought about this lack of secretion, and why did the absence affect this particular spot?

Maternal impression has been alleged as a cause, but the "impression" on the mother is usually found to have been far too late in the intra-uterine life of her progeny. Heredity has also been put forward as having a bearing on the causation. It may have, but it is difficult to prove so. I have had one very suggestive instance where a father had a right hare-lip, his second child, a boy, was born with a double hare-lip, his third child, also a boy, had a complete right hare-lip and cleft palate, whilst his fourth child was quite normal. It is not necessary to labour the point, but merely to confess that we do not know the why and wherefore of the deformity.

Fortunately, surgery can step in and remedy the defect, with a resulting scar so slight as to be almost unseen.

Most of the remarks which I have made in relation to hare-lip apply equally well to cleft palate, so we pass to—

BRANCHIAL CLEFTS.

A minute aperture on the anterior border of the sterno-mastoid muscle low down in the neck, exuding from time to time a little mucoid fluid, may seem to portend but little, and yet it is evidence of romance in development.

It is the surface opening of the ventral portion of an original gill-slit, and may be said to prove one of the stages through which we have all passed in embryo.

But there is another fascination about it. The inner or deep opening is based upon the mucous membrane of the pharynx above the cricoid cartilage; then why is the outer or superficial aperture so low down the neck as to be near the sterno-clavicular articulation? This is one of the instances which go to show that structures in the neck have been elongated, partly by the growth forwards of the cephalic end of the embryo producing an increase in the length of the neck itself, but also owing to the migration of the cervical structures from the neck towards the thorax.

When a nervous person says her "heart leapt up into her mouth," she is not altogether foolish, for her heart was originally not so very far away from her mouth! It has come to lie in, not descended into, the thorax, with the great vessels. Hence we have the recurrent laryngeal nerves, the common carotid arteries without lateral branches, and possibly even the extraordinary passage of the spinal portion of the spinal accessory nerves into and out of the cranial cavity.

To tackle a brachial cleft fistula surgically is not to undertake an easy dissection, for it is essential to follow the track along its whole length, up between the internal

and external carotid arteries, if the patient is to be rid of the annoyance. I have seen one case of bilateral, symmetrical branchial cleft fistulæ in a young man, the discharge from which was so great as to saturate the upper part of his shirt, causing him to be most uncomfortable. I have seen another case in which a girl had a discharge from a unilateral fistula up to the age of 15. It then ceased to trouble, but at the age of 35 it began to discharge again, and caused her very considerable inconvenience, as she had become a court dressmaker!

To what, again, are we to attribute this failure in the closure of a "gill-slit"? It is highly probable that imperfect peripheral innervation may be an active factor. In connection with this the disfiguring "port-wine" stains not infrequent on the face are interesting, for many of them very faithfully map off the peripheral distribution of one of the divisions of the fifth cranial nerve. To what again are we to attribute the normal failure on the closure of the slits and apertures left for the eyes, nostrils, mouth, vulva, anus and meatus urinarius? Is a nerve influence again at work, and in these instances with a beneficent result?

Congenital Umbilical Hernia.

A true congenital umbilical hernia is a failure of closure in the middle line of the ventral aspect of the abdomen, where "Wharton's jelly" remains. Into this hernia at the base of the umbilical cord extrude many of the abdominal viscera.

So far, surgery has not been very successful in helping Nature to close this gap, but with further experience of operation on the first or second day of life, a greater success may result in the future. Left alone, almost all the victims of this congenital deficiency perish. I have seen one case in which a female infant was born with a large gap in the region of the umbilical orifice, but the "Wharton jelly" became as it were covered with skin, and the child survived, and I have watched its progress, and it is now nearly a year old. By putting the rectus muscles into action, the infant causes its liver to protrude into the sac. When this viscus is "outside" the abdominal cavity, the child is able literally to pat its own liver! The child has also a failure of development of the right upper limb. It is, as is well known, not uncommon to find more than one congenital deformity present in the same subject.

Embryo-Pathology of the Limbs.

Another condition associated with the limbs is that which is termed "intra-uterine" amputations. It is, however, extremely doubtful whether an amputation ever occurs whilst the fœtus is within the uterus. Most of the instances of absence of a part, or even the whole of an extremity, are really failures in development of the periphery. No severed limb has ever been expelled with the child from the uterus. It is improbable in the highest degree for a symmetrical amputation to be caused by an amniotic band, or the umbilical cord, but such a symmetry may and does occur as the result of embryo-pathology. The most interesting peculiarity of the limbs is, perhaps, where a hand becomes a foot, or a foot becomes a hand. In the former the periphery of the anterior limb is pronated and fixed in pronation, and provided with "toes" in place of "fingers."

Sequestration.

Whilst the lateral halves of the dorsal and ventral mid-lines of the body normally come together and join accurately where they should, sometimes an abnormal "infolding" and "sequestration" occurs. Strictly speaking the central nervous system, particularly the spinal cord, is formed in part by a sequestration of surface epithelium on the dorsal aspect. There is an infolding of epiblast with a subsequent cutting off by mesoblast of superficial from embedded epithelium. Hence the spinal cord is a variety of "sequestration dermoid." A failure to complete this separation from depth leads to spina bifida.

Spina Bifida.

Complete spina bifida, or myelocele, is present when infolding has failed and no mesoblast intervenes. This enforces death by loss of cerebro-spinal fluid soon after birth. On the other hand, a meningocele is a less pronounced defect, and may not have a fatal result.

Meningo-myelocele, syringocele and some other varieties show intermediate forms of spina bifida. It is not perhaps realized that everyone present has a spina bifida occulta—in other words Nature has failed, possibly for some good purpose, to close the neural arches of our third, fourth and fifth sacral vertebræ. No inconvenience results, and no meningocele develops, even when the tension of cerebro-spinal fluid is high.

But on the other hand, a lumbo-sacral spina bifida occulta may be associated with an overlying pigmented area of skin, from which depends a tail-like tuft of hairs, and further with double equino-varus, and there is the typical Greek satyr. The freaks of embryo-pathology had a fascination for the ancient mythologists, but what would they have thought of our knowledge of the abnormalities?

Ovarian "Dermoids."

These most interesting examples of congenital "mishaps" should be styled teratomata rather than dermoids, for they contain often more than dermal tissue, and are in reality attempts at embryo-formation. Their origin is still very obscure. At least three suggestions may be made, viz.:

1. The teratoma is derived from an embryonic cell of the ovary of the host, and is therefore a son or daughter of the host, and an attempt at embryo-formation without the male element.
2. The teratoma is included twin, and is therefore brother or sister of the host, this ovum of the mother not having been impregnated.
3. The teratoma is a true sequestration dermoid, being a part of surface epiblast of the host, and therefore part of herself, and of the same generation.

Whilst practically all the tissues normally present in the human being may be seen, though very imperfectly developed, yet structures derived from epiblast are most frequent and most developed.

Hairs are very common, and sometimes of a yard in length, though more often "shingled." In connection with them their colour is interesting. Does this colour conform to the colour of the hair of the host, or is it totally different?

Does the raven-black-haired woman have an ovarian teratoma with auburn-coloured hair, or *vice-versâ?* Further investigation on this point and its bearing on the ætiology of these teratomata is needed.

Included Fœtus.

A true included fœtus or sequestrated twin does occur, but it is very rare. I have had one instance under my observation in which I did a "Cæsarian section" on a boy aged 7 months, and delivered him of a dead fœtus which had been suspended in an amniotic sac from the front of the second lumbar vertebra. It possessed a head, with hair, rudimentary limbs, an umbilical cord, and vernix caseosa.

The boy survived, and is now several years old, and a sturdy young Briton, who will probably remain in ignorance of having been a celebrity in relation to fœtal pathology!

Intestinal Abnormalities.

The romance of the abdomen in relation to the development of parts of the intestine is distinctly fascinating. The very formation, rotation, and migration of the alimentary tract during intra-uterine life is full of mystery.

Why does the stomach rotate so that its right surface becomes dorsal and its left ventral? Why does the cæcum pass across the abdomen and *upwards* into the right iliac fossa, the fœtus being upside down in the uterus during this period of migration?

Then there are the extraordinary examples of arrest in the formation of parts of the intestine.

The stomach may be well formed and the duodenum normal, and then a gap, so that there is no continuity between duodenum and jejunum, and the child dies soon after birth of intestinal obstruction. Congenital enlargement of the colon-megacolon is another of these curious embryonic abnormalities. It is certainly possible that the intestinal imperfections are due to faulty innervation of the affected segment of the bowel, or of a want of perfect vascular supply at this spot.

Conclusion.

Time does not permit of further investigations into this fascinating subject, but before leaving it I would urge that it is by study of the abnormal that light is sometimes thrown upon the definite causation of the normal, the exception again perhaps proving the rule. We live in a world of the forces of hormones and vitamines, and we know not what the next generation may be able to piece together of the intricate processes of our development. Already we are showing that there is possibly a vitamine of reproduction. In fact a fat-soluble vitamine E is said to have been found in the ether extract of wheat embryos, in lettuce-leaves, and in some fruits. Sterility is, of course, a very wide subject, but what if some reason for it is to be found in the absence of vitamine E?

Some experimental work has already been done on this line. Some heifers which failed to become in calf on certain dried foods readily became pregnant when mated after a month's diet containing sprouting oats. The explanation given is that either the sprouting oats contained some essential vitamine, or that they acted as a substitute for the spring-grass which coincides with the natural breeding-season of most animals. And what of hormones? Most hormones certainly affect the body generally, but some have a peculiarly selective action, and certain masses of developing cells are ready to be acted upon by them.

It is therefore quite legitimate to assume that hormones derived from mother or from fœtus really play an important part in the proper development of the child *in utero*, and that the absence of hormones, or their want of proper correlation and co-operation, may result in some of the manifestations of embryo-pathology which have so much romance and are so fascinating.

W. McAdam Eccles.

SOME COMPLICATIONS OF ARTIFICIAL PNEUMOTHORAX TREATMENT.

THE successful results of artificial pneumothorax treatment and the ease with which it can be carried out in suitable cases have encouraged many to undertake it, and there is a laudable tendency for the general practitioner to make an "A.P. box" part of his equipment. Every case, however, requires a great deal of individual thought, so that if rule-of-thumb methods are applied, a number of substantial rocks will be struck before very long. By a fair knowledge of the rules of the game as set forth in books, it should be possible to steer pretty clear of such immediate complications as pleural shock, surgical emphysema, air in vessels or lung cavities, and sepsis; or even of more insidious mishaps, such as the spread of an unexpected focus on the other side, or the numerous disadvantages attendant on a too much raised intra-thoracic pressure. At any rate, these have been all fully and often described; it is in the unsatisfactory cases, those with adhesions, where the lung will not collapse, those which develop fluid, so that the lung will not expand again, that there are points of interest to be here discussed. And the first essential to be stressed in these cases is a frequent X-ray examination—ideally before every refill, practically at least once a month. The observance of this rule is one of the chief difficulties in tackling the matter in general practice. Naturally an initial X-ray is always done, since it is widely known that only one-third of the disease area which would be discovered post-mortem is, on an average, to be elicited by physical signs.

Fibrosis.

This deterrent factor is suspected in a long-standing case with periods of remission or where a history of pleurisy has been obtained. It is shown in a skiagram as a general smoky appearance with a thick line in the position of the interlobar septum, and in advanced or basal cases by a cone-shaped or "tented" diaphragm. The physical signs do not give any idea of the extent of the process, but the percussion note and the air-entry are the most valuable. If it is decided to attempt an A.P. in spite of all this the position is determined partly by going in over the most resonant part. Very often the only place to be found is in the second or third space in front (care being taken to avoid the subclavian vein) but any site may be chosen. While one would never anticipate anything like eradication of the disease in such a case, yet the patients temperature may be made to settle for a time, his sputum and cough to diminish, and, above all, he feels there is something being done for him.

When the fibrotic process is not advanced, after half a dozen refills an X-ray will often show a small group of adhesions which are holding the lung out in one place (Figs. 1 and 5). The commonest type met with, because perhaps the easiest to be photographed, is that in which the adhesion stretches towards the third or adjacent ribs in the axilla. The apical part of the lung tends to become collapsed first, partly because the process is usually more active there, partly because air tends to rise; but of course it is common enough to find a basal collapse only, and sometimes basal adhesions are very hampering.

Apart from the skiagram these adhesions are suspected both by hearing breath-sounds over an area which one would expect to be collapsed, and also during the process of re-filling, by finding that small quantities of air will raise the pressure very quickly, that air goes in slowly and has to be forced in under pressure, and finally that it will only go in at all over certain areas. Thus in one case the point of the needle would come up against a taut adhesion; below this situation air could be inserted, but not above.

Thoracoscopy.

Having located the cause of the hold-up, thoracoscopy and division by cautery is to be considered. For this purpose refills are given at frequent intervals (every two days) for the purpose of stretching the adhesion and getting a maximal collapse. Care is taken to keep a keen watch on the position of the apex-beat, for instead of stretching adhesions one may merely be pushing the heart and mediastinum over—a useless occupation, and one which hampers the respiration of the patient's sound lung.

Case 1 illustrates how the prognosis may be completely altered by the successful division of adhesions.

Girl, æt. 15, admitted November 15th, 1926, with 3 months' history of cough, loss of weight and anorexia. X-ray on admission showed marked fibrosis and softening in upper and middle zones, and infiltration of the lower zone on the left side. There was commencing infiltration at the right apex also.

November 22nd, 1926: L.A.P. induced, but the refills had to be made smaller and smaller (about 200 c.c. only, twice weekly), the mean final pressure being +2. The sputum was still T.B. +; there was an intermittent pyrexia in spite of the fact that the patient was on absolute rest. Fig. 1 shows the condition at this time.

Chart 1 shows a common indication for a refill—a rise of temperature, which is lowered at once when the air has been given. The general and local condition thus demanded an interference.

On January 11th, 1927, thoracoscopy was done and three adhesions divided. From that time the patient remained completely afebrile, although up 4 hours a day. Examination of sputum for tubercle bacilli on February 7th, 1927, was negative, and the X-ray Plate II shows almost complete collapse. Occasional refills were subsequently given.

The technique of thoracoscopy has been described in a number of recent papers; it will therefore only be necessary to make one or two comments. The posterior operation is most generally used, the thoracoscope being inserted near the angle of the scapula, with novocaine infiltration, which takes in the nerves of three intercostal spaces; the optical part is turned upwards to avoid being smeared with blood, and a good view is obtained of the pleural space. The shining air-vesicles with their red blood-vessels and the glittering white of the stretched adhesion form a noticeable contrast. An adhesion which contains lung-tissue or which is very vascular cannot be divided, and watch is kept for any small adhesions which might give way when the main one is cut.

Having located the adhesion the cautery-knife is inserted through a new infiltrated area, usually near the fifth intercostal space in the anterior axillary line, until it comes within range of the thoracoscope. The knife is brought to a dull red heat and the adhesion cut as far as possible from the lung. Since a considerable amount of smoke is developed in the pleural space which might lead to pleurisy and effusion, this is cleared away by replacing the thoracoscope with the metal tube provided, the patient's respiration performing the necessary pumping and suction.

Cotton-wool pads and tight strapping will prevent surgical emphysema. The patient lies on the non-operated side when returned to bed, so as to keep the severed ends of the adhesions apart.

Complications which might follow the operation of cauterization are pleural effusion, spontaneous pneumothorax and hæmorrhage. The last can be avoided; with the second we have now to deal.

Spontaneous Pneumothorax.

Case 2 illustrates the second of these complications.

A. R—, male, æt. 23, admitted December 1st, 1926, with 5 months' history of repeated hæmoptysis. Sputum T.B. + December 7th, 1926. December 7th, 1926: Initial R.A.P. As in Case 1, the pressure tended to become positive after small refills; there was intermittent pyrexia and the sputum remained T.B. +.

January 7th, 1927: Thoracoscopy was performed, two adhesions being divided, but the lung was not evidently much more collapsed. Artificial pneumothorax treatment was continued. (Fig. 3.)

February 4th: A second thoracoscopy was performed. A number of vascular adhesions were seen, which were too closely related to the lung to be cauterized. One large band was divided.

At 1 a.m. on the night of February 5th patient was seized with acute pain at the right base and was very dyspnœic. Temperature 100°, pulse 130, respirations 28 (Chart 2).

February 6th: The apex-beat was in the mid-axillary line. The percussion note was hyper-resonant all over that side; the breathing was amphoric and a coin sound obtained all over right side. The chest was explored in the axilla, and air came out under pressure; the needle being left in for 5 minutes. A tight bandage was applied.

February 8th. Fluid splash heard right base.

February 10th, X-rayed (Fig. 4).

February 14th: Fluid at level of sixth rib in mid-axillary line.

February 16th: Pressure taken, + 5, — 2.

February 23rd: Chest explored. Dark hæmorrhagic fluid obtained. Pressure + 6, — 2.

February 23rd: Air replacement. 32 oz. hæmorrhagic fluid drawn off. 350 c.c. air put in. Final pressure + 3, 0.

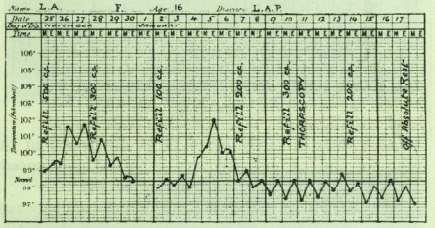

CHART 1.

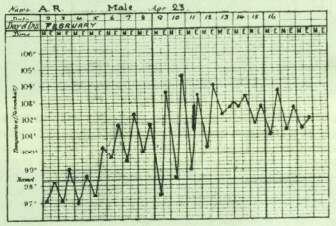

CHART 2.

March 3rd: Sputum T.B. negative.

March 29th: Air replacement. 62 oz. of fluid (as before) removed. 900 c.c. air put in. Final pressure + 1, + 7.

April 3rd: Temperature settled. Patient comfortable; effusion still present.

April 13th: Patient up 2 hours on couch.

May 3rd: Patient still apyrexial. Discharged to sanatorium.

This case is a good example of the course and treatment of a spontaneous pneumothorax. The initial attack of pain was probably due to the giving way of one or more of the adhesions seen during thoracoscopy; the signs of collapse of the lung and the pushing over of the heart are indications for taking the pressure and removing as much air as will make the patient comfortable. The persistent hæmorrhagic effusion indicates air-replacement.

CASE 3.—A similar case of right spontaneous pneumothorax occurred as the result of infection of a pleural effusion, causing a pyopneumothorax. On admission some weeks later to the Brompton Hospital the temperature had settled, but the mediastinum was well over to the left and the patient's condition far from comfortable.

1100 c.c. of air were removed by means of the A.P. apparatus, the patient being X-rayed before and after. Unlike the majority of cases where removal of the air succeeds in drawing over the mediastinum, it is remarkable that here the X-ray showed no change.

There being, after a fortnight, no signs of re-expansion of the lung, the patient had an extra-pleural thoracoplasty performed in two stages, and so far has done very well, though it is far too early to judge of the final result.

Chart 3 illustrates a third case of spontaneous pneumothorax.

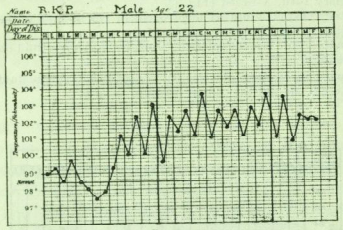

CHART 3.

CASE 4.—R. K. P—, male, æt. 22, started to be ill in March, 1925, and after two attempts an L.A.P. was established in October, 1925. Was readmitted to Brompton Hospital five days after a refill with acute pain in the side and a temperature of 103°. Was explored on a number of occasions, the fluid being at first sterile and serous, but by January 4th, 1927, had become purulent and contained tubercle bacilli. The culture was still sterile. The fluid was twice air-replaced, but it was not until a wash-out with Gauvain's solution 10 c.c. was employed that he became apyrexial. Though the fluid has persisted the patient has been pretty fit, up all day, and there were signs of re-expansion of the lung in March. Should the lung not come out, a thoracoplasty would have to be performed.

Pleural Effusion in A.P. Cases.

Animal experiments have shown that the production of a pleural effusion is dependent on two factors—pressure changes, and damage to the pleural endothelial cells. The actual pressure changes are not fully understood, and there is probably some variation for different individuals. It is seldom possible to predict or control the formation of fluid, though one expert is at present producing fluid in certain cases to obtain a collapse which has not been effected by air alone. In several cases an effusion has followed a series of large refills, and has also depended upon intercurrent infections, such as coryza and influenza, as well as on a long journey or hard work. It frequently happens, however, in in-patients under observation that none of these factors are present. The rapidity with which the air is inserted is also important; and many continental authorities object to the large Clive-Rivière and Saugman needles in use over here. With their small needles they need only use novocaine for the initial.

The onset may be accompanied clinically by great constitutional disturbance (Charts 4 and 5), or it may be so insidious as to give no signs until the X-ray shows a definite level. This difference will, of course, largely depend upon whether the lung is already for the most part collapsed, or whether this collapse has to be brought about by the positive pressure occasioned by the fluid, which tears the adhesions that attach the visceral pleuræ to the parietes and, as has been stated, sometimes contains lung-tissue. Some maintain that there is a localized spontaneous pneumothorax with rupture of lung-tissue in every case of this sort, but this is probably not true,

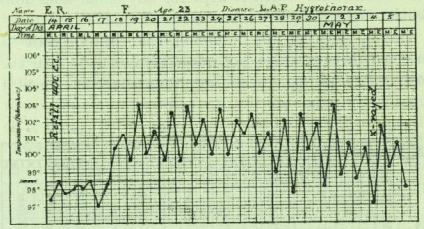

CHART 4.

because there is rarely blood to be discovered in the effusion, and because recovery is much more speedy than with spontaneous pneumothorax.

Be this as it may, the onset of fluid is decidedly suggestive of the more serious condition, as evidenced by Charts 2, 3, 4, and 5, which are given for comparison. In rupture of the lung the evening pulse is usually over 120, with respirations of 30–40, while in hygrothorax these do not usually go above 100, 26. The rise of temperature, often accompanied by vomiting, and always by headache and pain referred to the shoulder or to the lower ribs on the same side, usually occurs from two to three days before any signs of fluid can be detected.

Contrast this stormy type with that in Chart 6—a case where there was already fair collapse (Fig. 5). This adhesion was rather unexpectedly responsible for a persistent pyrexia of about 100° over several weeks with T.B. + sputum and night sweats. One evening the patient felt a splashing sensation in the right chest and on examination next morning there was a slight but definite fluid splash, but no other signs and no symptoms. The temperature is settling, possibly owing to compression of the adhesion, possibly to the concurrent sanocrysin treatment.

The first physical sign commonly elicited is the fluid splash obtained by shaking the patient during auscultation (and accompanied by a palpable thrill when

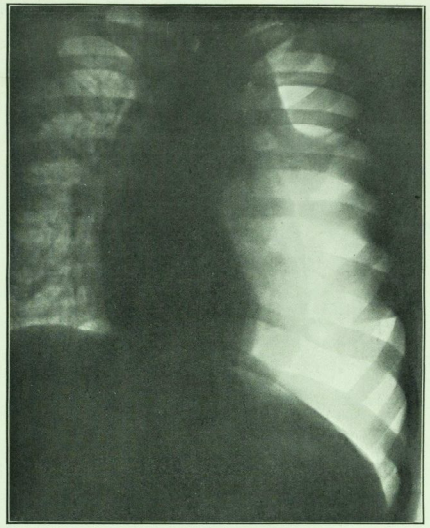

FIG. 1.

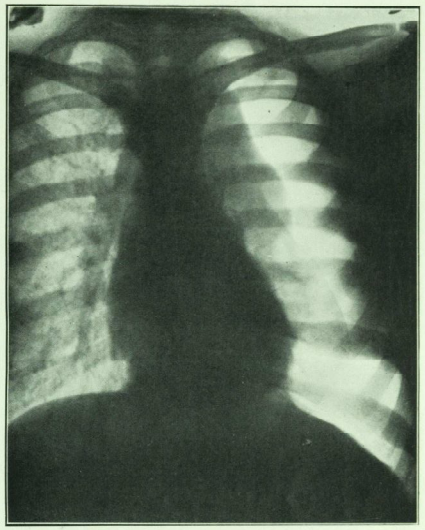

FIG. 2.

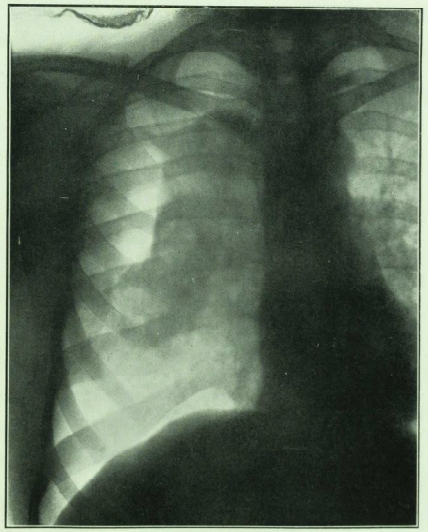

FIG. 3.

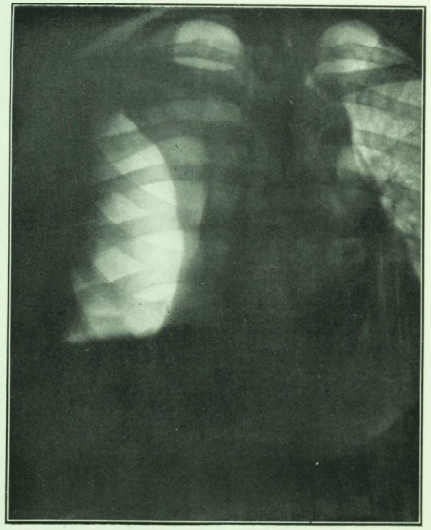

FIG. 4.

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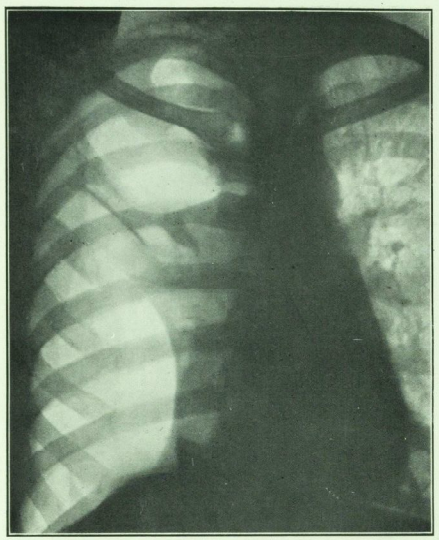

Fig. 5

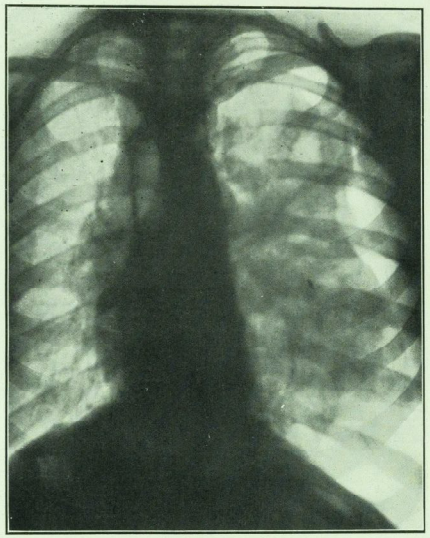

Fig. 6.

Fig. 7.

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there is much fluid). This is a most reliable sign, and can always be found unless the fluid is very encysted and not likely to be discovered with the exploring needle. With this are the signs of further collapse of the lung—diminished or absent air-entry, amphoric breathing and a coin sound, as well as a hyperresonant percussion note and absent focal fremitus (the voice-sounds may still come through). The coin sound is very useful also in determining the exact level of the effusion (the importance of which is described later), where percussion is indecisive owing to thickened pleura. The position of the apex-beat is not, as in spontaneous pneumothorax, to be depended on; where the heart is definitely pushed over it naturally gives useful corroborative evidence, but it is surprising how often there can be a good-sized effusion—say up to the fourth rib in the axilla—without alteration in position of the apex-beat, the heart being either tethered by fibrous tissue or drawn over by the lung collapse. The point is sometimes important in the differential diagnosis of the two conditions.

As every text-book says, the chief indication for removal of fluid is cardiac embarrassment, as evidenced by dyspnœa, pain, rapid pulse, or a diffuse cardiac impulse with heaving beat. Since in most cases the fluid is performing useful work by keeping the lung collapsed, it is usual to leave it when possible after exploring for pathological investigation. If it is found necessary to take some of it off it is probably better to gas-replace it, because otherwise adhesions will form and further A.P. treatment be out of the question. For this purpose air is usually good enough; but some use nitrogen, which is more slowly absorbed, and in cases with cyanosis or marked dyspnœa oxygen is often of value. Where gas is used the calibrated A.P. bottle is first filled from the cylinder with the manometer of course clipped off.

A very convenient method where the fluid is purely serous and one does not want to make two holes in the patient, is to attach the tube of the Potain or Burrell's aspirator to the spare limb of the A.P. needle, a Spencer-Wells being used to clip off the A.P. apparatus, so that fluid does not run into and block the air-filters. As this side-tube is of fine bore this method cannot be used if the fluid is thick, and it also requires some practice in hitting the right level, so that fluid can be removed with the point of the needle depressed, and air inserted when the point is raised above the fluid level. Hence, then, the value of getting the exact level by coin sound or other means.

That fluid has its uses is well shown in Figs. 6 and 7, where, in a girl æt. 24, about a dozen refills had hardly effected any collapse, the patient being febrile, with T.B. + sputum and progressive loss of weight. Further, it was becoming increasingly difficult to maintain a negative pressure, so small was the space (Fig. 6). The climax was reached when the initial pressure was

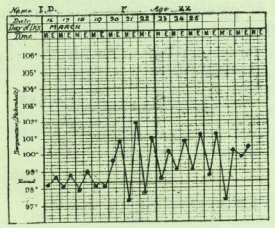


Chart 5.

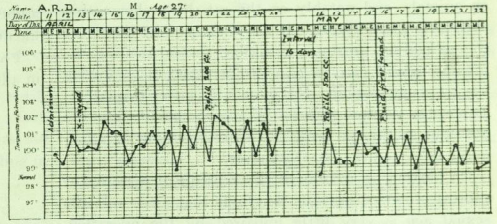


Chart 6.

+ 4, 0, and no air was put in. A positive pressure like this is suggestive of the onset of an effusion, and within a week there occurred the usual syndrome, with pyrexia shown in Chart 4. That a very successful collapse was obtained is shown in Fig. 7.

The main danger due to effusion is that in a number of cases the fluid persists and the lung can never be made to come out again. The best course, then, is to improve the patient's general condition (they are usually very fit at this time) by three months' sanatorium treatment and then to do a 2-stage thoracoplasty. At least three cases recently treated at the Brompton Hospital have done very well, while those that are left appear invariably to get a tuberculous pyopneumothorax generally within the year, and then their condition is hopeless. A sure guard against this is the presence of an apical adhesion, such as that shown in Fig. 6, which gives just that amount of air-entry necessary to start re-expansion. Hence the importance of the remark made

above that cauterization should not be adopted unless the patient's condition definitely demands it.

Perhaps there is more in artificial pneumothorax treatment than meets the casual eye.

I am indebted to Dr. L. S. Burrell for permission to publish these cases. F. C. ROLES.

PATERNITY AFTER PROSTATECTOMY.

FERTILITY after prostatectomy is a very rare event. Suprapubic enucleation entails the destruction of the ejaculatory ducts and the disorganization of the ejaculation reflex. The fact that prostatic secretion is no longer added to the secretion of the testicle is of secondary importance to the anatomical injuries inflicted by the operation. Experiments on animals, and notably on the rat, have shown that neither fertility nor virility are destroyed by depriving the animal of prostatic secretion, for in the rat the prostate gland can be removed without disorganizing the act of ejaculation. But in man the intimate relationship of the prostate with the neck of the bladder and the posterior urethra prevents its removal without inflicting grave injury on the latter structure.

On looking up records of the subsequent histories of prostatectomized patients one finds that as a rule the sexual act is very little impaired by the operation. Thomson-Walker states that he found no alteration of sexual power in 67·5% of patients he had submitted to suprapubic prostatectomy. In 20% a gradual loss of vigour occurred, and a complete abolition of the sexual function was only found in 12·5%. But if we question these patients further as to any alteration that they may note in the performing of the sexual act after the operation we find that at the climax of the act ejaculation is absent. Instead of being thrown out of the urethra at the moment of orgasm the secretions pass back into the bladder, and are voided in the urine when the patient subsequently micturates. Theoretically it is possible that a small amount of testicular secretion should escape, and that this secretion, if it contains spermatozoa, might result in a pregnancy. But actually the occurrence of a pregnancy is the very rarest event. For this reason the notes of a case operated upon in June, 1925, in St. Bartholomew's Hospital who two years subsequently had a child is of some interest :

Mr. X—, æt. 48, was admitted in May, 1925, with symptoms of an enlarged prostate and partial retention. His symptoms dated from eleven years previously, when he had first commenced to get up at night to pass urine. At the time of admission his bladder contained 1½ pints of residual urine, the prostate when felt *per rectum* was definitely enlarged, and cystoscopy showed an intravesical projection. After a period of drainage through an indwelling catheter suprapubic prostatectomy was carried out by Mr. Harold Wilson. Convalescence was uneventful, and the patient was discharged on August 14th, 1925. Sexual vigour was not impaired by the operation. Previous to admission the patient's sexual appetite had led to domestic difficulties, and even to public scandal, and his subsequent behaviour does not appear to have been changed by his sojourn in St. Bartholomew's Hospital. Eighteen months later the patient's wife consulted a doctor, her suspicions having been aroused that she was pregnant. She was told by her medical adviser that this was extremely unlikely in view of her husband's operation. Two months later the question of pregnancy was no longer in doubt, and subsequently she was delivered of a healthy child.

The sceptic is justified in exclaiming that the above history is no definite proof of fertility following prostatectomy, but although there is truth in the adage that "It is a wise child that knoweth its own father," there is collateral evidence to support the view that the patient was actually the parent of the child in question.

In the experience of others I have only been able to find one similar case—a patient operated upon by Mr. Swift Joly, in St. Peter's Hospital. In this case additional evidence of paternity existed in a reputed likeness between father and child.

I am indebted to Mr. Harold Wilson for his courtesy in allowing me the use of his notes.

KENNETH M. WALKER.

THE LIGHTER SIDE.

THE Asiatic dresser is not the homologue of the English one; he is in the position of a male nurse in a native hospital, but is expected to become rather more skilled in diagnosis and treatment than a nurse, for on occasion the care of a small outstation hospital may devolve on a senior dresser.

In Malaya dressers are Tamils and other Indian races, Malays, and Chinese, Tamils predominating. Their training, therefore, is carried on in, what is to them, a foreign language, although they are not accepted as probationers without a moderately high English school certificate.

When the time comes round for the promotion examinations it requires a great deal of patience to sift and mark the ideas and knowledge which, at least in the junior grades, may be concealed under a flow of apparently disconnected words. The expressions frequently show signs of having been crudely translated from the vernacular, such as the following answer to a question on post-anæsthetic care :

"The main danger after vomiting are the patient pulse feeble and fever will collapse. I will make hot water bottle apply the body through the blanket. The patient head must be law. I must watch him untill he rise up : dont give him any solid food before he wake up : only can allowed a cup of tea water."

Other anæsthetic questions elicit the following information :

"Stimulent stage the patient will be just like as taken a dose of brandy, and will be talking and shouting and telling bad words."

Another candidate states that, in the first stage, the patient "hears a music nose (noise) in his ears."

At first glance the following essay on the knee-joint appears to be nonsense, but it contains certain glimmerings of ideas which must be credited in proportionate marks :

"The Hinge joint or Knee joint its forms the Patella joint, the structure of this as it contains the synovial fluid which lubricates and moistens the joint so we can move it to all parts freely. So its main action is it is a Flexor, Extensors, Abduction, can be freely given to it. And it articulates below Downwards by Tibia and Fibula bone and upwards by the Femur, so main artery passes behind it is Femoral artery."

All too often, however, a stream of misheard words and imperfectly memorized phrases are used to cloak ignorance. What can the candidate have understood by this? "Gangrene is a cellur deth of tisue ending in masses."

Or this : "The dead part tissues in masses."

One expert adds the gratuitous information that "Gangrene of bone is called Narcotics."

The meaning of words in common use is strangely misunderstood. "Aspiration" is usually interpreted as "breathing," but one candidate strikes out a new line. "Aspiration," he says, "is the term applied, when a thing goes down to its normality." "Military" and "biliary" tuberculosis are favourite perversions. "Prostruction" and "flatulation" are of new coinage. "Fibia and tibula" I find is *not* a slip of the tongue.

The spleen seems to have been the subject of much teaching, with the following results :

1. The spleen is the torax organ, weighs about 18 lbs.
2. The spleen mends up the broken corpuscles.
3. The spleen replaces old red corpuscles with new white corpuscles.
4. The spleen Describe weak the body the Patient getting every day Fever.

Other gems, collected over some years, are the following :

"A patient is suffering from Malaria and by the help of microscope some Parasites are invented in his blood."

"Mag. Sulph. constipates the vowels."

"Fluctuation is the symptom of inflammation. It is a doughy soft tissue. When we press on it it jumps as like as a rubber filled with water."

"The action of Potassium nitrate is to give dilate the cornea of the eyes. The action of Potassium Bromide is to give sleeping sickness or in the case Epilapic."

"Empyema : Some surgeons do resurrection of the ribs."

"Pulse Hæmorrhage of the artery is scarlet colour. Spurring." (This in answer to a question as to the effect of hæmorrhage on the pulse-rate.)

"Lacteals are the Vegetable Kingdom's Drugs, it is a Carminative. It has an action to Digest our food, so it is best Renown in the vegetable Drugs."

"Hæmorrhage of a crushed foot can be arrested by ambutation."

Intravenous saline is given "prior to fatal termination of diseases."

As first aid for a compound fracture one dresser "gives him more ventilation."

In the oral examinations the dresser's flow of words is checked and he endeavours to answer each question in one word, generally choosing the most abstract possible.

Suppose you ask your candidate to describe the process of inflammation; you will probably get a silent stare. This need not indicate complete ignorance, and you must persevere : "What happens in a septic wound?" Light dawns and he may answer, "Inflammation." On further pressure he may ejaculate, "Leucocytes," "congestion," and so on. As he refuses to put two words together, the assessment of his knowledge is not easy.

Showing a few simple instruments gives rise to some amusement (to the examiner) in this way. The arrangements being somewhat primitive, the waiting candidates are able to learn from the earlier batches what instruments are on the table—at least in the opinion of those who have been asked to recognize them. Names are passed on from one to another without any further means of identification, and crop up again and again in more and more garbled form. One candidate recognized "bone-forceps." A little later another fitted the name on to a totally different forceps and was not informed of his error. A third came out boldly and promptly with "Bowman's forceps"!

Again, a tracheal dilator was identified by one man. For some time after, every impossible instrument, from sponge forceps to aneurysm needle, was being spotted as "tracheotomy retractor."

Any lead is eagerly seized upon and sarcasm is not understood. Here is an instance :

Examiner : What do you mean by the reaction of the pupil to light?

Candidate: Reflects.

Examiner: No, no! What is the effect of light falling on the pupil?

Candidate: Moves.

Examiner (exasperated): Moves how? Sideways?

Candidate (eagerly): Yes, sir!

In justice to dressers as a class it must be admitted that such light relief as this is not sufficiently frequent to render examining a pastime.

T. W. H. B.

ABERNETHIAN SOCIETY.

SUMMER SESSIONAL ADDRESS.

THE first ordinary meeting of the Summer Session was held in the Medical and Surgical Theatre at 8.30 p.m. on Thursday, June 23rd, 1927. Mr. Wroth (President) in the Chair. The minutes of the last meeting were read and confirmed.

The PRESIDENT then introduced Lt.-Gen. Sir MATTHEW FELL, K.C.B., C.M.G., as Director of His Majesty's Army Medical Services and as a "Bart.'s" man, and called upon him to deliver his address on "Casualties."

Sir MATTHEW FELL commenced his lecture by outlining the position of the British Army doctor, which is, for several reasons, unique. One of these reasons is the absence of conscription from the British Army system.

The Great War had been responsible for much development in the Army Medical Service: at the end of the war the personnel of the R.A.M.C. alone was greater than that of the entire British Expeditionary Force of 1914.

With this introduction the lecturer proceeded to trace out the history of the Army doctor and the ambulance. He defined three periods: the first, including prehistoric times, up to those of the Roman Legion; the second, from the Roman Legion to the Crusades; and the third, on to the Napoleonic and later national wars.

Æsculapius himself, the Father of Medicine, seems to have been a naval surgeon, but his two sons, Machaon and Podalirius, were doctors in the army which besieged Troy.

In the Roman Legion, the medicus of the cohort, who was usually a foreigner from Spain, Egypt or Iberia, was an important personage. Memorial tablets to several Roman army doctors have been found near York.

Little is known of the medical arrangements at the time of the Crusades, beyond that ladies were in the habit of presenting their knights with simples. In the Last Crusade the Christian armies were badly attacked by scurvy. Many of the knights assumed the functions of doctors and nurses, and called themselves Knights Hospitallers.

There was a definite number of doctors at the battle of Crecy; at Agincourt they were mentioned in the battle roll, but they were classed among the camp-followers, along with shoe-makers, tailors and washerwomen.

A "Bart.'s" man was a naval surgeon with the Spanish Armada, and acted as an army doctor at the battle of Zutphen.

Another Bart.'s man, Thomas Gale, was the author of the first book on gunshot wounds.

Under the Stuarts, especially Charles II, the army and its medical service became better organized. Chelsea Hospital was founded by Charles II for wounded soldiers. Every company in the army had its own barber-surgeon.

At Blenheim, Ramillies, Oudenard and Malplaquet hospitals went with the army, but there were no arrangements for moving the wounded from the field to the hospital.

In the middle of the eighteenth century two important books were written by army doctors. One, by John Pringle, was described as a "Bible of Hygiene." Pringle gained his experience in Flanders and with the Duke of Cumberland's expedition against Prince Charlie. The second book, by Donald Munro, Senior Physician to St. George's Hospital, was particularly interesting in that it laid down an organization for women nurses. This was nearly a century before Florence Nightingale. According to Munro, nurses should be subject to the same discipline as the soldiers; they were liable to be whipped or court-martialled for such offences as drunkenness and stealing.

In 1759 John Hunter was Deputy Surgeon-General to the Forces.

In the next century were the Napoleonic Wars. By this time doctors and hospitals were regularly attached to the army, but there were still no field units or transport arrangements for the wounded. The Duke of Wellington refused to be encumbered with ambulance wagons. There were no nurses; the wives of many of the soldiers followed them and looked after them when they were wounded.

A surgeon under the Duke of Wellington, Guthrie, later became President of the Royal College of Surgeons. Most of the accounts of the treatment of the wounded were obtained from private diaries.

Thus, Charles Boothby wrote a description of his experiences at the battle of Talavera, when he was shot in the ankle.

In *Fry's Diary* there is an account of Waterloo. In 1815 Fry was doing the Grand Tour; he arrived in Brussels just before Waterloo.

The battle was on June 18th at a spot twelve miles from Brussels. On June 22nd Fry drove out to see the battle-field. He wrote a vivid description of the dead and dying. Hundreds of wounded men remained on the field for many days after the battle, dying of hunger and thirst and of their untended wounds.

In the Crimean War wheeled transport was introduced as an experiment. The writings of a Frenchman named Dunon at this period laid the foundations of the Red Cross movement.

In the Franco-Prussian War it was realized for the first time that immediate assistance to the wounded was a means of conserving man-power; after this, the whole system of medical aid was re-organized.

Sir Matthew Fell then showed some lantern-slides illustrating the activities of the medical services during the Great War. Over 4,800,000 sick and wounded men in the British Army were returned to duty.

The Roll of Honour of the R.A.M.C., which is to be seen in Westminster Abbey, includes 743 officers, of whom 90 were regulars, and 6130 warrant officers, N.C.O.'s and men.

The lecture concluded with some lantern-slide views of Gallipoli—the worst of all the fronts from the point of view of casualties.

Sir CHARLES GORDON WATSON proposed a vote of thanks to Sir Matthew Fell for his very interesting address. He mentioned their close association together at the Hospital and during the South African War. In the course of thirty years Sir Matthew Fell had ascended to the very highest place in the medical world; moreover, he was the first Bart.'s man to occupy the post of Director of the Army Medical Services. Sir Charles hoped that more Bart.'s men would go into the R.A.M.C. to carry on the tradition.

Mr. SCOVELL seconded the vote of thanks in a few well-chosen words. He told an amusing story of a Roman centurion whose empyema was drained by a spear-thrust in battle.

The PRESIDENT then adjourned the meeting.

E. T. C. SPOONER.

STUDENTS' UNION.

CRICKET CLUB.

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

June 1st. This match resulted in a win for the Hospital mainly owing to the very fine bowling performance of Bettington, who took 8 wickets for 49 runs.

The Stoics, batting first, were dismissed for 89.

The Hospital made 135, chief scorers being: Mackie, 44; Bettington, 39; Patrick, 23.

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

Saturday, June 4th. The Past *v.* Present match was postponed till July 9th, and a last-minute fixture with Hampstead provided a very interesting game which ended in a tie.

Hampstead, batting first, made 172. The Hospital, after losing the first wicket without a run being scored, recovered owing to the steady batting of Cook and Mackie, who made 56 and 44 respectively. The next few wickets fell without the addition of many runs, but the last three batsmen brought the score level.

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

Monday, June 6th. Being Whit-Monday, many of the regular team were away, and it was unfortunate that such a weak team represented the Hospital against a full Croydon team.

The Hospital, batting first, made 88. Cook 32, Stanton 17, O'Connell 15 were the chief scorers.

For Croydon Rowbotham made 94, being out to a very good catch by Gaisford.

He played a very sound and forceful innings, and was unlucky not to make his century. As the Hospital had a strenuous week ahead stumps were drawn when Croydon had lost 5 wickets, having scored 197.

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

Second Round Inter Hospitals Cup.

This match was played on St. Mary's ground at North Wembley on June 7th, and resulted in a win for Bart.'s.

Bart.'s, winning the toss, went in to bat. Parker, who went in first with Cook, was run out when the score was only 7. Bettington joined Cook, and all seemed to be going well when Bettington was out to a catch at point, the ball having got up very quickly. Sinclair and Cook then stayed together for some time. Sinclair at once began to hit the bowling, and the score crept up to 48 when Cook was caught. Patrick had a short but lively innings, making 23 in a few minutes. Sinclair was still at the wicket and scoring rapidly, when he, too, fell to the vagaries of the pitch, and was caught, having played an extremely good innings for 38 runs. O'Connell batted well, making 27 and was not out. Bart.'s made 155.

St. Mary's went in to bat, and when the first wicket fell with only 3 runs scored and the second for 10 runs, things looked hopeful. Wright and Harvey were the only ones to offer any resistance to the bowling, each scoring 14 runs. St. Mary's were all out for 78.

In winning this match we enter the semi-final, when we meet St. Thomas's.

ST. BARTHOLOMEW'S HOSPITAL *v.* U.C.S. OLD BOYS.

Saturday, June 11th. The Hospital won the toss and went in to bat. Capper soon lost Cook and was joined by Mackie. Wickets fell rapidly, and 8 wickets fell for 113 runs. Mackie, who was still at the wicket and scoring rapidly, was joined by Hodgkinson. The partnership produced 70 runs, and took the score up to 186 when Hodgkinson was out. Mackie was then joined by Stanton, and Mackie, who had gone in first wicket, was caught after making 105. His innings was without fault and a great help to the side. With 213 runs to get the U.C.S. Old Boys went in to bat. When Cook bowled Morley in his first over victory for the Hospital seemed certain, but owing to a ninth-wicket stand the Old Boys forced a draw, having scored 182 for 9 wickets.

Result: Draw. St. Bart.'s, 213; U.C.S. Old Boys, 182 for 9.

ST. BARTHOLOMEW'S HOSPITAL *v.* R.A.F. (Uxbridge).

Wednesday, June 15th. This match resulted in an easy win for the Hospital. Uxbridge, batting first, were dismissed for 93, Bettington and Cook each taking 5 wickets.

Bettington and Cook opened for the Hospital. Bettington soon mastered the bowling and hit freely, hitting three 6's, many 4's. Cook was batting well, but slower. Before they were separated the score was 131. Bettington made 105 and Cook 62.

The final score was 222 for 7 wickets.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. ANNE'S C.C.

Saturday, June 18th. The Hospital lost the toss and fielded first. O'Connell and Hodgkinson bowled throughout the innings, each taking 5 wickets, and dismissed our opponents for 89 runs.

The Hospital's batting was opened by Mackie and O'Connell. O'Connell was soon out and was followed by Gaisford, who was bowled after hitting two very fine 6's. After this bright innings our wickets fell quickly, being all out for 69.

The Hospital again went out to field and dismissed their opponents for 52, Taylor taking 5 wickets and Mackie 4.

The Hospital went in to bat with 72 runs to get, and with an hour to get them in. Mackie and Williams opened and forced the pace, and in 20 minutes had made 40 runs, when Mackie was bowled. Williams hit very freely, making 32 before he was bowled. When stumps were drawn the Hospital was 11 runs ahead, having lost 7 wickets.

Scores: 1st innings—St. Bart.'s, 69; St. Annes C.C., 89. Second innings—St. Bart.'s, 83 for 7; St. Annes, 52.

CORRESPONDENCE.

THE CHRISTIAN UNION.

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

DEAR SIR,—May I draw the attention of your readers to our last meeting this term, which is being held on Thursday, July 7th, at 5 p.m. in the Library? Mr. R. T. Naish has promised to come to speak to us again on the all-important subject of "The Signs of the Near Return of the Lord Jesus Christ."

Yours truly,

St. Bartholomew's Hospital, J. W. C. SYMONDS,
London, E.C. 1; *Hon. Sec.*
June 22nd, 1927.

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

DEAR SIR,—I do not grudge you your jests at my expense in your last Editorial, for I, too, have sat in your Chair at a season when jokes were few and columns were long. Since reading your remarks I have read the article to which you apparently refer.

Will you allow me to say (what I hope your readers may have guessed) that the article was a complete misrepresentation, that I did not have an interview with the reporter of any newspaper, and that if I had I should have said something quite different from the absurd remarks attributed to me?

Yours sincerely,

Brook Hospital, EX-EDITOR.
Shooters Hill,
Woolwich, S.E. 18;
June 23rd, 1927.

PSYCHOLOGICAL TRAINING OF THE PRE-SCHOOL CHILD.

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

SIR,—May I, a horror-struck parent, enter a mild protest against the whole tenor of the article in the last number of the JOURNAL on the "Psychological Training of the Pre-school Child." It is a maddening article from a parent's point of view.

The subject it deals with is the building of character, and the hypothetical child is pictured as a mite over-charged with emotion, consumed by jealousy and haunted by fear. As it grows older it is forcibly weaned from its mother's breast, and so the first seed is sown which in after-life will grow into a taste for alcohol and pornography. Having developed its interests in bed-wetting, it mistakes circumcision for castration, pinches its younger brother and pulls the wings off flies in the nursery—playful habits with a horrible hidden meaning.

Even if there are some children who develop on these lines it is doubtful if psycho analysis is good treatment for them. All methods of psychotherapy are dependent on the employment of one or more of three basic principles—suggestion, persuasion and analysis; the first two of these are well-tried methods in the home-training of infants, and it has yet to be shown that analysis is even justifiable.

Fortunately there are some great things, such as life, death, the hereafter or the nothingness hereafter, which defy analysis. Little children belong to this order of things. They need support and encouragement, love and affection; to my mind they need to learn obedience from their earliest days; later they must share their parents' religion and last of all take their place in society. Character is built on such things as these. This scheme is pretty well given

in the well-known words: Honour all men. Love the brotherhood. Fear God. Honour the king.

Yours faithfully,

June 7th, 1927. GEOFFREY EVANS.

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

DEAR SIR,—Dr. Geoffrey Evans's letter ably illustrates my main point, namely, how extremely difficult it is for a parent—even a distinguished scientific one—to avoid bias and emotional prejudice where his own children are concerned.

I remain, Sir,

Your obedient Servant,

June 24th, 1927. CYRIL WILSON.

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

SIR,—The following story, as an example of a perverted idea of the Workmen's Compensation Act, I think would be hard to beat. It is an actual fact, this anecdote, and occurred here in Bristol a short while ago. Here it is:

A man was employed by the gas company here, and he was taken ill while at work and had to be attended by his own doctor in his own home. On recovery from his illness he intended to sue the Gas Company (presumably under the Workmen's Compensation Act) as he was treated for, and certified as, suffering from gastritis.

Here is another:

Mr. Brown: I hear your daughter has been ill, Mr. Jones. What's the matter?

Mr. Jones: She's had cataract of the nose.

Yours truly,

11, Victoria Square, CHARLES DIX.
Clifton, Bristol.

REVIEWS.

DISEASES OF THE SKIN. MACKENNA. 2nd Edition. (London: Baillière, Tindall & Cox, 1927.), 25s. net.

The second edition of this text-book ranks it as one of the best on skin diseases to be obtained at the present day.

Four years have passed since the first edition appeared, and the inclusion of 36 coloured illustrations, and of the more recent methods of treatment of various diseases, mark the chief features of the new volume.

It is a pity that the krysolgan treatment of lupus erythematosus is summarily dismissed in four lines, while the thallium treatment of tinea tonsurans, much less valuable, is entered into quite fully.

The ever-increasing vogue for ultra-violet light treatment is reflected generally throughout, probably its sphere of usefulness will sooner or later be considerably curtailed.

For students it is an essentially sound book, and very readable; for practitioners, helpful in diagnosis, and both reliable and clear in lines of treatment. The Appendix is a satisfying skin pharmacopœia.

The publishers are to be congratulated on their handiwork, which is without blemish throughout.

GUY'S HOSPITAL REPORTS. VOL. LXXVII. (Vol. vii, 4th Series.) No. 2, April, 1927.

The present issue of these *Reports* contains a number of unusually interesting articles, including a sequel to a previous communication on "The Pathology of Achalasia of the Cardia." The author (G. W. Rake) has been fortunate, in view of the fact that these patients rarely die, in receiving material from two further cases of this disease. He describes, and publishes photographs of, degenerative changes in Auerbach's plexus as the probable determining factor of the condition.

An extremely thorough investigation, supported by animal experiments, as to the cause of death in acute intestinal obstruction is another important feature of these *Reports*. On the purely clinical side Dr. Maurice Shaw reports a case of recovery from a spontaneous subarachnoid hæmorrhage, thought to be due to a ruptured congenital aneurysm. We have seen several of these cases lately, albeit mostly in the post-mortem room. It is refreshing to read in the words of Dr. Shaw that "progressive recovery (without treatment) is the rule."

INTRACRANIAL TUMOURS. By Sir JAMES PURVES-STEWART. (London: Humphrey Milford, Oxford University Press.) Pp. 206. Illustrated.

There are certain departments of medicine in which some special "modern" method of examination may give the most important clue to the diagnosis. In neurology, however, there is nothing at present which can constantly be of as much value as an accurate clinical examination, and careful studies of clinical cases must ever be of the first importance to neurologists. It is for this reason that Sir James Purves-Stewart's book demands attentive study, for it gives in a concise and critical manner an account of his clinical experience of brain tumour.

In the preface he states that he has notes of 120 cases of verified intracranial tumours, and in the text he gives brief but illuminating accounts of 70 of these, selecting the cases in groups according to their situation and to the particular point he wishes to make. He stresses the faulty diagnoses and attempts to point out how the errors should have been avoided—though it must be admitted that in some of the cases a complete diagnosis must have been an impossibility. In the two final chapters he draws the morals and summarizes the lessons to be learnt from his clinical material.

Made up as it is of case-records the book cannot but be tedious to the "general" reader. But to anyone interested in neurology who has had similar problems to face himself, it is full of information and fascination.

The results of treatment as recorded in the book are most unsatisfactory. Apart from lucky accidents (which are uncommon in medicine), surgery can be of help only when directed by accurate diagnosis. When once this has been made, the poor results obtained in the past must not be regarded as contra-indicating surgery, but should be an incentive to renewed efforts to make surgery effective.

The book is profusely illustrated, the pictures being well selected and clearly reproduced.

THE SCIENCE AND PRACTICE OF SURGERY. Vol. II. By ROMANIS and MITCHENER. (London: J. & A. Churchill.) Pp. 955. Illustrations 666. Price 14s.

This volume maintains the high standard set by the first, and covers the whole of regional surgery. All the facts required for practice or for the Colleges and degree examinations are included, but the details are hardly adequate for the F.R.C.S. or M.S. Many references, however, are made to recent work when space does not permit a full description. The clinical illustrations are particularly good, especially in the chapters on hernia and diseases of the breast. The special department sections are brief but excellent.

It is disappointing that the authors consider the description of the pathology, symptomatology and differential diagnosis of gastric ulcer unsuitable for inclusion, as they are "fully described in medical text-books." The accounts in these books of the pathology are frequently so inadequate, and of the symptomatology so extensive and involved, that a good account would have increased the value of the book. The discussion on treatment is, however, very good.

On the whole the work is very uniform, but in a few instances inspiration or perhaps interest seems lacking. This applies mainly to the section on cranial surgery.

The account of subphrenic abscess is very brief, but a good deal of space is given to the interesting work of Williams on the causation of the toxæmia in acute intestinal obstruction. No mention is made of the metabolic theory of gall-stone formation.

The practice at St. Thomas's in regard to the treatment of acute appendicitis differs from the usual practice in most hospitals, and the authors make a good case for themselves—at least on paper.

The treatment recommended in cases of prostatic enlargement is a little prehistoric; a blind operation followed by the use of the Hamilton-Irving box is advocated, and if a preliminary cystotomy is advised it is a simple puncture operation.

There are very few mistakes or misprints. On p. 193 the authors presumably mean a preliminary laryngotomy rather than tracheotomy.

The book is well worth an important place among the principal text-books of surgery, and the authors and publishers are to be congratulated on its production.

PYELOGRAPHY: ITS HISTORY, TECHNIQUE, USES AND DANGERS. By ALEX. E. ROCHE, M.D., M.Ch., F.R.C.S. (London: H. K. Lewis & Co., Ltd.) Pp. 118. 16 plates. Price 9s.

Although urological literature is now very extensive and pyelography is constantly referred to in works on urinary surgery, this book fills a gap which has long been present in British medical works. All that the surgeon requires to know about pyelography will be found here. Radiological technique, however, is not fully discussed.

After a very complete review of the different solutions which have been, and are, used for injecting into the pelvis of the kidney for pyelography, the author favours sodium iodide in a strength of 12 per cent. to 15 per cent.

Of the twelve chapters, that on technique is quite the best, for the most minute details with regard to the management of the cystoscope and ureteric catheter, the aspiration of urine from the pelvis, the injection and final aspiration of the pyelographic fluid are carefully and very clearly described.

Full emphasis is laid on the most difficult of all pyelographic problems—that of distinguishing between a normal and a pathological renal pelvis; a full chapter is devoted to the appearance of the normal pelvis.

There are thirteen pyelograms excellently reproduced, mostly performed by the author, which illustrate the points of the text well.

This monograph will prove most useful to all who wish to practise pyelography, but it is only by following a perfect technique, and realizing the difficulties and dangers of this method of renal investigation such as Mr. Roche so ably describes, that useful pyelograms can be obtained without danger to the patient.

SURGICAL INSTRUMENTS AND APPLIANCES. By HAROLD BURROWS. (London: Faber & Gwyer, 1927.) Price 2s. 6d.

This, no doubt, is a very useful book. It gives an adequate supply of helpful information, yet is concisely and briefly written.

Average requirements for every type of operation are carefully listed, in addition to methods of sterilization. The chapter, "Operations in a Private House," is particularly good, as are also the numerous illustrations throughout the book.

It should prove a valuable asset to any student or member of the medical profession.

BRITISH MEDICAL ASSOCIATION.

NINETY-FIFTH ANNUAL MEETING, EDINBURGH.

July 19th to 22nd, 1927.

THE following St. Bartholomew's men, amongst others, are holding office or taking part in the proceedings of the Annual Meeting.

Section of Medicine.—Dr. H. MORLEY FLETCHER is a Vice-President and Dr. GEORGE GRAHAM an Hon. Secretary.

Section of Therapeutics and Pharmacology. Prof. A. J. CLARK and Prof. FRANCIS R. FRASER are Vice-Presidents; Dr. G. C. LINDER will speak on "Tetany."

Section of Diseases of Children.—Dr. J. HUGH THURSFIELD will speak on "Acute Pneumonia in Early Childhood."

Section of Laryngology and Otology.—Mr. A. R. DINGLEY is an Hon. Secretary.

Section of Preventive Medicine.—Dr. C. W. HUTT is an Hon. Secretary.

Section of Dermatology.—Mr. H. D. HALDIN-DAVIS is a Vice-President.

Section of Tuberculosis.—Dr. R. G. CANTI will speak on "The Pathology of Tuberculosis of Childhood."

Section of Radiology.—Dr. N. S. FINZI will open the discussion on "X-rays and Radium in the Treatment of Carcinoma of the Breast."

Section of the History of Medicine.—Dr. ARNOLD CHAPLIN is a Vice-President, Sir HUMPHRY ROLLESTON will open the discussion on "The Historic Evolution of Disease." Prof. A. J. CLARK will read a paper on "The Historical Aspect of Quackery."

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

CHANDLER, F. G., M.A., M.D., F.R.C.P. "The Diagnosis of Early Pulmonary Tuberculosis." *Practitioner*, June, 1927.

DAVIES, IVOR J., M.D., F.R.C.P. "Anæmia (including Pernicious Anæmia)." "Arthritis Deformans." "Blood Transfusion." "Chloroma." "Endocrinology." "Erythræmia (Polycythæmia Vera, Vaquez-Osler Disease." "Fireman's Cramp." "Focal Sepsis." "Exophthalmic Goitre." "Leukæmia." "Obesity." "Pharmacology and General Therapeutics." "Physical Examination." "Ectoscopy." "Poisoning." "Congenital Porphyrinuria." "Purpura Hæmorrhagica." "Raynaud's Disease." "Acute Rheumatism." "Seasickness." "Tularæmia." *Medical Annual*, 1927.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "Phototherapy." *Medical Annual*, 1927.

GROVES, ERNEST W. HEY, M.D., F.R.C.S. "Painful Back." "General Bone Disease." "Foot-drop and Flail Foot." "Fractures." "Genu Valgum." "Surgery of Hip-joint." "Surgery of Paralysis." "Surgery of Sacro-iliac Joint." "Surgery of Spine." "Ingrowing Toe-nail." *Medical Annual*, 1927.

HANNAN, JOHN H., M.A., M.D., B.Ch.(Cantab.). *The Flushings of the Menopause.* London: Baillière, Tindall & Cox. 1927.

HODGE, B. LLEWELYN, M.R.C.S., L.R.C.P. "Spontaneous Rupture of the Right Ventricle of the Heart." *British Medical Journal*, June 18th, 1927.

HURRY, JAMIESON B., M.A., M.D. (and FENWICK, E. DOROTHY, M.R.C.S.). "Viscероptosis and Its Vicious Circles." *Clinical Journal*, May 25th and June 1st, 1927.

LISTER, A. E. J., M.B., B.S., F.R.C.S. "Cataract." "Diseases of Conjunctiva." "Diseases of Cornea." "Eye Affections Associated with Disease of other Organs." "General Eye Affections." "Glaucoma." "Optic Nerve Disease." "Errors of Refraction." "Diseases of Retina." *Medical Annual*, 1927.

NIXON, J. A., C.M.G., M.D., F.R.C.P. "The Use of Insulin in Surgery." *Clinical Journal*, June 1st, 1927.

ROBINSON, WILLIAM VALENTINE, D.M., M.A., B.Ch. "Light Literature." *Clinical Journal*, June 15th, 1927.

ROCHE, ALEX. E., M.A., M.D., M.Ch.(Cantab.), F.R.C.S. *Pyelography: Its History, Technique, Uses and Dangers.* London: H. K. Lewis & Co., 1927.

ROXBURGH, A. C., M.D. "The Treatment of Insect Bites and Stings." *Lancet*, May 28th, 1927.

WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. "Some Points in the Treatment of Prostatic Obstruction." *Clinical Journal*, June 15th, 1927.

WARING, Sir HOLBURT, M.S., B.Sc., F.R.C.S. *Manual of Operative Surgery.* 6th Edition. London: Humphrey Milford, Oxford University Press, 1927.

WHARRY, H. MORTIMER, F.R.C.S. "The Epiglottis in Respiratory Obstruction under Anæsthesia." *British Medical Journal*, May 21st, 1927.

WOODWARK, A. S., C.M.G., C.B.E., M.D., F.R.C.P. *Manual of Medicine*. 3rd Edition. London: Humphrey Milford, Oxford University Press, 1927.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.D.—Dalton, C. H. C., Hannan, J. H., Roche, A. E.
M.B.—Dicks, H. V., Spence, A. W.
M.B., B.Chir.—Ware, H. A.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1927.
Honours.—Freeman, E. A. (*d*).
(*d*) Distinction in Surgery.
Pass.—Blount, D. A., Brigg, D. A., Cochrane, T. S., Curtiss, E. S., Dean, J., Eyton-Jones, F. M. M., Fraser-Smith, A. E., Gilsenan, B. M. C., Greenwood, W. Pickup, Hiscocks, H. F., Roberts, J. H. O., Whitton, J. S.
Supplementary Pass List. Group I.—Dewhirst, D. A., Huss, C. B., Lewys-Lloyd, R. A. V.
Group II.—Cholmeley, J. A., Fells, R. R., Flockton, P. H., Forrest, J. R., Hobbes, T. H., Maley, M. L., Nicol, W. D.

ROYAL COLLEGE OF SURGEONS.

The Diploma of *Fellow* has been conferred upon the following: Armstrong, H. G., Bullen, H. B., Gwillim, C. M., Roberts, E. L.

APPOINTMENTS.

ADDISON, V. H., M.R.C.S., L.R.C.P., appointed House Surgeon to Queen Mary's Hospital for the East End.
MILLER, T. MACKINLAY, M.C., M.R.C.S., L.R.C.P., appointed Hon. Anæsthetist to Tonbridge Wells and Counties General Hospital.
MORGAN, E. W., M.R.C.S., L.R.C.P., appointed Junior House Physician to the Prince of Wales Hospital, Tottenham, N. 1.

BIRTHDAY HONOURS.

In the Birthday Honours the K.B.E. has been conferred on Dr. C. P. B. Clubbe in recognition of services to the Commonwealth of Australia.

CHANGES OF ADDRESS.

LAWRENCE, S. M., The Limes, Buckingham; (Surgery) 7, Castle Street, Buckingham.
MOORE, Sir ALAN, Bart., Southover Old Rectory, Lewes.
POOLE, J. W., "Buckingham," High Road, Whetstone, N. 20.
SHAH, B. Z., Maj. I.M.S., c/o Lloyds Bank, Bombay, India.

BIRTHS.

CRIPPS.—On June 15th, 1927, at Cradock, South Africa, the wife of W. Laurence Cripps, F.R.C.S., of a daughter.
CROOK.—On June 5th, 1927, at 15, South Eaton Place, London, S.W. 1, to Elizabeth (*née* Garratt), the wife of Eric A. Crook, F.R.C.S.—a daughter.
NIXON.—On May 27th, 1927, at 7, Lansdown Place, Clifton, Bristol, Doreen, the wife of Dr. J. A. Nixon—of a daughter.
THOMSON.—On June 7th, 1927, to Doris (*née* Pering), wife of Dr. N. Gray Thomson, of Lavington, Barnet, Herts—the gift of a son.
WALKER.—On June 5th, 1927, at 3, Boundary Road, N.W. 8, to Mr. and Mrs. Kenneth Walker—a daughter.

MARRIAGE.

DAY—MILLER.—On June 1st, 1927, at Eaton Parish Church, by Rev. Canon Bell, M.A., assisted by Rev. H. Webster, M.A., George, son of Mr. and Mrs. Donald Day, of Norwich, to Amélie Joan, only daughter of the late Arnold Miller and of Mrs. Miller, of Eaton, Norwich.

SILVER WEDDING.

KELF—DAVIES.—On June 9th, 1902, at St. John's Church, Westminster, by the Ven. Archdeacon Wilberforce, D.D., Henry D. Kelf to Clara Davies, late of Christchurch, N.Z. Address, "Harclere," Basingstoke.

DEATHS.

FRANEY.—On June 13th, 1927, at Banbury, Oxon, Edward Franey, M.R.C.S., L.S.A., aged 92.
GORDON.—On June 19th, 1927, James Edward Gordon, O.B.E., M.R.C.S., L.R.C.P., of 52, Endless Street, Salisbury, aged 55.

ACKNOWLEDGMENTS.

British Journal of Nursing.—Broadway.—Giornale della Reale Società Italiana d'Igiene.—Guy's Hospital Gazette.—The Hospital Gazette.—The Kenya Medical Journal.—London Hospital Gazette.—Long Island Medical Journal.—The Medical Review.—The Nursing Times.—The Post-Graduate Medical Journal.—Queen's Medical Magazine.—Revue de Medicin.—St. Thomas's Hospital Gazette.—The Student.—Sydney University Medical Journal.—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, 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. 11.] AUGUST 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Tues., Aug.	2.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri.,	5.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Tues.,	9.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Fri.,	12.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues.,	16.	—Prof. Fraser and Prof. Gask on duty.
Fri.,	19.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	20.	—**Last day for receiving matter for the September issue of the Journal.**
Tues.,	23.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Fri.,	26.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Tues.,	30.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

EDITORIAL.

DRAINPIPES, Demolition and Desertion form the retinal picture of the eye that looks on the Hospital this August; but the eye that envisages the antenatal August number of the JOURNAL would twinkle with honest joy if it saw even these as prospective copy. No time to complain, Mr. Editor. Write the thing yourself, illustrate it and correct the proof, and then you can enjoy an attenuated holiday. Just one word, however, nobody reads the August number, so don't spend too long over it.

Talking of demolition, it may be of interest to publish a little information on the workings of the master-mind who is directing operations. Clearing of the back of the south wing (Christ's Hospital Buildings) is being started after August Bank Holiday to make way for the new Surgical Block, which comprises five new operation theatres and ten new surgical wards, each floor being complete in itself. This will take one year and nine months to build probably. The Recreation Rooms for nurses at the back of Queen Mary's Home will consist of one large room 40 feet square, one small room 26 feet square and a library on the ground floor. This will be completed within nine months. To take the place of the Christ's Hospital Buildings temporary accommodation for the nurses is being made on the site of the old Surgery, and should be ready by the middle of August. Though this cannot remain long because of the ordered widening of Little Britain, it looks very magnificent.

We have received many tender inquiries about the pipes by the School Offices lying like exposed nerves in a carious tooth. These complete the ring main for the central heating and also the steam mains. All the heating of the Hospital now comes off one boiler-house. Thus in the last few years about twenty low-pressure boilers have been cut out. They seem to be making the old place quite modern. We hope this semi-technical exposition will satisfy some of the morbid curiosity of those who stand through the long summer days, idly watching plumbing operations instead of surgical ones. The latest ground-plan from head-quarters is reproduced on another page.

* * *

The great event of the past month was undoubtedly the wedding of that popular figure, Mr. C. C. Carus Wilson, Assistant Clerk to the Governors, to Miss O'Shaun, on the 9th, in the Church of St. Bartholomew's-the-Less. The Vicar performed the service, and the bridegroom proudly proclaims that his was the first wedding for seven years at that church, which in the last 100 years of its life has seen only 47.

* * *

All old Bart.'s men will hear with regret of the retirement of Sir Frederick Andrewes from the Professorship of Pathology.

In wishing Sir Frederick many years in which to enjoy his freedom from the strain of directing the Pathological Department, which he has undertaken for thirty years, we are glad to know that he will continue to carry out his researches amongst us.

We extend a hearty welcome to Dr. E. H. Kettle on his appointment as Professor of Pathology.

Prof. Kettle studied at St. Mary's Hospital Medical School, and obtained the M.B., B.S. degrees (Lond.) in 1907, and the M.D. degree in Pathology in 1910. In July, 1907, he was appointed Assistant Pathologist to St. Mary's Hospital, in December, 1908, Pathologist to the Cancer Hospital, London, and in 1912 First Assistant Pathologist to St. Mary's Hospital and Assistant Lecturer in Pathology in the Medical School. From 1916–18 he was attached as a Civil Surgeon to the 3rd London General Hospital for the purposes of supervising the work of the Pathological and Bacteriological Laboratories, which post he held concurrently with his appointment at St. Mary's Hospital. In 1920 he was appointed Pathologist and Lecturer in Pathology at St. Mary's Hospital, and later, Director of the Department of General and Special Pathology in the newly-formed Institute of Pathology and Medical Research. Since 1924 he has been Professor of Pathology and Bacteriology in the Welsh National School of Medicine, Cardiff. He is also Honorary Pathologist to the Cardiff Royal Infirmary, the City Lodge Hospital, and the City Fever Hospital, Cardiff. In 1926 he was admitted M.R.C.P. He is a Fellow of the Royal Society of Medicine and Vice-President of its Pathological Section; a member of the Committee of the Pathological Society of Great Britain and Ireland; and a member of the Medical Research Club. He has examined for the Universities of London and Cambridge.

PARALYTIC SCOLIOSIS.

SCOLIOSIS occurring in infantile paralysis is generally dismissed somewhat curtly in the text-books, the usual statement being that scoliosis results from paralysis of the spinal muscles, mention sometimes being made of the fact that the abdominal and other trunk muscles should be included as spinal muscles. This fact does not represent more than a very small fraction of the causation of paralytic scoliosis. The maintenance of a straight spine depends upon the accurate balance of very extensive groups of muscles upon a level pelvis. Any interference with the relative power of groups of these muscles or any interference with the level position of the pelvis may produce a deviation of the spine, which results in scoliosis, which, at first a simple habitual posture, rapidly develops into a fixed curve with bony deformity. The scoliosis may be initiated by a tilt of the pelvis, by a failure in balance of any of the spinal muscles, by some inequality in action of the muscles of the upper limbs, or by a tilt of the head to one side. Any or all of these factors may be a cause of a paralytic scoliosis, so that the accurate investigation of a paralytic scoliosis is both important as part of the clinical examination of the case, and also useful as an exercise in considering the causation of deformity.

TILTING OF THE PELVIS.

The most apparent cause of the tilting of the pelvis is a shortening of one lower limb, but it is well recognized that such a shortening is not a frequent cause of a fixed scoliosis. The reason for this is that when one lower limb is shortened the pelvis is only tilted downwards on that side when the patient is standing squarely on the two legs with both knees straight. The tilt of the pelvis ceases to be present directly he sits or lies down, and also when, as in walking, the weight is placed alternately on one or other leg.

A permanent tilt of the pelvis produced by an abduction deformity of one hip is a frequent cause of a primary lumbar curve in a child with infantile paralysis. The pelvis is tilted downwards on the side of the abducted hip, and a lumbar curve towards this side is produced. A secondary dorsal curve in the other direction is likely to arise. A fixed adduction deformity producing curvatures in the opposite direction is less common in infantile paralysis, but does occur. In addition a complete loss of the abductors of the hip on one side necessitates a dropping of the pelvis upon the opposite side when weight is put upon the affected limb (Trendelenburg's sign). For example, if the abductors of the right hip are paralyzed, when weight is borne upon the right lower limb the left side of the pelvis drops, and curvature of the spine to the left arises. When weight is taken upon the sound limb the right side of the pelvis rises and the curvature to the left persists. Thus, in such a case the spine is always convex to the left, whereas with normal limbs it becomes convex alternately to the right and left as weight is borne on each leg in turn. Therefore, a paralysis of the right hip muscles tends to produce a primary curvature of the spine to the left in the lumbar region.

PARALYSIS OF THE SPINAL MUSCLES.

When a segment of the erector spinæ is weak upon one side, a convexity of the spine tends to arise towards this side. This type of paralytic scoliosis may sometimes be clearly shown up if the patient is made to lie upon his face with hands behind the neck and then to hyperextend the spine, using the erector spinæ strongly. The powerful contraction of the stronger erector spinæ upon the concave side of the curve will then actually cause a visible increase in the deformity. This type of curvature, due to a localized paralysis of a part of the erector spinæ, is rare. It is more common to find a curvature arising which is apparently due to a more general inequality of the trunk muscles on the two sides, so that it is difficult to determine which exact segments of the muscles are particularly weak. The condition of the abdominal muscles and of the intercostals and diaphragm should also be observed in these cases, as a paralysis of either affecting one side more than the other tends to throw the spine out of alignment. Another probable cause of paralytic scoliosis is an inequality in the action of the psoas muscles on the two sides. It seems to be quite clear that a powerful psoas on one side, unbalanced by a similar muscle on the other side, can pull the spine at the region of the dorso-lumbar junction towards itself, producing in this way a convexity towards the side of the sound psoas at about the dorso-lumbar junction.

PARALYSIS OF THE UPPER LIMBS.

When one arm is severely paralysed and is very little used, the failure of action in the scapular muscles upon this side allows an unbalanced action of those on the side of the strong arm, and the latter tend to produce a convexity of the spine in the whole dorsal region towards the side of the sound arm. A second type of scoliosis may occur in paralysis of the upper limb when the arm is used to a considerable extent, but the scapular muscles, particularly the trapezius, are weak, and fail to produce satisfactory rotation of the scapula. Efforts at elevation of the arm are then accompanied by the production of a convexity in the upper dorsal region towards the side of the paralyzed arm, and the deformity thus produced may persist as a definite fixed scoliosis.

A consideration of these points will indicate that every paralytic scoliosis requires very careful analysis before treatment is undertaken. It is impossible to lay down stereotyped lines upon which treatment can be undertaken; supports or fixation operations are often indicated, but this treatment should not be carried out until remediable deformity, such as a fixed abduction or adduction of the hip, has been corrected, or a paralysis of the upper limbs treated and improved, as far as this is possible.

R. C. ELMSLIE.

CLINICAL NOTES ON SANOCRYSIN TREATMENT.

THESE notes are based on the study of some 40 cases of pulmonary tuberculosis which I have seen treated at the Brompton Hospital during the last six months. A few of them are cases which have come up for a second course, but with these exceptions, any results given are open to the usual objection that they are only available over a short period of time. Certain valuable conclusions may be arrived at, however, even after a single course of treatment: the symptoms may be very greatly ameliorated, especially as regards fever and expectoration, and sometimes a Group III case may be improved so much as to be accepted by an "A" class sanatorium. The sceptic—and one must always be sceptical over "cures" for pulmonary tuberculosis—will at once attack the last statement by asking, "Was it the sanocrysin after all?" The answer is that rest and hospital *régime* will certainly do wonders; it is rare, however, for a moderately advanced case, with bilateral signs and a nightly temperature of 100° F., to be so improved in three months by rest alone that while up eight hours a day they are still apyrexial, and it is also uncommon for an "open" case to become T.B.-negative in that time. Yet this result has been obtained in 14 cases of the 40, and there is every prospect of it happening in 4 more when their treatment is concluded. Charts A1 and A2 show how the daily sputum tends to disappear (far more rapidly than in ordinary cases), and B1, B2 and B3 show how the pyrexia may be terminated. Charts are available of other successful cases, but space forbids their reproduction.

I do not claim that sanocrysin by itself produced those successful results. *Rest*, as always, is the prime factor in the treatment of all forms of tuberculosis, and the gold injections are always accompanied in the first instance by enforcement of absolute rest. It is significant, however, that a large number of the cases which come to the Brompton Hospital are highly resistant, and have previously been through the hands of many ardent supporters of rest, artificial pneumothorax, tuberculin, calcium, vaccine, serum, or other treatments without marked improvement; even these have been found to improve after sanocrysin and to recommend it strongly.

Perhaps the effect is non-specific—an active immunity produced by liberation of small amounts of toxin; perhaps it is difficult to believe that so small a concentration of the drug as could be within reason produced locally by intravenous injection would be able to

produce a lethal effect on tubercle bacilli in lung-tissue. Perhaps, as Sir Almroth Wright said at the first meeting on the subject held by the Royal Society of Medicine, all this fuss has been made before in connection with the tuberculins; yet two facts remain: (1) This drug can be definitely given without harm in all cases, which cannot be said of any of the potent tuberculins; (2) nearly everyone agrees that it does for a time get rid of the tubercle bacilli in the sputum. Even if this last happens only for a short time, it cannot be without a certain good effect upon the patient, as is shown in most cases by a lowering of temperature and pulse-rate, and in improvement of cough and sputum, for which the patients are often effusively grateful.

CHART A1.

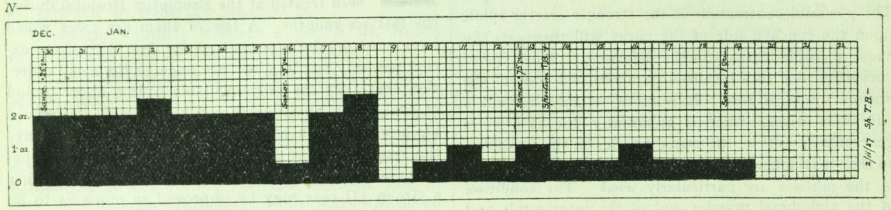


CHART A2.

B—, 2nd Course.

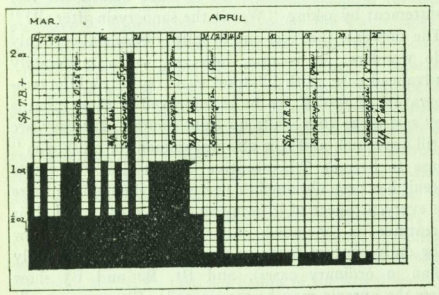


CHART A3.

D—

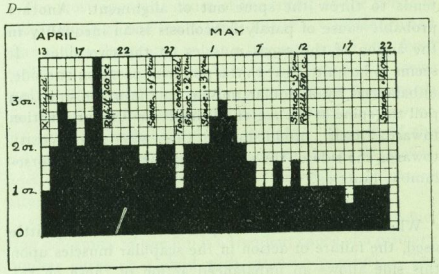
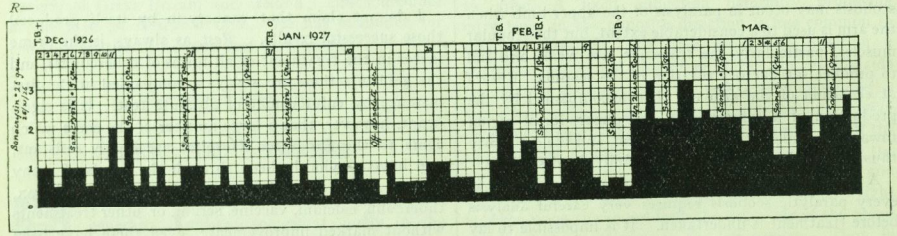


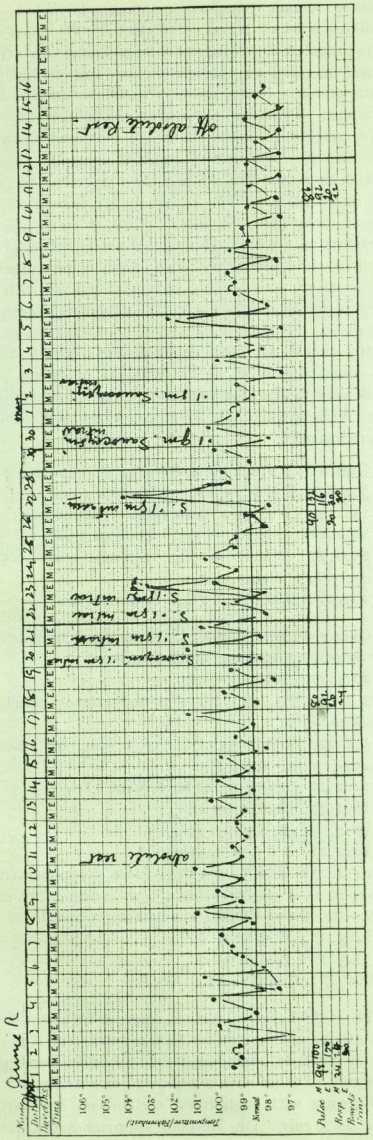
CHART A4.

R—



It can be legitimately said that in this series of cases there was not one in which the patient's chance of ultimate recovery had been in any way interfered with. This was partly because the practice was adopted of treating only those cases who seemed unlikely to be recovered by more conservative means, and partly because great care was taken not to give the gold to highly intoxicated patients or those with diarrhœa or albuminuria. On the other hand, in a number of cases the larynx was affected; far from being a contra-indication, an early infiltration of the larynx would appear to indicate an active attempt to stop the coughing up of tuberculous sputum through the inflamed glottis.

CHART B1.



Many conflicting reports have appeared from time to time. The latest and also the most favourable is that of Dr. Andrew Morland, from Montana (*Lancet*, March 26th, 1927). He considered that out of his 30 cases, improvement in 17 was due, at least partly, to sanocrysin, while in 8 others the improvement could not be definitely ascribed to the drug. Many consider Dr. Morland to be prejudiced in favour of the treatment, but conversation with several of those who have worked under him gives one a high opinion of the value of his results. Prof. Mollgaard's 1927 brochure on the drug he invented forms the most comprehensive account now available; it is written in four languages and contains a very complete bibliography. Further, it is remarkably open-minded, stating quite definitely when recent workers have failed to confirm Mollgaard's results. We have had the privilege of his advice in our wards on a number of occasions, and this has been invaluable.

The mode of administration is now fairly thoroughly established, though it must be stressed that each case must be considered on its own merits. Our custom has been to begin with a trial dose of 0·1 grm. in all but adult men. Reactions to this dose are usually so marked in nearly all women that it is rarely necessary to increase it. It is usually given by the intravenous route, dissolved in 5 c.c. of sterile water; in those few cases where the veins are impossibly small, a 3% solution intramuscularly has to be used, the same dose being given. The intramuscular reactions appear often to show a higher temperature than the intravenous ones, but do not seem to be so effective a treatment. The course for a male adult usually consists of weekly injections of 0·25 grm., 0·5 grm., 0·75 grm., and four doses of 1 grm. each. Prof. Mollgaard stresses the importance of never giving two doses of more than 0·5 grm. within a week as excretion is slow, and cumulation has given rise to results akin to acute salvarsan poisoning. Further, to be on the safe side, a subsequent dose is not given until the reaction from the preceding one has completely subsided.

It was ignorance of this rule that caused my only two cases of dermatitis, which have not been repeated since. With the 0·1 grm. doses about seven injections are given as nearly as possible on successive days, but allowing for the temperature to become reasonably low (Chart B1).

With the exception of the two cases of dermatitis above mentioned we have had no serious complications. Transient rashes have occurred, but at Prof. Mollgaard's suggestion 10 c.c. of a 10% solution of sodium thiosulphate was promptly given intravenously as a prophylactic. This was also done in the dermatitis cases; whether affected or not by the thiosulphate, the skin soon got perfectly smooth again after desquamation. For a local reaction in the arm, occasionally painful and akin to a "salvarsan arm," a 5% solution of thiosulphate injected subcutaneously proved very beneficial.

Great care was taken to test the urine for at least three days after every injection, and for as long as albumen was likely to be present when once found. Dr. Wingfield, at Frimley, finds that with careful testing, albuminuria can be detected at some time in every case—generally on the third day after an injection. Whether this argues for some renal damage or not remains to be seen. Dr. Burrell attaches little importance to a transient haze of albumen. Gastro-intestinal disturbances appear to be very common, and care should be taken to avoid giving the drug in any quantity to a patient with dyspepsia or diarrhœa. In three of our cases who suffered from diarrhœa for more than a day after a gramme dose, cessation of the injections ended the trouble.

At Copenhagen they stress the danger period at about the third injection, or during a second course if insufficient intervals have been given. The temperature remains high for a week, and then begins to go still higher as the liver becomes affected. They are convinced of the value, in such cases, of 10–30 c.c. injections of a serum obtained from sanocrysinized tuberculous animals, but insist that there will always follow a very marked local reaction from the serum if sanocrysin is injected within forty-eight hours. We have not had experience of severe reactions of this sort (which are becoming universally rare since effective standardization of the drug), so that we have had no occasion to use serum to counteract the effects of sanocrysin. We have, however, employed a serum of Capt. Douglas, obtained by injection of Dreyer's diaplyte vaccine into horses, for the purpose of lowering the temperature when sanocrysin has failed to do so. This serum is apparently less potent than the Copenhagen one, but certainly produces quite noticeable effects. We are convinced that its action is non-specific, that it acts by means of shock, and that, therefore, its action is bound to be more or less temporary.

Having described the effects, dosage and complications, the most interesting problem remains to be discussed. On what types of case does sanocrysin produce its effects? Some respond at once and quite evidently; others remain completely untouched. What is the difference which decides this effect? We have carried out a number of investigations by means of vital capacity, basal metabolism, blood-pressure and sedimentation estimations. These appear merely to emphasize the obvious. The basal metabolism and sedimentation-rate run roughly parallel; both are increased during the reaction after an injection and both come down in a case which is responding. Since they represent the degree of intoxication (a TB + Group III case often has a basal metabolism of about + 30), it is obvious that patients with a low sedimentation-rate and basal metabolism will react better to any form of treatment than those more toxic. This is especially true with sanocrysin, which quickens up the metabolic processes and increases the pulse-rate and temperature. Successive estimation of the basal metabolism is a definite measure of improvement or the reverse, as is shown by the following figures, for some of which I am indebted to Dr. Williamson, of the Brompton Hospital Pathological Department:

CASE 1.—4.2.27: B.M.R. + 32%. Sputum 2 oz.
7.2.27: B.M.R. + 27%. Sputum 2 oz.
14.2.27: 0·25 grm. sanocrysin. No reaction.
18.2.27: B.M.R. + 1%. Sputum 1 oz.
23.2.27: B.M.R. + 9%. Sputum 1 oz. 0·5 grm. sanocrysin; slight reaction.
2.3.27: B.M.R. + 2%. Sputum ½ oz.

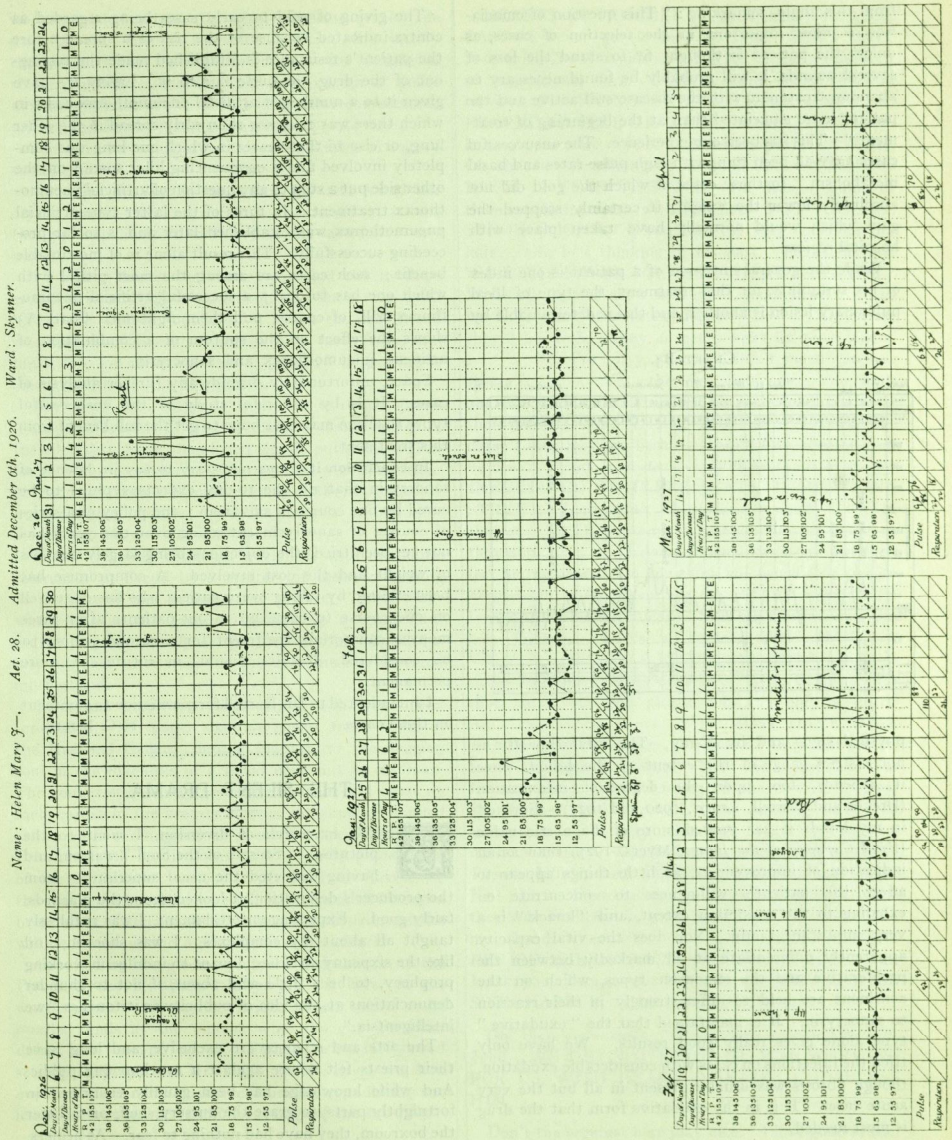
CASE 2.—(See Chart A4.) Patient had had one course of sanocrysin and was much improved.
20.1.27: B.M.R. − 2%.
2.2.27: Up two hours; increase of cough and sputum.
3.2.27: B.M.R. + 11%. 0·25 grm. of sanocrysin (second course started).
12.2.27: 0·25 grm. of sanocrysin.
16.2.27: B.M.R. + 18%.
17.2.27: B.M.R. + 18%.
19.2.27: 0·5 grm. sanocrysin.
26.2.27: B.M.R. + 17%. Here the sanocrysin was stopped as it ought to have been considerably earlier, when the rise in B.M.R. was first appreciated.
19.3.27: B.M.R. + 10%.
30.3.27: B.M.R. + 9%.
6.4.27: B.M.R. — 7%.

The sedimentation method appears to be too inaccurate to be satisfactory for this purpose, but it is useful as an index to prognosis, it being hardly worth giving the gold to those with a rapid sedimentation.

Patients with high basal metabolism are naturally thin as a rule. Dr. Morland approaches the question

CHART B2.

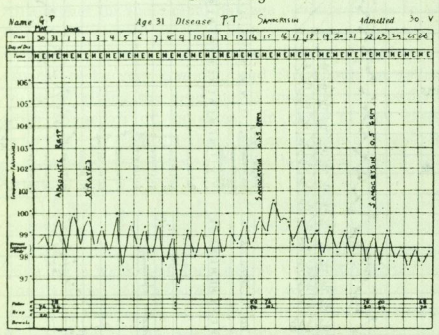
Name: Helen Mary J—. Aet. 28. Admitted December 6th, 1926. Ward: Skynner.



from this angle, remarking: "This question of emaciation is most important in the selection of cases, as unless the patient is thought fit to stand the loss of several pounds, it will probably be found necessary to abandon treatment with the disease still active and the patient more emaciated than at the beginning of treatment." This has been our experience. The unsuccessful cases have all been thin, with high pulse-rates and basal metabolism. In those cases in which the gold did not absolutely lower the weight, it certainly stopped the gain which would normally have taken place with hospital *régime*.

While the general nutrition of a patient is one index of his suitability for this treatment, the type of local pulmonary lesion is another, and this is determinable by

CHART B3.



physical signs and by X-ray. The vital capacity is not a strict gauge of the extent of the lesion, since it depends, too, upon the degree of intoxication (Dreyer and Burrell, *Lancet*, 1920 and 1927). Further, in my hands it has proved more of diagnostic value (*Vital Capacity of the Lungs*, Myers, 1925) than as an indication of improvement, as little things appear to affect the patient's willingness to concentrate on exhaling to the maximum extent, and "knack" is a very important factor. Nor does the vital capacity apparently differentiate at all markedly between the proliferative and the exudative types, which on the continent are held to differ strongly in their reaction to sanocrysin. It is maintained that the "exudative" type alone gives really good results. We have only tried the injections on cases with considerable exudation, though fibrosis was usually present in all but the very acute cases. It is in the exudative form that the drug is most needed.

The giving of gold to early cases being regarded as contra-indicated because of the risk of a spread before the patient's resistance is established made the testing-out of the drug not quite fair to it. Lately we have given it to a number of artificial pneumothorax cases in which there was evidence of an early spread in the other lung, or else to those cases in which one lung was completely involved and a commencing hilar spread on the other side put a stop to any question of artificial pneumothorax treatment. In three of the latter type artificial pneumothorax was established later and is so far proceeding successfully. This result alone is of inestimable benefit; such cases are among the most pitiful with which one has to deal; a successful artificial pneumothorax will, of course, pull them right up. Chart A3 shows the effect on the sputum of a combination of artificial pneumothorax and sanocrysin.

Space, unfortunately, forbids any further analysis of cases. It is by a careful study of the unsuccessful types that one may best hope to get the full benefit from this treatment.

In conclusion it seems necessary to say in defence of sanocrysin that no one to-day expects syphilis to be cured by one course of salvarsan; the policy of a series of courses of sanocrysin extending over two years has not yet been tried, the objections being largely the loss of weight and the cost involved. A compromise has been effected by telling every patient who has done well on one course to come up to out-patients after three months' sanatorium treatment for a second course to be considered. Results should, in future, be more permanent.

I am indebted to Dr. Burrell for permission to comment on these cases.

F. C. ROLES.

THE SILENT DRAMA.

BEING in search of diversion, I went to the pictures. "Secrets of the Soul" was on, and having deducted the usual superlatives from the producer's description, it looked, from the placards, fairly good. Expecting entertainment, I was ruthlessly taught all about my complexes. I was shocked, and like the sixpenny weeklies, I want to indulge in working prophecy, to be a little acid about, if not to thunder denunciations at, the idea of publicity as it touches "we intelligentsia."

The arts and sciences are exclusive, and long have their priests felt secure against a too knowing public. And while knowledge has been gaudily enshrined in fortnightly parts, to grace the nursery shelf, or to litter the boxroom, they have had nothing to fear. As healers, we, too, smiled indulgently when medicine graced the daily papers. Solemn intestinal common sense hardly touches a reader for decades used to the delight of chasing, mildly exhilarated, down a column of polite medical euphemisms, to find a box of pills recommended, priced, and finally justified by a laconic "Advt."

Too often have magazine fans settled down to a story opening thus.

"I called on Marion the other day and found her crying before her mirror. She confessed that she thought her husband didn't find her attractive any more.

"I said, 'Marion McWinter, you had the loveliest complexion and figure at school, and such nice hair.' 'Yes,' she wailed, 'but look.'" Then the dear friend recommends "Hera" shampoo and face-cream, and hints, too, too delicately that "Turkish" berries are *so* cheap, and made the hips girlish.

But those who make it their life work to spread "inside information," and to make a commonplace of the specialist, have abandoned simple publicity. They have boldly invaded Art. Not content with revelations of Medicine's time-honoured principles, they appropriate her youngest children. Psycho-analysis is blatantly interwoven into a "picture" plot!

If this becomes common, no longer will our subtle references to Freud be a matter for esoteric winking (a portrait of him preludes the picture). Small boys who cheer as the ranchero gallops to a rescue will murmur appreciatively as the hero tells his mother-in-law that her interference is the outcome of frustrated motherhood.

Even our incursions into culture will have been forestalled. No longer shall we spend artful hours in the National Gallery, finding support for the flagging soul in the diagnosis of a faded flesh tint as chlorosis. The goitres of the pre-Raphaelite maidens will cause no tachycardia in the breasts of even the simplest-minded critic, while our suggestions of osteitis deformans in the Primitives will be dismissed with a kindly explanation of the principle of monocular perspective. Driven by the wave of education, we shall fall exhausted behind a breastwork of sterile subtleties, and the nineteen-thirties will be known as the Age of Medical Decadence.

Appalled by this gloomy picture I find comfort in the Power of the Platitude. After all, the horse at the water doesn't necessarily drink. There were some puzzled souls at the cinema who thought Freudian dream lore "sort of funny." Perhaps, when Hollywood sets up shop opposite Mr. Taylor or Mr. Price, we shall overhear the cinema gossip reassuringly repudiating the lesson in between her audible readings of the sub-titles.

* * *

HEARTS IN TROUBLE. Dearie, this looks good. CAST—I never get it read in time. Who's that? Something 'bout a pioneer LEWIS. I hope this ain't an educational film. I can't stand them coloured travels. SIR JOHN STANDING, PRIME MINISTER, FEARED TO TELL HIS WIFE. What a face to make kissing your wife. JOHN, WHAT'S THE MATTER. Oh, ain't he *soft*, holding his chest like that. NOTHING MUCH. I FEAR THE MOB. Oh dear, it's one of them revolution films, with Bolshies. BUT YOU ARE STRONG, JOHN. D'you like the way she does her hair? Oh, he's thinking of his past. That's his ma. WILL THE FEVER TOUCH HIS HEART, DOCTOR? Well—all that to show he's got a weak heart! Shall we have some chocolates, dearie? . . . Of course they'll be fresh. They *do* get bought by *some* fellers. . . . Oh, I'm sorry, then. I didn't mean *you* was stingy. . . . Yes, the two bob one. You ain't angry? Diddums. Then tell his ickle toodlums what she's missed. Yes. . . . Yes. . . . I see. He daren't stop working because there'll be a revolution if he does. Thank you, dearie. Will *you* have a chocy? INFURIATED STRIKERS SEETH TO DOWNING STREET. Lord, ain't they fierce. Coo! Look at that one. It's like Jimmy when I told him off proper at that hop. . . . I do wish people wouldn't put their feet on my chair. Do you think she heard? *I do wish people*—Oh, she's taken 'em off. That's more comfy. Look at John on the balcony. He can't calm 'em. Oh, he's fainted. There's a doctor. YOU HAVE A VALV—a something—LESSON, SIR JOHN. Look at those diagrams. It ain't decent! Here, I can't see for that hat. Will you please—Oh, it's only a heart. Ain't this queer, Tom? YOU MUST HAVE DIGITALIN. Hullo, Country. Ooooh! Ain't that pretty. Look at them foxgloves! That kid's just like our Emma's third. She's sending off the flowers. "Dear Mr. Tunnels and Farewell, i am sending what you advertised 4 to pay Grannie's rent." That's a medicine factory. Oh, look at the Doctor with a squirt! There's John in bed. They're showing his legs. He! He! Eh? I *am* behaving. I was laughing because they was swollen, like your head. No, you can't hold me hand. People'll see. THE REFRACTORY PERIOD IS LENGTHENING, THANK GOD. Now I ask you, Tom, ain't that rot? DIURESIS WILL SOON HAPPEN. *That* ain't nice, *I'm* sure.

Oh, there's the mob. The leader's speaking to Mrs. John. WE DID NOT KNOW HE WAS WORKING FOR US, WITH HEART DISEASE. GOD BLESS HIM.

Don't the organist here play nice. I love good music.

Oh well, if you *won't* hold me hand. No, silly, it's here. Now let's hope its a decent *ending*.

TWO HEARTS BEAT STRONGLY AS ONE. THE X-RAY. Oh, look. A shadder of their two insides. You can see 'em beating. Don't they keep good time? FINIS!? Well! Did you ever? Is *that* all? No sense to it. Tom, you ask for your money back. Its *queer*. PATHÉ GAZETTE. Oh, I *do* hope they've got the Duchess. . . .

* * *

I think Æsculapius is safe. All the same I am rather sorry for Apollo. H. P.

TONSILLECTOMY IN FILM-LAND.

THE following cutting from "San Francisco's Home Newspaper" has been sent us by an old St. Bartholomew's man who happened to be passing through that terrifying country:

HERE'S "LOW DOWN" ON TONSIL PARTY.

By FRANK SULLIVAN.

PURSUING the discussion of tonsillitis, let us examine the methods of going about an operation for tonsillitis and the average cost of same.

The patient can generally count on spending $50 for ether. Do not stint yourself on the ether if you want the operation to be a success. There should be enough for yourself, for the doctor, the nurse, the anæsthetician, the invited guests and any stray late-comers, for whom it is always well to be prepared. Nowadays it is seldom that a really successful tonsillitis operation does not have a stag line if the patient is a popular belle, or a doe line if the patient is male, and therefore not a popular belle.

* * *

Now arises the question whom to invite to your operation.

Much depends on whether the function is to be formal or informal.

In either case there must be the members of the immediate family, and, if you are married, of your wife's family. Often these guests are necessary evils. They have a tendency to notice things and criticize. We know that the patient's father, if the tonsils resulting from the operation are displeasing to him, will say that the patient got his tonsils from his mother's side of the house, while the mother, if she deems the tonsils to be not quite *au fait*, will insist that the patient got them from his father.

There must be two witnesses for the operation, one for each tonsil. In some countries it is the custom to have three witnesses, two feminine and one masculine if the patient is feminine, and two masculine and one feminine if the patient is masculine.

The doctor wears white if it is his first operation. If he is a widower he indicates same by winking.

The arriving guest should, of course, go immediately to the operating table and present his respects to the patient. It is well, if one is invited to a tonsillitis operation, to arrive at least 15 minutes before the ether is served. Start early for such functions, so as to allow plenty of time for unforseen delays, such as the breaking of all your suspender buttons at once. To those critics who contend that a man's suspender buttons never do break ALL at once, the answer is that the perfect guest, like the perfect host, is prepared for every emergency. And statisticians have computed with mathematical exactness that the suspender buttons do break, all at once, on an average of once in 1,928,238 times. How do you know you are not going to be the 1,928,238th time?

On presenting respects to the patient it is good form to wish him a successful operation, telling him some jest in keeping with the spirit of the occasion and designed to raise his spirits. I find that friends whose operations I attend are always interested when I tell them the one about the doctor who said that "the operation was successful, but the patient died."

If, when you arrive, the patient has been placed under the ether, you leave your card and that of your husband. If you have no husband leave the card of the husband you know best.

* * *

Be careful what you say on entering and emerging from the ether. Remember, you are not now in the privacy of the home and you are not at liberty to express yourself freely concerning your friends, many of whom may have complimented you by gathering about the operating table. There is a deplorable tendency on the part of many patients to-day to express themselves in too vigorous language while under the ether. Profanity is almost never excusable.

Never kick at the nurse. After all a nurse is a woman. An American gentleman never raises his foot against a trained nurse except in kindness.

Never kick the doctor except under proper provocation. Remember that he, too, is under a strain. He is bending over your person inhaling the ether fumes from you, and he is liable to be affected by them. He is only human, and so under the influence of the ether he is as liable to make mistakes as the next one, and perform several operations where you ordered only one, or perform the wrong operation, or forget to put things back where he found them.

When the doctor sends his bill it is considered a thoughtful and courteous act of appreciation to add one cipher to his bill as a sort of pleasant surprise; thus, if he bills you for $200, send him a check for $2000. The check need not be good.

ABERNETHIAN SOCIETY.

TERMINAL ADDRESS OF THE SUMMER SESSION.

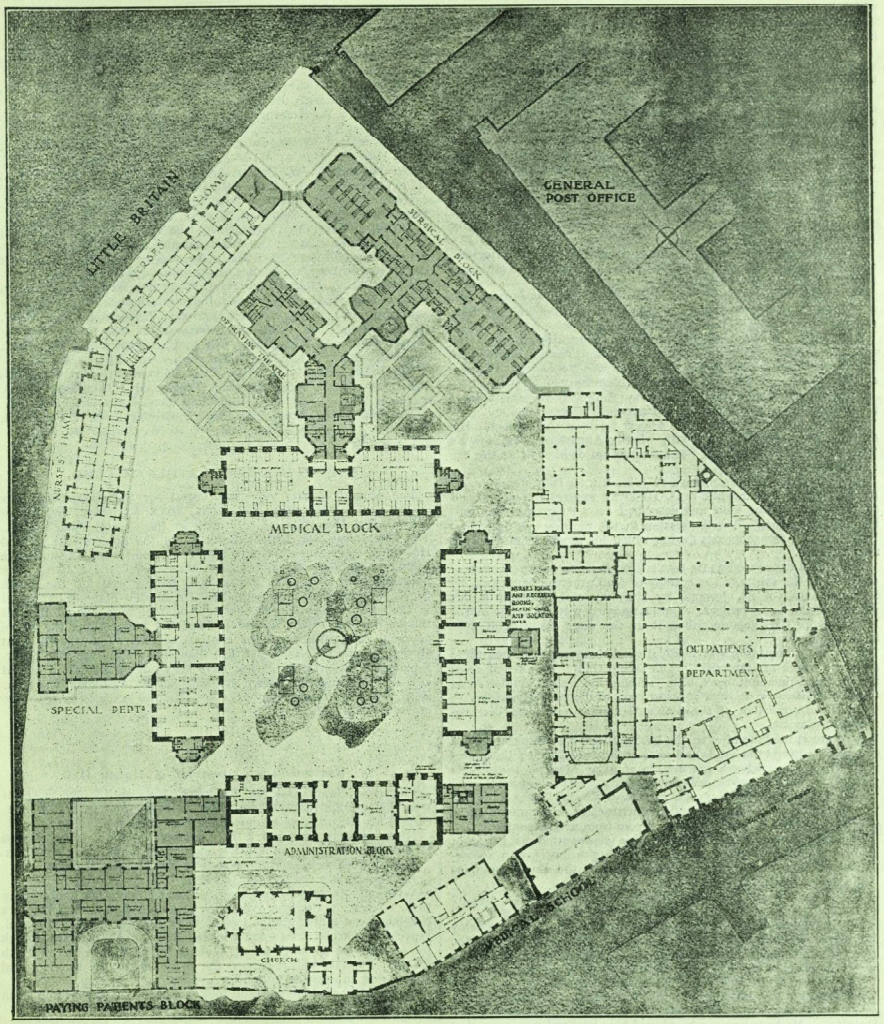
A MEETING of the Society was held on Wednesday, June 29th, at 8.30 p.m., in the Medical and Surgical Theatre. Mr. Phillips took the Chair.

When the minutes of the last meeting had been read and confirmed, the President introduced Sir Berkeley Moynihan, P.R.C.S., and called upon him to deliver his address on the subject of "Medicine in Art."

The following is a *résumé* of the lecture, which was illustrated throughout by excellent lantern-slides:

Medicine and art are closely related; Æsculapius was the favourite son of Apollo, the god of light, life and art.

The first slides showed various gargoyles. Gargoyles are water-spouts; the name is derived from the noise of the water passing through them. They are always hideous figures, symbolic of evil spirits passing from the church with the water. Many of them have



PLAN OF PROPOSED NEW BUILDINGS.

horns or double heads—both rare deformities in man, and both hideous. One gargoyle, on the church of Santa Maria Formosa, is famous in a medical sense. It is designed as a head, one side of which is distorted in a peculiar manner. Ruskin, in the *Stones of Venice*, has described this figure, and has put forward several possible interpretations of the symbol.

Charcot, when he studied this same face, diagnosed it as representing faithfully a case of hystero-epilepsy. Hystero-epilepsy was the commonest syndrome associated with possession by an evil spirit.

In the paintings of many of the old masters, possessed persons are obviously sufferers from this complaint. Sir Berkeley Moynihan showed several examples, and discussed them in detail. His selection included a fifth century mosaic from Ravenna, showing the miracle of the Gaddarine swine, and the cover of an old Bible, on which was drawn a patient from whose mouth the devil was emerging.

Another picture showed St. Francis of Assisi exorcising a most realistic devil from an hystero-epileptic.

Transfiguration scenes by Rafael and Rubens contain figures of the possessed boy; in both he is portrayed as suffering from the same disorder.

Other examples of hystero-epileptics occur in pictures by Domenicino, by Andrea del' Sarto, "the faultless painter," and in Rubens's picture of the miracle of St. Ignatius.

When this miracle was performed, onlookers testified on oath that devils were seen escaping from the two patients, a man and a woman, and that angels immediately entered in their stead.

Apparently, devils were in the habit of leaving through the sufferer's mouth. Sometimes they were not so readily voided; in fact, the earliest known surgical operation was trephining to let the evil spirits out. Skulls of such patients have been found in Peru.

Passing away from devils, Sir Berkeley showed next some pictures illustrating the anatomy of the expression of the emotions.

He referred to Sir Charles Bell's great work on the subject. His examples were Rafael's "Death of St. Annanias," Velasquez's "Idiot," in the Prado, and Bernini's picture of himself at the age of eighteen.

Sir Joshua Reynolds's picture of John Hunter is interesting. In it Hunter has a somewhat rapt, far-away expression, not at all characteristic of one who was described as a "cantankerous red-headed little Scot." The expression in the picture was drawn by Reynolds in a few moments during which his model seemed to fall into a trance.

Emotional expression at its best is seen in some of the pictures of ecstasies of the saints. The ecstasy of St. Catherine of Sienna, by Sodoma; that of St. Jerome, by Murillo; and Lucasini Relli's picture of the same subject. The last-named picture hangs in the Louvre. Sir Berkeley described it as the most inspiring picture known to him.

Accurate presentations of medical conditions are rare, but there are some which are famous. "The Dying Gaul" is suffering from a right-sided pneumothorax. He is fixing his right shoulder so as to use his accessory muscles of respiration to the best advantage.

The head-retraction of the dying Alexander points to cerebro spinal meningitis.

A common mistake of even the best painters was to paint in the distended veins on the hands and arms of the dead Christ; the superficial veins of a cadaver are always empty. Most of the dwarfs painted by artists were achondroplasiacs. Ptah-sepu-asar, who was the father of all the Egyptian gods, and the god Bes of Memphis, who presided over childbirth and the instruction and amusement of youth, were both represented as sufferers from achondroplasia.

Curiously, most achondroplasiacs are represented as being in charge of animals. Examples are Turold, the dwarf who accompanied William the Conqueror, and Antonio, the Englishman, as painted by Velasquez.

The last slide was the picture of the Infanta Margarita, also by Velasquez; it also contains the portrait of an achondroplasiac.

Mr. PATERSON ROSS proposed a vote of thanks to Sir Berkeley Moynihan for his most interesting lecture. He alluded also to the great pleasure which Sir Berkeley's visit to the Hospital had given to the members of the Surgical Unit and to the whole Hospital.

The vote of thanks was seconded by Mr. UNDERWOOD.

Sir Berkeley Moynihan replied in a few words. He said that one of his ambitions had always been to come to St. Bartholomew's Hospital. He had very much enjoyed his visit, and was sorry that it had come to an end.

The meeting was then adjourned by the President.

STUDENTS' UNION.

INTER-HOSPITAL SPORTS.

The Inter-Hospital Sports were held at the Crystal Palace track on Wednesday, June 15th. The shield was won by Guy's, with Bart.'s second.

3 Miles: J. F. Varley, Bart.'s; G. W. May, London; W. J. Walter, Bart.'s; R. Macbeth, King's. 16 min. 5 sec.

100 Yards: W. Hertzog, Guy's; W. W. Craner, London; D. J. Cussen, Mary's; J. R. Hill, Bart.'s. 10⅘ sec.

Quarter mile: W. W. Craner, London; H. B. Stallard, Bart.'s; C. W. Harrison, Guy's; W. D. Coltart, Bart.'s. 52 sec.

220 Yards: W. W. Craner, London; C. W. Harrison, Guy's; D. J. Cussen, Mary's; J. R. Hill, Bart.'s. 23⅘ sec.

Half-mile: H. B. Stallard, Bart.'s; R. A. Hogbin, Guy's; G. W. May, London; J. B. Marshall, Mary's. 2 min. 4 sec.

Putting the Weight: W. Hertzog, Guy's; D. J. Cussen, Mary's; N. V. Starr, Thomas's; D. G. Dingemaans, Guy's. 35 ft. 2 in.

120 Yards Hurdles: E. C. Marsh, Thomas's; J. F. Bloss, Thomas's C. B. Prowse, Bart.'s; D. McLean, Guy's. 17⅘ sec.

1 Mile: R. A. Hogbin, Guy's; J. F. Varley, Bart.'s; G. W. May, London; D. O. Clark, Thomas's. 4 min. 40⅘ sec.

Long Jump: R. StJ. Honner, London; W. Hertzog, Guy's; C. W. Harrison, Guy's; E. C. Marsh, Thomas's. 22 ft. 1 in.

High Jump: C. R. G. Druce, Guy's; C. B. Prowse, Bart.'s; E. C. Marsh, Thomas's; J. F. Bloss, Thomas's. 5 ft. 7½ in.

Mile Relay: Bart.'s—440 yds., E. U. H. Pentreath; 220 yds., J. R. Hill: 220 yds., B. W. Alexander; 880 yds., H. B. Stallard.

Tug-of-War: London beat Bart.'s in the final round 2 pulls to 0.

Throwing the Hammer: W. Hertzog, Guy's; E. U. H. Pentreath, Bart.'s; A. Kennedy, Thomas's; H. Royle, Bart.'s. 84 ft.

UNITED HOSPITALS' ATHLETIC CLUB.

The Annual Charity Athletic Contest for the *Financial Times* Shield was held between the Banks, Stock Exchange, Insurances and United Hospitals on July 16th at the Crystal Palace track. The Shield was won by the Banks from the holders, the United Hospitals. The Shield has now been contested for for six successive years, the Banks winning the first three years, the U.H.A.C. the following two years, the Banks now having won for the fourth time. The Shield was presented by Dr. Morley Fletcher, who said in the course of his speech that it should be remembered that all thanks was due to the *Financial Times* for undertaking the whole financial responsibility of the contest, so that all the profit went straight to the hospitals, and also thanking the matron of St. Bartholomew's Hospital for giving leave for 13 of the nurses to attend and sell programmes, further thanking Mr. R. A. Lyons, the Hon. Secretary, for his many months of labour in connection with the organization of the Sports.

CRICKET.

ST. BARTHOLOMEW'S HOSPITAL *v.* HONOR OAK.

Played at Honor Oak on Saturday, June 25th. The Hospital won the toss and batted first. Sinclair, who went in first wicket, carried his bat, making 33 out of the Hospital's total of 65.

He completely mastered J. H. Lockton's bowling, which proved so deadly to the rest of the team, scoring one 6 and five 4's off him.

King batted well, scoring 12 runs at a most critical point.

Lockton took 7 wickets for 34 runs.

With only 65 runs to get it seemed that Honor Oak had an easy task. When, in the first over, they lost their first wicket before a run had been scored things looked more hopeful for the Hospital, especially so when the second wicket fell for 13, third for 13, fourth for 22, fifth for 26, sixth for 31, seventh for 37, eighth for 37, ninth for 37. The last wicket carried the score up to 95, the Hospital thus losing an exciting match by 30 runs.

For the Hospital Hodgkinson took 6 wickets for 30 runs and Cook 4 for 35.

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

Played at Hornsey on Saturday, July 2nd. The Hospital, winning the toss, went in to bat on a wet wicket. Cook, Parker and Gaisford were out before a run had been scored. King and Maley stayed together till the score was 28, when King was caught after making 22. Patrick and O'Connell were out without scoring. Maley was then joined by Hodgkinson. When the score was 52 Hodgkinson was bowled, having made 17. Maley, who had batted very well and made 11 runs at a very critical point, was then bowled. Pierre, in a short innings, hit very freely, scoring one 6 and two 4's, making 25 before he was out. The Hospital were all out for 92.

Hornsey then went in to bat and made 127. Smith and Shanks were the chief scorers, making 29 and 23 respectively.

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

Semi-Final of Inter-Hospitals Cup.

Played at Winchmore Hill on Friday, July 8th. The Hospital lost the toss and went out to field.

The first wicket fell when 22 runs had been made. Up to the eighth wicket about 10 runs were added for each wicket that fell. The ninth wicket fell when the score was 138, and the last wicket fell without any addition being made to the score. The chief scorers for St. Thomas's were Sherrum, Marshall, Jerram, who made 38 (not out), 17 and 16 respectively.

King and Cook opened the batting for Bart.'s. King was bowled when the score was only 5 and Cook was joined by Bettington. When the score had reached 32 Bettington was caught at extra cover, after making 17. Cook was then joined by Prowse, who was soon out to a catch at fine leg. Sinclair then went in, and the score increased rapidly till he was caught after making 24. Gaisford then joined Cook, and between them took the score up to 111. Gaisford was bowled when he had scored 19. Pierre batted steadily, making 15 before he was out lbw. Parker went in when only 5 runs were required to win. These he soon made, so Bart.'s won by 4 wickets.

Cook was not out, having made 33. He played a very good, steady innings. Of the bowlers Bettington was the most successful, taking 7 wickets for 54.

We now meet Guy's in the final on Saturday and Monday, July 23rd and 25th.

PAST *v.* PRESENT.

Played at Winchmore Hill on Saturday, July 9th. The Past, captained by Dr. Hinds Howell, was a strong team, and a most enjoyable game ended in a tie, the third in this season.

The "Past" won the toss and batted first. The wicket was rather soft, as it had been raining up to an hour before the commencement of the game. Commander Hill, who opened the innings for the "Past," played very steadily, and was out to a very good catch in the slips after making 26. Fowler and Woods-Brown stayed together for some time, the former making 19 and the latter 11. The "Past" were all out for 95.

King and Cook opened the batting for the "Present" against the bowling of Fowler and Maley. Cook was run out when only 2 runs had been scored. Hodgkinson, who had joined King, was out when the score was 12. Gaisford then went in and stayed in till nearly the last wicket. He played a very sound innings, making 37 when the Hospital most needed it. I. H. Pierre and H. H. Pierre made 11 and 12 respectively. With only 2 runs to get Pagan joined Bamford. Bamford hit the ball past square leg, and in trying to get the second and winning run was run out. The match thus ended in a tie.

Past.—C. M. Hinds-Howell, Commander Hill, W. A. Bourne, — Fowler, G. C. Woods-Brown, M. L. Maley, T. Owen, C. Grosvenor, J. Parrish, Percy With, H. S. Baker.

ST. BARTHOLOMEW'S HOSPITAL *v.* MOORCROFT HOUSE.

Played on July 13th. The Hospital lost the toss and went out to field, and dismissed their opponents for 113, Verrinder making 41 and Pearce 25. Sinclair took 4 wickets for 32.

The Hospital then went in to bat, and made 83. Cook 18 and Patrick 15 were the chief scorers.

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

Played at Winchmore Hill, July 16th. This match resulted in a decisive win for our opponents. The Hospital, winning the toss, went in to bat and were dismissed for 95. Pierre was the only one who stayed in for any length of time. In his innings of 28 not out he hit one 6 and five 2's.

Hampstead then went in to bat and made 166 for 6 wickets, Limb making 68, Newman 32 (not out), Whiteburn 29.

REVIEWS.

SAINT BARTHOLOMEW'S HOSPITAL REPORTS. VOL. LX, 1927. (John Murray.) Price 15s.

The 1927 volume of the *Reports* is especially important and interesting. There is a group of six chapters on varying aspects of radium therapy, about which Sir Thomas Horder says in his introduction, "he knows no instance of a single centre producing in so short a time a mass of work of equal value to this. . . ." Dr. Levitt writes on the "Beginnings and Present Position of Deep X-Ray Therapy," Prof. Hopwood deals with the physical aspect of radium, Dr. Canti describes the "Effect of Irradiation on Tissues"; and then follow three chapters on "Treatment by X-Rays," and "Radium Treatment of Carcinoma of the Breast and of the Cervix" by Dr. Finzi, Mr. Geoffrey Keynes and Dr. Donaldson respectively. Many of us have been waiting breathlessly for an exposition of Dr. Canti's work, and his present article fully comes up to expectations. Dr. Finzi finds that very successful results are obtained by X-rays with cases of menorrhagia and fibroids, angeiomata, lymphangeiomata, papillomata and keloids; while of the malignant growths sarcomata respond more readily than carcinomata, especially lymphosarcoma and spindle-celled sarcoma; rodent ulcer disappears in 95% of all cases. In carcinoma of the breast "results have exceeded expectations," while Mr. Harmer finds that "results are far superior to anything that has been obtained with any form of X-ray treatment" in intrinsic carcinoma of the larynx. Block dissection of the glands, however, is still the method of choice. Dr. Donaldson is convinced that radium is far the best palliative treatment for carcinomata of the cervix, but enough work has not yet been done on operable cases to decide between Wertheim's operation and irradiation.

Sir D'Arcy Power leads off with Part II of his history of the "Rebuilding of the Hospital in the Eighteenth Century," which, as usual, he makes thoroughly entertaining. The subject of gallstones is fully treated in a chapter by Mr. Dunhill on "Diagnosis," and another on "Cholecystography" (with 6 skiagrams) by Mr. J. Paterson Ross. Mr. Capener's work on the prostate gland deals chiefly with the internal blood-supply in relation to the lobes; Dr. L. R. Shore writes on "Stasis in the Muscles of the Anterior Abdominal Wall"—a useful article for those dealing with out-patients or private practice; and finally Dr. Linder reviews the recent work on "Calcium Metabolism in Relation to the Calcification of Bone." The volume is concluded, as usual, by accounts of the Proceedings of the Abernethian Society and Paget Club, additions to the Museum and Library, and Prize-winners during the past year.

It is very satisfactory to read how well in the forefront is this Hospital in the universal campaign against cancer.

A TEXT-BOOK OF PSYCHIATRY FOR STUDENTS AND PRACTITIONERS. By HENDERSON and GILLESPIE.

Of all the sciences, psychiatry is, perhaps, the most difficult to teach by the written word, and it is probably equally difficult to describe in a book any practical method of dealing with the psychoneuroses. These sciences must be taught at the bed-side and in the consulting-room, and any other method of learning them is laborious and uncertain. The treatment of mental disease must always involve the recognition of the needs of the individual patient.

In the book under review the authors have sought to escape some of the difficulties by describing a large number of cases at length, and this method is of value when used in conjunction with the clinical work of the student, but the quotation of cases cannot in any way replace clinical training, and reading the descriptions may become extremely irksome unless the reader has already a profound knowledge of the subject.

From the examination point of view, and in order that psychiatrists may understand one another, a classification of mental diseases is necessary. The authors of this book have suggested a new classification for use by British psychiatrists, but it cannot be said that the ideal has yet been found.

As was to be expected in physicians of such wide experience as the authors, the psychoses are adequately dealt with, and the ground is covered sufficiently for the needs of the medical student, which is all that can be asked of any text-book.

A considerable section of the book is devoted to the psycho-neuroses, and here the authors are faced by a difficulty. It is probably a mistake to attempt to deal with the psychoneuroses in a volume that

is primarily devoted to the consideration of the psychoses. The two types of condition are different from almost every point of view, and they require to be approached with a completely different attitude of mind. This is recognized by the authors, who begin their, chapter on the psychoneurosis with a statement to this effect, but it is to be doubted if this warning is sufficient for anyone who has, while reading the part of the book devoted to the psychoses, developed an attitude of mind which cannot properly be brought to bear upon the study of the psycho-neuroses.

Very little attempt has been made in this section to follow any definite system. The small amount of space which it is possible to give to the subject in a book of this nature has resulted in a more or less haphazard collection of facts, which is probably of very little value to the student, and may quite well result in the production of a confused mental picture.

There is an extremely valuable chapter on occupational therapy, and a very excellent and clear description of the relations of psychiatry and law. This will be of great value, not only to the students who are entering practice, but to the practitioner whose mind at the present time is seriously exercised about the part that he can safely play in the certification and protection of those cases of insanity with which he is called upon to deal.

MANUAL OF SURGICAL ANATOMY. By BEESLY and JOHNSTON. 3rd edition. (Oxford Medical Publications.)

That this is the third edition of this book since its origin in 1916 shows commendable zeal on the part of the authors and helps to explain its deserved popularity. It is a relief also, in days when the student is much burdened with literature, to meet with authors who have the self-control to keep their works from becoming unwieldy.

As before, the book follows the plan, print and arrangement of Cunningham's excellent small text-books of anatomy (now alas grown to three volumes), and covers the ground methodically and clearly.

The enlarged section on the sympathetic and parasympathetic is well worth its place, and might even have been raised to the dignity of the large print. A typically excellent paragraph is that on referred pain on p. 246.

The illustrations are clear and not too numerous. The radiograms are, on the whole, good, but those on empyema of the maxillary and frontal sinuses might well be improved upon.

A short paragraph on the developmental and anatomical relationship of dermoids and teratomata might be a welcome addition in future editions. The book serves its purpose admirably, and can be confidently recommended to students and candidates for any of the surgical examinations in this country.

THE EAR, NOSE AND THROAT IN GENERAL PRACTICE. By D. A. CROW, M.B., Ch.B. (Humphrey Milford: Oxford Medical Publications.) Pp. 148. Price 10*s*. 6*d*. net.

Probably these cases are amongst the most difficult and important to be met with in general practice. There are a number of problems which can be met by postponement, but the diagnosis of otitis media is not one of these. The author stresses the operation of paracentesis in his own lively manner: "if, as a result, one single practitioner, on receiving a call to an acute ear, bundles into his desk that mass of dull clerical work against which he so naturally rebels and proceeds with the speed of a fire-engine to incise one single ear-drum, this book will not have been written in vain."

We are glad to see him advising against the performance of the tonsil and adenoid operation by unpractised hands. There are two colour plates and 45 figures; the technique of examination and of various operations is very practically described; and, as with all the Oxford Medical Publications, the matter is attractively dressed. The book fills an important gap.

THE METHODS OF CLINICAL DIAGNOSIS. By ALEXANDER GEORGE GIBSON, M.D., F.R.C.P., and W. T. COLLIER, M.D., M.R.C.P. (Edward Arnold.) Pp. 388. Price 12*s*. 6*d*. net.

Though the modern works available on this subject are legion, this volume has the advantages of being smaller than most, and of proceeding from Dr. Gibson, of the Radcliffe Infirmary, Oxford. There is nothing very startling about the presentation, which is markedly conservative, and, indeed, very similar to Hutchinson and Rainy, which we do not feel to have been in any way superseded. Clinical pathology is relegated to a rather cramped chapter at the end. The illustrations are good.

CONTRACEPTION. By MARIE STOPES, D.Sc.(Lond.), Ph.D.(Munchen). 2nd edition. (London: John Bale, Sone & Danielleon, Ltd., 1927.) Pp. 480. 5 plates. Price 15*s*. net.

Dr. Stopes's book falls naturally into two parts, one dealing with the practice, and the other with the history of contraception. In both there is much interesting matter, and Dr. Stopes is to be congratulated on her diligence in amassing so much diverse material. But it is a pity in a book expressedly stated to be a manual for medical men and others that neither the practitioner nor the historian are free from partiality.

For propagandist purposes, moving case-histories and quotations of the opinions of persons who are invariably given their full qualifications may be useful and necessary, but a manual meant for people who are conceivably able to form their own ideas need not carry on a continuous fight against preconceived opposition.

If the medical profession is as ignorant as Dr. Stopes believes (and this would seem to be the case) they will prefer enlightenment in a manner they are used to. The section devoted to the statistics of Dr. Stopes's first clinic is by far the most convincing.

But the volume, considered as a work devoted entirely to the favourable aspect of contraception, is of value. We now wait for Dr. Stopes to present us with a supplement on the pitfalls and dangers of contraception—a work which would do much to remove the stigma of enthusiastic partisanship of an otherwise useful work.

ULTRA-VIOLET RADIATION. By ELEANOR RUSSELL and W. KERR RUSSELL. (E. & S. Livingstone, Edinburgh.)

This book is well printed and gives a clear account of ultra-violet radiation. In the first chapter it seems a pity to have left out Simpson's name in the historical section. In Chapters V and VI, 78 pages seem an undue space to give to the various types of lamps. The chapter on technique is excellent, but more stress should be laid on the danger of overhead lamps. The authors do not give the credit due to the Tungsten arc lamp for local treatment. In the chapter on treatment it would be better to limit this to ultra-violet radiation rather than give combined treatments. In the last two chapters there is a tendency to regard ultra-violet treatment as a panacea, *e. g.* on p. 376 we find it advocated for urethritis and orchi-epididymitis, and in general for paralysis agitans and locomotor ataxy. As a whole the book is well put together and will be found thoroughly practical. The print is excellent.

RECENT ADVANCES IN HÆMATOLOGY. By A. PINEY, M.D., Ch.B. (Birm.), M.R.C.P.(Lond.) (London: J. & A. Churchill, 1927.) Price 12*s*. 6*d*. net.

The latest addition to the "Recent Advances" Series is in every way up to the standard of its predecessors. There is a full discussion of the better-known "primary" blood diseases, and of the symptomatic changes in the blood in other diseases. Dr. Piney supports the view that the reticulo-endothelial system is derived from mesenchyme, and from it the precursors of the lymphoid, myeloid and red cells are derived. On that basis all pathological blood phenomena are discussed. Dr. Piney's valiant attempt to reduce hæmatology to some sort of system is commendable, though the links in the system are often dependent on observations too rarely made, either because of their rarity, or the inability of observers to agree on morphological points.

The blood pictures in the leukæmias are regarded as a combination of two pathological conditions in the hæmatopoietic tissues: an output by foci of definitely neoplastic tissue, and an abnormal output from normal blood-forming tissue, stimulated by the neoplastic foci in its midst. The picture in the late stages of the chronic leukæmias is akin to that of the acute leukæmias, and due to an overwhelming output from the neoplastic foci, and to a complete disfunction of the normal hæmatopoietic tissue.

The argument that pernicious anæmia is a state induced by nocuous stimuli on a body retaining masses of primitive hypoblastic erythropoietic tissue, resulting in a hyperplasia of that tissue and an atrophy of the normal, is ingenious and well supported. It depends in part upon the familial element in the ætiology of the condition, and the morphological likeness between the nodules of normoblasto-granulocytic hypertrophy and the islands of primitive erythroblastic tissue. Diagnosis from the Schilling count is treated at length. Dr. Piney is to be congratulated upon the ease with which he threads the mazes of hæmatological terminology.

The plates are excellent.

AN X-RAY ATLAS OF THE NORMAL AND ABNORMAL STRUCTURES OF THE BODY. By A. M'KENDRICK, F.R.C.S.(Edin.), and C. R. WHITTAKER, F.R.C.S.(Edin.) Second edition. (E. & S. Livingstone.) Price 25*s*.

At the price of eightpence a dozen, the second edition of this Atlas gives some 450 radiograms, most of which are excellently clear; especially good are the additional ones of lipiodol injections of the air-passages. The 50 radiograms of normal structures, well explained by diagrams, are excellent and valuable, particularly those of bones before union of the epiphyses, but the remaining 400 radiograms illustrating injury and disease may fascinate the student, yet can scarcely instruct him. For these are explained neither by diagrams nor arrows, and only rarely is the reason for the diagnosis given. In the section devoted to normal appearances, the importance of a correct focus point is emphasized, but in none of the pathological radiograms is the focus point given, so that the abnormal cannot be directly compared with the normal. Selection of the radiograms has not been guided by the commonness of occurrence of the conditions shown; thus a dozen examples of osteitis fibrosa are given, but only one of Paget's osteitis deformans. Of the abdominal radiograms, those illustrating diverticulitis are very good, but those of gastric and duodenal ulceration are much inferior to the American films of the condition.

The beauty of the reproductions so stimulates interest that the meagreness of description makes disappointment more bitter, and the remedying of this point would increase the value of the book to students tenfold.

KER'S MANUAL OF FEVERS. 3rd edition revised by CLAUDE RUNDLE O.B.E., M.D.(Lond). (Oxford University Press: Humphrey Milford.) Price 12*s*. 6*d*. net.

This book is as useful as ever it was—that is to say, it is extremely useful. While the original form and style are largely maintained throughout, it has been brought very adequately up to date by Dr. Rundle. Lucid accounts are given of the Dick and Schultz-Charlton tests and of the serum treatment of scarlet fever. There is a short (destructive) criticism of the supposed relationship between herpes zoster and varicella. Some readers may not agree with the author's conclusion that the frequent association between these two diseases may be "best explained by coincidence." The photographic illustrations are excellent. One could wish that they were in colour—were it not for the fact that coloured pictures of skin eruptions are seldom entirely satisfactory.

A valuable 300 pages—well indexed.

CORRESPONDENCE.

READERS' OPINIONS.

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

DEAR SIR,—I have long been one of the most interested of your readers—until just lately. I used to enjoy most the articles which at one time appeared under "Humour and the Consultant," etc., while I considered those more specialized treatises on surgical anatomy most edifying to old and young students alike. Good straightforward stuff with no literary frills.

But there has crept in, I think, the last year or thereabouts into what was before a broad-minded and a high-minded paper, Sir, a spirit of cynical levity such as I am told is prevalent in certain Cambridge undergraduate journals, a pseudo-scientific and irreligious type of balderdash cloaked by a sort of precocious facility in expression and the use of long words (for is not this the most dangerous type of all?) which I cannot stomach, and which to my mind serves no good purpose.

Without hurting your contributor's feelings I would allude especially to the articles which have only too often appeared over the initial "M." I have spoken to several colleagues, and they agree that what little we understand is a positive menace to the pathology and physiology of the student, who, God knows, has enough difficulties already in his path.

My sincere interest in the ultimate welfare of your Journal is my only excuse for writing.

Yours faithfully,

W. K. P.

[We are grateful to W. K. P. for his solicitude for the welfare of the JOURNAL, though we confess an inability to understand exactly whither the spirit of cynical levity has crept. If we observe the spirit rather than the letter in this matter we shall doubtless benefit. ED.]

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

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Discussion on the Diagnosis and Treatment of Colitis." *Proceedings of the Royal Society of Medicine*, February, 1927.

ADAMSON, H. G., M.D., F.R.C.P. "The Treatment of some Common Skin Affections." *Clinical Journal*, June 29th, 1927.

——— "Two Cases of Recurrent Cellulitis of the Face." *Proceedings of the Royal Society of Medicine*, March, 1927.

BALL, W. GIRLING, F.R.C.S. "Adeno-Carcinoma of the Kidney." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Renal Carbuncle." *Proceedings of the Royal Society of Medicine*, March, 1927.

BARNES, E. BROUGHTON, F.R.C.S.Ed. "Case of Rodent Ulcer Metastasis." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Large Temporo-sphenoidal Abscess following Injury; no Localizing Signs except Homolateral Papilloedema." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Left Temporo-sphenoidal Abscess." *Proceedings of the Royal Society of Medicine*, May, 1927.

BATTEN, RAYNER D., M.D. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

BROUGHTON-ALCOCK, W., M.B. "A Spirochætic Infection with Necrosis and Perforation of Ileum." *Proceedings of the Royal Society of Medicine*, March, 1927.

BUTLER, T. HARRISON, M.A., M.D. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

CARSON, H. W., F.R.C.S. "Discussion on Abdominal Tuberculosis." *Proceedings of the Royal Society of Medicine*, March, 1927.

CAUTLEY, EDMUND, M.D., F.R.C.P. "Hemiplegia of Sudden Onset." *Proceedings of the Royal Society of Medicine*, February, 1927.

——— "? Intrapulmonary Cyst." *Proceedings of the Royal Society of Medicine*, February, 1927.

CHANDLER, F. G., M.A., M.D., F.R.C.P. "Discussion on the Treatment of Chronic Non-tuberculous Infection of the Lungs." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "The Diagnosis and Treatment of Bronchiectasis." *Clinical Journal*, July 6th, 1927.

CLARKE, ERNEST, C.V.O., M.D., F.R.C.S. "Emergencies in Ophthalmic Practice." *Practitioner*, July, 1927.

——— "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

——— "Discussion on the Value of Recent Methods of Treatment in the Late Stages of Ocular Syphilis." *Proceedings of the Royal Society of Medicine*, April, 1927.

COCHRANE, R. G., M.B., Ch.B.(Glas.), M.R.C.P., D.T.M.&H. "Discussion on the Treatment of Leprosy." *Proceedings of the Royal Society of Medicine*, April, 1927.

CUMBERBATCH, E. P. "Discussion on Climacteric Arthritis." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Discussion on Diathermy." *Proceedings of the Royal Society of Medicine*, March, 1927.

DALLY, J. F. HALLS, M.A., M.D., B.Chir.(Cantab.), M.R.C.P. "Discussion on Climacteric Arthritis." *Proceedings of the Royal Society of Medicine*, March, 1927.

DAVENPORT, R. CECIL, M.B., B.S.(Lond.), F.R.C.S. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

DAVIES, J. H. T., M.D. "Papular Swellings on Eyelids and Forehead: ? Colloid Milium." *Proceedings of the Royal Society of Medicine*, May, 1927.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "The Use of Weber-Liel's Intratympanic Tube in Chronic Eustachian Catarrh." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Temporo-sphenoidal Abscess." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Cerebellar Abscess Secondary to Thrombo-phlebitis of the Bulb of the Jugular Vein." *Proceedings of the Royal Society of Medicine*, May, 1927.

ECCLES, W. McADAM, M.S., F.R.C.S. "Discussion on the Treatment and Results of Fractures of the Upper End of the Femur in Adults (excluding the Shaft)." *Proceedings of the Royal Society of Medicine*, February, 1927.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Discussion on the Treatment and Results of Fractures of the Upper End of the Femur in Adults (excluding the Shaft)." *Proceedings of the Royal Society of Medicine*, February, 1927.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Fracture of the Transverse Process of the Third Lumbar Vertebra." *Proceedings of the Royal Society of Medicine*, April, 1927.

FAWKES, MARMADUKE, O.B.E., M.B., B.S. "Migraine and Acetonuria." *British Medical Journal*, December 18th, 1926.

——— "Migraine and Acetonuria." *British Medical Journal*, February 12th, 1927.

——— "The Appendix Reflex and the Hypoglycæmic Child." *British Medical Journal*, July 2nd, 1927.

FEILING, ANTHONY, M.D., F.R.C.P. "Discussion on the Value of Recent Methods of Treatment in the Late Stages of Ocular Syphilis." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Two Cases of Familial Pes Cavus with Absent Knee- and Ankle-Jerks (Peroneal Type of Muscular Atrophy)." *Proceedings of the Royal Society of Medicine*, June, 1927.

GASK, GEORGE, C.M.G., D.S.O., F.R.C.S. "Discussion on the Treatment of Gangrene of the Extremities." *Proceedings of the Royal Society of Medicine*, February, 1927.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "Discussion on Light Treatment in Surgical Tuberculosis." *Proceedings of the Royal Society of Medicine*, April, 1927.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Discussion on Diverticulitis." *Proceedings of the Royal Society of Medicine*, March, 1927.

HALDIN-DAVIS, H., M.D., F.R.C.S. "Paget's Disease." *Proceedings of the Royal Society of Medicine*, February, 1927.

HAMMOND, T. E., F.R.C.S. "A Case of Lateral Uretero-Cystostomy." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "The Causes and Diagnosis of Frequency of Micturition." *Clinical Journal*, July 6th, 1927.

HANNAN, JOHN H., M.A., M.D., B.Ch.(Cantab.). "On Certain Adrenaline Effects at the Menopause and their Significance." *British Medical Journal*, July 2nd, 1927.

HARMER, W. DOUGLAS, M.A., M.B., M.C., F.R.C.S. "Discussion on Diathermy." *Proceedings of the Royal Society of Medicine*, March, 1927.

HEPBURN, MALCOLM, M.D., F.R.C.S. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

HEY GROVES, ERNEST W., M.D., F.R.C.S. "Discussion on the Treatment and Results of Fractures of the Upper End of the Femur in Adults (excluding the Shaft)." *Proceedings of the Royal Society of Medicine*, February, 1927.

HIGGS, S. L., F.R.C.S. "Discussion on the Treatment and Results of Fractures of the Upper End of the Femur in Adults (excluding the Shaft)." *Proceedings of the Royal Society of Medicine*, February, 1927.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "The Medical Aspects of Hæmaturia." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— "MacAlister Lecture on Diet and Dietists." *Lancet*, July 16th, 1927.

HOWELL, C. M. HINDS, M.D., F.R.C.P. "Birth Injuries." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— "Friedreich's Ataxy." *Proceedings of the Royal Society of Medicine*, June, 1927.

CHANGES OF ADDRESS.

BOSWELL, A., 11, York Avenue, East Sheen, London, S.W. 14.
CLARKE, A. H., Private Secretary's Cottage, Domain, Hobart, Tasmania.
MARCH, J. O., Redlynch Lodge, Redlynch, Salisbury.
SIMPSON, D. P., 21, Hamilton Terrace, Partick, Glasgow.
STONE, KENNETH, 9, Boundary Road, St. John's Wood, N.W. 8. (Tel. Primrose Hill 3957.)
TUCKER, H. K., 25, Northdown Avenue, Cliftonville, Margate. (Tel. 246.)
WARREN, A. C., The Lawn, Upper Redlands Road, Reading, Derks. (Tel. Reading 2282.)

APPOINTMENTS.

BARENDT, G. H., B.A., M.R.C.S., L.R.C.P., appointed House Physician to the Royal South Hants Hospital, Southampton.
CULLINAN, E. R., M.D., M.R.C.P., appointed Assistant Physician to Woolwich and District War Memorial Hospital.
FISHMAN, M., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Clinical Assistant to O.P. Surgical Department, Willesden General Hospital, N.W. 10.

BIRTHS.

CHANDLER.—On July 13th, 1927, at 1, Park Square, West, Portland Place, to Marjorie, wife of F. G. Chandler, M.D., F.R.C.P.—a daughter.
GERARD-PEARSE.—On June 29th, 1927, at Somerset House, Weymouth, to Joyce, the wife of John Gerard-Pearse, F.R.C.S.—a son.
HUME.—On July 2nd, 1927, at 41, Southway, N.W. 11, to Marjorie (*née* Poole), wife of J. Basil Hume, M.S., F.R.C.S.—a daughter.
MACKIE.—On June 22nd, 1927, at Old Government House, Parel, Bombay, to Mary Elizabeth Haddon (formerly Elwes), wife of Lt.-Colonel F. P. Mackie, I.M.S.—a son.
MOODY.—On July 1st, 1927, at Bournemouth, to Winnie (*née* Rice-Oxley), the wife of Dr. A. J. Moody—a daughter.
PARRISH.—On July 13th, 1927, at Tadworth, Surrey, to Ethel (*née* Whitehead), the wife of John Parrish, M.B., B.S.—a son.

MARRIAGE.

ROLES—CRACE-CALVERT.—On July 30th, 1927, at Holy Trinity Church, Prince Consort Road, W. 8, Francis, only son of Mr. and Mrs. F. Crosbie Roles, of 14, Vicarage Gate, Campden Hill, to Joan, only daughter of the late Dr. George A. Crace-Calvert, J.P., of Llanbedr Hall, Ruthin, North Wales, and of Mrs. Crace-Calvert, of 59, Fitzjames Avenue, Kensington, W. 14.

ACKNOWLEDGMENTS.

Archives of Medical Hydrology.—Bolletino della Società fra i Cultori delle Scienze mediche e Naturali.—The Charing Cross Hospital Gazette.—St. George's Hospital Gazette.—Giornale della Reale Società Italiana d'Igiene.—Guy's Hospital Gazette.—The Hospital Gazette.—The Kenya Medical Journal.—London Hospital Gazette.—Long Island Medical Journal. St. Mary's Hospital Gazette.—The Medical Review.—The Middlesex Hospital Journal.—The Nursing Times.—The Post-Graduate Medical Journal.—Queen's Medical Magazine.—The Student.—U.C.H. Magazine.

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, 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. 12.] SEPTEMBER 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Fri., Sept. 2.—Prof. Fraser and Prof. Gask on duty.
Tues., ,, 6.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri., ,, 9.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Tues., ,, 13.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Fri., ,, 16.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., ,, 20.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 23.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

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

Tues., ,, 27.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Fri., ,, 30.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

EDITORIAL.

THE summer vacations are drawing to a close. The Bacchanal is almost finished, and there remain only the last devotees, squeezing the grape-skins in the vain hope of a final intoxication. Prohibition, willy-nilly, decrees a return to the sobriety of autumn, with an ironic injunction that we shall go 'dry.' We must forget and forswear the delights of amorous tennis, of stern mountaineering, and of lending a hand, with an air of shamefaced nonchalance, to build a tide-defying sand castle.

But while we try to drown these recollections in the realities of hospital, the melancholy, acid tang in the morning air reminds us all the more keenly of those last days of fading glory, when the end was heralded by a serious debate on the composition of the Tuck Box, and the powers that be were diffidently told not to "bother about mending those second fifteen stockings. I—er—probably shan't want 'em."

Nowadays, instead of having queer sensations in the epigastrium and elbow-joints, three-quarters apprehensive, one quarter delightful (sensations that Mr. Lawrence ought to describe, if he hasn't yet done so), instead of wondering about this and that college or school, we make mental notes about an extra blanket, or decide to cadge some Troch. Ammon. Brom. from the Dispensary. Or we may see ourselves as the unknown and unwitting authors of apprehension in some freshman's breast, and resolve, though we may stride across the Square with the air of a houseman, to point the way, adequately, for some "little blighter" with milk scarcely dry on his lips.

Extra blankets belong really to the future days, when we "get up at night, and dress by yellow candle-light," and the October Editorial is sacred to the newcomers. This is rather the month of *Valete* than of *Salve*. The emotions of parting are, we believe, hidden in the British way under the offer of well-balanced advice. And though the approval of examining boards is sweet, it hardly confers omniscience. *Nemo mortalium omnibus horis sapit* (while we still have the Dictionary of Latin Quotations open).

Having no advice of our own to offer, we step aside of the authoritative pen of the Editor of the *Lancet*, who has written a book* with the help of expert collaborators to guide the young and old in the conduct of a medical practice, while those who tire of its dry precision will find in Dr. Sykes's new *Manual of Medical Practice* a more intimately-written account of the ways in which general practice differs from hospital experience.

* * *

We offer our congratulations to Sir Ronald Ross, who has received the fifth gold medal of the African Society. The medal was instituted for those who have done the best work in Africa.

* * *

Our congratulations also to H. L. Wilson, who has been elected to the E. G. Fearnsides Scholarship for

* To be noticed later in the 'Review' column.

the encouragement of clinical research in organic diseases of the nervous system.

* * *

We offer the prize of one guinea for the best essay of not more than fifteen hundred words upon the subject, "Current Events in Hospital." The offer is necessarily confined, this month, to present members of the Hospital. Intending essayists should, therefore, write as for an "outside" reader. The essays will be judged in the capacity to amuse without offending, as well as to inform without being didactic. Competitors are not restricted in the events they choose to illuminate, and the term "Hospital" may be taken in its widest sense.

The Editors reserve the right to publish any of the essays submitted, and to withhold the prize if they consider no essay worthy of it.

* * *

In the columns of this number is a section headed "Annotations." It is hoped that readers who have matter of interest which hardly warrants the dignity of a fully-fledged article will avail themselves of this column. We feel that many observations, clinical and laboratory, of diagnosis, treatment and technique otherwise lost to the public might see the light in this way. The notes are unsigned, and ideally should not exceed four hundred words in length, though we impose no rigid limit.

* * *

HOUSE APPOINTMENTS FOR NOVEMBER, 1927.

Applications for these appointments will be received on or before the morning of September 17th, 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.

AU REVOIR.

THERE must be few among us, past or present, who can remember the Hospital without at once recalling the figure of Freddy Andrewes. He has been for so long one of the distinguished ornaments of the College that the wrench of separation is almost personal, as if each of us had lost a limb by amputation. Even to the writer his origin seems obscure and almost legendary. He was pointed at by the student with awe and admiration when he himself was but newly emerged from the chrysalis, nor in personal appearance has he much changed in those years. All the time he has moved among us and of us, in the same unaltered guise, an example of what we might aspire to be; devoted to his work, his friends and his garden; cultivating all three with the same effortless ease.

> Of him you know his merit such,
> I cannot say, you hear, too much.

Many years ago clinical medicine seemed destined to win his adherence, and though the laboratory claimed him to follow Kanthack, his clinical training has always ordered and aided his pathological bent, so that there is not, and never has been, any member of the Clinical Staff who has not eagerly sought his advice and assistance in difficult cases. Yet he has been a great deal more than a clinical pathologist, with a wider vision and a clearer sense of the obscurer fringes of knowledge than is vouchsafed to most men.

But this is not the occasion to dwell on his scientific attainments, or on his professional and professorial life among us. It is rather his personal attributes which we would recall, and for which we would render him our grateful praise now that we are obliged to see him leave us. None among us, in the writer's recollection, has moved with such complete serenity amid the changes and chances of our corner of the world—a serenity which has had nothing remote or severe about it, but has always sparkled with the delightful humour and wit which has constantly wrinkled the seldom-ruffled surface. For there were but few occasions when his calm was disturbed by anything save the quick appreciation of another's jest. His own, so frequent and so apt, were delivered with only the smallest twinkle to point the application. He has been among us the Happy Warrior,—

> Who gained a title, but who lost no friend,
> Ennobled by himself, by all approved.

In his case we know that his retirement does not mean the pursuit of idle hours. He—

> with a natural instinct to discern
> What knowledge can perform, is diligent to learn.

And his freedom from the ties of a professor's duties may, we hope, enable him to continue to add to the gaiety and sobriety of the study of medicine. *Te, jam rude donatum, summo desiderio salutamus.*

SIR BERNARD.

SIR Bernard Spilsbury is leaving the Pathological Department, where, since 1920, he has held the position of Lecturer in Morbid Anatomy and Histology. There are many, especially among the younger generations, who owe to him their first conception of morbid anatomy, whom he cajoled to a microscope by way of his epidiascope. His readiness to help and explain, and his demonstrations in the post-mortem room, made doubly entertaining by his lucid descriptions of his technique, are admired by all who know him.

Sir Bernard deserves the gratitude of those who would believe in the reality of the criminologist, for he constantly showed that the brilliance of a Sherlock Holmes was not necessarily the outcome of convenient clues supplied by a Conan Doyle. His lectures to the Abernethian Society, when he drew on his large medico-legal experience, are still vivid memories.

Those who have worked with him in the Pathological Laboratory will remember him chiefly for his courtesy: he was ever willing to offer an opinion on a difficult section, and characteristically he was not influenced or biased by the clinical history of the case. He gave his opinions as a pathologist and not as a clinician.

His industry is immense, as the organization of the new Morbid Histology Laboratory and his minutely detailed records of post-mortem material witness.

Sir Bernard is taking up his Home Office work, and hopes to complete some books for publication. His laboratory work is to be continued at University College.

He leaves behind him at St. Bartholomew's many friends, who delighted in his attainments as much as in his great personal charm, and whose best wishes follow him in his new life.

THE GRADUAL RELIEF OF CHRONIC RETENTION OF URINE.

WHEN there is an incomplete obstruction in the lower urinary tract and the cause persists for a considerable time, various changes take place both in the anatomy of the urinary passages and in the physiological processes of urinary secretion. These changes resulting from retention of urine are to a certain extent secondary to increased pressure, whereas there are others which must be regarded as an attempt to adapt the secretory apparatus to the new conditions, in other words as compensatory phenomena. This compensation is sufficient for a time to enable the kidneys to carry on in spite of the obstruction, and although progressive damage is being done to the renal tissue, yet for a while a "state of equilibrium" exists. In Cabot's *Modern Urology* it is referred to as "the peculiar balance existing between the heart, kidney, secretion of urine, and the nervous control of these in the patient who has gradually become used to over-distension of the bladder."

The knowledge of how unstable this equilibrium may be has been obtained by such bitter experience that every student is warned of the dire results which follow the clumsy handling of chronic retention. Yet, although they all learn that it is wrong to draw off the urine quickly, few of them have really clear ideas on how to draw it off in any other way. Also it is not always realized that the management of acute retention (which has been acute from the onset) is quite a different problem from that of chronic retention which has either ended in acute retention or has resulted in overflow incontinence.

Even although one is familiar with the dangers and the warnings one may be almost tricked into taking a fatal step which interferes with one of the elements in the "balanced" system and so throws the whole system into confusion. In 1923 a man of 60 was admitted to the Hospital with a strangulated inguinal hernia. It was discovered when he was under the anæsthetic that his bladder reached up to the umbilicus, though, needless to say, he had passed urine before coming to the theatre. Rectal examination revealed an enlarged prostate. With the object of preventing straining during micturition, which might prove too severe for the repaired hernia, the residual urine was drawn off there and then. The patient was unable to pass water naturally afterwards and was catheterized daily. Ten days later he died of uræmia, his blood-urea before death rising to 350–400 mgrm. per cent. To quote again from Cabot, by draining the residual urine from the bladder, "the back pressure is relieved; decompression of the kidney follows; swelling and congestion of the organ take place; and its functional capacity immediately drops to a very low point."

The explanation of the changes in the kidney, in the light of our present knowledge of the physiology of this organ, is not perfectly clear. Œdema of the lung has been recorded after too rapid withdrawal of a pleural effusion. Œdema of the brain leading to failure of the vital centres follows too sudden withdrawal of fluid under tension from within the dura mater or from the brain itself. And it seems probable that a similar

change must occur within the capsule of the kidney when the pressure is too rapidly lowered in the urinary tract.

Whatever the explanation, the change in the urinary tract which follows a sudden drop in intravesical pressure is immediate congestion with œdema and hæmorrhage. In the kidney this means suppression of urine, or at least a very severe falling off in renal efficiency, and in addition it renders the whole tract a fertile field for infection.

Some idea of the influence of drainage of the bladder upon renal efficiency may be obtained from the study of the blood-urea after the suprapubic drainage operation preliminary to prostatectomy. Again and again—so frequently as to be constant in the cases which demand the two-stage operation—one finds a rise in the urea content of the blood, which later falls and has to find a steady level before the operation is completed.

Besides the local effects in the urinary tract, a sudden fall in the arterial blood-pressure throughout the body follows the rapid withdrawal of residual urine. This is a very serious complication, for with a damaged filter the reduced filtration pressure places the excretory apparatus in a very precarious position.

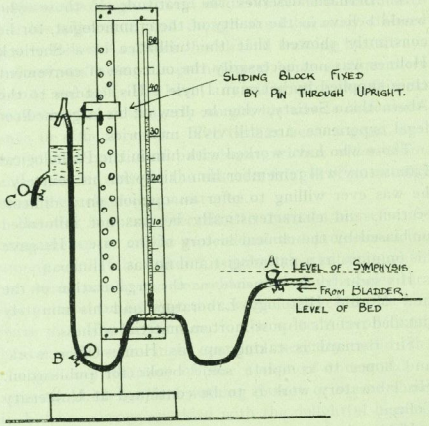
To overcome these dangers many plans have been suggested. One is to draw off the urine through a very small catheter and so insure slow emptying of the bladder. Though applicable to some cases of urethral stricture this method can seldom be used in enlargement of the prostate since the fine catheter gets hitched up in the prostatic urethra and cannot be made to enter the bladder.

Another suggestion is to pass a catheter at regular intervals, each time drawing off a greater and greater proportion of the bladder contents, till finally it is completely emptied. It is impossible to carry out this method without subjecting the patient to very severe risks. Let us suppose that half the urine is to be drawn off. This cannot be done accurately unless we know how much the bladder contains. I remember Dr. Cabot discussing this method and describing how he had drawn off all the urine and then put half of it back again. He said he supposed the man would prefer to have his own water back, rather than have some salt solution that didn't belong to him! It is unnecessary to remark that this account was a preliminary to his advocating a better method.

Repeated catheterization, however carefully carried out, brings about so many variations in the pressure the kidney has to work against that any compensatory mechanisms it may possess are strained to breaking point, and in senile cases are almost certain to fail. The case described above is a good instance of this failure. And added to all this is the risk—the certainty in fact—of infection.

The method of gradual drainage to be described is not new. It has been in use at the Mayo Clinic for the past four years, and it was while I was in the United States that my attention was drawn to it. The apparatus is simpler than others which have been described, and, though it looks crude, it is being placed on record because it can be improvised easily from materials to be found in any hospital, and it performs its functions as well as the more elaborate models.

It consists of a wooden upright upon which is a block, which can slide up and down, and which can be fixed



APPARATUS USED FOR THE GRADUAL DRAINAGE OF THE OVER-DISTENDED BLADDER.

at any height by a pin passing through one of the holes bored in the upright. The holes are bored at intervals of 2.5 cm. Fixed to the upright is a piece of wood supporting a glass tube, which acts as a manometer, being connected through a T-piece below to the bladder on one side and to an overflow tube on the other. The overflow tube is attached to a piece of glass tubing shaped like an inverted Y, which hooks on to the rim of a douche-can screwed into the sliding block. The manometer tube is graduated in centimetres, and it is convenient to have the bottom of the scale at the level of the symphysis pubis.

The apparatus is filled with water so that the fluid in the manometer tube stands at the level of the symphysis, and the overflow tube is clipped at D. A catheter is passed into the patient's bladder and clipped

to prevent escape of urine. The catheter is then connected to the apparatus and the clip A removed. The fluid in the manometer tube now rises to a height corresponding to the intravesical pressure. It is found in practice that this varies between 10 and 50 cm. of water. The sliding block is moved up and fixed so that the overflow tube is just above the level in the manometer and the clip B is removed. Urine will now continue to be secreted against the same pressure in the urinary tract as before, but it will overflow all the time into the douche-can in which it can be measured, and run off by opening the clip C.

In a few hours the height of the bladder above the pubes will be found to be getting less, and will continue to decrease as drainage goes on. In twelve hours the block can be lowered 2·5 cm., and in from three to five days, as a rule, the pressure will have come down to *nil*. The apparatus may then be disconnected and the urine collected in a bottle. If, as happened in one of our cases, blood appears in the urine, the block must be raised again at once. In the case referred to the bleeding ceased as soon as this was done, and subsequently the lowering of pressure was carried out even more gradually than before and without a recurrence of the hæmorrhage.

The apparatus has been used in five cases of enlargement of the prostate and two cases of urethral stricture. It has proved easy to handle, and the patients have expressed themselves as greatly relieved and not at all inconvenienced by it. We have not noted any rise in the blood-urea before it began to fall, and the blood-pressure has fallen gradually instead of suddenly to its "normal" level. The urinary output has been well maintained in all the cases.

Certain individuals cannot tolerate an in-dwelling catheter, and under these circumstances the apparatus can be connected just as easily to the de Pezzer tube used for suprapubic drainage of the bladder. The de Pezzer tube must, of course, be introduced into the bladder without emptying it in the process, but this may be achieved by the use of a large suprapubic trocar and cannula, the tube being passed down the cannula and only a few c.c. of urine being allowed to escape in the process. In one of our cases we made use of this method and found it presented no difficulty.

In conclusion we believe that in this simple apparatus we have the means of relieving chronic retention safely. It is not suggested that every patient who has an enlarged prostate and an ounce or two of residual urine requires its use; but in the treatment of neglected cases of chronic retention it is a life-saving device.

J. P. Ross,

From the Surgical Professorial Unit.

A CASE OF PYÆMIA DUE TO AN UNIDENTIFIED ANAËROBIC BACILLUS, ENDING IN RECOVERY.

THE following case offers points of some interest on both clinical and pathological sides.

J. J. K—, a male, æt. 20, was admitted to Dr. Langdon Brown's ward on February 20th, 1927, complaining of cough and shivering attacks for the past week.

History of the condition.—One week previous to admission, the patient had a sore throat and stiff neck. The following day he had a temperature of 104° and a rigor. He felt ill and weak. The rigor was repeated daily up to the date of admission, six days later. He developed a cough with tenacious, brown sputa, and was admitted to the hospital on the seventh day of the disease.

On admission.—The patient was flushed and sweating, alæ nasi not working. Temperature 104°, pulse 96, respirations 24. The tonsils were large "but not unhealthy apparently." The percussion note over the lower lobe of the right lung posteriorly was impaired; the breath sounds weak. No added sounds were heard. The heart was natural. Spleen and liver were impalpable; there were no petechiæ. A blood-count done on the day of admission showed 14,000 leucocytes.

Course of the disease.—During the next four days after admission the patient had two rigors. He developed friction sounds at both pulmonary bases posteriorly, and bronchial breathing on the right side in the posterior axillary line. The sputa were rusty in colour, and a report on the bacteriology at this stage noted that "the predominant organism is a large Gram-positive bacillus, almost certainly anaërobic; Pfeiffer's bacillus is absent; no T.B. seen." Two days later, however, the flora had changed, and a Gram film showed Gram-positive cocci, and Gram-negative bacilli, rather large and some in chains. On culture, staphylococci and streptococci were grown. The tonsils were now covered with a patchy exudate. This was examined for Klebs-Loeffler's bacilli and for Vincent's organisms with negative results. On the fifth day after admission a swelling was observed on the left side of the neck anterior to the anterior border of the sterno-mastoid, which did not move on swallowing. The following day the swelling had increased and was thought by some to fluctuate. A thrombosed jugular vein was suggested, and in view of this grave possibility it was decided to explore, and 2 oz. of thick, yellowish pus without odour were evacuated by Sir Holburt Waring. The condition of the jugular vein was not investigated. A Gram film

of this pus showed the presence of a pleomorphic Gram-negative bacillus in some ways resembling Pfeiffer's bacillus, but exhibiting greater variations in size and morphology, and a tendency to grow in pairs (see Fig. 1). Aërobic cultures on blood media were sterile. The patient's condition was not materially improved by the evacuation of pus. He developed pericardial friction, moist sounds in his lungs and a pleural effusion on the right side which was tapped. This contained polymorphs, and was sterile in film and culture. Dr. Garrod was good enough to inject some of it intra-peritoneally into a guinea-pig. The pig bore it with fortitude, and was none the worse, either immediately or at a later date.

Dr. Garrod obliged with further guinea-pigs; Dr. Gordon also sacrificing on our altar. The aim was to produce a suppurative orchitis, which is characteristic of *B. mallei* infections in this animal. The pigs, however, remained indifferent to this malignant fate, and apart from malaise and a localized subcutaneous abscess at the site of infection, seemed little the worse. Glanders was therefore out of court. Meanwhile it was abundantly clear that the patient was suffering from pyæmia, and it was no surprise when a few days later he developed a thoracic empyema on the left side from which some 27 oz. of foul pus were removed after resection of rib. It showed the same organism as before, in pure culture.

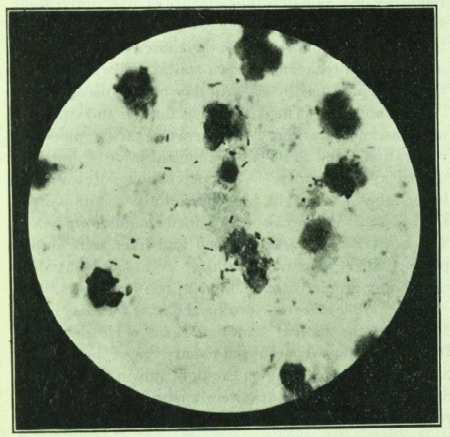


FIG. 1.—ORGANISM IN PUS FROM CERVICAL ABSCSES.

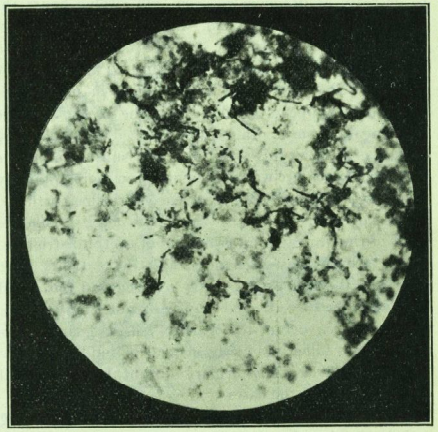


FIG. 2.—SUBCULTURE ON SOLID MEDIUM CULTIVATED ANAËROBICALLY.

Blood cultures made aërobically and anaërobically were sterile at this time, and remained so throughout the course of the disease. Fourteen days after admission the patient developed on the arms and legs small intra-cutaneous vesicles surrounded by a purpuric zone. An attempt made to withdraw some of the serum from a vesicle for bacteriological examination gave a negative result. Some days later he developed a large abscess in the right buttock. This was opened, and 12 oz. of stinking pus evacuated. There was no gas formation in the tissues. A Gram film of this showed the same organism as was seen eighteen days previously in pus from the cervical abscess, *i. e.* a pleomorphic Gram-negative bacillus. It was inevitable at this stage that Glanders—bogey for all Gram-negative bacilli—should be mooted. The alarm was raised in due course, and this time an attempt was made to cultivate it under strict anaërobic conditions in Noguchi's medium. Turbidity with gas production appeared after 24 hours. A Gram-film showed pure growth of a small Gram-negative bacillus, some of which appeared to be coccoid and to form chains. In order to sub-culture this anaërobically on solid media, the members of the Influenza Team kindly gave me accommodation for some plates in one of their McIntosh and Fildes anaërobic jars. The conditions under which they were working necessitated that the jar should not be opened for one week. When, at the end of this time, the plates were removed, many discrete colonies surrounded by a most intense zone of hæmolysis, were present on both plates. Films from these showed a bacillus similar in many respects morphologically to that previously seen in film and culture, but showing large involution forms as well. From this point onwards, the patient, contrary to all expectations, made uninterrupted progress, and was discharged from hospital seven weeks later completely recovered.

All efforts to subculture this organism, or to reproduce growth from the original material, failed. The colonies on the plates had evidently died out as a result of their prolonged stay in the anaërobic jar. The original pus, although kept on ice, had become sterile, possibly as a result of aërobic conditions. The discharge from the empty liver wound had become secondarily infected with staphylococci, and although the required Gram-negative bacillus was present in film on one occasion, attempts to grow it, continued over some weeks, ended in complete failure. All sources for the recovery of this organism had thus become unavailable, and further study and the hope of identification had to be abandoned.

Discussion.—Treatment consisted in repeated transfusion with whole citrated blood and the drainage of collections of pus as required. Recovery was wholly unexpected.

In view of the initial sore throat and the cervical abscess, the portal of entry was probably the tonsil. The negative blood cultures raise the interesting question as to whether the normal oxygen-capacity of the blood is not sufficient completely to inhibit the multiplication of strict anaërobes within the blood-stream. This patient had pyæmia, but not septicæmia.

From the bacteriological point of view, the following points emerge. The bacillus was Gram-negative and strictly anaërobic; attempts to grow it aërobically were consistently negative. In Noguchi's medium it produced turbidity and gas formation. On solid media it formed whitish, limpet-like colonies, 2–5 millimetres across, intensely hæmolytic. In fresh material it varied greatly in size, ranging from that of Pfeiffer's bacillus to the dimensions of a plump coliform organism. There was a definite tendency to grow in pairs in fresh material (see Fig. 1), and in parallel formation or in tangled masses in Noguchi's medium. "Beading" and polar-staining were marked with Gram's stain both in the pus and in culture, recalling *B. diphtheriæ*. Polar bodies, however, were absent when acetic acid toluidine blue was used. In fluid media the "beading" was so marked as to resemble a coccus growing in chains. The faintly staining outline of the bacillary envelope could, however, usually be seen between the interrupted "beads." What appeared to be spores were constantly present, central or sub-terminal. On solid media (see Fig. 2) large, swollen, involution forms occurred. The classification of this organism presents difficulties. As far as I am aware, all the pathogenic obligatory anaërobes are Gram-positive, with the possible exception of *B. chauvæi* (the bacillus of "quarter-evil"), which is said by some workers to be Gram-negative. This, however, is highly pathogenic to laboratory animals. It is known that many spore-bearing anaërobes, *e. g. B. sporogenes*, or *Vibrion septique*, become Gram-negative in old cultures, but this fact is not really relevant to the organism under discussion, since it was Gram-negative in all phases of its life-cycle; in fresh material as well as in young cultures. An examination of the text-books of Muir and Ritchie, Stitt, and Hiss-Zinsser, and a somewhat hasty search through the almost overpowering erudition of Kolle and Wassermann's *Handbuch*, have failed of illumination on this point.

I am indebted to Dr. Langdon Brown and Mr. H. L. Wilson for their permission to publish this case. I have also to thank Dr. Gordon, Dr. Canti, and Dr. Garrod for advice and assistance with the bacteriology; and Dr. Wilfred Shaw for his kindness in making the two excellent micro-photographs.

J. CONWAY DAVIES.

A CASE OF OSTEOMYELITIS OF THE ISCHIO-PUBIC RAMUS WITH OBSCURE SYMPTOMS.

I HAVE ventured to publish the notes of this case which presented some unusual features. Not only was the situation of the lesion uncommon, but the subsequent abscess formation with its spontaneous drainage and the eventual recovery merits, I think, special record.

F. T—, æt. 10, was admitted to Surgery Ward under the care of Sir Thomas Horder on May 15th this year, complaining of pain in the left groin.

The history of the case is as follows: For two days he had complained of malaise, vomiting, sweating, pain in the back and left groin, associated with a sore throat.

On admission his temperature was found to be 105·8° F., his pulse frequency 140, and his respirations 26.

When examined his throat was found to be red and swollen; his abdomen was not rigid, and no tumour was palpated, while his pain was referred to the left groin. The right testicle was absent from the scrotum. No tenderness was complained of on rectal examination.

The movements of both hip-joints were full and equal, while on the right leg, just below the knee was a small septic spot discharging purulent material. Nothing abnormal was discovered in the urine.

The patient was subsequently transferred to Rahere Ward, where he remained till May 30th, during which period the pain gradually became less, while remaining febrile, the temperature varying between 98° F. in the morning and 102° F. in the evening. During the last two days of the patient's stay in Rahere, he commenced to complain of hypogastric pain and a tendon swelling developed in the right ischio-rectal fossa.

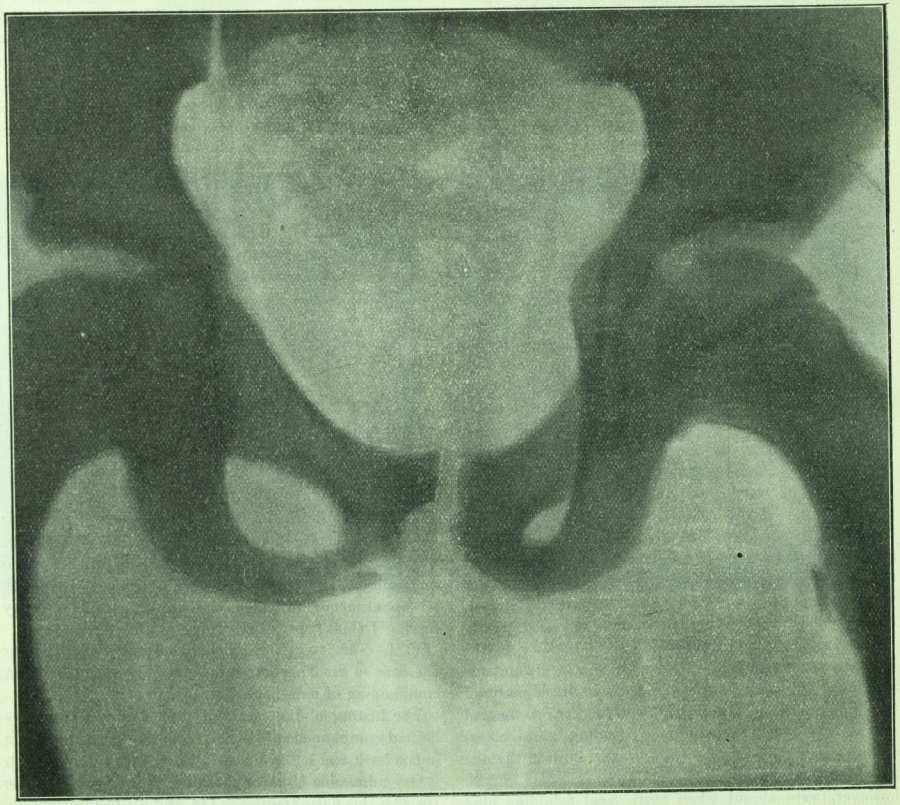
While in the Medical Ward an agglutination test was performed which was negative to typhoid and para-typhoid A and B.

On May 30th the patient was seen by Mr. Rawling, and a diagnosis of ischio-rectal abscess made. The abscess was incised and drained, and the patient transferred to Coborn Ward.

The pathologists reported that the pus from the abscess contained streptococci having the cultural characteristics of *Streptococcus pyogenes*.

When seen following the operation, there was still some hypogastric pain and rigidity, together with a spasmodic flexion of the right leg at the hip joint, extension and abduction of the hip being resisted, and causing pain. Actual rotation of the head of the femur in the acetabulum was full and free from pain.

Pain now began to be complained of during micturition, while the hypogastric pain and spasmodic flexion of the hip increased. The application of hot fomentations to the hypogastrium brought no relief, and the symptoms persisted till June 3rd, when the specimen of urine passed in the morning was observed to contain about ℥ij of thick, creamy pus. Following the discharge of pus in the urine, the hypogastric pain and rigidity temporarily disappeared, while the spasmodic flexion of the hip decreased, only to return a few days later.



SKIAGRAM OF PELVIS, SHOWING RAREFACTION OF SYMPHYSIS AND LEFT PUBIC RAMUS.

The pathological report on the urine showed the presence of pus, together with Gram-positive cocci in long chains. No tubercle bacilli were seen.

A blood-count carried out on June 8th was as follows: Red blood-cells 4,300,000 per c.mm.; white blood-cells, 17,000 per c.mm. The daily specimens of urine contained steadily reduced quantities of pus.

For the course of the next few weeks the severity of the symptoms varied from day to day, the patient remaining febrile during the whole period.

On June 30th cystoscopy was performed by Mr. Roche, the patient being under a general anæsthetic. The mucous membrane of the bladder was seen to be congested, but otherwise normal, no discharging sinus into the bladder being observed.

While under the anæsthetic an abdominal examination was made. Neither kidney was palpable, but there was a slight resistance felt in the left iliac fossa, while movements of the left hip-joint were not so free as those of the right.

Two days later an X-ray picture was taken of the pelvis, the report being as follows:

"The hip-joints appear normal. There is disease of the left ischio-pubic ramus and also probably of the pubic symphysis. There is considerable mottling of the bone of the ramus, and there are no sharp outlines to the bones forming the symphysis.

Diagnosis: ? Osteomyelitis; ? tuberculous disease.

On July 7th a red, tender, painful fluctuating swelling the size of a pigeon's egg appeared in the perineum in the midline, just posterior to the scrotum. This was incised and a quantity of pus evacuated.

The pathological findings on the pus were that it contained Gram-positive cocci in long chains, having the cultural characteristics of *Streptococcus pyogenes*. No staphylococci or tubercle bacilli were seen.

Following the incision of the abscess the symptoms rapidly and entirely disappeared and the temperature subsided, while the urine remained free from pus.

A further X-ray picture was taken which showed no change since the previous picture.

The patient was discharged to a convalescent home on July 30th.

During the latter part of his stay in hospital his general condition greatly improved, while he put on weight, being under-nourished and puny for his age on admission.

I am indebted to Sir Thomas Horder, Mr. L. Bathe Rawling and Mr. J. E. H. Roberts for permission to make use of these notes.

C. B. V. TAIT.

YUNGCHUN.

WE have been sent the following graphic picture of medical missionary work in China by the Presbyterian Church Officer, Russell Square.

At present and ever since the Kuomintang came into governing power here we have had peace; there has been no fighting, no brigandage in the city, no unjust taxation, or at least very little of it; and of course this is entirely different from what we have been accustomed to. We had always fighting around here; we always were having people carried off by brigands; the people for years had been ground down by illegal taxation. With this comparative peace one would think that the district would begin to look up, but that is not the case as there doesn't seem to be enough money to make things brighten up. People are flocking abroad to earn this money, and will come back as soon as they can to make a fresh start here. The district is still becoming rapidly depopulated, the streets have a very deserted appearance and business is practically *nil*. All these changes have modified the extent and nature of our hospital work here. During the past few years my big work here has been that of an emergency surgeon, a sort of war-time surgeon. There were so many seriously wounded people—average 100 yearly—and we were called upon to deal to the best of our ability with all kinds of grave gunshot wounds. We have recovered bullets from almost every part of the human anatomy, and tied all the more important arteries that one can get at in a surgical way for primary bleeding and secondary hæmorrhage. We have been tackling all those horrid chronic cases of neglected or badly treated wounds, *e. g.* infected joints with sinuses all over the place, badly united fractures with sinus complications, traumatic aneurysms with occasional weepings of blood from infected sinus tracks, etc., etc. These were a perfect nightmare to us, as they all required formidable operations to deal with them satisfactorily, and they all bled like blazes. Now this kind of work is changing,

and we have only the occasional very chronic gunshot wound case to deal with, *i. e.* the residue of last year's wounded are coming to us still. This year our type of operative work is thus lighter, and our unusually big out-patient work is smaller because of the rapid dwindling of population I think. It might interest you if I gave you a few of the types of in-patients we have in residence at this time.

1. *Double glaucoma.*—Young man, medical treatment, no better, may require operative interference.

2. *Traumatic cataract with dislocated lens.*—Eye completely blind, great pain and headache. Lens removed with difficulty. Patient completely relieved.

3. *Juvenile cataract.*—Requires discission (needling) to be done to-morrow.

4. *Gonorrhœal ophthalmitis.*—One eye completely gone, one eye faint perception of light. Vaccine treatment. Requires iridectomy later on.

5. *Gunshot wound. Sinus in back.*—Sinus leads down between two of lower ribs to front of back-bone. Curettage. Getting better.

6. *Gunshot wound, wrist.*—Infected sinuses all over the place; requires amputation; patient refuses.

7. *Lacerated wound, huge, back of leg, over heel tendon.*—Injury due to falling of beam. Wound cleaned and trimmed. Healing.

8. *Carbuncle, huge, 8 in. by 6 in.*—On neck and shoulders and head. Excision; desperate condition due to erysipelas. Now better daily.

9. *Chronic osteomyelitis, tibia.*—Removal lower portion of bone. Improving daily.

10. *Advanced leprosy.*—Hydrocarpate of iod. injections. Slightly better.

11. *Gonorrhœal urethritis.*—Vaccine treatment. Better.

12. *Adult phimosis totally adherent.*—Patient unable to urinate properly. Modified circumcision successful.

13. *Chronic leg ulcer. Large spleen.*—Tonic medicines, dressings. Improved.

14. *Syphilitic ulceration, arm.*—606 injections. Ordinary specific treatment. Better.

15. *Traumatic stricture of urethra. Urine passed by sinuses in perinæum.*—3 months' history. Fall from tree. Patient in pitiful condition. Urethral instrumentation. Passage found. Rapid dilatation, entirely successful. No leak now. Large stream.

16. *Hæmorrhoids internal and fistula.*—Excision. Doing well.

17. *Menopause.*—She thinks lungs and heart in putrefactive state. Tonics. Better.

18. *Brothel inmate.* Syphilis acute. Specific treatment. Better a little.

19. *Complete atresia vagina.*—Injury at childbirth 1 year ago. Adhesions removed. Vagina reconstituted.

20. *Congenital syphilis.*—Prominent sabre-bladed tibiæ, ulcers. Mercury iodides, etc. Better.

These are most of the types I have in residence just now. Not a very brave show. Of some of the types we have quite a number of patients in hospital at present. The chronic ulcer type, the syphilitic type, the leprosy type, gunshot wound type, are all quite generously represented in our present residents. Out-patient work deals much with malarial and other parasitic infections. Venereal diseases, leprosy and eye troubles. We sometimes get through an ounce of quinine daily.

INDUCTION OF PREMATURE LABOUR BY MEANS OF A STOMACH-TUBE.

RECENTLY I was present at a meeting of the Cambridge Medical Society when Dr. Campbell Canney described "A new method of induction of premature labour." I have since been able to give this method a trial.

I have a patient whom I have attended in two previous confinements. At both of these confinements I have had to obtain the assistance of one of my colleagues on account of the smallness of the patient's pelvis. It is a pelvis of the small round type, and it is a remarkably rare deformity in the Fens, in fact it is the only case I have seen out of 140 women I have attended in this district. Both previous labours were protracted, and eventually forceps had to be applied, and in each case the head had not become fully engaged. Labour was therefore terminated with difficulty.

The patient again became pregnant during the latter part of December, 1926. She naturally had a great dread of another confinement. After consultation with my colleague, I decided to induce about the thirty-second week.

The patient was shaved and the external genitalia were painted with picric acid. A vaginal douche was given. A very large Ferguson's speculum was then introduced, and the cervix was swabbed with picric acid. Sterile towels were packed round the mouth of the Ferguson's speculum. A No. 16 stomach-tube was then passed into the cervical canal, and gradually introduced into the cavity of the uterus by means of a pair of sponge forceps. The Ferguson's speculum remained in position all this time, and made an excellent sterile canal for the tube to lie in, the vaginal walls being quite cut off. About 1 in. of the tube was left protruding from the cervix. The whole operation was performed without an anæsthetic, and I was impressed by the ease with which the tube was introduced, and the very small amount of discomfort caused to the patient.

The operation was performed at 3 p.m. on July 29th. The patient remained quite comfortable until the evening of July 31st. She then had a few small pains and the tube was expelled. The pains soon passed off. At 11 a.m. on August 1st the membranes ruptured, but no pains were present. The cervix would admit two fingers. The head had not then entered the brim of the pelvis. At 11 p.m. weak pains came on every 8–12 minutes, and these continued until 3 a.m. They then passed off. At 2.30 p.m., August 2nd, the pains returned, and were more severe, more frequent, and more regular. The cervix began to dilate, and the head began to descend. I found that the presentation was R.O.P. At 6 p.m. the cervix was fully dilated and the head was well down. At 9 p.m. there had been no further appreciable progress, although the pains had continued regularly. The presentation was still R.O.P. The patient began to show signs of exhaustion. She was anæsthetized, and labour was terminated by means of forceps. A male child weighing 3 lb. was delivered. There was very little hæmorrhage, and the placenta came away very easily. The membranes, near the edge, where rupture had occurred, were congested, presumably from the presence of the tube. On the evening of the third day of the puerperium, and during the fourth day, the patient suffered from trigeminal neuralgia, and the temperature rose. Apart from this, the puerperium has been a normal one. The child is beginning to gain weight, and is taking 1½ oz. at each feed.

I am under the impression that Dr. Canney told us that labour may commence as early as eighteen hours after the insertion of the tube. In the case of a primipara he usually gives an anæsthetic. In my case the woman did not resent the operation in the least, nor did she experience any discomfort from the presence of so large an amount of rubber tubing.

A. W. MARRISON.

ANNOTATIONS.

Contributions to this Column are invited.

A CASE OF URÆMIA.

THE following case is recorded in order to illustrate the importance of an easily performed, but frequently neglected, investigation of the urine.

F. M—, æt. 30, male, was admitted to Sandhurst Ward on February 19th, 1925, complaining of incessant vomiting. The history was that for six months patient had had attacks of slight epigastric pain coming on one hour after meals and partially relieved by vomiting the food just taken. He had also recently been constipated.

For the last three weeks he had been vomiting continuously, the vomited material consisting of bile streaked with blood. There were no urinary symptoms. Past history: Malaria in 1915.

Family history: Father died, æt. 33, after severe vomiting (cause not known). One brother died, æt. 31, with similar symptoms; on post-mortem examination "chronic nephritis" was discovered. On examination the patient was found to be thin, sallow in complexion, and intensely anxious on account of his family history. The tongue was rather dry.

Vomiting occurred almost as soon as food was taken and was effortless and projectile in character.

The lungs were normal and the heart was not enlarged. Blood-pressure 110 mm. Hg. systolic, 60 mm. diastolic.

Abdominal examination was entirely negative. Central nervous system normal; optic fundi normal. The urine was very pale, acid, specific gravity 1010. It contained a very faint trace of albumen. The centrifugalized deposit showed a few red cells and rather more white cells, but no casts.

Blood-urea: 0·70 grm. % (normal 0·02–0·04 grm. %).

Thus the case was proved to be one of uræmia, in spite of the absence of cardio-vascular changes and the relatively normal appearance of the urine. This diagnosis was confirmed at autopsy six days later when typical small white kidneys were found.

In a patient who has been vomiting for several days as a result of toxæmia or of organic obstruction in the gastro-intestinal tract, the body-fluids tend to become concentrated as a result of the dehydration which occurs. In such cases the urine is also highly coloured and concentrated, and the specific gravity is found to be high. Conversely, prolonged and obstinate vomiting associated with a constantly fixed *low* specific gravity of the urine is almost certainly due to uræmia, and such findings should always suggest the necessity for a blood urea.

It must be remembered, however, that true obstructive vomiting, *e. g.* due to pyloric obstruction, may also cause some degree of dehydration and concentration of the body-fluids, with a consequent rise in the blood urea. In such cases the blood urea rarely, if ever, rises above 0·20 grm. %, and the specific gravity of the urine is found to be *high*. A constant inability to excrete urine of higher specific gravity than 1012, in spite of the presence of some abnormal factor tending to cause concentration of the urine, is always a sign of serious renal inefficiency.

A CASE OF COMA.

F. C—, æt. 45, a decorator, was admitted in coma. A year ago he had suffered from cellulitis of his right arm, which rapidly healed after incision. Six months ago he had several "swellings" on the back of his neck. These were presumably boils.

Apart from these two events he had been in his usually good health, which was marred only by a slight morning cough with a little sputum containing occasionally a few streaks of blood.

One month ago he began to suffer from "catarrh." His cough was worse and he brought up more sticky phlegm. This was treated by his doctor with much improvement.

One week ago he became suddenly deaf in his right ear. Four days ago he had his ears syringed, after which he suffered from "terrible" ear-ache. During that night his pain ceased and a little discharge appeared. He then felt very much better. On the day before admission he had a bad headache, and was very restless during the night.

On the day of admission he vomited several times and had diarrhœa. His bowels had usually been constipated. There was no disturbance of micturition.

In childhood he suffered from rheumatic and scarlet fever.

He was admitted at 8.30 p.m. in delirium, and striving to get off the stretcher. The pupils were small, equal, and reacted to light. Eyeball tension was normal. The tongue was dry and brown and there was no smell on the breath. Lips were cyanosed and parched. No discharge could be seen in either ear. There was doubtful neck rigidity.

Temperature was 104°. The pulse was 104 per minute and regular. Blood-pressure was 175 systolic, 110 diastolic. The apex-beat could not be felt. Otherwise nothing abnormal was discovered in connection with the heart. Respirations were 35 per minute, and the

lungs revealed no abnormal physical signs. The respiration was of the abdominal type.

The bladder was distended, and otherwise nothing abnormal was discovered in connection with the abdomen.

Knee-jerks could not be obtained and there was a doubtful Kernig's sign.

A catheter was passed. The urine was acid, the specific gravity 1026; sugar and ketone bodies were present in large amount. A little albumen was precipitated. The blood-sugar was found to be ·25%.

At 10.30 p.m. he was given 50 grm. of glucose by mouth and was given 50 units of insulin. Eyeball tension was still not subnormal, but the left pupil was noticed to be a little larger than the right and reacted more sluggishly.

At 11 p.m. he was deeply comatose and cyanosed. There was a convulsion in which his whole body became rigid and the head retracted. The jaws were firmly clenched. Spasm lasted two or three minutes, and was followed by general relaxation and grinding movements of the jaw. Breathing was very irregular during the attack and there was apnœa for about one minute. When it had passed off there was a large subconjunctive hæmorrhage.

At 11.30 lumbar puncture was performed. 40 c.c. of cerebro-spinal fluid was withdrawn under increased pressure. It was turbid, and a greyish-white sediment settled. A clot formed rapidly. Polymorphonuclear leucocytes were present in large number. Organisms having the morphology of pneumococci were seen.

At 12 midnight a catheter was again passed. There were still large quantities of sugar and 20 more units of insulin were given. Coma was deeper and the temperature had risen to 105°.

At 4 a.m. watery, blood-stained fluid began to exude from nose and mouth. Periods of apnœa about one minute in duration occurred. Cyanosis increased. Sugar was still present in the urine in lesser amount.

At 8 a.m. he was still passing sugar; fluid from mouth and nose increased, and he died at 8.30 a.m.

At the post-mortem the vertex and base of the brain were covered with purulent exudate, which extended downward through the foramen magnum. Pus containing pneumococci was demonstrated in both middle ears. Permission for further examination of the body was refused.

The discovery of glycosuria with ketosis suggested at first that this was a case of diabetic coma, precipitated by an acute infection. The raised blood-sugar also favoured this view, although a higher figure might have been expected.

It was not, however, until lumbar puncture had been performed that the real nature of the condition became evident. Meningitis is said to produce hyperglycæmia and glycosuria, and the ketosis present may have been due to inability to take any food during the few days preceding admission to hospital. Of significance is the fact that the eyeball tension throughout was not lowered.

AN UNUSUAL METHOD OF TREATMENT OF MORPHIA POISONING.

THE danger in all cases of morphia poisoning lies in the failure of the respiratory centre, and after appropriate treatment has been employed to eliminate the poison, every effort should be made to stimulate the centre. We are told to give strychnine and atropine hypodermically, not strong coffee by the mouth or rectum; and to walk the patient about so that the muscles may increase the amount of CO_2 in the blood; but the easiest method of stimulating the centre when the facilities are present is to make the patient breathe a mixture containing 10% of carbon dioxide.

A woman, æt. 21, who had been subject to such severe attacks of asthma that she had been admitted to the general wards on three occasions during the last nine months, had an unusually severe attack. As she had failed to respond to the routine treatment, including adequate doses of adrenalin, she was given morphia, gr. $\frac{1}{6}$, atropine gr. $\frac{1}{100}$, hypodermically at 10 a.m., and as there was no improvement this was repeated at 3.30 p.m. By 6 p.m. she presented the typical clinical picture of acute opium poisoning as she lay with an ashen complexion and pin-point pupils—having slow, shallow respirations and an only just palpable radial pulse. The more usual methods of treatment having been tried without any improvement in her condition, it was decided to attempt to stimulate her respiratory centre with carbon dioxide given by means of a Boyle's anæsthetic apparatus. An intranasal catheter was passed, and oxygen containing for the first half minute 5% and subsequently 10% of carbon dioxide was administered. There was immediately a dramatic change in the patient's condition, for within thirty seconds her respirations became deeper and her cyanosis disappeared. She had recovered sufficiently to speak 1½ hours later, but the catheter was not removed until four hours later, when the patient had nearly completely recovered. In our opinion this case would have proved fatal treated by any other method.

CORRESPONDENCE.

AS SHE IS WROTE.

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

DEAR SIR,—I enclose for publication in your JOURNAL a few of the gems collected since I have been a practitioner in the Fens.

Yours sincerely,

Ivy House,
Manea,
Cambs.;
August 12th, 1927.

A. W. MARRISON.

DEAR SIR Will you anted me in incunfindmed at the end of august Pleause wood mind Hask the nirst for me if not to much Trubel your trl Mrs. A. B—.

To
Dr
Will you come and see me Mrs —— as I have got pain in the left side and round the Kinder

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READERS' OPINIONS.

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

DEAR MR. EDITOR,—In my opinion the funny articles at the end of the JOURNAL are the only ones worth reading.

I think those written by "M" are jolly good.

Yours truly,

OUTSPOKEN.

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

DEAR SIR,—I am a very old reader of the JOURNAL, and have followed its career these many years with much appreciation. I hope, therefore, you will pardon me if I encroach for a few lines on your space to agree with and reiterate the sentiments expressed by W. K. P— last month.

He deplores, in no uncertain terms, the introduction of a spirit of irreligious and cynical levity to the fundamental facts of science. Unfortunately this scoffing tendency is not confined to the sphere of physic, but seems to have spread through every walk of life.

In my day, if a man wished to say something funny, he said a definitely funny thing (no doubt remained in the minds of his readers that he at least intended to be amusing). If he desired to make a serious statement, he did so in a few well-chosen words.

But times are changed. The modern conception of humour appears to consist in ridiculing, not in a bluff and open fashion, but in a sly (termed subtle), sneering manner the very facts which are the foundations of life and science.

You may consider me just an old-fashioned, conservative dodderer, harping on the evils of modern thought, but I do feel that this attitude of contempt, clothed as it is in a pseudo-intellectual terminological garb, is a very real danger when applied to the bed-rock principles of science.

By all means let us be capable of laughing while we work, but let us beware of jeering at the few facts we feel are true. The habit may become convincing, and then, having destroyed the facts, a void alone remains.

I am a plain man, and can only envy the power of expression of your correspondent, who so ably pours the cold douche of criticism on the exotic flower of obscurantism.

I wish to take this opportunity of saying how much I enjoy the JOURNAL. I anticipate its monthly arrival with keen pleasure, as forming the link between those past associations which I most treasure and my present rather lonely life.

Yours faithfully,

A SUBSCRIBER.

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

DEAR SIR,—Some articles of mine you have been good enough to publish appear to be the chief manifestations of the creeping spirit of cynical levity deplored by your correspondent of last month. From my contributions I stand accused as a cynic! Light-minded! A positive menace!

Far from resenting W. K. P—'s invective, I am gratified to learn that I am such a devil of a fellow. (By what strange process does he conclude that the feelings of such a monster are worthy of consideration? Perhaps he hopes that fundamentally I am all that a mother could wish.) Having suffered for years under the delusion that I was shy and retiring, I find that I have a Positive Personality, bolstered by the vices of precocity and irreligion!

Anxious to understand my true self still further, I should like to know where my menacing qualities are displayed, and particularly those pieces which passed W. K. P—'s understanding.

I am grateful for the masterly demonstration of the dangers of verbosity.

My sincere interest in the ultimate welfare of science is my only excuse for suggesting to W. K. P— that to take a spiritual resemblance to certain Cambridge undergraduate journals on hearsay is dardly a good example to those struggling in the obscurities of pseudo-science. Surely we are taught to verify our references?

I must apologise for the tone of this letter, but W. K. P—, after his implications of both narrow-mindedness and low-mindedness, can hardly grudge a cynic a vulgar snarl or two.

I am,

Yours sincerely,

"M."

STUDENTS' UNION.

THE ABERNETHIAN SOCIETY.

WE apologize for the error overlooked in our publication of the Abernethian Society report of last month. Page 188, col. 1, line 45 should, of course, read: ". . . Sodoma; that of St. Jerome, by Murillo; and Luca Signorelli's . . ."

[ED., *St. B. H. J.*]

CRICKET CLUB.

THE result of the cricket match *versus* Guy's Hospital, for the Inter-Hospital Challenge Cup, was a win for Guy's by six wickets. The full description of the match is unavoidably held over until next month.

REVIEWS.

AN INTRODUCTION TO THE LAW AND TRADITION OF MEDICAL PRACTICE. By WILLIAM SANDERSON, M.A., LL.B., and E. B. A. RAYNER, B.A., LL.B. (London: H. K. Lewis, 1927.) Pp. xiv + 76. Price 7*s.* 6*d.* net.

Every medical student will read this book with interest and appreciation. It will appeal to him because it obviously deals with matters that are of practical importance to him, and it has the additional advantage that it deals with a subject which is in most medical schools taught very inadequately. It is well written and can be recommended unreservedly.

Some of the comments about medical practice make excellent reading. Referring to the conflict of interest between practitioners and their patients, the authors say:

"The former can only get a living where trouble exists, and the latter desire to have trouble completely eradicated. Prevention is a much more valuable service than cure, and it is somewhat anomalous that it is much worse paid. To get medical and legal services properly performed, society has therefore depended on the noble traditions and high standard of honour of the learned professions."

On the other hand there are certain criticisms which must be put forward. The authors state in the preface that they have not touched upon public health or forensic medicine, and these omissions seriously decrease the value of the book. Every practitioner now has legal responsibilities which play an important part in his everyday life, and which should not be ignored in a book with the above title.

For some mysterious reason the authors have included the Central Midwives Board as a body concerned in the education and discipline of the medical profession, and elsewhere they suggest that it is contrary to etiquette to inform a patient when there is disagreement between a practitioner and the consultant.

It is unfortunate that either by the action of the General Medical Council or from their publications, or for some other reason, the writers appear to be of the opinion that while the profession generally is prohibited from advertisement, yet—"The General Medical Council makes exceptions in cases of eminent members of the profession who have been permitted to write in the newspapers, while less eminent members of the profession have been struck off the register for doing exactly the same thing."

No wonder the comment is that "It is difficult to say on what principles the exceptions are based," but possibly if the writers go more deeply into the subject they will find that the statement that they have made needs some qualification.

Another error which needs comment is the fact that four medical bodies are given in a list as being defence associations. Only two of this list actually carry out such a function.

The great and continuous amount of work undertaken by the Medical Defence Union and other defence societies proves the need for more careful attention to this subject in the ordinary medical curriculum. No part of the medical student's training is likely to be of greater practical use to the practitioner than the instruction he recieves in the legal responsibilities of practice, and the relationships that exist between the doctor and the state and the law, and the appearance of this book is welcome as a useful addition to the literature on the subject.

A SYNOPSIS OF HYGIENE. By W. W. JAMESON, M.D., and F. I. MARCHANT, M.R.San.Inst. Second edition. (London: J. & A. Churchill, 1927.) Pp. 514. Price 18*s.* net.

The first edition of this book appeared about seven years ago, and it has established a recognized position of usefulness for students in Public Health. The present edition has resulted from a need for the introduction of recent developments and legislation, as well as from the fact that the scope of the D.P.H. examination has been considerably extended.

In its present condition, however, the book has a limited appeal. Although it may claim to be a summary or synopsis of hygiene and related subjects, yet it is not likely to attract any reader except the student preparing for the D.P.H. examination, and even he must inevitably treat it more as a book of reference than as a volume for systematic reading. It will find a useful place, however, on the bookshelf of such students.

The book gives one the impression that too much has been attempted. The preface rightly states that "in a work of this nature chemistry can be dealt with only in a superficial manner," and it is doubtful whether there is any real need for a book which attempts to cover such a wide area as hygiene, public health, public health law, chemistry, physics, vital statistics, etc. Post-graduate students for public health who are working for the D.P.H. should be assumed to possess already a reasonable scientific training. If they have not this foundation, they can easily acquire it elsewhere.

The inter-leaving of certain sections of the book is of very doubtful advantage, and adds seriously to the bulk of the volume.

Most of the subject is dealt with in a short and concise and easily understood manner. In some parts a rearrangement of the matter would materially help the memory of the student, while a careful revision should eliminate such an antiquated and unsatisfactory method of describing a W.C. cistern as a "siphonic water waste-preventer."

Under the heading "Sewage Treatment" most of the processes are admirably described, but it is doubtful whether the average student will obtain any clear or coherent idea of how the various processes can be interchanged in practice, and also what effect exactly each process has upon the composition of the sewage.

Ventilation is dealt with discreetly, and too much emphasis is not laid on the new theories which tend to belittle the older-fashioned ideas about the necessity for fresh air. In the directions given about the examination of the ventilation of a room, it is wisely suggested that the amount of CO_2 present should be estimated. Heating and lighting, however, are given a somewhat disproportionately small amount of space in the book.

In connection with foods, the adulteration of milk and the subject of milk frauds are dealt with inadequately, and this meagre allowance might be compared with the excessively detailed information given about canned foods.

Other important parts of the work of the M.O.H., such as the administration of the Midwives Acts, appear to receive small attention, the whole of this subject being dealt with in little more than a single page, or about the same space as is given to the description of the Midwives and Maternity Homes Act of 1926, which is presumably favoured with special attention merely because it is recent.

In their determination to be up to date, the authors treat recent material with special favour, and they have actually anticipated the passing of the Mental Deficiency Bill, 1926, thereby necessitating the insertion of an erratum, as that Bill failed to become law. The Milk and Dairies Order, 1926, is quoted in full, occupying a lot of valuable space without much benefit to the student, who would gratefully appreciate a useful summary.

In connection with infectious diseases, the belittlement of systematic swabbing and supervision of known diphtheria carriers constitutes dangerous teaching for public health students, as recent events are calling into serious question the prevailing practice in the London area of ignoring the valuable information which can be obtained by bacteriological investigations connected with an outbreak. The subject of the prevention of venereal disease is, unfortunately, dealt with in such a way as is likely to give the student a prejudiced view of the actual facts. Surely the student should be told that, although the reasons stated led to the repeal of the Contagious Diseases Acts, yet careful investigators and observers have asserted that in those areas where those Acts were actually in force, venereal diseases decreased, and that venereal diseases increased again in those areas after the repeal of the Acts, although in the Army generally the incidence of venereal disease had decreased. This is a controversial subject, concerning which the student should be given the statements on both sides. Similarly, with regard to the use of preventives as a method of dealing with this evil, the case for the vigorous adoption of such methods is presented in an altogether inadequate fashion, whereas the arguments against are set out in full. The unsatisfactory way in which this subject is dealt with might be compared with the very thorough and extensive way in which the prevention of malaria is discussed, not only under its proper heading, but again in connection with mosquitoes.

THE NURSING OF INFECTIOUS DISEASES. By F. J. WOOLLACOTT, M.A., M.D., B.Ch.(Oxon.), D.P.H. (London: Faber & Gwyer.)

Has received useful additions in its fourth edition, which make it a valuable text-book for nurses studying for the fever section of the General Nursing Council's examinations. The charts and reference tables are clear and helpful, and the book will be useful to those engaged in private nursing. The price is 4s.

THE INVERT. By ANOMALY. With an Introduction by Dr. R. H. THOULESS. (London: Baillière, Tindall & Cox, 1927.) 160 pp.

"The Invert" is an essay on homosexualism written by a homosexualist, for the benefit and guidance of his fellow sufferers and of those who would advise them.

The book is not technical in any sense; it is the philosophic result of the experiences of an otherwise normal man.

It possesses four great qualities, and a fifth which is, in this connection, the most valuable of all. The four are insight, courage, high morality and an exquisite sensitivity. The fifth is common sense.

The quality of sensitivity will not appeal to all readers. Many normal men think that it is itself abnormal, the especial attribute of the invert. So, in a sense, it is; but herein lies its value, for he who would help the invert can only do so through a very profound sympathy, a fellow feeling which postulates an equal or higher degree of sensitivity. Such refinement of feeling can only be achieved by a few normal men, and then only by careful study. The value of the book now becomes partly evident—it is an exercise in tact, and in tact applied through the medium of common sense. The social problem of homosexualism can only be solved by fair and rational treatment. At the best, the solution is palliative; but the results which may fairly be hoped for, judging from this book, are such as to make the life of every invert well worth living.

INSOMNIA. By H. HILL, M.B., B.S., M.R.C.P. (A reprint from the *Journal of the R.N.M.S.*, April, 1927.)

The author in his short treatise on "Insomnia" has attempted to cover a vast field, not only in clinical medicine, but in physiology, comparative anatomy and therapeutics. He divides insomnia into two main groups—primary and secondary. His opening sentence on "primary insomnia" almost refutes his argument for such a classification. The therapeutic measures cover a large part of the Pharmacopœia. He lays stress on the use of hypnotism. The article is of interest but rambling, and would have been of more value if the author had devoted himself to one or two aspects of insomnia alone.

A SYNOPSIS OF SURGERY. (Illustrated.) By ERNEST W. HEY GROVES, M.S., M.D., B.Sc.(Lond.), F.R.C.S.(Eng.). (Bristol: John Wright & Sons, Ltd.) Pp. 650. Price 17s. 6d. net.

In this, the eighth edition of a synopsis first published in 1908, a complete revision of the text, in the light of modern theory and practice, has been undertaken. Omissions such as anterior poliomyclitis have been remedied, the more recent classification of spinal tumours has been introduced, the chapter on hydrocephalus has been classified and added to, and there are additions to the chapters on enlargements of the thyroid and tumours of the jaw. Intended as a work in which the more salient facts of surgical practice should be set out in such a manner as to be most easily referred to or revised, it has enjoyed a well-deserved popularity. But while, with increasing additions, it makes a wider appeal to the practitioner as a book of reference, its length detracts much from its usefulness as a book of revision. It is, however, essentially clinical in its outlook, and the fact that it has been compiled from notes made in preparing students for examinations should do much to recommend it.

THE OPERATIONS OF SURGERY. ROWLANDS AND TURNER. Tenth edition. Two vols. 900 illustrations. (J. & A. Churchill.) Price £3 10s.

These volumes, the descendants of the famous book by Jacobson, maintain the very high reputation of a work that is almost beyond criticism. The book differs from most others on operative surgery in containing a great deal of clinical matter and invaluable practical details. It was this feature that rendered it indispensable to the surgeon and to the graduate working for the final F.R.C.S. At one time a careful study of the work was considered to be adequate preparation for this examination.

A full account is given of all the important operations and their principal variations. This has been brought up-to-date, and while individual surgeons may criticize the omission of some special operation in which they may be interested, this cannot detract from the great value of the book as a whole. The authors are to be congratulated on their revision.

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

JUST, T. H., M.B., B.Ch., F.R.C.S. "Lateral Sinus Thrombosis without Otorrhœa; Septicæmia: Subsequent Tonsillectomy; Acute Nephritis; Recovery." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Right-sided Temporo-sphenoidal Abscess without Localizing Signs." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Left Cerebellar Abscess." *Proceedings of the Royal Society of Medicine*, May, 1927.

MAINGOT, RODNEY, F.R.C.S. "Gummatous Colitis: Report of a Case." *Proceedings of the Royal Society of Medicine*, June, 1927.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Case of Essential Thrombo-Cytopenic Purpura Hæmorrhagica a Year after Splenectomy." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Pituitary Adiposity." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Atresia of the Duodeno-Jejunal Junction." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— "Splenectomy for Essential Thrombocytopenic Purpura Hæmorrhagica." *Proceedings of the Royal Society of Medicine*, June, 1927.

OKELL, C. C., M.C., M.B., B.Ch. (and PARISH, H. J.). "The Standardization of Tuberculin." *British Journal of Experimental Pathology*, June, 1927.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "The Place of the Tudor Surgeons in English Literature." *Proceedings of the Royal Society of Medicine*, May, 1927.

RIDOUT, C. A. SCOTT, M.S., F.R.C.S. "A Case of Chronic Diffuse Tuberculosis of Nose, Pharynx, Epiglottis and Larynx." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Discussion on the Treatment of Chronic Non-tuberculous Infection of the Lungs." *Proceedings of the Royal Society of Medicine*, March, 1927.

ROBERTS, J. E. H., F.R.C.S. "Discussion on the Treatment of Chronic Non-tuberculous Infection of the Lungs." *Proceedings of the Royal Society of Medicine*, March, 1927.

ROBINSON, C. A., B.A., M.B., D.M.R.E. "Discussion on Climacteric Arthritis." *Proceedings of the Royal Society of Medicine*, March, 1927.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., F.R.C.P. "Discussion on Light Treatment in Surgical Tuberculosis." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "The Mackenzie Davidson Lecture on the Effects of Radiations on Patients and Radiologists, and on Protection." *British Medical Journal*, July 2nd, 1927.

ROSE, FRANK, F.R.C.S. "Foreign Body removed from Right Bronchus." *Proceedings of the Royal Society of Medicine*, March, 1927.

ROXBURGH, A. C., M.D. "Case of Permanent Freckles Treated with Pure Carbolic Acid." *Proceedings of the Royal Society of Medicine*, February, 1927.

——— "Demonstration of the Detection of Ringworm Hairs on the Scalp by their Fluorescence under Ultra-violet Light." *Proceedings of the Royal Society of Medicine*, June, 1927.

SAXBY-WILLIS, F. E., M.D. "Acromegaly of (?) Traumatic Origin, with Proliferative Changes in the Interphalangeal Joints of the Left Thumb and Middle Finger." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— (and OGILVIE, W. H., M.Ch.). "Radicular Paresis of the Right Hand Associated with Abnormal Bone Formation of the Seventh Cervical Vertebra and Sprengel's Shoulder." *Proceedings of the Royal Society of Medicine*, March, 1927.

SCOTT, SYDNEY, M.S., F.R.C.S. "Left Temporo-sphenoidal Abscess." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Right Cerebellar Abscess." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Two Cases of Cerebellar Abscess. Previously reported." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Left Temporo-sphenoidal Abscess Opened Sixteen Days after the Onset of Acute Otitis Media; Outstanding Symptom, Auditory Amnesia ('Name-Amnesia')." *Proceedings of the Royal Society of Medicine*, May, 1927.

SHAW, WILFRED, M.A., M.B., B.Ch.(Cantab.). "Some Pathological Forms of the Corpus Luteum." *Journal of Obstetrics and Gynæcology of the British Empire*, Summer number, 1927.

SPENCER, W. G., O.B.E., M.S., F.R.C.S. "Eighteen Letters written by Edward Jenner to Alexander Marcet between the years 1803 to 1814, presented to the Library of the Royal Society of Medicine by Dr. William Pasteur." *Proceedings of the Royal Society of Medicine*, March, 1927.

STONE, G. KENNETH, D.M., M.R.C.P. "Case of Splenomegaly for Diagnosis." *Proceedings of the Royal Society of Medicine*, June, 1927.

STUART-LOW, W., F.R.C.S. "Paracentesis Tympani: A Practitioner's Operation." *Practitioner*, July, 1927.

THURSFIELD, HUGH, D.M., F.R.C.P. "Discussion on the Diagnosis and Treatment of Colitis." *Proceedings of the Royal Society of Medicine*, February, 1927.

——— "Discussion on the Treatment of Chronic Non-tuberculous Infection of the Lungs." *Proceedings of the Royal Society of Medicine*, March, 1927.

WEBER, F. PARKES, M.D., F.R.C.P. "Polycythæmia Hypertonica." *British Medical Journal*, July 16th, 1927.

——— "Discussion on the Diagnosis and Treatment of Colitis." *Proceedings of the Royal Society of Medicine*, February, 1927.

——— "Discussion on the Treatment of Gangrene of the Extremities." *Proceedings of the Royal Society of Medicine*, February, 1927.

——— "Aleukæmic Lymphadenosis." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Prurigo of Besnier and Rasch in an Adult." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Functional Peculiarity of Gait in a Girl with Endocrine Disorder. (Tendency to Obesity of 'Cerebral Type')." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Persistent Erythema, with Ischæmic Circulation, in the Left Foot, possibly in part connected with Prolonged Use of a Plaster Bandage for Tuberculous Disease of the Left Knee." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Two Cases of Chilblainy Condition of the Legs somewhat resembling Erythema Induratum; also a Case of Erythema Induratum for Comparison." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Discussion on Light Treatment in Surgical Tuberculosis." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Erythema Nosodum leading to the Detection of Latent Hilus Tuberculosis." *Proceedings of the Royal Society of Medicine*, May, 1927

——— "Chronic Relapsing Pemphigus or Dermatitis Herpetiformis in an Old Man with Chronic Lymphocytosis." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Persistent Erythema with Ischæmic Circulation in the Left Foot, possibly in part connected with Prolonged Use of a Plaster Bandage for Tuberculous Disease of the Left Knee." *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "Facial and Aural Congenital Mal-development in one of Twins." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— "Stenosis (Co-arctation) of the Aortic Isthmus, with Sudden Death from Rupture of a Cerebral Aneurysm." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— (and GUNEWARDINE, T. H., M.R.C.S.). "Lipodystrophia Progressiva with the Face only affected." *Proceedings of the Royal Society of Medicine*, February, 1927.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

First Examination for Medical Degrees, Easter Term, 1927.

Part I. Chemistry.—Jones, J. D. M., Warren, C. B. M.

Second Examination for Medical Degrees, Easter Term, 1927.

Part II. Human Anatomy and Physiology.—Flemming, A. A. G., Lockhart, J. M. C.

Third Examination for Medical Degrees, Easter Term, 1927.

Part I. Surgery, Midwifery and Gynæcology.—Alsop, A. F., Barendt, G. H., Beattie, W. J. H. M., Briggs, W. A., Brown, A. C., Bullen, H. B., Burrows, H. J., Cosgrove, E. C., Eason, G. A., Hensman, J. S., James, E. T., Oakley, D. E., Poole, J. C. C., Rose, E. E. F., Salt, P. G., Sinclair, M. R., Watts, C. F., Wilkin, W. J.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Burrows, H. J., King, F. H., Mellor, A. W. C., Pearce, R., Slinger, L. A. P., Tanner, G. M., Watts, C. F., Windle, R. W., Woodrow, C. E.

UNIVERSITY OF LONDON.

M.D. Examination.

Branch I. Medicine.—Klionsky, G., Morlock, H. V.

Branch IV. Midwifery and Diseases of Women.—Burt-White, H. (University Medal).

First Examination for Medical Degrees, July, 1927.

Passed.—Barasi, G., Capper, W. M., Cates, B., Corea, F. E., Cuthbert, T. M.,* Davies, W. H. D., Dennys, J. D., Franklin, C. B., Gilbert, R. G., Greenberg, A., Higginson, H. C. H., Hill, J. R., Hosford, M. D. C., Iliff, A. D., Isaac, R. H., Jardine, D. K., Knox, R., Kravchick, W., Morgan, G. R., Pierre, H. H., Race, R. R., Rosenfeld, P., Scowen, E. F., Strong, J. R., Wells, G.

*Awarded a mark of distinction in Inorganic Chemistry.

Second Examination for Medical Degrees, July, 1927.

Part I.—Bamford, H. C., Beard, A. J. W., Cook, A. B., Crabb, D. R., Greenberg, A., Harris, C. H. S., Kirk, G. W., Lloyd, M. A., Macfarlane, R. G., Milsome, J. St.G., Petty, G. F., Ringdahl, K. E. O., Rosenfeld, P., Staunton, H. W. G., Strong, J. R., Vaughan, H. B. D.

Part II.—Barber, A., Burgess, W. J., Coorland, H., Fawcett, R. E. M., Frankenberg, P., George, T. C. R., Grace, A. H., Lannaman, L. J., List, H. M., Malley, M. J., Renbom, E., Robb-Smith, A. H. T., Ross, K. M., Schlaff, M., Tierney, T. F., Watkin, J. H.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted Members:
Brooke, E. B., Fletcher, E. T. D., Joule, J. W., Wilson, H. L.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination, July, 1927.

Chemistry.—Bamford, J. B., Brookman, G. H., Brownlees, T. K., Furber, L. B., Jackson, J. M., Lynes, S., Orpwood, R. M. M. C., Oxley, W. M., Savage, O. A., Thomas, J. C. S. Woods, T. R.,

Physics.—Bamford, J. B., Brookman, G. H., Furber, L. B., Hole, E. K., Jackson, J. M., Lynes, S., Orpwood, R. M. M. C., Oxley, W. M., Woods, T. R.

First Examination.

Physics.—MacColl, A. H.
Elementary Biology.—MacColl, A. H.

Second Examination.

Physiology.—Davy, A. F., Jenkinson, E. N., Williams, R. N. H.
Part I. Anatomy.—Jenkinson, E. N.
Part II. Pharmacology and Materia Medica.—Andreasen, A. T., Holden, C. E., Smith, L. J., Van Rossum, G. P. A.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P.:
Attwood, J. H., Bell, A. C. H., Chaudhuri, A. M., Eason, G. A., Edwards, J. A., Erian, A., Ernst, M. R., Goodliffe, R. V., Hancock, P. E. T., Hillaby, H., Hussein, M. K., Jenkins, J. L. G., Langhorne, D. A., Pentreath, E. U. H., Phillips, R. F., Platel, M. W., Roberts, E. H., Rosser, E. ap I., Royle, H., Tracey, H. A., Wilson, W. M.

D.O.M.S.

The Diploma has been conferred on:
Métivier, V. M.

D.P.H.

The Diploma has been conferred on:
Donelan C. J.

D.P.M.

The Diploma has been conferred on:
Coleman, S. M., Slater, G. N. O.

L.M.S.S.A.

The Diploma of the Society has been granted to the following:
Jenkinson, S., Smith, S. B. S.

CHANGES OF ADDRESS.

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FOOTE, R. R., The Manor House, Maidenhead, Berks.
JORY, N. A., 49, Harley Street, W. 1.
LADELL, E. W. J., Windsor Lodge, Balfour, Capt Province, S. Africa.
LLOYD, W. ERNEST, 140, Harley Street, W. 1. (Tel. Langham 2720.) And 29, Bramham Gardens, S.W. 5. (Tel. Kensington 4103.)
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MAPLES, E. E., P.O. Box 33, The Warren, Calabar, Nigeria.
MAXWELL, J. L., 236, Seymour Road, Shanghai, China.
PERRAM, E. A., Over-Storvey, Dawlish Road, Teignmouth, S. Devon.
ROLES, F. C., 25D, Fitzjohn's Avenue, Hampstead, N.W. 3. (After September 12th.)
TANNER, G. M., Newton Abbot, S. Devon.

APPOINTMENTS.

ALEXANDER, G. L., M.B., B.Ch., appointed Medical Officer, Freetown, Sierra Leone.
Miss E. M. BRINTON, who took the International Course at Bedford College, 1925–1926, has been appointed to assist in carrying out an investigation being made in Birmingham by the British Medical Research Council into the relation between diet and dental caries.
DAVIES, C. SIMS, M.R.C.S., L.R.C.P., appointed R.M.O. to the Worcester Hospital.
DAY, C. A., M.R.C.S., L.R.C.P., appointed Resident Surgical Officer to the Wolverhampton and Staffordshire Hospital.
JORY, N. A., F.R.C.S., appointed Surgeon to Ear, Nose and Throat Department, Royal Northern Hospital.
MÉTIVIER, V. M., M.R.C.S., L.R.C.P., appointed Ophthalmic House Surgeon to the Royal Infirmary, Sheffield.

BIRTHS.

FLETCHER.—On August 15th, 1927, at 98, Harley Street, W. 1, to Christina, wife of Herbert Morley Fletcher, M.D., F.R.C.P.—a daughter.
LEDGER.—On July 31st, 1927, at the British Consulate, Sistan, to Cicely (*née* Squire), wife of Capt. L. K. Ledger, I.M.S.—a son.
ROBERTSON.—On July 29th, 1927, to Dr. and Mrs. M. K. Robertson, of 116, Mortlake Road, Kew Gardens, Surrey—a daughter.

MARRIAGE.

BOURNE—COTONIO.—On August 3rd, 1927, at New Orleans, Geoffrey Bourne, M.D., M.R.C.P., elder son of Mr. and Mrs. James Bourne, of Bedford Park, London, to Margherita Cotonio, Ph.D., daughter of Mr. and Mrs. Cotonio, of New Orleans, U.S.A.

DEATHS.

BARNES.—On August 11th, 1927, at the Prince of Wales's Hospital, South Tottenham, Leonard Stewart Barnes, M.R.C.S., L.R.C.P., of Whitwell, Welwyn, aged 58.
ROACHE.—In July, 1927, William Henry Roache, of Rutland House, Heanor Road, Ilkeston, Derbyshire.
SHARPIN.—On August 4th, 1927, at 11, Lansdowne Road, Bedford, Edward Colby Sharpin, eldest son of the late Henry Wilson Sharpin, Esq., of 1, St. Paul's Square, Bedford, aged 68.

ACKNOWLEDGMENTS.

Archives of Medical Hydrology—Annual Report of the Royal Southern Hospital, Liverpool—The British Journal of Nursing—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital Gazette—The Kenya Medical Journal—The Journal of the Research Defence Society—Lebanon Hospital Report—St. Mary's Hospital Gazette—The Magazine of the Royal Free Hospital—The Medical Journal of Australia—The Medical Review—The Nursing Times—The Post-Graduate Medical Journal—Queen's Medical Magazine—Revue de Médecin—The Stethoscope.—Sydney University Medical Magazine.

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