

Lees, J. M., Lloyd, W. J., Palmer, E. A. E., Pimblett, G. W., Redmond, E. G., Richards, F. A., Smith, T. R., Spooner, E. T. C., Tweedie, D. R., Underwood, W. F., Ward, F. H.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Armstrong, I. R., Barendt, G. H., Beattie, W. J. H. M., Briggs, W. A., Buttery, J. W. D., Eason, G. A., Gray, S. J. P., Harker, M. J., James, E. T., MacLay, W. S., Oakley, D. E., Pym, P. E., Robertson, J. B. W., Sinclair, M. R., Tweedie, D. R., Wilkin, W. J., Windeyer, R. M.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1927.
Branch III. Psychological Medicine.—Atkin, I.
 M.S. Examination, December, 1927.
Branch I. Surgery.—Beyers, C. F.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted Members:
 Anderson, R. G., Hutt, C. W.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The following Diplomas have been conferred:

D.P.H.
 Chadwick, N. E., Curnow, R. N., Hamilton, W. H., Johnson, R. S.
 The following Diploma has been conferred:
D.P.M.

Frost, I.

The following Diploma has been conferred:
D.O.M.S.

Verling-Brown, C. R.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination, January, 1928.

Chemistry.—Featherstone, G. I. C. (Old Regulations), Tang, M. C.
Physics.—Featherstone, G. I. C. (Old Regulations), Rassim, H. S., Savage, O. A., Tang, M. C.

First Examination.

Part I. Anatomy.—Mansl, J. A., McBride, J. R. B., Simmons, H., Vartan C. K.
Part I. Physiology.—McBride, J. R. B., Simmons, H., Vartan, C. K.

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

Alsop, A. F., Beach, H. L. W., Broadbent, M. S. R., Cosgrove, E. C., Evans, M. J., Fraser, H. D. F., Gray, R. A. P., Hutt, W. L., Jenkins, D. C. R. R., Lloyd, W. J., McGladdery, S., Miles, A. A., Moore, C. F., Peltz, P. I., Raven, R. W., Seidenberg, H. A., Sinclair, C. G., van Rossum, G. P. A., White, H. O., Wroth, C.

APPOINTMENTS.

BATTEN, I. W., M.B., B.Ch. (Cantab.), M.R.C.P., appointed Assistant Physician to the East London Hospital for Children, Shadwell.

BIRT-WHITE, H., M.D., F.R.C.S., appointed Surgeon to Out-Patients, Hospital for Women, Seho.

CASTLEDEN, L. I. M., M.B., B.S., appointed Junior Assistant Medical Superintendent, St. Pancras Hospital, N.W. 1.

CHAMBERLAIN, A. G., M.R.C.S., L.R.C.P., appointed Medical Officer to the Post Office at Charnmouth, Morecombe-lake, and Whitelchurch Canonichorum.

CRIDDEN, S. S., M.B., B.S., appointed Resident Medical Officer to the City of London Chest Hospital, Victoria Park.

SALT, P. G., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Hospital of St. John and St. Elizabeth, N.W. 8.

CHANGES OF ADDRESS.

AINSWORTH-DAVIS, J. C., 89, Harley Street, W. 1. (Tel. Langham 2051.)

BLACKBAY, E. J., 26, Merivale Road, Harrow, Middlesex.

DOAKFORD, Major T. L., I.M.S., c/o Messrs. Grindlay & Co., Ltd., 6, Church Lane, Calcutta, India (from April, 1928).

LANDAU, J. V., General Hospital, Penang, Straits Settlements.

LEITCH, J. N., c/o Harehmere, Cavendish Road, Sutton, Surrey.

STURTON, S. D., 192, Range Road, Shanghai, China, via Siberia.

THOMAS, T. MEYRICK, 8, Harley Street, W. 1.

BIRTHS.

ANDREWES. On February 14th, 1928, at 54, Brent Way, Church End, Finchley, to Kathleen (née Lamb), wife of Christopher H. Andrewes—a son (John Frederick).

BARNSELY.—On January 28th, 1928, at the General Hospital, Singapore, to Doris Winifred (née Shaw) and Arnold Barnsley—a daughter.

BILDERBECK.—On January 19th, 1928, at a nursing home, Littlehampton, Sussex, the wife of Major C. L. Bilderbeck, I.M.S., of a son.

BREWERTON.—On January 24th, 1928, at 73, Harley Street, to Olive, wife of Elmore Wright Brewerton, F.R.C.S.—a son.

BURS.—On February 6th, 1928, at Old Friars, Richmond, Surrey, to Nell, wife of Dr. J. S. Burs—a son.

HAMBLEN THOMAS.—On January 31st, 1928, at 26, Harley Street, to Eulalie (née Oliver), wife of C. Hamblen Thomas, F.R.C.S.—a son.

LYSN.—On January 26th, 1928, at 27, Welbeck Street, the wife of Major Rigby Lysn, D.S.O., I.M.S.—a son.

NEISON.—On February 10th, 1928, at 71, East Street, W. 1, to Kathleen (née Sullivan), wife of H. P. Neison, M.B.—a daughter (Jennifer).

ROSE.—On February 10th, 1928, at Lansdowne House, Romsey, Hants, to Mabel (née Davis), wife of Edward S. Rose, M.R.C.S.—a son.

TAIT.—On January 27th, 1928, at Archpool, Handcross, Sussex, to Joan (née Alford), wife of Greville Tait, M.A., M.B., B.Chir.—a son.

SILVER WEDDING.

RUSSELL-STRIKER.—On January 28th, 1903, at St. Stephen's, North Bow, by the Rev. Prof. Mason, M.A., George Herbert Russell, M.R.C.S., L.R.C.P., second son of the Rev. John Russell, B.A., to Ethel Kate, eldest daughter of Robert Battam Striker.

MARRIAGE.

BEVERIDGE-SHAW.—On January 11th, 1928, at Melbourne, Australia, C. Eric G. Beveridge, M.A., B.Sc., M.R.C.S., L.R.C.P., Sudan Medical Service, only son of Rev. S. A. Beveridge, Th.L., V.D., F.S.G., rector of Pinxton, to Ethel W. Shaw, youngest daughter of Mr. and Mrs. W. P. Shaw, of Toorak, Melbourne.

DEATHS.

BENNETT.—On February 7th, 1928, at 36, Morpeth Mansions, S.W., Francis Dillon Bennett, M.R.C.S., L.R.C.P., Chevalier de la Légion d'Honneur, and for many years Medical Officer to the Army and Navy Stores, eldest son of the late William Christopher Bennett, M.I.C.E., of Honda, Sydney, N.S.W., and dearly loved husband of Mildred Bennett.

HOWELL.—On January 15th, 1928, at St. Bartholomew's Hospital, London, Trevor Howell, M.C., F.R.C.S.E., aged 50.

ROBINSON.—On January 29th, 1928, at his residence, 1, Avereng Road, Folkestone, suddenly, Louis Robinson, M.D., aged 70.

SHOOLBRED.—On January 25th, 1928, at St. Ann's, Chesham, William Andrew Shoobred, Surgeon.

ACKNOWLEDGMENTS.

Drawings—British Journal of Nursing—British Journal of Venereal Diseases—Le Bulletin de Société Médicale—The Charing Cross Hospital Gazette—Clinical Excerpta—St. George's Hospital Gazette—Guy's Hospital Gazette—The Hospital Gazette—The Journal of the International Society of Medical Hydrology—The Journal of the Research Defence Society—The Kenya and East African Medical Journal—The London Hospital Gazette—The Long Island Medical Journal—St. Mary's Hospital Gazette—The Medical Journal of Australia—The Medical Review—The Middlesex Hospital Journal—The New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—Revue de Médecin—The Student—St. Thomas's Hospital Gazette—University of Toronto Medical Journal—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. WILLIAMS, 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.

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

VOL. XXXV.—No. 7.]

APRIL 1ST, 1928.

PRICE NINEPENCE.

CALENDAR.

Tues., April 3.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Fri., „ 6.—Good Friday.
 Sir Percival Hartley and Mr. L. B. Rawling on duty.
 Out-Patient Department open for emergencies.
 Sun., „ 8.—Easter Day.
 Mon., „ 9.—Bank Holiday.
 Tues., „ 10.—Out-Patient Department reopens as usual.
 Sir Thomas Harder and Sir Charles Gordon-Watson on duty.
 Fri., „ 13.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
 Tues., „ 17.—Prof. Fraser and Prof. Gask on duty.
 Wed., „ 18.—Last day for receiving matter for the May issue of the Journal.
 Fri., „ 20.—Summer Session begins.
 Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Tues., „ 24.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
 Fri., „ 27.—Sir Thomas Harder and Sir Charles Gordon-Watson on duty.
 Mon., „ 30.—Special Subject Lecture by Mr. Harmer.

EDITORIAL.

HAKE, Editorial Pen, with whatever is left of you of romantic fervour in this age of materials and disillusion; scatter blots of joyous ink upon the editorial trousers; surge forward in unwieldy sentences to that welter of passionate phrases in which the shaly words "The Rugger Cup" are the only distinguishable entities; till you fall from our nerveless fingers, inkless, broken . . .

Four times we have won this Cup, and the names of T. C. Gibson, Charles O'Brien Harding, G. W. C. Parker and R. N. Williams will be tossed about by the toothless mouths of our descendants before ever they have learnt to lisp the rest of the alphabet; and even though we make it five next year, the close excitement of this season's games will not be diminished, nor the members of this team forgotten.

The following telegram (marked "urgent") from His Royal Highness shows his interest in the doings of the Hospital, as well as the national importance of the occasion:

"The Captain, Rugby Football Team, St. Bartholomew's Hospital.

"My heartiest congratulations to you all on your victory in Hospitals Cup yesterday.

"EDWARD P., President.

"Buckingham Palace."

Anyone who is unfortunate enough to have to pass through the Surgery on Monday mornings between the hours of 9 a.m. and 1 p.m. will have noticed that humanity is more than adequately represented, and that the familiar phrase "Standing room only" is a euphemism. On Monday, March 19th, a "record" was reached, 1077 out-patients being treated up to 4 p.m. The provision of Junior Casualty Officers appears to have resulted in enabling patients to be so well and comfortably treated that the temptation to give their panel doctors the slip has become irresistible. It is now no longer fashionable in Hoxton to remain on the panel. Panel doctors are not allowed to furnish any but panel prescriptions at a minimum price; why not, therefore, step round to the Hospital and obtain not only hist. gent. cum rheo, but even an elaborate and special prescription all to oneself? Why not? But this might constitute a quite appreciable addition to the Hospital expenditure, that it may become necessary for us to restrict ourselves more and more to stock prescriptions in the average case, and to cut out more and more the latest physical and chemical investigations in diagnosis. We have known more than one doctor who has been justifiably furious at a patient sneaking up to Hospital behind his back.

Our correspondence columns are open to any Old Bartholomew's men who would care to discuss this matter.



SIR BERNARD SPILSBURY.

*When arsenic has closed your eyes,
This certain hope your corpse may rest in:—
Sir B. will kindly analyse
The contents of your large intestine.*

MR. PUNCH'S PERSONALITIES.—LXIV.

By kind permission of the Proprietors of "Punch."

We have been very late in announcing our regret over the retirement of Dr. Adamson from the charge of the Skin Department, which took effect on December 31st last. Dr. Adamson, besides being a dermatologist whose name is known all over the world, has been in charge of the Skin Department for about twenty years, the Department as we know it being entirely of his making, since he was the first physician appointed solely for Diseases of the Skin at St. Bartholomew's. Previously the Department had been run as a side-show by one of the Assistant Physicians or Surgeons. Everyone will agree that the Department, which will now come under the control of Dr. A. C. Roxburgh, is one of the most efficiently run of the Hospital. Anyone who has looked through a text-book on skin diseases will have seen Dr. Adamson's name under a number of headings. Perhaps he is chiefly known for his modification of Kienboch's method of X-raying the scalp for ringworm (published in 1909), which is almost universally used now.

We reprint the following extract from the *City Press* of Saturday, March 10th:

"DEATH UNDER ANÆSTHETICS.

Dr. Waldo's Comments.

"In the year 1927 Dr. Waldo, J.P., held 20 enquiries concerning deaths caused or accelerated by the administration of anæsthetics for surgical operations. Ether was given in 15 cases, chloroform in 3, a mixture of chloroform and ether in 1, and gas and oxygen in 1. Death was caused in the remaining case by an accidental overdose of carbon dioxide gas. It is, Dr. Waldo says, of vital importance that the ether used should be pure. His view is that all ether should be analysed chemically, certified as pure, and kept from the light before being allowed to be used for operations."

Dr. Waldo made the above-quoted remarks at an inquest on the death of a child, aged 4, at an operation for mastoiditis following upon internal ear disease. The anæsthetic given was for induction ethyl chloride followed by ether and oxygen. Dr. Waldo said he did not think all medical practitioners fully appreciated the need of keeping ether protected from the light to prevent the formation of deleterious chemical substances apt to produce bad symptoms—or even death. He (Coroner) was of opinion that research work, suggested by him for many years past, was more urgently needed now than ever, to supplement the inquiry carried out in the Coroner's Court. This might usefully be brought about by the

appointment of a small standing scientific committee, or Commission, nominated by the Home Office and paid by the Treasury.

Sir Bernard Spilsbury, who made the necropsy, agreed with the suggestions made by the Coroner.

The Hospital Musical Society is getting on to its feet again, and quite a wealth of talent appears to be available this year. In view of a possible public performance in May, anyone who is proficient on any instrument is asked to communicate with the Secretary, M. R. Orr.

Professor Le Gros Clark has been admitted Doctor of Science in London University by Thesis; an honour seldom achieved by anatomists. We are all the more pleased at his success because he has always regretted being deprived of his University degree by the war.

At the Conference on Rheumatic Diseases to be held at Bath on Thursday and Friday, May 10th and 11th, 1928, this Hospital is taking a prominent part. Thus Sir Humphry Rolleston is Chairman of the Second Session ("Causation"), and Sir James Berry is among the Vice-Presidents. Dr. Langdon Brown will speak on "Endocrine Factor in Polyarthritides," Mr. Timbrell Fisher on "Pathology of Infective Arthritis," and Dr. Geoffrey Hadfield on "Pathology of Tissue Reaction in Rheumatic Disorders."

We have received from the Medical Department of the Admiralty an account of the opportunities available to the younger medical men in the matter of joining the Royal Naval Medical Service. The account begins on the lines of Rear-Admiral Gaskell's recent address to us, namely, a description of the sort of fellow the Service wants and the type to whom the life would appeal. Certain further details are worthy of comment. The Admiralty allow an ante-date of one year to those Naval Surgeons who before entry held a resident appointment for one year at certain large hospitals.

Opportunities are given to medical officers to take post-graduate courses for the higher examinations. Every officer shall have a course of instruction of not less than four months' duration every four years. The number of specialists allowed is now 60 instead of 40. The establishment of Surgeon-Captains has been increased from 16 to 20.

In addition, the opportunities for sport of all sorts

are stressed, and it is noted that a small amount of private means goes much further in the Navy than in civil life. The notice concludes with the rather tempting table of full-pay and pensions which has appeared on our Notice-board.

OBITUARY.

THE death of Dr. John Raglan Thomas at Exeter on February 28th, in his seventy-third year, brought to a close a strenuous life, crowded with many and varied interests. Dr. Thomas was educated at Epsom College, where he was Gilchrist Scholar, and at St. Bartholomew's Hospital. He became a M.R.C.S., L.R.C.P. in 1876, L.S.A. 1877, M.B.Lond., with honours in Midwifery and Diseases of Women, 1884, and M.D.Lond., in 1887. In 1886 he obtained the D.P.H. of Cambridge. On the death of his father, Dr. Benjamin Thomas, in 1877, Dr. Thomas was called upon to take charge of a very large practice at Llanclly, obtaining a high reputation in South Wales as an operator, especially in ophthalmic practice, but he over-taxed his strength, and ten years later was forced to relinquish this sphere and take a rest for a year, most of which he spent in India. He then settled in Exeter in partnership with the late Mr. A. J. Cumming. He became a referee under the Workmen's Compensation Act, Certifying Factory Surgeon, Admiralty Surgeon, and Medical Officer to the University College of the South-West. He maintained a keen interest throughout in professional pursuits, and was the first to note the presence of zinc in drinking-water, and the first, in this country at any rate, to observe congenital hypertrophy of the pylorus. For many years Dr. Thomas was connected with the volunteer movement, and retired in 1912 with the rank of Colonel A.M.S. For his conspicuous services in organizing the medical arrangements of the Wessex Division of the Territorial Force he was appointed K.H.P. Throughout his life Dr. Thomas was devoted to outdoor sport. He was a noted marksman, and took part in numerous contests at Wimbledon, Bisley and elsewhere. He was a member of the team that won the China Cup for Devon in 1895. He was a good golfer, and played regularly until laid aside by his last illness. He had a love for good literature, especially poetry and for art. He made many water-colour studies of land and seascape, especially of the coast adjacent to Exeter—parts that he knew and loved so well. The loss of his virile and lovable personality will be felt by a very large circle.

THE BEGINNINGS OF BACTERIOLOGY AT BART'S.

(Being part of an Address to the Abernethian Society by Sir Frederick Andrews, F.R.S.)

THERE are some discoveries which so completely transform one's outlook that it is difficult to recapture the mental attitude which preceded them. You have all been brought up in a bacteriological atmosphere; all your conceptions of medicine, surgery and obstetrics are saturated with bacteriological ideas. It is probably useless for you to attempt to imagine how people thought and felt about such subjects before the germ theory of disease gained acceptance, and although I was born and brought up in those early days, I have been a bacteriologist for so long that it is almost as difficult for me to do so as for you.

Yet, as a preliminary to my subject, I must ask you to try, with me, to project yourselves backwards for some forty-five years. It so happens that my active life at Bart's has coincided very closely with the rise and development of bacteriology in its practical applications. If I tell you that I joined the Hospital as a student in the very year in which Koch announced his discovery of the tubercle bacillus, you will realize that I go back a good way, though by no means to the actual beginnings of bacteriology.

It will perhaps be helpful if you will allow me to give you a few dates, so that you may see whereabouts bacteriology stood in 1882. You know that the first beginnings of this new science date from about the middle of last century, starting from the stimulus of Pasteur's researches on fermentation and spontaneous generation. If I put it that bacteriology was born at about the same time as I was, you must understand that I am merely using myself as a peg to hang dates on so that you may get them in better perspective. If one had to name one man as the spiritual founder of bacteriology, it must be Pasteur. Yet it was not to Pasteur that the general acceptance of the germ theory of disease was due. It was the work of Robert Koch, whose patient genius developed the use of solid culture media and gave the certainty that one was dealing with really pure cultures, that finally carried conviction to men's minds between 1875 and 1881.

My medical education began, then, as you can imagine, in times which would have been bacteriologically thrilling if one had had the sense to understand the importance of the new science which was being born. But as a matter of fact, nobody seemed at all excited about it; one heard the matter discussed, but I think there was as much hostility as enthusiasm.

Perhaps surgery affords the best touchstone for determining one's mental attitude.

Let me remind you of a few facts and dates about the birth of modern surgery. The whole world reveres Lister as the man whose labours revolutionized the art of surgery. Lister was appointed Regius Professor of Surgery of Glasgow in the year in which I was born. He was at that time pondering deeply over the dreadful mortality from wounds in hospitals, and he was convinced that pyæmia and hospital gangrene, which at that time carried off enormous numbers of patients, were due to putrefactive changes in the wounds, but he believed that putrefaction was caused by the oxygen in the air. It was not till 1865 that his study of Pasteur's work on fermentation led him to surmise that micro-organisms might be the cause of the wound changes too, and it was in March, 1865, just 63 years ago, that Lister laid the first stone in the edifice of modern surgery by treating a compound fracture with carbolic acid.

You will note that Lister's system was definitely *antiseptic* rather than *aseptic*, and the reason is not far to seek. Nowadays we are well acquainted with the individual species of bacteria which are dangerous in surgery. This was not so then; all that Lister could surmise was that the sinking and putrefactive changes in wounds, the gangrene, the erysipelas and pyæmia were due to bacteria as a class. It was known that meat exposed to the air underwent putrefaction, and the air was similarly thought to be a principal source of wound infection. It followed that war must be waged against all bacteria, especially those in the air, and the only available way was by means of antiseptics. Until the specific microbes which caused dangerous wound infections were identified, and until their distribution and nature was ascertained, nothing more was possible. It was not until two years after I had entered the Hospital that Rosenbach first described staphylococci and streptococci, which are the implicit background of all your surgery, and it was many years before surgeons slowly came to realize that the human body itself was the source of its own most dangerous wound infections. Antiseptics were finally seen to be an evil, and the way to our present system of *aseptic* surgery was made plain.

Two years after Lister had treated the first case with carbolic acid he was able to claim that his wards were practically purged of pyæmia and hospital gangrene. The brilliant success of his methods attracted more attention on the continent than in London, and when, in 1875, the British Medical Association met in Edinburgh, Lister was able to relate to the Surgical Section what he had seen in a recent journey abroad—success

obtained by his methods in a number of foreign clinics equal to that which he had himself achieved.

What, then, of St. Bartholomew's Hospital in 1882?—or perhaps I ought to say in 1884, for that was when I first entered the wards as surgical dresser to Mr. Langton. Lister had been teaching for fifteen or twenty years, and I don't think it is an exaggeration to say that so far as a good deal of the surgical teaching at Bart's was concerned he might never have lived. Savory, the senior surgeon, was openly hostile to Lister's ideas. He was a great man, and his opinions naturally carried weight. But Tom Smith and Alfred Willett were both willing to try Listerian methods. Tom Smith had even sent his house surgeon up to Edinburgh in 1876 to learn what Lister had to teach.

When a man came on as a dresser he had to buy a pocket dressing-case containing the usual knives and scissors, forceps and probes. Now I am sure we were never taught to sterilize these things; for one thing the knives had ivory handles or tortoiseshell and couldn't be boiled. We kept them clean, of course, so that they looked bright and shiny—but merely for cosmetic reasons. It was not for some years after this that a fish-kettle of boiling water was kept in the Surgery so that one could sterilize instruments before use. For use in the wards each surgeon had a brass-bound wooden box fitted with a tray and containing the weapons he was likely to want, but I cannot recollect that these were sterilized or for the most part sterilizable. Even in the Operating Theatre some surgeons—certainly the older ones—used their instruments straight out of the cupboard without any attempt at sterilization. The one outstanding exception was Alfred Willett, who really tried, though in a very ineffectual way, to employ antiseptic methods. I have been told that this was true of Lister himself. Sir Anthony Bowlby tells me that he saw him operating in Edinburgh in a dirty old gown.

And since there was as yet no suspicion that the normal human body was a source of potential wound infection, you can well believe that the surgeon made no attempt to render himself sterile. I believe he washed his hands before operating, but in what we should now think a purifactory manner. The most shocking recollection I have of the operating theatre is that of the coats in which the surgeons operated. You may have heard of these coats: I saw them in actual use. There was a cupboard in the Theatre in which hung old frock-coats, each on its special peg. I remember in particular Sir William Savory's, stiff with the blood and pus of countless patients. I can see old Sister Abernethy helping him into it and then handing him some dirty black calico sleeves, which were endued not, mind

you, for the protection of the patient, but to keep the surgeon's shirt-cuffs from being soiled.

Now you will wonder what were the results of what will seem to you such surgical frightfulness. Well, they were not nearly so bad as you might have expected. Whatever may have been the case in provincial hospitals in the middle of last century, I never saw any widespread sepsis at Bart.'s. The patients didn't die wholesale of hospital gangrene and pyæmia—in fact I never remember to have seen a case of hospital gangrene. Suppuration there was, it is true, in a very large proportion of cases, and an occasional calamity in the way of pyæmia which ought never to have occurred. It is interesting to consider why the results of operative surgery were not worse. In the first place the Hospital was decently clean and the general hygiene of the place was fairly good. There was no overcrowding and there was plenty of fresh air. Secondly, the operative technique was admirable. Perhaps I am not the best judge, but I have an impression that the surgeons then knew better how to use a knife, knew exactly what to do, and did it cleanly and quickly in a way for which there is less necessity now. I think this cleanness and rapidity helped to minimize the amount of infection. But the most potent factor of all was that the surgeons in those days knew their limitations—knew by experience what they could do and what they couldn't. You never saw Savory inside the peritoneum, and it was some years after this period that the younger surgeons began to undertake ovariectomies with any confidence. And for a final reason why worse things did not befall the patients, I must add that even in the early 'eighties the nursing was good. At the same time I am bound to confess that the chief impression left upon my mind now by what I saw of surgery then, is that the human body possesses wonderful powers of defence against microbes if you give it even half a chance.

Let me now rapidly trace what I can remember of the steps by which our modern surgery has arisen. But you must please bear in mind that I was not a surgeon, and when once I was qualified I only dropped occasionally and accidentally into the operating theatres. My memories are a series of tableaux rather than a continuous whole.

In spite of the jeers of the more reactionary elders, notably Savory, Lister's methods came gradually to make headway amongst the younger men. Willett, as I have said, was always open to new ideas, and was by far the most earnest of the senior surgeons in attempting Listerian methods. Presently other surgeons, such as Langton, began to pay at least lip-service to antiseptics, but it was one thing to desire a thing and another to be able to carry it out. With the best intentions these

elder men, born in sin, were quite unable to control their reflexes. I have seen Langton, when in the middle of an operation he required two hands, put his scalpel between his lips; I have seen him during an operation in preparation for which he had scrupulously cleansed his hands, pass them absent-mindedly through his hair; he would take a trocar and cannula out of his waistcoat pocket and plunge it straight into a hydrocele; and all this without any suspicion that he was not acting as a good Listerian. The result was that the men who were doing their best to improve their methods got much the same results as those who went on in the old way—thus giving occasion to the enemy to blaspheme.

It was, in fact, only the younger surgeons who were capable of adopting really modern methods and gradually acquiring the necessary instincts. I believe that Mr. Bruce Clarke was the first man to discard the septic frock-coat and operate in his shirt-sleeves. Next came a linen jacket. Both Bruce Clarke and Walsham used the carbolic spray, as Tom Smith and Willett had before them, but that phase didn't last very long. Harrison Cripps did a great work up in Martha when he was appointed to do the ovariectomies; he was certainly the first successful abdominal surgeon at this Hospital.

But I think the outstanding figure in the development of aseptic surgery here was Mr. Lockwood, for he was the first surgeon who even pretended to know anything about bacteriology. I believe he learned it from Klein, and for three years, beginning in 1890, Lockwood and Vincent Harris held a private class in bacteriology, to which a few men resorted: Sir Holburt Waring tells me he attended it. I have no doubt that Lockwood's bacteriology was of a very rudimentary kind, but how much better it was than none at all he soon showed by the practical uses to which he put it in the wards and theatres. In his efforts to secure asepsis of everything connected with a wound, he at one time made a practice of taking tiny skin snippings from his own hands and those of his assistants as soon as the operation was ready to begin. These snippings were dropped into broth tubes and incubated, the result being exhibited next day. I have been told that one of Lockwood's more intelligent house surgeons used to take the precaution of boiling his tube before incubating it, so that there might be no doubt that his hands, at least, were aseptic.

Nevertheless, I am sure that these procedures were of great service in emphasizing the importance of minute attention to small details. The influence of Lockwood upon his house surgeons and dressers was very great, and played no small part in the evolution of our present-day methods.

I have said that my memories of these things are of

the nature of disconnected tableaux. Happening one day into the theatre I would find the operators in white jackets: a year passed and they were to be found arrayed as complete pastry-cooks. The months rolled by, and now I was made to endure goloshes if I wanted to go into the theatre. Later still gauze masks appeared over the nose and mouth, and now I see the operating surgeon leaving his hot bath to put on sterilized pink silk undies and spotless flannel bags. One can see that it is all a perfectly logical development of the gradual recognition of the human body as the prime source of infection—a piece of knowledge which was necessarily hidden from Lister at the time when he was evolving his system of antiseptic surgery.

But now, having tried to give you my recollections of surgery before the days of bacteriology, let me turn to medicine and to the development of bacteriology generally. When I first came on as a clinical clerk to Dr. Gee—I think it was in 1885—there was no such thing as bacteriological diagnosis. The typhoid bacillus had not been discovered, nor for all practical purposes the diphtheria bacillus. Diagnosis had to be made on clinical grounds and treatment conducted on general principles. Antitoxic sera were, of course, unknown, and prophylactic inoculation undreamed of.

It has been naturally a very interesting thing to see one development after another of bacteriology being applied to clinical ends. The first development I can recall was the staining of tubercle bacilli in sputum. It was a year or two after Koch's discovery of the causal agent that Ehrlich showed that it was acid-fast, and devised the method of staining which in principle we still use. I well remember picking up the new method and testing it on patients in the wards. It was while I was research clerk to Dr. Andrew—I think during the winter of 1886-7. I was at that time also one of the four section cutters who prepared the sections for the Pathological Histology class, and we used to work in the otherwise unused room which later became the Pathological Laboratory and is now used for practical surgery. It was my first effort at bacteriology and it was quite successful; the films were shown in the wards with great pride. I can recall no bacteriological adventures for some years after this; it was not till I came off my house job as house physician to Dr. Andrew, in the spring of 1889, that my memories begin again. And this brings me to speak at some length of a man who at that time held a very prominent position in this country—as its foremost bacteriologist, namely, Dr. Klein.

Many of you will have heard of Klein as a past teacher of physiology here. He was of Austro-Hungarian birth, and was invited to come to England to become Resident Director of the Brown Institution at Wandsworth in

1871. He was then a young man of 27 with a brilliant reputation in Vienna as a histologist—a reputation which his earlier work in this country fully sustained. At the Brown Institution he worked at infective animal diseases, under Burdon Sanderson, the Local Government Board supplying the finances. In 1873 St. Bartholomew's invited Klein to give lectures on histology. His knowledge of English was still imperfect and he must have had a hard time with the rowdy students of those days, but it all came right in the end, and finally he came to do the whole of the physiological teaching here till, in 1900, Dr. Edkins became his coadjutor. In one way or another Klein was attached to this Hospital for more than forty years.

But to return to the Brown Institution, it can well be imagined that such a man as Klein could not study infective animal diseases at a time when the beginnings of bacteriology were stirring on the continent without being himself drawn into the subject. There was no one to teach him, for there was no bacteriologist in England, and he had to pick up what he could from the scanty continental literature. Koch's methods of obtaining pure cultures of bacteria from colonies on solid media were first published in 1875 and 1876, and Klein, who possessed great technical dexterity, picked up all this very quickly. It is a most interesting thing to look through the series of papers which he wrote in the Local Government Reports year by year and note the gradual advances in method—crude at first, but soon improving. Since there was no one else in this country who was attempting bacteriology, the more ardent spirits in medicine used to resort to Klein at the Brown Institute in order to learn what he had to teach about the new science, and ultimately definite courses of instruction arose. In this way Klein may fairly be claimed as the "Father of Bacteriology" in England, and, especially through his pupils, he exercised a very great influence on the development of the subject.

I first came to know Klein as a teacher about 1890. By that time he had severed his connection with the Brown Institution and had taken laboratories in Great Russell Street. Here he carried out his research work for the Local Government Board and conducted classes for pupils. Wishing to take a Diploma in Public Health I joined this class in company with Sir William Hamer, late Medical Officer to the L.C.C. I recall that Sir Ronald Ross was also a member of that class. Here we learned all that Klein could teach us, and were well grounded in the technique of bacterial culture.

Shortly after this arrangements were made for Klein to do his bacteriological work at St. Bartholomew's, where he had long been in charge of the physiological teaching. He was assigned two rooms at the very

top of the School buildings, now used as museum preparation rooms. Klein himself occupied the inner room, and in the outer room three or four favoured pupils were allowed to work; the big classes were given up. I was one of those privileged to work there; Dr. Mervyn Gordon was another, also Dr. Edmund Cautley and Sir Alexander Houston—now the head of the Metropolitan Water Board Laboratories. Klein farmed out small Local Government Board research jobs amongst us, and exercised general help and supervision. In this way we got experience in research and added usefully to our scanty incomes. I have always felt that I owe Klein a very great debt of gratitude for his teaching and personal kindness to me.


Klein's work had nothing to do with the Hospital, save in so far as an outbreak of infective disease might give him chance material for investigation. He taught physiology in the School, but otherwise he worked purely for the Local Government Board. So far as bacteriology was taught at all in the School it was at the small course given by Lockwood and Vincent Harris, and I believe that went on only for three years. Later on, especially after he had ceased his connection with physiological teaching, Klein himself gave a course of lectures in advanced bacteriology every year for senior students, but I never attended these.

In all this there was little application of bacteriology to the patients in the wards, and I must now tell you something of the man who first developed clinical pathology here—A. A. Kanthack. He was a younger man than I, by some years, but he had had a far more varied and eventful life. He was born in South America, went to school in Germany, commenced college life in Liverpool, and ended by taking the various degrees offered by the University of London. He was a student of this Hospital, took his F.R.C.S., and then went to Berlin to study under Virchow and Koch, where his bent for pathology was finally decided. Returning to Bart.'s in 1890 he became Midwifery Assistant under Matthews Duncan, and while still on the Junior Staff he was appointed on a Commission to investigate leprosy in India. On his return from India he went to Cambridge and became a Fellow Commoner of St. John's—holding a John Lucas Walker Studentship and plunging headlong into pathological research. After a year at Cambridge he returned to Liverpool with the idea of practice in medicine, but he did not remain there long. In 1894 it was decided to institute a specialized lectureship on Pathology at Bart.'s, and Kanthack was felt by everyone to be the man for the post. He was unanimously appointed, and became at the same time Pathologist to the Hospital. The room assigned to the new department was the one I have already mentioned,

now the Practical Surgery Room. Here the head of the department worked in a corner screened off from the rest of the room, which was devoted to classes and miscellaneous research work. By and by Dr. Drysdale returned from Liverpool, where he had begun practice, to act as unpaid demonstrator. Rabbits and guinea-pigs inhabited cages on the top of some radiators and everyone was quite happy. That was the real beginning of bacteriology at Bart.'s.

(To be concluded).

A BED FOR FRACTURES AND GENERAL HOSPITAL PURPOSES.

 E reprint the following from the *Lancet*, February 15th, 1919, in connection with Mr. Pearson's letter published in this issue under "Correspondence."

The bedstead shown in the accompanying illustrations, devised originally for the treatment of gunshot wounds of the femur, has now been modified so as to adapt it for general hospital purposes. In an earlier improvised form it was used in the South African and other hospitals in France during 1917 and 1918; when officially adopted by the War Office for the special femur hospitals in England it was thought that it would be both more economical and more satisfactory to have it manufactured *de novo* for the purpose and at the same time to extend its utility. In its new form it greatly eases the nursing of all fractures, spinal injuries, paralytic cases, wounds of the back—in fact, of all cases, medical and surgical, where lifting or rolling the patient is difficult.

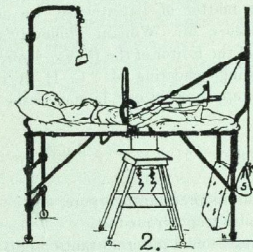
Description of the bedstead.—The most evident feature is its height—1 yard—considerably higher than any existing hospital bedstead. At first glance this looks inconveniently high, but after many trials of both higher and lower, experience has shown that this is none too high. Many have been in use during the last year, and the unanimous opinion of nurses, even short nurses, is that the present height of 36 in. is the one that suits them best, and that it saves them a great deal of fatigue in dressing and washing the patient.

The essential feature, however, is not the height, but the sectional nature of the whole top of the bed.

The usual spring mattress is replaced by seven transverse slings fastened to one side-bar by flat iron hooks and to the other by straps and buckles, by which they can always be kept tight. These canvas slings are 11 in. wide, meet edge to edge, and are kept free from wrinkles and quite flat by a strip of metal sewn into each end.

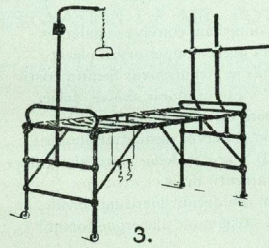
The mattresses, which rest on top of them, are also sectional, but it is not necessary to have so many; for all ordinary cases we use only one small sectional mattress 11 in. wide, the rest of the bed being covered by two Army "biscuit" mattresses.

For instance, in a femur case the small mattress is



WITH SECTION LET DOWN AS FOR DRESSING.

put exactly on top of the canvas sling which lies under the thigh, immediately distal to the ring of the Thomas's splint. When dressings are to be done the small mattress and its corresponding canvas are released and dropped, giving free and unimpeded access to the back of the thigh or buttock, so that the wound can be irrigated without lifting the patient or wetting the bedding.

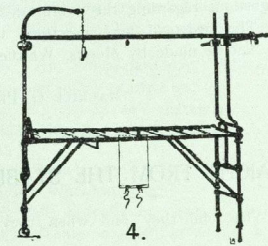


BEDSTEAD SECTORED, ARRANGED AS FOR WIDE ABDUCTION OF RIGHT LEG.

Other nursing processes are equally facilitated, and for radiographic purposes one has the great advantage of being able to place the X-ray tube below the limb and the screen above with no wire mattress interrupting the view.

Further to ease matters for the nurse the canvas sling under the wound has a quick-release device shown in Fig. 5, which does away with the need for undoing buckles each time it is used. The movable section with its quick release can, of course, be placed at any part of the bed according to the nature of the wound.

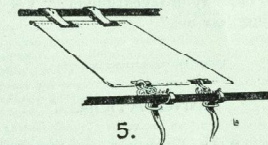
Each bed has with it a supply of tubular fittings and clamps of Maddox type, fastening on to the foot and head of the bed, and adaptable to almost any form of extension or suspension of the limbs, in wide abduction if required, and with or without pulleys. The derrick at the head of the bed and the cranked extension posts



WITH OVERHEAD SUSPENSION EQUIVALENT TO BALKAN BEAM, AND WITH LOWER END OF BED ELEVATED BY MEANS OF THE TELESCOPIC LEGS.

at the foot are interchangeable; all are hexagonal at their bases and fit into hexagonal cups.

The feet at the top of the bed have large wooden castors; those at the other end are not wheeled, but are telescopic, so that the foot of the bed can be raised anything up to 12 in. without the aid of blocks—as, for instance, where body-weight counter-extension is required.



SHOWING A CANVAS SLING WITH QUICK-RELEASE ATTACHMENT.

Advantages of the bedstead.—To summarize, the chief advantages claimed are:

- (1) Nursing and dressing processes made much quicker and easier for the nurse and much less painful for the patient.
- (2) The patient, bed, and suspension apparatus all together form one self-contained unit, freely movable into the open air if desired, as in fire emergencies.
- (3) No attachments to floor or ceiling, no structural alterations in buildings in order to get overhead suspension.
- (4) Adaptability to general surgical and medical purposes.

(5) The greatest advantage by far is undoubtedly the fact that the patient need never be lifted or moved at all, even for buttock or rectal wounds.

Because of its height the bed is not suitable for convalescent patients who get in and out of bed with difficulty.

I am much indebted to a War Office committee for helpful suggestions regarding the overhead suspension apparatus. The bedstead here described is a War Office issue, and is made by Messrs. Whitfields, Ltd., Birmingham.

MAURICE G. PEAKSON.

STRAIGHT FROM THE STABLE.

H.P.: "What did they find when they X-rayed your chest?"

Patient: "Well, doctor, they said me bronchial tubes was broken."

H.P.: "Is baby constipated, Mother?"

Patient: "Well no, Doctor, 'e ain't constipated, but 'is little bowels are terrible caustive."

H.P.: "How's baby getting on, Mother?"

Patient: "Well, Doctor, she ebbs and flows."

H.P.: "Do you suffer from wind?"

Patient (an old lady of seventy-five): "Yes, me dear, you should just 'ear me."

ANNOTATION.

CHILD BORN WITH A DOUBLE CEPHALHÆMATOMA.

About two months ago I came across the above condition in a European child, which no doubt is uncommon.

The mother has three other children, and all were normally delivered. Her pelvis has the normal measurements and the confinement in question was also quite normal, no instruments being used, and the child, whose weight was 7½ lb., was born just as I entered the room. The head of the child was of normal size and shape, except for the swellings, equal in size, over each parietal bone, which gave the head an extraordinary appearance, as if a Tangerine orange was placed under the scalp on each side. After about one week the mother began to get concerned, as there was no appreciable difference in the size of the swellings, as I had informed her that they would soon disappear. The mother's anxiety made me anxious, too, and as the swellings fluctuated so readily, I suspected congenital absence of part or whole of the parietal bones and had an X-ray taken, but this showed a normal skull. We waited patiently, and only after 1½ months had each swelling disappeared entirely, with great relief to mother and myself.

I have not seen the condition mentioned in any text-book, and am still puzzling as to the cause. I would be obliged if any of your readers could enlighten me on the subject.

G. DIETRICH, M.R.C.S., L.R.C.P.

THE A.B.C. OF VITAMINES.

HAVING recently set an example to the world in the matter of Latin verse, we accept with pleasure Mr. William Holloway's offer (at the instance of the Editor of the *British Medical Journal*) of the following rendering of "C. H. A.'s delightful lines," which appeared in our January issue:

A.

Ralphi olim muris praestanti corpore, obesi
Perlucens oculus frigidiorque fuit.
Maestum! pinguis eum miserum tanto minus esse
Tristes se quanto multiplicare dies,
Unde oculi facta est pars cornua cornior usque
"A" quia vitamin non vigorabat eam.
"Scite 'A' vitamin mihi defecisse," dolenter
Mus ille exclamât, admonuitque suos.
"Vestri oculi fient etiam, mihi credite, cornu
'A' ni vitamin suppeditaris eis."

B.

Qua coiere suburbani convivac epulantes
Nonne polita gulae semper oryza placet?
Certe. Notus at Arbuthnotus Semita tristis
Heu! "B" vitamin plorat abesse, dolet.
"Et Beri-beri, dira illa exotica pestis,
(Addidit hoc)" nervos obsidet atque terit.
"Sumite 'B,' cari" celebrat chirurgicus ille
(Me ipso praesenti) dixit et ursit eos.
"Ni panem, qui decidit meritum cereale,
Essem, non vivus nunc alacerque forem."

C.

Navam pervasit morbus scorbuticus omnem,
Dum nautae Arctoum per mare, vela dabant.
Distantes terra, sine "C" vitamine, nautae
Se conservato sustinuerunt cibo.
"Quid valet," exclamât, jurans per caela, magister,
"Jus sacrum citreae, dic mihi, quidve juvat?
Se sic condito nutribant, oh! miserandos
Nautae illi audaces, liberi ut unda maris,
Sed vitam esse brevem nutritam carne bovina
Condita, absenti 'C,' velut aura patet."

D.

Ossea, dura phosce genuum lacrimosa Jemimae
Horribilis visu terrificansque fuit.
Quos vult namque ferit dirissima taetra raxitric
Si "D" vitamin, vita quod instat, abest.
Etsi oleo jecorum insidias frustravimus ejus,
Luceque quam violae caeruleiore, ferit.
Ergo oleum jecorum, infantes, haurite voraces
Si forma vultis robore et usque frui.
Nausea inest, forsan, sed nonne raxitrica vincit?
Et "D" vitamin pocula plena replet?

E.

Quatuor haec "D," "A," "B," "C" vitamina, sane,
Felices, validos vos, liquet, efficient.
Sed non sufficit hoc; vos multiplicare necesse est.
Si non, extinctum mox erit omne genus.
"D" dent vitamin medici; mihi convenit illud.
Hoc laude illius claudere nonne decet?
Censum vitalem, cari, duplicabimus, illud
Si non imprudens negligit ulla domus.
Spes et confundet quas illa Stopesia fovit
Herba commixtum quam colit Inda manus.

WRITTEN BY A PUPIL OF ST. BARTHOLOMEW'S HOSPITAL ON THE RESIGNATION OF MR. POTT.

[A correspondent has unearthed a manuscript of which the handwriting appears to be of the required date. There is no clue as to the author.—ED.]

F wretched creatures whom my walls contain
(How much more wretched now shall be your lot),

Cease to bemoan your agonizing pains,
And join with me to moan the loss of Pott.

Who with the keenest eye and steadiest hand,
Or freed the bladder from the galling stone,
For fifty years has well supplied the land
With wooden legs and such sad sights of woe.

Heavens! when he lopp'd a limb to save a life,
Or freed the bladder from the galling stone,
Death fled affrighted when he seized the knife,
And the weird sisters trembled at his frown.

But he, serene, amidst the blood and cries
Of the poor wretch with horrid tortures fired,
Could calmly turn about and bless your eyes,
Or damn them either, if the case required.

Lives there the man who can supply his place
With half the dignity that he could boast?
For who could operate with so much grace?
Or with such blest assurance rule the roast?

What now shall gain Bartholomew renown?
For all my riches can avail me not;
What brought each leaden-headed lad to town,
What drew them hither but the name of Pott?

Shall Pitts, Earle, Blicke parade my walls alone,
And not a pupil follow at their heels?
Shall Long and Harvey set a broken bone?
Oh! no, kind Heaven, defend us from such ills.

Still Pott shall grace the dictatorial chair,
Still teach 'em blockheads in his art to shine;
Still to my walls in flocks they shall repair,
Still laugh at Hunter, and still pity Cline.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB. CUP-TIE FINAL v. LONDON HOSPITAL.

Richmond, Wednesday, March 14th. It may have been thought by some that, having knocked Guy's out of the cup, we had removed the only obstacle that need really trouble us. We knew, though, that the London were a serious proposition. Outside the Hospital, indeed, few thought we should win. In G. V. Stephenson, Sheehan and Stanley in their back division, they had, it was thought, more scoring power than we could thwart or counter. We were unfortunate in losing Capper at the last minute with 'flu, but we could not have had a better substitute than Maley.

Conditions were ideal when the London kicked off. The ball went straight to Bettington, who unaccountably fumbled, and their forwards following up dribbled on towards our line. Here there was more fumbling, and a forward, Rae, touched down for a very soft try, which was not converted. We were not depressed by this; it was so obviously an accident. After this we kept them penned in their "25" for most of the first half. Our object was to prevent their "threes" getting away. When we heeled the ball, which we did from not more than 50% of the scrums, Taylor made ground with exceedingly well-judged kicks to touch. When they got the ball, their scrum half, Waring, was generally smothered with it. After half an hour's play Gaisford kicked a beautiful penalty goal from 40 yards out. The ball bounced on the cross-bar and was kind enough to fall over it. Many times we were on their line, but we could not score. When they did relieve, their backs always looked dangerous. One three-quarter move of theirs was brought to a sudden end when Stephenson was tackled beautifully by Petty. One cannot help but enthuse about that tackle. It was the sort one dreams of and sees so very rarely.

So at half-time we were level at 3 points each. We had rarely been out of their half, but we had rarely looked like scoring. Taylor rarely let his backs have the ball. When he did they were unable to make any ground. We felt confident, though, that the forwards would score from one of their dangerous rushes.

The fog, which had swept across the ground soon after the start, made it difficult to see the ball on the opposite side of the ground. Within about five minutes of the re-start a forward movement, details of which could not be seen, ended with Thompson scoring far out on the right. Gaisford converted this with another splendid kick. London replied by nearly snapping a try from a charged-down kick. London were more in our half now and frequently caused anxiety. Sheehan made a great deal of ground with one

good run. In spite of this we did not entirely release our pressure. Taylor and then Prowse were both nearly over. There was one horrid moment when Gaisford was forced to carry over. He ran about behind the goal-line, eluding would-be tacklers, and finally got in a good kick to find touch near the "25" line. Williams later brought relief by a good run and kick. Shortly before "time" Gaisford was penalized for lying on the ball. The kick failed.

We won the cup again, for the fourth time only, but by no means for the last we hope and trust. It is easy to say that the forwards, Taylor and Gaisford won the match, but it is not fair and is not true. The remaining backs certainly accomplished little in attack, though Grace made several good runs in the first half, but their defence was really great. Gaisford could not have played better in this his last cup-tie. We can only remember one of his kicks failing to find touch, and all of them were of terrific length, most heart-breaking to their forwards. It is not easy to estimate how much we owe to Taylor. We know it is a great deal. We must first remember that he had not played scrum-half before this season. He has been good in every match, but in this match he was wonderful. His slips away from behind the scrum nearly always had them guessing. His kicking was unerringly in its accuracy, and he was always where he was wanted in defence.

Lastly we come to the forwards. It is impossible to avoid repeating superlatives. Their leader, R. N. Williams, on this occasion set an example that could not be bettered. Even of more value than his own play was his leadership. This did not start on this day, but has developed since the first match this season. In the early days he had little idea of leading a pack, but he has patiently brought his team on, the pack particularly, until now it is a splendidly blended unit. We will mention no more names, since it was this unit which was so good. We have all congratulated Williams and his team, but we all want to do so again. May they repeat their success next year!

Team: W. F. Gaisford (back); A. H. Grace, H. W. Guinness, G. F. Petty, C. B. Prowse (three-quarters); F. J. Bellby, J. T. Taylor (halves); K. N. Williams (capt.), C. R. Jenkins, R. H. Bettington, H. G. Edwards, J. R. K. Jenkins, M. L. Maley, H. D. Robertson, V. C. Thompson (forwards).

P. G. LEVICK,
Hon. Treasurer.

HOCKEY.

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

On Thursday, March 8th. After defeating Middlesex 3-0 in rather unconvincing style, we next met Guy's in the semi-final of the Hospital Cup. The Richmond ground was in good condition and Bart's needed a full side with the exception of Williams, whose valuable aid on the left wing was sorely missed. The forwards were so ineffective against Middlesex that the whole line was reorganized; and XI to inside left, Francis came into the centre and Hartley played at inside-right.

Bart's won the toss and decided to play downhill. Guy's pressed straight from the bully-off, and from a mix-up in front of our goal scored within the first few minutes. Bart's then began to attack, and continued to do most of the attacking during the first half. After a good rush by the inside forwards the ball was passed back to Bell, who was unmarked, and scored with a beautiful first-rime shot. After this Bart's continued to do most of the attacking; several corners were forced, but there was no further scoring.

Playing downhill Guy's became more aggressive; their forwards were always dangerous once in our circle. Their inside forwards, combining well with the outside right, made several rushes on our goal, and in rapid succession added two more goals. Bart's continued to do a fair share of the attacking. Francis, getting the ball in the Guy's circle, scored with a spectacular back-hand drive. The end of the game, but Windle was in fine form, and each time the ball was cleared; just before the whistle Guy's were rather fortunate in adding a fourth goal. Bart's had more than a fair share of the game, but Guy's won the match by the quick, hard shooting of their inside forwards.

Our forwards played ever so much better; there was plenty of combination and dash. Symonds and Bell deserved special mention. For the half-backs Fordham did not mark his wing man as closely

as usual, but Attwood was in great form on the right wing, especially in attack. McCay was good at right back, but sometimes the backs were at fault in their covering off. Windle brought off many fine saves and was fearless in his running out.

Team: R. W. Windle (goal); F. H. McCay, P. M. Wright (backs); M. S. M. Fordham, W. F. Church, J. H. Attwood (halves); E. J. Neill, K. W. D. Hartley, R. H. Francis, A. C. Bell, J. W. C. Symonds (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. ST. LAWRENCE COLLEGE, RAMSGATE.

On March 10th this match was played at Ramsgate. The day was cold, with occasional showers of snow, but the ground was very hard and very fast. With Hartley, Bell and Francis away from the forward line and Fordham from the half-line the side was considerably weakened. Our opponents were a strong side in the pink of condition, and defeated us in a very fast and good game by 5 goals to 2.

From the bully-off St. Lawrence pressed our goal and made several dangerous shots, but after some play of a scrappy nature the ball was cleared to the wing. St. Lawrence soon pressed our goal again and scored their first goal. Play now became more even, and the inside forwards, showing plenty of dash and combining well, made several attacks on the St. Lawrence goal. Iliff, after making a good individual rush, scored our first goal. Play continued to be fairly even, Bart's doing most of the attacking, but St. Lawrence obtained a second goal, and at half-time the score stood 2-1.

Throughout the second half the game continued to be very fast and open, the ball swinging about from one end of the field to the other. St. Lawrence, with their superior condition, pressed more during the second half; they soon added a third goal, but Francis replied with another soon after. Later in the second half St. Lawrence added a fourth goal, and just before the whistle, owing to a misunderstanding between the backs and goal, they added a fifth.

Considering the number of absentees Bart's played very well. The inside forwards, especially Iliff and Francis, showed good speed and combination, but they found the outsides rather weak. The Fordham's place at left half, was in good form. Bradshaw, taking they played well, were not quite so reliable as usual. Windle in goal maintained the good form he has shown all the season.

Team: R. W. Windle (goal); P. M. Wright, F. H. McCay (backs); J. H. Attwood, W. F. Church, G. H. Dredshaw (halves); E. J. Neill, J. W. C. Symonds, R. H. Francis, A. D. Iliff, A. T. Pagan (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. OLD FELSTEDIANS.

This match was played at Winchmore Hill on Saturday, March 17th, in perfect weather, the ground also being in a much improved condition. The Old Felstedians had a strong side playing, but the Hospital were below full strength, for in addition to the continued absence of Williams, they were without Wright, Fordham, Francis and Hartley. In spite of this disadvantage the team played a splendid game, and finally lost by 3 goals to 4, after a really fast game, which was a delight to watch. Bart's played downhill in the first half, but the Old Boys immediately pressed and took the lead after about three minutes play. The Bart's forwards were well together, but were not showing quite enough dash at this stage. Suddenly, however, Bell got the ball on the edge of the circle, dribbled through and equalized with a good shot. After this the forwards got going in good style, and after a corner taken by Neill, Attwood made a good pass to Iliff, who scored with a first-time shot. Bart's thus led by 2-1. At the other end the Old Felstedians missed several opportunities of scoring, and once a Bart's defender got the ball away from the very goal-line after Windle had been passed. Windle on another occasion made a magnificent save when a goal seemed certain—indeed he was in fine form throughout the match. The Old Felstedians then made the score 2-2, and before half-time scored again after Edwards, the east forward, who was proving very fast at outside-right, had run right through. Iliff had bad luck in not levelling the scores after a good dribble for the Hospital, and Thorne crashed the ball over the goal at great speed just before the whistle blew for the interval.

Soon after the game had re-started the best goal of the match was obtained by the Hospital. Church got the ball near the half-way line, made an excellent pass to Bell, who dribbled on, drew his man and slipped the ball to Iliff, who scored with a good shot, making the score three goals each. The play continued to be fast with the Hospital holding their own, but it was not against the run



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of the play when Edwards went through the Hospital defence on the right and centred for his inside-left to give Windle no earthly chance of saving. There being no more scoring the Old Felstedians won by 4-3.

The winners were a very good side, who realized the value of swinging the ball about and who were very quick on the ball. Outstanding for them were Edwards at outside-right and Evans at right back. Reference has already been made to Windle's play for Bart.'s; McCay settled down to a very good game after a shaky start, and Gale, playing for the 1st XI for the first time, gave a plucky display, although inclined to wander. Church got through a lot of work at centre-half and was constantly putting his forwards on the move, while Attwood was much the better of the wing halves. The forwards played excellently all along the line and showed better combination than at any time this season. A fine game in which the score just about represented the play.

Team - R. W. Windle (goal); F. H. McCay, H. Gale (backs); J. H. Attwood, W. F. Church, V. C. Snell (halves); E. J. Neill, A. D. Iliff, A. C. Bell, V. Thorne-Thorne, J. W. C. Symonds (forwards).
K. W. D. H.

Stop-Press.—We regret that the Annual Report of the Council of the Student's Union, 1927-1928, arrived too late for publication. It will appear in our May issue.

CORRESPONDENCE.

THE NURSING OF FRACTURED FEMURS.

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

SIR,—I have just read with much interest and some grief Mr. Stallard's notes on nursing of fractured femurs and spinal cases in the Bart.'s JOURNAL for January, 1928—with interest because the difficulty of nursing compound fractured femurs was the first staggering surprise that struck most of us at the beginning of the Great War; and grief because, as a very loyal Bart.'s man, I hate to see it moving so slowly and profitless so little from that war experience as is indicated by Mr. Stallard's description of present methods there—the same old scattering of fractures through the general wards, the same old bedsteads without even sectional mattresses, the same lifting of fractured femur cases to get at their backs and rolling over of spinal cases—all exactly as it was done when I was H.S. there thirty years ago, just as if there had been no Great War with its lessons. And yet when eminent surgeons give International Lectures on the progress of surgery resulting from the war, it is always the treatment of fractures, especially of fractured femurs, that they pitch upon as their outstanding example, and justifiably. Then why so little change at Bart.'s?

Recently a St. Thomas's friend and I were gently sparring about our respective hospitals; with deliberate inaccuracy I called his hospital a mere upstart offspring of Guy's, and reminded him that Bart.'s was a hospital a cool 500 years before there was any other hospital in London. "Yes," he said, "and the dear old place hasn't changed much since then, has it?" Decidedly his score, and I remembered it often when re-visiting Bart.'s, and again when reading Mr. Stallard's article.

The excellent bed described by Mr. Stallard would avoid all this lifting and moving, and is extraordinarily like, but in some refinements better than, one devised by us to meet exactly the same difficulties in the South African Military Hospital at Richmond Park in 1910. Our's went through many further stages of evolution in the S.A. Hospital in France, where femurs were concentrated, and the final stage of improvement was reached in 1918, when at the direction of the War Office the sectional fracture bed (S.A. pattern) was made by a Birmingham firm (Whitfield & Co.), and turned out in thousands: it was described by me in the *Lancet* of February 15th, 1919. At one Femur Hospital, Edmonton, London, there were 500 of this or similar type. In one double ward there were 80 fractured femurs, nearly all compound (shell or bullet-wound) and septic; yet by these labour-saving devices the wards were run with no more than the usual staff, so easily that the thick end of the ward work

was always over by 11.30 a.m., and so painlessly that they were the cheeriest wards in the hospital. The secret of it all was that the beds were high (36 in.), to make nursing and X-raying easy, and that both mattress and the underlying canvas that supported the mattress were made in 11-in.-wide sections, any one of which could be let down completely to get at the patient's buttocks or back, bit by bit, without lifting the patient an inch, and this for weeks at a time if desired. Each bed was a complete unit on wheels and had its own overhead gear to suspend the limb.

These beds are in efficient use in hospitals out here and in many parts of the world, but as far as I know neither these nor anything in the least approaching a sectional fracture bed of any kind has ever been tried at St. Bart.'s, where Mr. Stallard states he was recently unable to procure even a sectional mattress.

One of the great lessons of the war, urged over and over again by Sir Robert Jones, was the need for concentrating fractures in special wards linked in some way with the orthopaedic department, and this scheme has been adopted in many hospitals. Bart.'s was one of the large hospitals which supposedly, in the interests of teaching, stood out and refused to alter its system. This conservatism explains the state of affairs now existing. Is it not time for Bart.'s to make the change too?

Yours faithfully,
MAURICE G. PEARSON.

Britannia Buildings,
West Street,
Durban;
February 8th, 1928.

"QUICQUID ID EST TIMEO DANAOS."

(A letter received by an unoffending physician.)

Thursday Croydon

To The Hous physician.

DEAR SIR I am writing to ask you if you would kindly ask Mr S—— not to turn the Nurses against me up there or anyone else because of these Spots on my face. It is not through bad living or Drinking my back, has been so bad that I have not been able to work so much & at my places I never get any green vegetables or Milk Puddings & my Stomach is too weak, to digest heavy food I had the Spots they went off I have had a young man certainly years ago, but I gave him up because he wouldn't marry me. & I don't want anyone else but then if you looked into every bodys past before you saw to a patient you would have enough to do its like a Clergy man said once, in the Pulpit 50 out of each hundred only go to Church pure & the Married people nowadays take Pills which stop them from having a family & then say they are ill because other people worry them one of my Landladies did that my Spots are not infectious as I have worked at one place 8 years & they have never caught any thing from me, but I have some trouble which Dr. S—— says he has't time to see to but I have, never, had, any trouble with the Hospitals as I have been, in Three when I was younger, & they never suggested any thing nasty I am as good as any one else

Yours truly
B. C.
Outpatients Dept.

AS SHE IS SPOKE.

DEAR MR. EDITOR,—Does the following in any way interest you? Our housemaid, having arrived at the stage of "walking out," arrived home to dinner the other Sunday very much upset because her young man had gone to hospital and had been kept there; she did not know what was the matter, but it was something very serious. Next afternoon she returned from visiting him at the hospital even more upset than the day before, and between gulps and tears managed to stammer out that the doctors had told her that her young man had got "Wooden China."

It took me quite a long time to connect this with Ludwig's angina.

Yours faithfully,
A. J. KENDREW.

REVIEWS.

LAMB'S DISEASES OF THE THROAT, NOSE AND EAR. By F. SYDENHAM. (Published by Baillière, Tindall & Cox.)

This little book succeeds ably in its object of providing the student and general practitioner with an insight into the examination and treatment of the ear, nose and throat. It is restrained in size, the print and arrangement is good, and the subject-matter makes very pleasant and understandable reading. It may be described in the main as a collection of aphorisms about this special subject; the treatment is sound and unadorned, and controversy has been carefully avoided.

The outspoken condemnation of the spokeslave on p. 18 is but one example of many similar passages of stalling worth as propaganda. I was sorry not to see a small space allotted definitely to the oesophagus with a parallel condemnation of the probang.

I should prefer to see the operation for the removal of the tonsils described as "tonsillectomy"; tonsillectomy reminds one rather too vividly of the old-fashioned partial removal. I cannot agree with the "no anesthetic" doctrine for this operation, and finally believe that not only is the shock greater without an anesthetic, but that damage of the pillars and only partial removal of the tonsils and adenoids must frequently be the result.

The chapter on X-rays is admirable, and might well have included a word on the new recognized value of comparative X-rays of the mastoid processes in cases of doubtful diseases. The index should be fuller.

A book which can be confidently recommended. F. C. W. C.

A TEXT-BOOK OF INFECTIOUS DISEASES. Being the third edition of Goodall and Washbourn's *Manual of Infectious Diseases*, by E. W. GOODALL, O.B.E., M.D., D.S.(LOND.). (London: H. K. Lewis & Co., Ltd.) Price 30s. net.

Dr. Goodall has had a difficult task in sifting from the enormous mass which has silted up during the last nineteen years the grains of truth and permanent advance. He modestly does not call himself a bacteriologist—that is, he does not set out to prove or disprove a statement himself in a laboratory—so that where markedly conflicting statements as to etiology or possible immunization exist, he has taken the wise course of putting those statements before the reader, and leaving it "to the future to decide which party has arrived at the truth, if either has arrived at it."

In adding chapters on epidemic poliomyelitis and encephalitis he has omitted that on plague, while retaining those on typhus and relapsing fever. The work of Prof. Karl Pearson's biometric school receives attention in the introduction. Six valuable appendices deal with chloroform in the treatment of anaphylaxis, the Therapeutic Substances Act, 1925, the cerebro-spinal fluid, lumbar, cisternal and ventricular puncture, diets, table of incubation periods, etc. Four new coloured plates of Koplik's spots and lesions commonly mistaken for them make the number of plates up to 26, while there are several photographs, diagrams and charts.

The book is now a most valuable one, and it has already been of considerable use to the reviewer. Messrs. Lewis are to be congratulated on a further success.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHREYS. Fourth edition. (Humphrey Milford, Oxford University Press.) Pp. 306. Price 10s. 6d. net.

Two tendencies have become evident since the publication in 1924 of the first edition. One is the at random employment of ultra-violet treatment by those who are not sufficiently trained, and the other the limitation of actino-therapy to the treatment of diseases instead of its prevention. Two chapters may be noted as of special interest to the general reader, namely, Ch. J. "Historical," and IV. "Therapeutics." In the latter the action of ultra-violet rays in causing the production of antibodies, local hyperaemia, pigmentation, sunburn, as also are such various topics as phosphorus and calcium ultra-violet treatment, the administration of these elements during mines, Koch's bacillus, and bactericidal power of blood, amongst many clear figures. One feels that the medical profession should know more about the scope and means of application of actino-therapy, especially as civilization appears to be tending towards suppression of the natural sun's rays and necessitating their artificial production. Dr. Humphrey's book is an ideal one from many points of view.

A TEXT-BOOK OF BIOCHEMISTRY. By A. T. CAMERON. (London: J. & A. Churchill.)

A large number of elementary text-books of biochemistry lean to an excessive extent either to the chemical or physiological aspect. In the book now under review, the balance between the two points of view is well maintained.

As is to be expected in the first edition of any work, there are a number of criticisms which one may make: The sentence on p. 30, "But other changes frequently give a pH difference of two units..." would possibly give a rather deceptive view of indicator action to a person entirely unacquainted with the subject.

On p. 185 the statement is made that blood clots within a few seconds after withdrawal. A number of misprints have escaped correction: p. 33, The formula of a triose is $C_3H_6O_3$, not $C_3H_6O_4$; p. 85, sphenomegaly for splenomegaly; p. 169, pyridolide for pyridoline.

In spite of the above criticisms the book is accurate and up-to-date; it can be recommended to all interested in biochemistry, whether from the M.B. examination standpoint or otherwise.

THE EXAMINATION OF THE CENTRAL NERVOUS SYSTEM. By DONALD CORE. (Edinburgh: E. & S. Livingstone, 1928.)

This book can be recommended to students. It offers to them a method of examining the central nervous system, so that little, if anything, shall be overlooked.

The author describes the symptoms and signs with lucidity, and he explains the technique of eliciting these signs with considerable clearness. The illustrations are, on the whole, poor. A valid criticism may be made regarding his method of procuring the knee-jerks and ankle-jerks, which does not allow of accurate comparison between the two sides. His commendation to stroke the inner part of the sole to obtain the plantar response needs correction. He too briefly refers to the foveas of sensation connected with parietal lobe functions, and in discussing the cerebro-spinal fluid makes no mention of the importance of chloride estimation.

Apart from such criticism, the book is well worth a study by the student.

POST-MORTEM APPEARANCES. By JUAN M. ROSS, M.D., B.S. (Lond.), M.R.C.S., L.R.C.P. Second edition. (Oxford University Press: Humphrey Milford.)

This edition of Dr. Ross's little book is similar to its predecessor, but has been improved.

The general remarks have been augmented, giving a more detailed account of the removal of the viscera. The whole section should make post-mortem examination a little easier to those who are called upon occasionally to carry out this task.

There is an enlargement in Section VI—the description of mediastinal tumours has been subdivided into mediastinal tumour and lymphosarcoma of the mediastinum. In Section IX in this edition Dr. Ross has given an account of subacute bacterial endocarditis, which is a good addition, as the condition is frequently seen in the post-mortem room.

There seems to be room for improvement in the section in "Death—causes other than Disease." After reading this there appears to be very few points of difference between the state of the organs after the use of various poisons. These conditions being rarely seen in the post-mortem room of a general hospital, the student has to get most of his information on this subject from a book. The differentiating points might be inserted at the end of the section with advantage.

This is a good book and fulfils its purpose as stated in the preface. Its cost is small, and should be of use to the student preparing for examination, and to the practitioner when called upon to make a post-mortem examination.

TEXT-BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES AND MAIDENS. By K. H. ROBERTS, M.A., M.D., Assistant Lecturer and Senior Demonstrator, Anatomical Department, St. Mary's Hospital Medical School. (Messrs. Faber and Gwyer.) Pp. 471. Price 10s. 6d.

This book covers a large ground, and is provided with 127 figures. A glossary and a chapter on physiological and chemical terms will help the beginner, who is at first overwhelmed in the struggle with a

new vocabulary. Anatomy receives very detailed attention here, and it is done in the old style—list upon list of structures and detailed descriptions of bones. Even the nurse is made to pass through the very valley of Hinnom. The physiology, on the other hand, is somewhat condensed. In view of the importance to a nurse of such subjects as diet, hemorrhage, temperature and pulse, these sections might be lengthened with advantage.

It must be a difficult task to write a good book on these subjects for nurses, but we are of the opinion that main physiological principles might be presented more simply and without the use of so much confusing terminology. R. H.

PARENTHOOD. By MICHAEL FIELDING. (Labour Publishing Co., Ltd.) Cloth, 2s. 6d.; paper, 1s.

At last has been written what may be termed an ideal synopsis of birth control theory and technique, by a member of the medical profession, who, for B.M.A. reasons, uses a pseudonym. The introduction by Mr. H. G. Wells gives the spirit in which the book is written. It is quite coldly scientific, and never "vague, sloppy, lyrical nor shamefaced."

In advocating birth control the author puts the obvious arguments very cogently. He assumes, however, that the *intelligentia* will not shrink from their three-birth responsibility, whereas, of course, the more you do the less you are disposed to lie up for a number of months. This would not, however, outweigh the obvious need for knowledge to be put in the way of the wives of manual labourers, who are, too often, used as a hobby.

The anatomical descriptions are lucid, and the contraceptive methods sound and described so minutely that there can be no possibility of a mistake. Furthermore, it is made clear where the materials may be obtained.

MENTAL DISORDERS. By HUBERT J. NORMAN, M.B., Ch.B., D.P.H. (London: E. & S. Livingstone.) Pp. 458. Price 15s.

This book is described as a "Manual for Students and Practitioners," and unlike most descriptive titles this is strictly correct. The book is light and nicely bound, and it is furnished with a number of clear and useful photographs. The prevalent practice, the author feels, is to skip theory when reading psychology, and get down to the business, so he has put the "business first." Having given the reader a sound working knowledge, he goes on to the fascinating topics of history, excursions into "consciousness" and the like, pathology of mental disorder, and clinical examples in life and literature. The last-named is a delightful medley of statements about different famous people and characters in fiction which we should like to see enlarged upon, only a few sources of information being mentioned.

The psychology is sound, and while new fields are not ventured into, pitfalls of controversy are thereby avoided, and the book remains interesting to a surprising degree.

There is certainly a definite place for this book. The bibliography and index are good. Messrs. Livingstone's production is to be commended.

AIDS TO OPHTHALMOLOGY. By N. BISHOP HARMAN, M.A., M.B., F.R.C.S. (London: Baillière, Tindall & Cox.) Seventh edition. Pp. 227.

Unlike so many of the books of this series, *Aids to Ophthalmology* is well written, enabling the contents to be easily understood. All the essential facts of ophthalmology are clearly stated, and one definite view taken of each disease, all unproven hypothesis being omitted. In a work of this type this is very desirable, as it enables the student to obtain a sound working knowledge of the subject without being confused by conflicting theories. Glaucoma is described in some detail, and the correct line of treatment suitable to the different varieties of the disease are fully explained, and no theory and practice of retinoscopy are carefully explained, and no student should find difficulty in mastering the art after reading the chapters devoted to this subject. Excellent and helpful examples are given. The chapters dealing with optic neuritis and papilloedema are not as clear as one would have wished. The different types and their various causes are not adequately discussed. One is unable to form a clear idea of the condition. The book is one that can be recommended to students entering for the M.B. examinations—the book being concise, and fully covering the wide range of the subject.

A HANDBOOK OF HISTOLOGY. By A. M. WATSON, M.A., Ph.D. (Edinburgh: E. & S. Livingstone, 1928.) Pp. 207 with front-piece and 53 plates.

This small volume is an attempt to present a concise description of the tissues and organs which are included in the ordinary histology course, and the author has, in the main, succeeded.

The arrangement is good, but the value of the book would be greatly enhanced if the practical details for staining followed on immediately after the description of the particular tissue.

In some cases, e.g. fig. 47, the photographs fail to convey a clear idea of the structure.

GUY'S HOSPITAL REPORTS. Vol. LXXXVIII, No. 1 (January, 1928). (Publishers: The Lancet, Ltd.) 12s. 6d. net.

The latest number of this publication opens with an appreciation of the life and work of the late Prof. Adrian Stokes. It is well written, and conveys a vivid impression of the boundless energy which characterized the man, whose untimely death robs Guy's and the world of a most brilliant and conscientious worker. There follow two hitherto unpublished papers by Richard Bright, which are of interest chiefly from a historical point of view. Modern medicine is represented by two papers, the first of which comprises a lucid summary of the principles of heredity by Dr. G. W. Nicholson; the second is a survey of hyperpiesia from a clinical point of view by Dr. A. H. Douthwaite, who, however, has nothing new to impart on this controversial subject. The special departments are represented by a most interesting historical paper on the functions and surgery of the tonsils by Mr. Mollison, as well as by a comprehensive survey of the subject of cataract by M. Shaw. Three reports of unusual cases are also included.

The chief interest of this volume is historical, and the high standard of its predecessors is fully maintained.

ACKNOWLEDGEMENTS.

1. "Notes on the Aetiology of Certain Cases of Recurrent Diarrhoea and Certain Obscure Forms of Colitis due to Bacteria of the Metadysenteric Group," by Aldo Castellani, C.M.G., M.D., F.R.C.P. Reprinted from the *Journal of Tropical Medicine and Hygiene*, November 15th, 1927.
2. "The Shaw-Mackenzie Blood-Test in Cancer and its Significance," by Albert Wilson, M.D. Reprinted from the *Journal of Tropical Medicine and Hygiene*, December 1st, 1927.
3. "Migraine," by J. Kingston Barton, M.R.C.P. Reprinted from the *West London Medical Journal*, January, 1928.
4. Programme of Revision Course for Health Visitors and School Nurses of Bingley Training College, April 19th to 26th, 1928.

ANNOUNCEMENTS.

BRITISH MEDICAL ASSOCIATION.

- NINETY-SIXTH ANNUAL MEETING, CARIFFE, JULY, 1928.
Among St. Bartholomew's men taking official part in the various sections are the following:
- Medicine*.—A. E. Gow, M.D., F.R.C.P., Vice-President; Anthony Fielding, M.D., F.R.C.P., Hon. Sec.
- Surgery*.—H. G. Graham Cook, C.B.E., M.D., F.R.C.S., Vice-President; R. St. Leger Brockman, M.B., M.Ch., F.R.C.S., Hon. Sec.
- Pathology and Bacteriology*.—Prof. E. H. Kettle, M.D., M.R.C.P., President; Lawrence P. Carrod, M.B., M.R.C.P., Hon. Sec.
- Orthopaedics*.—P. Jenner Verrall, M.B., F.R.C.S., Vice-President; Eric Ivan Lloyd, M.B., F.R.C.S., Hon. Sec.
- Diseases of Children*.—E. A. Cockayne, M.D., F.R.C.P., Vice-President.
- Medical Sociology*.—Evan Lewis-Lloyd, M.R.C.S., L.R.C.P., Vice-President.
- Tropical Medicine*.—J. B. Christopherson, M.D., F.R.C.P., F.R.C.S., Vice-President.
- History of Medicine*.—Walter G. Spencer, O.B.E., M.S., F.R.C.S., President; Prof. I. A. Nixon, C.M.G., M.D., F.R.C.P., Vice-President; Kenneth R. Hay, O.B.E., M.B., Hon. Sec.
- Therapeutics and Pharmacology*.—W. Langdon Brown, M.D., F.R.C.P., President; Philip Hamill, M.D., D.Sc., F.R.C.P., Vice-President.

TIMES OF ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-patients	Dr. G. Graham 9 to 10 a.m.	Dr. G. Evans 9 to 10 a.m.	Dr. Hinds-Howell 9 to 10 a.m.	Dr. Gow 9 to 10 a.m.	Prof. Fraser 9 to 10 a.m.	Dr. Thursfield 9 to 10 a.m.
Surgical Out-patients	Mr. Dunhill 9 to 10 a.m.	Mr. Ball 9 to 10 a.m.	Mr. Vick 9 to 10 a.m.	Prof. Gask 9 to 10 a.m.	Mr. Roberts 9 to 10 a.m.	Mr. Keynes 9 to 10 a.m.
Diseases of Women	Dr. W. Shaw 9 to 10 a.m.	—	Dr. Donaldson 1.30 to 2 p.m.	—	—	Dr. W. Shaw 9 to 10 a.m.
Orthopædic Department	Mr. Elmslie 1 to 1.30 p.m.	—	—	Mr. Elmslie 1 to 1.30 p.m.	—	—
Throat and Nose Department	Mr. Harmer 1 to 1.30 p.m.	Mr. Rose 9 to 9.30 a.m.	—	Mr. Harmer 9 to 9.30 a.m.	Mr. Rose 1 to 1.30 p.m.	—
Aural Department.	Mr. Sidney Scott 1 to 1.30 p.m.	Mr. Just 9 to 9.30 a.m.	—	Mr. Sidney Scott 9 to 9.30 a.m.	Mr. Just 1 to 1.30 p.m.	—
Ophthalmic Department	Mr. Rupert Scott 1 to 1.30 p.m.	Mr. Foster Moore 1 to 1.30 p.m.	—	Mr. Rupert Scott 1 to 1.30 p.m.	Mr. Foster Moore 1 to 1.30 p.m.	—
Skin Department .	—	Dr. Roxburgh 9 to 10 a.m.	Dr. Roxburgh 9 to 10 a.m.	—	Dr. Roxburgh 9 to 10 a.m.	—
Dental Department	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Chir.—Gray, S. J. P., Harker, M. J.
M.B.—Dockray, J., Stallard, H. B.
B.Chir.—Beattie, W. J. H. M., Tweedie, D. R., Wilkin, W. J.

L.M.S.S.A.

The Diploma of the Society has been granted to the following:
 Fox, G. N., Miller, J., Wood, R. W.

CHANGES OF ADDRESS.

DOYLE, J. L. C., The Square, Fakenham, Norfolk.
 HUMPHRY, A. M., Springfield, Gosmont, Hereford.
 WALKER, H. N., c/o Principal Medical Officer, Federated Malay States.

APPOINTMENTS.

CHAMBERLAIN, A. G., M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Lyme Regis Cottage Hospital.
 HORNER, C. A., M.B., B.Ch (Cantab.), F.R.C.S., appointed Surgeon to the Tunbridge Wells and Counties General Hospital.

BIRTHS.

ACTON DAVIS.—On February 23rd, 1928, at 9, Lower Berkeley Street, W., to Vera, wife of K. J. Acton Davis, M.Ch., F.R.C.S.—a daughter.
 CURRIE.—On March 16th, 1928, at 107, Eastbourne Road, Darlington, Co. Durham, to Mary Campbell Vickers, wife of Dr. John Currie, D.S.O.—a daughter.
 FISHER.—On February 27th, 1928, at a nursing home, to Grace, wife of Alfred George Timbrell Fisher, M.C., F.R.C.S.(Eng.), of 59, Montagu Square, W. 1.—a daughter.
 VINER.—On February 25th, 1928, at Chorley Wood, Herts, to Mona (née de la Mare), wife of Geoffrey Viner, F.R.C.S., of Queen Anne Street, W. 1.—a son.

MARRIAGES.

DALTON—RAYNES.—On March 7th, 1928, at the Church of St. Giles, Cambridge, by the Rev. C. C. H. James, M.A., and the Rev. J. O. F. Murray, D.D., Master of Selwyn, Charles Henry Chesshyre, elder son of Dr. and Mrs. J. H. C. Dalton, to Alice Pamela Gwatkin Raynes, only daughter of Mr. and Mrs. W. Luard Raynes, both of Adams Road, Cambridge.

HUBBLE—BRYCE.—On March 3rd, 1928, at St. Columba's Church, Pont Street, S.W., by the Rev. Dr. Adam, Douglas Vernon, son of Mr. and Mrs. H. E. Hubble, of Westcliff-on-Sea, to Joan Marie, only daughter of Mr. John Bryce and the late Mrs. Bryce, of Dunfermline.

WILLIAMS—ANGELL.—On February 21st, 1928, at Weybridge, by Canon F. B. A. Williams, R.D., Rector of Wymondham, Leicestershire, brother-in-law of the bridegroom, assisted by the Rev. E. Russell Brittain, Vicar of Hersham, Major A. Scott Williams, D.S.O., R.A.M.C. (Ret.), son of the late Major-General H. E. T. Williams, 10th Regt. and 48th Regimental District, to Dorothy, daughter of the late Lewis Angell, M.Inst.C.E., F.R.I.B.A., of Eastbourne.

YOUNG—ROBINSON.—On March 7th, 1928, at St. Mark's, North Audley Street, W., by the Rev. T. Young, assisted by the Rev. W. Pennyman, Frederick Hugh, eldest son of the late F. W. and Mrs. Young, Mossley Hill, Liverpool, to Stella Mary, eldest daughter of Mr. and Mrs. E. Francis Robinson, Oxted, Surrey.

DEATH.

THOMAS.—On February 28th, 1928, at 13, West Southernhay, Exeter, John Raglan Thomas, M.D. (Lond.), formerly of Llanelly, aged 72.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
 The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, 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 0210.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXV.—No. 8.]

MAY 1ST, 1928.

PRICE NINEPENCE.

CALENDAR.

- Tues., May 1.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
 Wed., " 2.—Surgery: Clinical Lecture by Sir Holburt Waring. Cricket Match v. Wanderers' C.C. Home.
 Fri., " 4.—Medicine: Clinical Lecture by Dr. Langdon Brown. Prof. Fraser and Prof. Gask on duty.
 Sat., " 5.—Cricket Match v. Southgate. Home.
 Mon., " 7.—Special Subject Lecture by Mr. Rose.
 Tues., " 8.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Wed., " 9.—Surgery: Clinical Lecture by Sir Holburt Waring. View Day.
 Fri., " 11.—Medicine: Clinical Lecture by Dr. Morley Fletcher. Sir Percival Hartley and Mr. L. B. Rawling on duty.
 Sat., " 12.—Cricket Match v. Hauptstead. Home.
 Mon., " 14.—Special Subject Lecture by Mr. Elmslie.
 Tues., " 15.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
 Wed., " 16.—Annual Athletic Sports at Winchmore Hill.
 Thurs., " 17.—Ascension Day.
 Dr. Langdon Brown and Mr. Harold Wilson on duty.
 Fri., " 18.—Medicine: Clinical Lecture by Sir Thomas Horder.
 Sat., " 19.—Cricket Match v. Winchmore Hill. Home.
 Mon., " 21.—Last day for receiving matter for the June issue of the Journal.
 Tues., " 22.—Prof. Fraser and Prof. Gask on duty.
 Wed., " 23.—Cricket Match v. Brasenose College. Away.
 Thurs., " 24.—Empire Day.
 Cricket Match v. M.C.C. Home.
 Fri., " 25.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Sat., " 26.—Cricket Match v. Metropolitan Police. Home.
 Sun., " 27.—White Sunday.
 Mon., " 28.—Bank Holiday.
 Cricket Match v. Croydon. Home.
 Tues., " 29.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
 Wed., " 30.—Surgery: Clinical Lecture by Mr. Harold Wilson. Cricket Match v. Stoics. Home.

EDITORIAL.

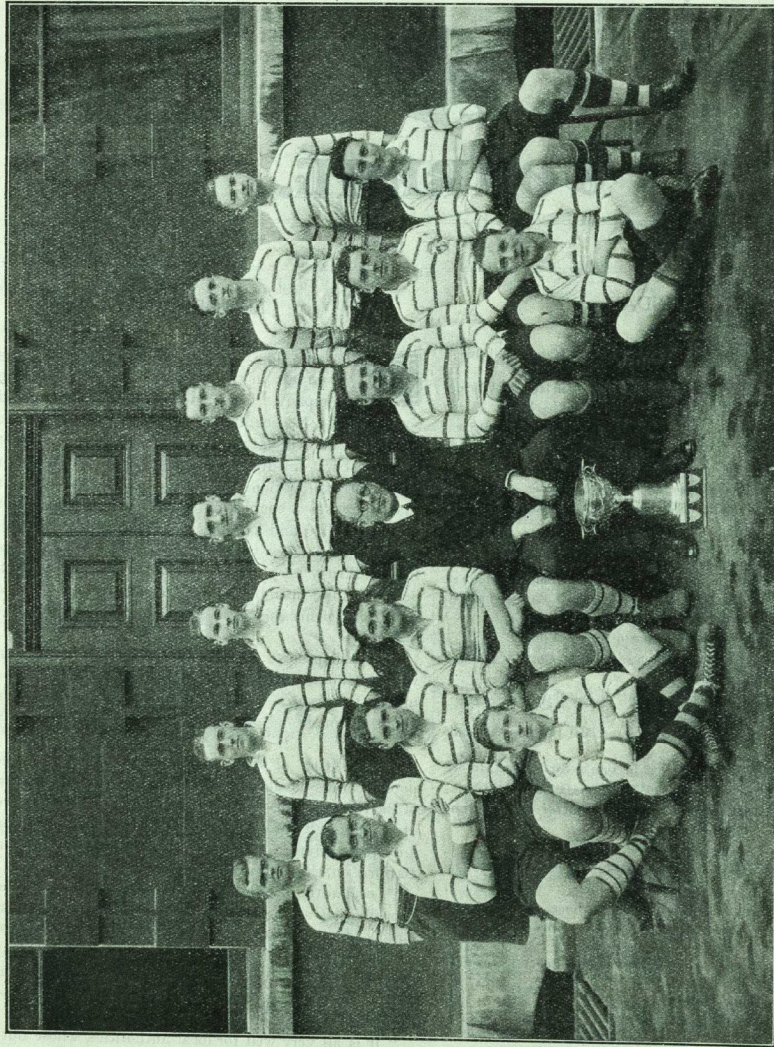
FOR some time we have watched the mysterious procedure in the dining-room of the Catering Company. The place was to be rendered sound-proof. No sound was to get in. None was to get out. It will prevent "damp-rot." The last humourist was an ardent playgoer, but he had a latent period of assimilation. We could gather nothing but that there was a connection between seaweed being let into the ceiling and a change in the acoustical properties of the place. Now the change is nearly complete we feel at liberty to remark that neither the laugh of a certain junior member of the Resident Staff nor the imitations of his chief by a senior member are any less inaudible.

But perhaps—we offer this solution tentatively, and with readiness to withdraw it if it is demonstrated to be manifestly absurd—it was to absorb the remarks made about the menu.

The position of the expectant mother among the poorer classes has long been unsatisfactory, and in view of the recent publicity given to the matter by the Queen, at the Maternity Mortality Conference, we are publishing an extract from a notice we have received from Dr. Barford on this subject.

"Local authorities must by now have realized their responsibilities as regards the ante-natal, natal and post-natal care of the expectant mother, especially amongst the poorer classes of the community. No one can deny that the care and treatment deemed necessary for the well-to-do in the trying time of childbirth must be equally necessary for the poor.

"It is all very well for local authorities, whose duty it is to deal with these matters, to appoint and direct educated and trained women to go round or instruct



WINNERS OF UNITED HOSPITALS CUP, 1927-28.
Back row—H. D. ROBERTSON, H. C. EDWARDS, J. R. JENKINS, W. M. CAPPER, V. C. THOMPSON, C. B. PROWSE, G. F. FETTY.
Seated—R. H. BETTINGTON, A. H. GRACE, R. N. WILLIAMS, W. CIRLING-BAY, Esq., C. R. ENKINS, W. F. GMSFORD, H. W. GUINNESS.
Ground—J. H. JARROLD, J. F. BELLBY.

in the clinics the people who live in humble homes, and give advice as to what they should do and what they should not do. This, no doubt, is most excellent, but those of us who have been in medical practice for many years know to our sorrow that these poor women are not able to do as they are advised, inasmuch as they are compelled by force of circumstances to continue their home duties up to the very hour of their confinement, and to be up and about again in a week or so or even less, doing the washing, cleaning the house, getting the children off to school, preparing the husband's dinner, and all the other responsibilities of a home. The well-to-do expectant mother can, however, rest for weeks before and after the birth of the child. It is not surprising, therefore, that our hospitals are so full of working-men's wives requiring surgical attention owing to relaxation of the tissues.

"Local authorities have been empowered by Circular M. and C.W.A. of the Local Government Board, dated August 9th, 1918, to provide home helps; nearly ten years have elapsed, and how few have exercised this power! The time has come when they must wake up to the heavy responsibility which rests upon their shoulders. Home helps must be working women; they can no doubt be obtained and paid by the local authority, to which the State can make a grant. They should take over the whole or the greater part of the housework of the expectant mother for a short time before and after childbirth, and so relieve the mother of this burden. Then, and only then, can it be expected that maternal mortality will be reduced and more healthy children be born."

We congratulate Mr. T. P. Dunhill upon his appointment to be Surgeon to His Majesty's Household.

Our congratulations to Mr. F. W. Linton-Bogle, who has been awarded the British Medical Association prize for the best essay by final year medical students.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The Sixteenth Annual View Day Meeting of the St. Bartholomew's Hospital Women's Guild will be held in the Great Hall of the Hospital on Wednesday afternoon, May 9th, at 4.15.

The Guild have been very fortunate this year in securing Lady Tree and Prof. Sir F. W. Andrewes as their speakers, and it is hoped that a large and appreciative audience will be present to welcome them.

The meeting will be quite a short one, and will be

followed by tea and music. Lady Sandhurst and the Committee would like to make it quite clear that this gathering is not intended for members of the Guild only, but for anyone interested in the Hospital, to whom a very cordial invitation is extended to come and bring as many friends as possible.

The Annual Dinner of the Tenth Decennial Club will take place at the Langham Hotel on Friday, May 11th, at 7.30 p.m. The Secretaries, Mr. Reginald M. Vick and Dr. Arnold Stott, will be glad to answer any inquiries about the Dinner, and would ask all the members of the Club to do their utmost to turn up.

In our last issue we published a list of St. Bartholomew's men who were taking part in the British Medical Association Annual Meeting this year. We apologize for inadvertently omitting the name of Dr. A. F. Sladden, who is Vice-President of the Section of Pathology and Bacteriology.

Prize Competition.

In this number we publish an article entitled "An Orthopaedic Disaster." We offer the prize of a guinea for extracts of medical interest culled from the pages of fiction. The original must be a book intended for the lay public, and written with other ends in view than medical instruction.

Alternatively the prize is offered for the best case-report submitted. The reports may be written from a restricted or general point of view, and will be judged as though intended for publication in the best contemporary scientific journals. We would remind competitors that conciseness is desirable, and that bibliographies, where necessary, will not be unwelcome.

The Past v. Present Cricket Match.

The Past v. Present Cricket Match will be held at Winchmore Hill on Saturday, June 9th. A band has been engaged and tea will be served during the interval. At the same time and place a lawn tennis match between "Past and Present" will take place. Those wishing to play for the "Past" in either of these fixtures should communicate with the Secretaries of the respective clubs. It is hoped that there will be a goodly assembly of old Dart's men and the occasion will be as enjoyable a function at it has been in recent years.

THE BEGINNINGS OF BACTERIOLOGY AT BART'S.

(Being part of an Address to the Abernethian Society by Sir Frederick Andrews, F.R.S.)

(Concluded from p. 104.)

I would have been impossible to find a better man than Kanthack to inaugurate clinical pathology at a hospital. The remarkably varied training he had passed through fitted him to attack every branch of the subject, and his own enthusiasm carried all before it. He not only possessed in himself an extraordinary power of hard work, but he was capable of inspiring it in others, and many were the odd bits of research which got done under his influence. It must be remembered that this Hospital was the first in London to establish such a post as Kanthack now filled; he had no model to work on, and the success of clinical pathology here was due to his genius and initiative alone.

Although I was working upstairs in Klein's laboratory I was constantly in and out of the Pathological Department, and I have very clear memories of those times. It was the bright morning of bacteriology, and new discoveries or new applications of old ones kept rolling in. The diphtheria bacillus had been described by Löffler years before, but there was great joy in learning its application to clinical diagnosis. True, we had not then Neisser's stain to help us, and I remember that Kanthack always persisted in making the diagnosis from unstained preparations, thereby, as one can see now, laying himself open to grave chances of error. The agglutination test for typhoid was invented in 1896, independently by Widal and Grünbaum. Since typhoid fever was then a common disease, there was plenty of opportunity for trying out the test. Of course we knew nothing about paratyphoid, and it may well be that some of our puzzling failures then were cases of that disease. Ehrlich's brilliant researches on the staining of the blood had been published in 1891, and the whole field of hæmatology was opened for us to explore. To you all these things you can hardly understand how exciting it all was when it was fresh and new—and especially when one was young.

Then Bart's sustained a great disaster. Kanthack left us to take up a bigger job at Cambridge. Nobody blamed him; it was clearly the right thing to do both for him and for Cambridge. I remember that when I heard that he was going I dropped into his laboratory and said, "This is all very well for you, but what

are we to do? Who is to succeed you here?" And to my intense surprise he replied, "I know; you will." Now I find as I was of pathology, it had never occurred to me to take it up as my only walk in life. I had been doing clinical work for seven years, I was on the Staff of the Royal Free Hospital, and I had good expectations of coming on the Medical Staff here. To give up all this meant a big change in one's life, but when the offer was made to me I reflected that I loved laboratory work more than Out-Patients, and I finally agreed to take on the job, though not without misgivings, for I had not had anything approaching the all-round training in pathology that Kanthack had enjoyed. Within a year or two of his going to Cambridge, Kanthack, as you know, fell a victim to malignant disease—a grievous loss to pathological science, for there seemed no limit to what he might have achieved.

And so it came about that on the first of April, 1897, I started as Pathologist to Bart's, with Dr. Drysdale as Demonstrator, and looking back I can sincerely say that I have never regretted the choice I made. But the first thing was to learn my job, and I fortunately knew enough pathology to be able to teach myself, and I had been for several years Pathologist to the Royal Free Hospital, so things were not so bad. The Department was fortunate in securing a succession of able men as Junior Demonstrators in addition to Dr. Drysdale. If I mention the names of Horder, Thorsfield, Gask, Girling Ball and Gow, you will see the sort of man who helped to build up the Department. It is, however, no part of my business to-night to describe how, from a very small beginning, the Pathological Department has grown to its present size. I am rather concerned to show how bacteriology has progressed during the thirty years and more which have elapsed since I took charge.

Our main job, of course, was to keep abreast of all the advances in bacteriology, to prove the value of new tests and to apply them in the wards. The more progressive members of the Staff were only too prone to read up such novelties in the medical papers and demand their application to their own patients. Now, if you believed in the tests it was all right, but if you didn't that sort of thing was very irksome. There was a thing called the opsonic index invented by Sir Almroth Wright at St. Mary's; at one time we were told that it was criminal to administer vaccines without controlling their effects by doing frequent opsonic indices. While the craze lasted we were often asked to carry out this hateful procedure; Lockwood in particular made my life a burden in his anxiety to test every new thing. As I never had any confidence in the method or any faith in my own results, I was truly thankful when the opsonic index died a natural death—at least as a routine in

clinical pathology, for as a means of scientific research it is still of value.

I suppose that the most striking novelty which has arisen since I became pathologist here has been the rise, in 1902, the subsequent development and, I suppose I must add, partial decline of vaccine treatment. By this I only mean that, like all novel methods, it was at first unduly trumpeted by its advocates, then unfairly dispraised by its detractors, and has now found its reasonable level. One was prepared by the known facts as to the immunization of animals to accept the idea that human beings could be similarly immunized, provided that a vaccine could be prepared. I doubt, however, whether anyone could then have foreseen the enormous power for good which it was to manifest during the great war. Prophylactic inoculation against typhoid fever and allied infections will remain Wright's greatest achievement and will justly hand down his fame to posterity. But therapeutic inoculation is on a different footing. The idea that you could cure or even benefit a patient by injecting into him a further dose of the poison which was already at work and was causing all his troubles was at first received with blank incredulity, and I must confess that I was as incredulous as anyone. However, the thing had to be tried, and we began with the staphylococcal vaccine, which was the first, and I think the most successful of the simple therapeutic vaccines. It certainly appeared to do good in a large proportion of the cases of recurrent boils on which we tried it, and we were emboldened to go on to other organisms, and had varying success. I think I may say that we never experienced at Bart's that evangelistic fervour which prevailed at St. Mary's; it was never suggested that we should start an Inoculation Department. We just tried the thing out on all the cases that seemed suitable; sometimes we were encouraged, sometimes disappointed, but we were always ready to test every new development. If I remember rightly it was Dr. Mervyn Gordon who became bitten by Besredka's work at the Institut Pasteur and introduced sensitized vaccines, and these, it appears, have come to stay.

Then, too, I have witnessed the same sort of thing with serum treatment. Antitoxic sera against diphtheria and tetanus had been introduced between 1890 and 1892. But it was supposed that sera of similar value could be prepared against other organisms; in particular much was hoped for from anti-streptococcal serum. Such sera had to be tested, and I fear our disillusionment was pretty complete. Only in quite recent years have we returned to antitoxic sera against Shiga dysentery and scarlatinal streptococci, and here brilliant results have again been obtained. There was,

however, one useful serum which was not antitoxic—indeed no one knows how it acts—I refer to Selavo's anti-anthrax serum. Early in the present century Sir Thomas Legge, of the Home Office, who had been to Turin and watched Selavo's methods, returned to this country with a supply of the serum. He offered me some for trial at this Hospital, and as we had occasional cases of cutaneous anthrax from a horsehair factory in Clerkenwell, I was glad of the chance. At that time all malignant pustules here were treated by excision following the practice at Guy's, and they did very well, so that it was not easy to persuade a surgeon to omit surgical treatment and rely on serum alone. One day a very suitable case came along—a pustule on the malar eminence where excision would have left a nasty scar with ectropion; the case was under Mr. Lockwood, and I succeeded in persuading him to give the serum a trial. The arrangement was that if no improvement took place in a day or two excision was to be done and I was to decide. Now I had no experience of this serum, and nobody had told me of the immediate effect in causing acute swelling of the lesion, so that when I saw the man the day after with his eye closed from oedema I was terrified, and I remember coming down on the second day—it was a Sunday morning—fully resolved to have excision done if he were no better. But his eye was wide open and his temperature normal. He made a straightforward recovery, and had only a slight scar left on his cheek like a vaccination mark. After that we did a number of other cases, so long as the supply of serum lasted, and all were equally successful.

But I think I am getting beyond the limits of my subject. These are not "beginnings of bacteriology," but they are the sort of thing I remember up to the war. The war to me, and I think to a great many others, forms a sort of landmark in bacteriology, as it does in history. I think I learned more bacteriology during the years of the war than in all the twenty years that preceded it.

I have tried to carry back my own mind, and yours, I trust, with it, to the days before bacteriology had developed as a science, and to sketch for you, as far as possible from my own recollections, how it did develop at this Hospital. There are a number of bacteriologists still living who could tell a similar story, but year by year we grow fewer, and that is why I hoped the tale might be of interest to you to-night.

PRE-LISTERIAN REMINISCENCES.

SIR FREDERICK ANDREWES'S address to the Abernethians recalls a bygone age at Bart's when I was his father's Clerk and he was in his cradle.

When I entered Bart's at 16, A. E. Cumbabatch, Cripps and W. Walsham were in the dissecting-room; a "part" cost ten-and-sixpence, and there was a smell of carbolic. Students wore top hats and frock coats if they were self-respecting, and billycocks if they were unregenerate.

The Staff were all well groomed except Dr. Gee, who would wear a flannel shirt. Tradition said that if he had not insisted on wearing a flannel shirt and a narrow black tie he would have been Physician-in-Ordinary to the Queen.

"When you were a student," said Sir Malcolm Morris, "St. Bartholomew's was a school of philosophers." The stately gentlemen who lectured to you or taught at the bedside had the grand manner, and when they imparted knowledge, they clothed it in choice language and had the habit of quoting from the Classics after the manner of scholars.

Reproof was gentle and courteous, and I remember no instance of the tart rejoinder with which Cripps and dear Lockwood corrected fools at a later day.

Surgery was more brilliant in execution than in its results. You rejoiced if you got "laudable pus" after an operation, and no wound suppurated.

Both Savory and Langton ran their fingers through their hair while the H.S. swabbed the wound. They wore frock coats that had been worn in the dissecting-room, and what was called ordinary cleanliness was all that was expected. Lister was experimenting with antiseptics, and when I lunched on buns and milk at Gilruth's with Butlin, he would discourse to me on the new ideas which were being accepted by the Junior Staff.

I had hoped to dress for Mr. Savory, but he scratched off my name because I smelt of some antiseptic that I had been told to use in the Casualty-room.

It seemed as if some surgeons had operated in pre-anæsthetic days. "Take out your watches, gentlemen, and time me," Savory would say as he proceeded to amputate at the hip-joint. Was it six minutes or five? The thing seemed to be done in the twinkling of an eyelid.

As I was signed up at 20 and could not qualify for a year, I was admitted as an extern to T.D.C. and attended the practice of the Rotunda. Here soap and water and the nailbrush were used to an extent to which I was unaccustomed and sepsis was very uncommon,

and I cannot recall seeing a case of puerperal fever, though I attended 100 cases myself in the slums.

When I returned to Bart's, Norman Moore, who had succeeded Morant Baker as Warden, sent for me. I had a qualification in medicine, and was reading for the College of Surgeons' Final, but he insisted that I should take a post at the Metropolitan Free and defer my exam. The Metropolitan Free had been pulled down to build Bishopsgate Street Station, and was now in temporary premises in a warehouse facing Spital Church. It was a poor makeshift, but all the Staff were Bart's men, and as junior H.S. I had the care of the instruments and dressings in the theatre. Two carbolic sprays were kept going during operations, and we wore gowns.

It was owing to the teaching of Godsall and Walsham at the Metropolitan Free that I was made senior house surgeon at the Wolverhampton Hospital. Other candidates better qualified than myself were passed over as they were not instructed in Listerism as it was then understood. The surgeons and nurses had to be taught a good deal and the women were quicker to grasp principles than the men. I valetted the surgeon of the day by taking off his coat and waistcoat before he entered the theatre. When his arms and hands were scrubbed with hot soap and water and his nails cleaned, he was robed and made to wash in a carbolic solution, and finally dipped his hands in spirit.

They were impatient at first when I snatched an instrument out of their mouth and gave them another, or insisted on a fresh wash if they put their hands in their pockets, but I flattered them in their pontifical appearance and the absence of "laudable pus" after operations. Sepsis became a crime rather than a misfortune.

W. H. T. WINTER.

CASES OF MENINGITIS ASSOCIATED WITH BACILLI OF THE PFEIFFER GROUP.

MENINGITIS due to bacilli of the Pfeiffer group is usually a disease of infancy. Up to the year 1922, 248 cases had been recorded, of which 243 had occurred in children under the age of 2 years (Rivers (1) and Pelfort (2)). The affection is a serious one, and the mortality in these infantile cases was 97%. The disease probably occurs more frequently than is supposed, and Pelfort even thinks that Pfeiffer bacilli are the second commonest cause of purulent meningitis in infants.

The following four cases from the wards of this Hospital occurred in children under 2 years of age. They all died.

CASE I.—D. S., a boy, aged 12 months, was admitted to one of Sir Thomas Horder's wards on January 15th, 1928, on account of "feverishness and loss of weight."

History of illness.—His mother stated that the child was well until December 26th, 1927. He then developed a cold and was flushed. He recovered after a few days in bed.

On January 9th he again became feverish, had a cough and commenced to lose flesh. There was some doubt as to whether he had an ear ache.

These symptoms continued until his admission to Hospital on January 15th. There was no history of vomiting nor of convulsions.

Past history.—A full-time boy, said to have had no past illnesses.

Condition on admission.—January 15th: The child, pale and cyanosed, was lying on its side with its head retracted, uttering occasional cries. Temperature 103° F., pulse 130, respirations 60. The anterior fontanelle was patent, but not bulging. The extrinsic and intrinsic muscles of the eyes were natural. There were no rigidities of the limbs. There were signs of a generalized bronchitis in the chest and of a patch of consolidation in the region of the upper lobe of the right lung. The heart appeared natural. There was no aural discharge nor evidence of mastoid tenderness.

Course of the disease.—January 17th: The child had become drowsy and the head-retraction was more marked. The legs, which were now drawn up, showed some rigidity, with a positive Kernig's sign. A lumbar puncture was performed and a small amount of turbid fluid withdrawn.

January 18th: The lumbar puncture was repeated and 20 c.c. of turbid, greyish fluid, which was under increased pressure, was withdrawn. The pathological findings were as follows: There were 9640 cells per c.mm., most of which were polymorphonuclears. There was 0.2% protein in the supernatant fluid following centrifugalization. The Fehling reduction was markedly diminished. The chlorides were 604 mgrm. % Stained films showed a number of small, non-motile, Gram-negative bacilli. Many of these were short and homogeneous, but others were beaded at their ends, not unlike the appearance of badly stained pneumococci, while a few were long and filamentous. They were all extra-cellular.

Cultures on blood-legumen-agar: One plate gave a pure growth of minute, circular, dew-like colonies, scarcely visible in 24 hours, but quite discrete. A film of these colonies revealed thin Gram-negative bacilli showing marked pleomorphism. A second plate had a similar growth, but had, in addition, one colony of *Staphylococcus albus*. Around the latter the colonies of

Pfeiffer-like bacilli had attained a greater size than their fellows. Further lumbar punctures were performed on January 19th, 21st and 23rd, and the above bacteriological findings confirmed. The child became steadily worse and more rigid. The temperature remained high and irregular, the pulse and respiration-rate rose, and death occurred on January 24th.

An autopsy was performed, but only the head could be examined. The meninges were covered with a greenish exudate, both over the vertex and on the base. The ventricles contained a large quantity of turbid fluid.

A smear of the exudate was examined and organisms seen which were said to resemble pneumococcus. There was pus in the middle ear on each side; there was also pus around the optic nerves at their points of exit from the skull, but it had not spread into the orbit.

(Cases 2, 3 and 4 appear below.)

DISCUSSION.

Clinical aspect.—The clinical aspect of this disease is that of acute meningitis, and writers are agreed that it differs in no way from cases of acute meningitis due to other infecting agents. The four cases here recorded illustrate this point. Only by pathological examination of the spinal fluid can a diagnosis be made.

The spinal fluid.—The spinal fluid was turbid, and it is said that it frequently becomes so thick in the later stages of this disease that it scarce will pass the puncture needle. Pelfort (2) states that the cells, numbering from 1800 to 12,000 per c.mm., are mostly polymorphonuclears, although a few endothelial cells are sometimes seen.

Chemical examination reveals the usual findings of a meningitic fluid. The albumen content is raised, the Fehling reduction diminished and the chloride content lowered.

Stained films of the fluid demonstrate the Gram-negative bacilli. In Case 1 these were extra-cellular. According to Rivers (1) this is the rule, though other (3) observers state that the organisms may be either extra- or intra-cellular. All writers agree, however, that the bacilli show marked pleomorphism. Instead of the characteristic small, short, non-motile, Gram-negative bacilli, Abt (4) has pointed out that variations may occur from plump coccoid to long thread forms resembling streptothrices.

Of all the involution forms the most confusing are those which stain in a bipolar manner, making them difficult to distinguish from diplococci. This is illustrated in Case 1.

The organisms grow only on blood media, and have the characters described above. Henry (5) has shown that it is in the cultures that the long filamentous

forms are chiefly found. Thus there appear to be no marked morphological or cultural characteristics which will distinguish these organisms from *B. Pfeiffer*.

Duration and prognosis.—The duration of these cases was 15, 11, 17 and 12 days respectively, and they all terminated fatally. The average duration of 166 cases reported by Rivers (1) was 18 days, with a 97% mortality for cases under the age of 2 years.

Autopsy.—The post-mortem findings in the two cases where autopsies were performed revealed a purulent meningitis situated chiefly on the base, but extending also over the convexity of the brain. In Case 1 pus was found in the middle ear. Ritchie (6) states that this frequently occurs. He suggests, furthermore, that otitis media, developing as it does before or during the attack of meningitis, is not necessarily the cause of that attack, but that both may have some common origin.

Nature of the disease.—The question thus arises as to the nature of the disease. Is the meningitis primary or secondary? Is the organism identical with the *B. Pfeiffer* found in the respiratory secretions in cases of epidemic influenza? Regarding the latter question all shades of opinion are held. At one extreme is Cohen (7). He avers that it is a definitely distinct organism which he calls the "Bacille méningite cérébrospinale septicémique," and which differs from *B. Pfeiffer* in that it is more pleomorphic on culture and more readily kills laboratory animals by septicæmia.

Wollstein (8), on the other hand, considers that no distinction exists between these organisms, and that *B. Pfeiffer*, like the pneumococcus, is capable of producing inflammations of serous membranes anywhere.

Schnyder (3), also, contends that the bacilli cannot be distinguished by any criteria. He lays stress on the variations in virulence of the organisms in different cases, both when found in the meninges and in the sputum. Moreover, he asserts that the virulence of a particular strain will vary under differing conditions.

Between these conflicting views, the attitude of Davis (9) seems the most hopeful. Agreeing that the organisms are morphologically and culturally indistinguishable, and that the lung lesions found in influenza pneumonia and in meningitis are identical, he feels that if the organisms are distinct they must be very close allies, and that Cohen's difference is probably one of virulence.

It seems certain that some difference must exist, because evidence points to the meningitis being primary rather than secondary to a respiratory infection.

In Cases 2, 3 and 4 there was no history of a respiratory disorder, nor were there signs of disease in the chest on admission to the Hospital.

Again, cases recorded in the literature have been

sporadic and not epidemic. There are many who deny *B. Pfeiffer* to be the cause of influenza, but there is a great increase in the number of organisms found in the respiratory tract during epidemics. But Rivers (1) shows that there was no increase of these cases of meningitis during the epidemic of 1918.

On the contrary, rather than a yearly incidence there is a seasonal one. Most cases have occurred during the months of October, November, December and January. Of the 4 cases here recorded, 2 were in December, 1 in January, and 1 in April.

Another point of difference from influenza is the leucocytosis in the blood. The leucopenia, so frequently found in epidemic influenza, is said never to occur in these cases.

Rivers summarizes the whole question as follows: "Influenzal meningitis appears to be in most instances a primary disease produced by a group of influenza bacilli which are closely allied culturally and serologically."

CASE 2.—L. F., a boy, æt. 5½ months, was admitted to one of Sir Percival Horton-Smith Hartley's wards on April 2nd, 1924, on account of "convulsions and drowsiness."

History of illness.—Well until March 22nd, and then had a fit. He became unconscious and his mother noticed a squint in his left eye. He had twenty fits in the six succeeding days. The fits ceased, but he remained unconscious until admission on April 2nd.

Past history.—Said to have had no illnesses.

Condition on admission.—April 2nd, 1924: The child was unconscious and uttering short cries. Temperature 101° F.; pulse 156; respirations 44. Rigidity of the neck with head retraction. The anterior fontanelle was tense. There was rigidity of the legs, with a positive Kernig's sign. No signs of disease were found in the chest.

April 5th: The child was still unconscious and a lumbar puncture was performed. A small quantity of fluid was obtained, which was examined by Dr. J. A. Struthers. He stated that a Gram film of the spinal fluid demonstrated Gram-negative cocco-bacilli in fair numbers, partly intra- and partly extra-cellular. Cultures produced a pure growth of *B. Pfeiffer*.

The white blood-count on this day was 10,000 cells per c.mm. The child continued to have a high and irregular fever and died on April 8th.

No post-mortem examination was made.

CASE 3.—E. M., a boy, aged 9 months, was admitted to one of Sir Thomas Huxley's wards on December 17th, 1922, on account of listlessness.

History of illness.—On December 15th he became drowsy and vomited. On December 16th the drowsiness persisted and he was feverish. His eyes rolled and he "twitched."

Past history.—Said to have had no previous illnesses.

Condition on admission.—December 17th, 1922: A drowsy child, with a bulging fontanelle, but no rigidities. Temperature 101° 6' F.; pulse 136; respirations 42. The abdominal reflexes were present. There were no signs of disease in the chest.

Course of the disease.—The child was more drowsy, and Kernig's sign was positive. A lumbar puncture was performed and 10 c.c. of turbid fluid under increased pressure was withdrawn. It contained 0.025% protein, and the Fehling reduction was diminished. The cells numbered 2000 per c.mm. and were nearly all polymorphonuclears. A Gram film showed a large number of Gram-negative bacilli, markedly pleomorphic, and cultures grew *B. Pfeiffer* in 48 hours.

Further lumbar punctures were carried out on December 21st, 24th and 25th, and normal horse-serum injected into the theca. On December 25th rigidity was noticed and the child vomited, and the irregular fever continued.

The white blood-cells on December 28th and 29th were 81,600 and 70,400 per c.mm. respectively. He died on January 1st, 1923. There was no autopsy.

CASE 4.—P. S., a boy, aged 13 months, was admitted to one of Sir Thomas Horder's wards on December 2nd, 1921, on account of drowsiness and constipation.

History of illness. On November 20th the child, who had previously been well, was constipated and had several convulsions. On November 30th these fits continued and he commenced moaning. On December 1st he vomited and it was noticed that his head was drawn back.

Past history.—Said to have had no previous illness.

Condition on admission.—The child lay on its side, with its head retracted. There was a right internal strabismus. Temperature 101° 6' F.; pulse 150; respirations 52. There were twitchings of the right arm and leg. The right arm was rigid, the left flaccid. The legs were rigid, with a positive Kernig's sign. There were no signs of disease in the chest.

Course of the disease.—Lumbar punctures were performed on December 3rd, 6th and 8th, and the fluids examined by Dr. R. H. Simpson. They were turbid and contained many cells, which were mainly polymorphonuclears, although there were a few endothelial and red blood-cells present. Films showed large numbers of Gram-negative, non-motile, pleomorphic bacilli which, on culture, resembled *B. Pfeiffer*.

A naso-pharyngeal swab revealed no Gram-negative organisms. The irregular fever continued, and the child died on December 11th.

Autopsy.—There was a purulent meningitis, chiefly on the base of the brain, but extending to the convexity, especially on the left side. This meningitis spread along the whole length of the spinal cord. The pus was greenish yellow and showed small Gram-negative bacilli. The lungs were broncho-pneumonic.

I thank Sir Thomas Horder and Sir Percival Horton-Smith-Hartley for their kind permission to record these cases.

REFERENCES.

- (1) RIVERS, T. M.—*Amer. Journ. Dis. Child.*, 1922, xxiv, No. 2.
- (2) PELFORT, C.—*Arch. de Med. des Enf.*, 1927, xxx, p. 137.
- (3) SCHNYDER, W., and URECH, E. *Ann. de l'Inst. Pasteur*, 1925, xxxviii, p. 769.
- (4) ABT, H. T.—*Amer. Journ. Dis. Child.*, 1921, xxi, No. 5.
- (5) HENRY, H.—*Journ. Path. and Bact.*, 1912, xvii, p. 174.
- (6) RITCHIE, J.—*Ibid.*, 1910, xiv, p. 615.
- (7) COHEN.—*Ann. de l'Inst. Pasteur*, 1909, xxiii, p. 273.
- (8) WOLLSTEIN.—*Amer. Journ. Dis. Child.*, Jan., 1911, i, p. 42.
- (9) DAVIS.—*Journ. Infect. Dis.*, 1912, x, p. 259.

E. R. CULLINAN.

A CASE OF PERFORATION OF THE GALL-BLADDER.



MALE, aged 52, a stoker, first came under observation in September, 1925, when he came to the hospital complaining of pains in the stomach and loss of weight. He had been well until August, 1924, when he had sudden diarrhoea after each meal. His appetite was good and he passed no slime

or blood: The diarrhoea lasted for three months, when he went to a doctor, who gave him medicine which stopped the diarrhoea, and he then became constipated.

February, 1925, he had epigastric pain and began to lose weight and became yellow. He came to Out-Patients in July and was treated until September, when he was admitted to Lucas Ward under care of Sir C. Gordon-Watson, and was transferred from there to Smithfield.

His condition at this time showed a thin man with a muddy complexion. His weight was 7 st. 6 lb.; it was 10 st. 8 lb. twelve months previously. He stated that he had never had a day's illness in his life. He had severe oral sepsis. The heart-apex beat 4½ in. in fifth space. Blood-pressure 100/70.

Abdomen distended below umbilicus. No free fluid. Liver enlarged 1 finger's breadth below costal margin. Oedema of legs. Urine contained no bile-salts or pigments. Blood-sugar 0.103%. Van den Bergh direct negative, indirect 2.5%. A moderate degree of anaemia was present.

Red blood-cells 2,230,000. Hæmoglobin 44%.

X-ray examination showed delay in the passage of the barium through the splenic flexure onwards, but there were no definite signs of any organic lesion.

He was kept in hospital for six weeks altogether; during this period he had occasionally pyrexia to 101°. His condition, however, did not improve, and he was discharged from hospital going downhill on October 21st. His weight was then 6 st. 9 lb. A tentative diagnosis of N.G. of the colon was made with secondaries in the liver.

After discharge he stayed in bed until January, 1926, when he began to get up; he was feeling much better and began to put on weight; he was not at all "yellow." He continued to improve and get stronger, so that in June, 1926, he returned to his old work as a stoker, performing an eight-hour shift. He felt tired sometimes but managed to carry on with his job. His appetite was good and he had no pain. He had diarrhoea at intervals. His weight increased, so that in June, 1927, it reached 11 st. in clothes.

He appears to have kept well apart from the occasional attacks of diarrhoea until the beginning of February, 1928, when he did not feel so well, and began to have pain on the right side of the abdomen. He went to his doctor, who recommended him to have his teeth out. Gross oral sepsis had been noted when he was in hospital, but he was too ill then for attention to be paid to them. The pain became more severe, and on March 10th he left work as he felt unable to carry on.

March 12th all teeth were removed at West Ham Hospital, under gas and oxygen.

March 14th he became yellow, his urine was dark brown and his motions clay-coloured. He felt too ill and tired to work. The pain continued severe, but diarrhoea was not marked. The pain had no relation to food. He came to St. Bartholomew's Hospital and was admitted March 28th. His condition was that of a deeply jaundiced and emaciated man. His heart was displaced $1\frac{1}{2}$ in. to the left of the sternum; the apex-beat was $5\frac{1}{2}$ in. in fifth space. Blood-pressure 116/86. The liver-dullness extended from fourth rib to 2 in. below the costal margin—a distance of 8 in. in the right nipple line. Posteriorly there was dullness from the ninth rib. There was a continuation of the liver-dullness downwards suggestive of the gall-bladder; the patient was very tender in this region. The umbilicus was pressed outwards and shifting dullness was present, although no fluid thrill could be obtained. Urine contained bile-pigments but no bile salts. Red blood-cells 4,320,000, hæmoglobin 66%; Van den Bergh gave a prompt direct red 10 sec., indirect 20 units.

Patient felt very ill, with pain in right epigastrium. His temperature fluctuated between a morning 97° and evening 102° , the respirations did not vary, but the pulse followed the temperature. This temperature curve was suggestive of a cholangitis or general or localized peritonitis. It was possible that there was an empyema of the gall-bladder. The movement of respiration on the right side became less. The possibility of a N.G. which had ulcerated and caused obstructive jaundice was also considered.

On April 2nd he complained of sudden very severe pain in upper abdomen. He was found now to be very difficult to examine. He held his abdomen very rigidly, and it was thought that the gall-bladder could no longer be palpated; the liver-dullness appeared, however, to be increased. Free fluid was now definitely present. It seemed probable that the gall-bladder had ruptured. The possibility of an exploratory operation was considered, but decided against on account of the then condition of the man, who was beginning to fail. He died twenty-four hours later.

Post-mortem Findings.

Pericardium contained 2 oz. bile-stained fluid. The peritoneum contained about $1\frac{1}{2}$ pints free fluid which was turbid and bile-stained. Flecks of lymph were suspended in it. The small intestine was distended and injected, there were also recent adhesions around the liver and the gall-bladder. These were carefully separated and a small linear leak was found near the fundus of the gall-bladder. The wall of the viscus was not appreciably thickened, nor was the cavity enlarged. Bile was still present and could be squeezed out through

the leak. There was a large right subphrenic abscess containing about 4 oz. bile-stained pus. The liver weighed 64 oz., and showed areas of acute congestion. On section the typical bile-green colour of obstructive jaundice was seen. There were also whitish areas of fibrosis, and the bile-ducts were distended and filled with bile. The main ducts were enlarged to the size of a little finger.

Pancreas: The head was completely destroyed by a large carcinoma which had undergone mucoid degeneration. On opening the stomach the mucoid degeneration could be seen coming through the pylorus. The growth was found to have eroded the lumen of the duodenum in two places, forming two ulcers. The tail and body were fibrotic with the main duct of Wirsung greatly distended. There was, in addition, an abscess in connection with the growth lying apparently retro-peritoneally, containing about 1 oz. of pus. No secondary deposits except in the neighbouring glands around the pancreas were discovered.

Histological Findings.

Pancreas: The growth of the head of the pancreas was a carcinoma of the columnar-celled type. It had infiltrated the pancreas tissue to a considerable extent, but there were still areas of acinous tissue apparent. The growth appeared to be of some standing, as there was a considerable amount of mucoid degeneration present in addition to marked fibrous tissue interspersing the actual growth.

Gall-bladder: The wall showed some signs of being thickened. There were present also signs of inflammation of the outer coat with round-celled infiltration.

Liver: The section showed signs of obstructive jaundice, and in places those of cholangitis. Infiltrated bile was seen in the bile canaliculi and in the interlobular spaces (Glisson's capsules). The outer portions of the lobules showed degenerative changes, and definite inflammatory processes were also seen. In one section there was a small area suggestive of a secondary deposit. Sincere thanks are due to Prof. E. H. Kettle for this interpretation of the histological findings, and to Dr. Langdon Brown for permission to publish this case.

W. SMITH.

AN ORTHOPÆDIC DISASTER.

THE ignorant doctor is a figure which commands more contempt than pity; indignation, not compassion, moves his historian. But the misfortunes of Charles Bovary, a man of average intelligence who failed to thrive on the haphazard teaching of his day, leave the reader of Flaubert's novel uncertain

whether Bovary or his patients deserve the greater commiseration.

Madame Bovary saw in some startling operation the threshold of a life different from the delights of a village practice, and when Monsieur Homais, the village chemist, came with the news of a new method of curing club-foot she saw in it the opportunity to help the husband she had lately neglected. Monsieur Homais discounted the risk.

"For," said he to Emma, "what risk is there? See" (and he enumerated on his fingers the advantages of the attempt), "success, almost certain relief and beautifying of the patient, celebrity acquired by the operator. Why, for example, should not your husband relieve poor Hippolyte of the 'Lion d'Or'?" Charles was talked over and sent for Dr. Duval's book.

While he was studying equinus, varus and valgus, that is to say, *katastrephopody*, *endostrephopody*, and *exostrephopody* (or better, the various turnings of the foot downwards, inwards, and outwards, with the *hypostrephopody* and *anastrephopody*, otherwise torsion downwards and upwards), Monsieur Homais, with all sorts of arguments, was exhorting the lad at the inn to submit to the operation.

"You will merely feel, possibly, a slight pain; it is a simple prick, like a little blood-letting, less than the extraction of certain corns."

Hippolyte, reflecting, rolled his stupid eyes.

"However," continued the chemist, "it doesn't concern me. It's for your sake, for pure humanity! I should like to see you, my friend, rid of your hideous claudication, together with that waddling of the lumbar regions which, whatever you say, must considerably interfere with you in the exercise of your calling."

Then Homais represented to him how much jollier and brisker he would feel afterwards, and even gave him to understand that he would be more likely to please the women; and the stable-boy began to smile heavily.

Vanity won the day, and Hippolyte consented to suffer for the glory of the village of Yonville. Bovary had no orthopædic appliances.

So by the advice of the chemist, and after three fresh starts, he had a kind of box made by the carpenter, with the aid of the locksmith, that weighed about eight pounds, and in which iron, wood, sheet-iron, leather, screws, and nuts had not been spared.

But to know which of Hippolyte's tendons to cut, it was necessary first of all to find out what kind of club-foot he had.

He had a foot forming almost a straight line with

the leg, which, however, did not prevent it from being turned in, so that it was an equinus together with something of a varus, or else a slight varus with a strong tendency to equinus. But with this equinus, wide in fact like a horse's hoof, with rugose skin, dry tendons, and large toes, on which the black nails looked as if made of iron, the club-foot ran about like a deer from morn till night. He was constantly to be seen on the Place, jumping round the carts, thrusting his limping foot forwards. He seemed even stronger on that leg than the other. By dint of hard service he had acquired, as it were, moral qualities of patience and of energy; and when he was given some heavy work he stood on it in preference to its fellow.

Now, as it was an equinus, it was necessary to cut the tendo Achillis, and, if need were, the anterior tibial muscle could be seen to afterwards for getting rid of the varus; for the doctor did not dare to risk both operations at once; he was even trembling already for fear of injuring some important region that he did not know of.

Neither Ambroise Paré, applying for the first time since Celsus, after an interval of fifteen centuries, a ligature to an artery, nor Dupuytren, about to open an abscess in the brain, nor Gensoul when he first took away the superior maxilla, had hearts that trembled, hands that shook, minds so strained as Monsieur Bovary when he approached Hippolyte, his tenotomy between his fingers. And as at hospitals, near by on a table lay a heap of lint, with waxed thread, many bandages—a pyramid of bandages—every bandage to be found at the druggist's. It was Monsieur Homais who since morning had been organising all these preparations, as much to dazzle the multitude as to keep up his illusions. Charles pierced the skin; a dry crackling was heard. The tendon was cut, the operation over. Hippolyte could not get over his surprise, but bent over Bovary's hands to cover them with kisses.

"Come, be calm," said the druggist; "later on you will show your gratitude to your benefactor." Hippolyte was buckled in to the machine, and Monsieur Homais composed a paper in which everyone, including the patient, was praised to the skies for the miracle that had happened.

"We shall keep our readers (he concluded) informed as to the successive stages of this remarkable cure."

This did not prevent Mère Lefrançois from coming five days after, scared, and crying out:

"Help! he is dying! I am going crazy!"

Charles rushed to the "Lion d'Or," and the chemist, who caught sight of him passing along the Place hatless,

abandoned his shop. He appeared himself breathless, red, anxious, and asking everyone who was going up the stairs:

"Why, what's the matter with our interesting strephopode?"

The strephopode was writhing in hideous convulsions, so that the machine in which his leg was enclosed was knocked against the wall enough to break it.

With many precautions, in order not to disturb the position of the limb, the box was removed, and an awful sight presented itself. The outlines of the foot disappeared in such a swelling that the entire skin seemed about to burst, and it was covered with ecchymosis, caused by the famous machine. Hippolyte had already complained of suffering from it. No attention had been paid to him; they had to acknowledge that he had not been altogether wrong, and he was freed for a few hours. But hardly had the edema gone down to some extent, than the two savants thought fit to put back the limb in the apparatus, strapping it tighter to hasten matters. At last, three days later, Hippolyte being unable to endure it any longer, they once more removed the machine, and were surprised at the result they saw. The livid tumefaction spread over the leg, with blisters here and there, whence there oozed a black liquid. Matters were taking a serious turn.

But Hippolyte droops in spite of the doctor's constant recommendations to diet. The Abbé Bournisien was called in, and the lad promised to go on a pilgrimage if his foot were cured.

Religion, however, seemed no more able to succour him than surgery, and the invincible gangrene still spread from the extremities towards the stomach. It was all very well to vary the potions and change the poultices; the muscles each day rotted more and more; and at last Charles replied by an affirmative nod of the head when M^{re} Leiraçois asked him if she could not, as a forlorn hope, send for Monsieur Canivet of Neuchâtel, who was a celebrity.

A doctor of medicine, fifty years of age, enjoying a good position and self-possessed, Charles's colleague did not refrain from laughing disdainfully when he had uncovered the leg, mortified to the knee. Then having flatly declared that it must be amputated, he went off to the chemist's to rail at the asses who could have reduced a poor man to such a state. Shaking Monsieur Homais by the button of his coat, he shouted out in the shop:

"These are the inventions of Paris! These are the ideas of those gentry of the capital! It is like strabismus, chloroform, lithotripsy, a heap of monstrosities that the Government ought to prohibit."

"We are not savants, coxcombs, fops! We are practitioners; we cure people."

Monsieur Canivet decided to amputate. Monsieur Homais humbly made preparations.

Bovary during this time did not dare to stir from his house. He kept downstairs in the sitting-room by the side of the fireless chimney, his chin on his breast, his hands clasped, his eyes staring. "What a mishap!" he thought, "what a mishap!" Perhaps, after all, he had made some slip. He thought it over, but could hit upon nothing. But the most famous surgeons also made mistakes; and that is what no one would ever believe!"

Poor Charles. He was distraught. His wife did not share his humiliation. She was convinced only of his mediocrity. Together they waited, watching the inn from a window. In the midst of the silence that hung over the village a heart-rending cry rose in the air. Bovary turned white to fainting. . . . The operation was a success. Monsieur Canivet left a discouraged doctor behind him. Bovary paid for the false leg.

Its top was covered with cork, and it had spring joints, a complicated mechanism, covered over by black trousers ending in a patent-leather boot. But Hippolyte, not daring to use such a handsome leg every day, begged Madame Bovary to get him another more convenient one. The doctor, of course, had again to defray the expense of this purchase.

So little by little the stableman took up his work again. One saw him running about the village as before, and when Charles heard from afar the sharp noise of the wooden leg, he at once went in another direction.

ANNOTATION.

STRANGULATED INGUINAL HERNIA IN AN INFANT.

On March 26th, 1928, a male infant, wt. 23 days, and 4 lb. 12 oz. in weight, was admitted to the General Hospital, Great Yarmouth. The parents stated that the mother had been unable to suckle him, and that he had been fed the first ten days on undiluted condensed milk and then, as this diet was unsuitable, on milk-water. There was a lump in the left groin, and he had only passed bloody mucus in the last thirty-six hours.

On examination I found a swelling of the size of a large Kent cob in the left inguinal region a bulging in the right inguinal region and a very tight prepuce.

The hernia was very tense, and irreducible with gentle pressure. There came to my memory at once a scene I had witnessed in the Old Theatre at Bart.'s about 1900. It was nearly midnight, and Mr. Walsham had been summoned from Harley Street to deal with a similar case. The Theatre was prepared and the baby brought in and anesthetized. When sufficiently anesthetized the preparatory dressings were removed, but the hernia had disappeared. With difficulty the house surgeon dissuaded Mr. Walsham from performing the necessary circumcision on the spot. Doubtless he had in his mind the fear that in future he would be known as the house surgeon who summoned his chief at midnight to perform circumcision.

One day in the old Surgery a dresser was experimenting in this

direction, and one of the older surgeons having watched remarked, "You should be grateful for two lines of Shakespeare." On request he quoted: "There is a destiny that shapes our end rough hew it how we will."

Unfortunately the infant under my care was not so accommodating as the one I remembered.

Under the anæsthetic the hernia was just as tense, so I operated. The tissues were very thin, and once through the skin the bluish colour of the tumour suggested definite strangulation. The bowel when exposed was of a deep purple colour, still shiny, and of the calibre of a No. 9 or 10 catheter. The aperture was with some difficulty slightly enlarged and an undamaged portion of intestine drawn into the wound, showing a marked constriction and normal colour above. The intestine was gently replaced in the abdomen by a process similar to introducing ribbon gauze packing, a smooth forceps gently pushing it in about $\frac{1}{4}$ in. at a time. The orifice when fully visible was circular, and about 4 mm. in diameter. A mattress suture obliterated the opening and the wound was rapidly closed without any attempt to make a radical cure. The foreskin was removed and a double spica applied over the dressings. Saline enemata of 2 oz. glucose were given every two hours, and after a few hours a liquid, coloured stool was passed. The next day the bowels functioned normally, and with more skilful feeding the child is making an uninterrupted recovery. From the condition of the bowel and the weakness and limpness of the child I had grave doubts about his recovery, but under-estimated the powers of recovery of a 21-day-old infant.

CONSULTATIONS.



WAS on a Thursday afternoon,

The time was half-past one,

And all to consultations

By diverse ways had gone.

The surgeon then produced his case:

"This man that now you see,

A year ago was quite well,

As well as well could be.

But since then there has come a lump

Just where his cæcum lies,

And every day, in every way,

That lump has grown in size.

But yet the patient feels no pain,

He has not lost in weight,

His bowels are just as they were

At any former date.

And so I cannot tell at all

Whate'er that lump may be.

And if you know what should be done,

I pray you, tell it me."

The surgeons then stood round the man,

Some bored, and some alert.

They pinched and squeezed, and poked and sneezed,

And then said, "Does *that* hurt?"

At last the man was taken out

At the surgeon's court command,

And up the oldest member stood,

His eyeglass in his hand.

He said, "I think it's cancer"

(He buttoned up his coat);

"There's nothing there that can be done,

Or I begin to dote."

Then out spake one, whose name was X,

Who all delay did hate,

"To every man upon this earth

Death cometh, soon or late.

And how can man die better

Than facing fearful odds

On the operating table

While inside the surgeon prods?

When you have well examined him,

And found out all you can,

I, with two more to help me,

Will open up this man.

We'll make a straight incision, so,

To see what it may be.

Now, who will stand on either hand

And do this op. with me?"

He sat, and up stood Mr. A,

Who kept an open mind:

"This swelling's very rare and strange,

And so," he said, "I find

That either it's some kind of growth,

Or it's congenital,

Or else somehow it's got inflamed;

It's not distinguished well.

And so, he said, I'd wait to find

What it turns out to be,

And that will show what should be done,

Or so it seems to me."

He ceased, and so another spoke:

"This case resembles much

A case I had in '94

Whose symptoms, too, were such;

And all the rest had given him up,

And thought him good as dead,

But I performed a difficult op.

And saved his life," he said.

He sat, with a smile of conscious pride.

And another took up the tale:

"This case is quite hopeless,

And since 'tis sure to fail

I should not treat him with X-rays,

'Tis merely waste expense.

The man must just prepare to die

If he has any sense."

"I thank you muchly, gentlemen,"

That puzzled surgeon said,

"And the advice that you have given,

I'll ponder in my head.

But since you are not all agreed

What 'tis—or should be done,

It seems that I must still decide

How that man's fate doth run."

F. H.

GEMS FROM THE OUT-PATIENTS.

[A sequel to the same author's contribution to us last month.—ED.]

THE HOUSE. Physician, Sir
A few weeks ago I wrote & said that I would not be able to come up again as Out-patient & asked them not to keep my notes but if they hadn't destroyed them would you kindly keep them as I find the medicine suits my eyes are bad, but I think that is mostly to do with the General Health last time I was up there the Sister told the other women that I had had a 'Child well I hav'ent & never, been like it & as she is so kind as to say things like that I might tell you what she says about the Drs. She tells them the tale & leads them up the Garden well that is not fair to the Drs that is if they believe all she says you wouldn't like me in there as an inpatient your medicine is making me too sharp I should split on the Nurses some of them not all of course, its the Drs I am grateful to I have been lucky enough to have furniture given to me for an unfurnished room which I am taking & no doubt if I can have the proper diet & comforts & not have to turn out when I get my Gastritis turns on I might get stronger but no one can do much for Heart trouble but I am coming up again when I want some more medicine I have only once missed paying my 6d

Yours respectfully

B. C.

AVE suffer so much that I cannot explain so much so if I write it down it's easier, see?"

Easier? Perhaps; but at noon on a Saturday a H.P.'s sense of values becomes dislocated:—

London April 21th 1928

Dear Sir Doctor!

I hope you will excuse me for writing a letter as I could never remember to tell all my suffering since 1917. Well at first from the air raids and my Husband was away and have not heard from him 5 Jahr well, I was always longing cruing so I was sleepless 16 months well I was suffering very much in Manchester and have attendet to Hospital and priwet Doctors, when that big Influenza was, I was very ill with it, so I suferd with neurastinia or Nervous debility and anima. ass soom as the Armistase startet, I came to London and went to Welbeck st Hospital for Nervous Deseases and have

attendet for a number of jahrs, and wen my Hasband came home on 1922 I got much better, of course before I started to sleep I had all my teetils taken out thier in the Nerw Hospital. After sudenly I have notest a big stumek so I told my Dr and He toht I was in a pragnant as I was maried sinse 1910 and had no Children but I had the periods after 6 mounts the stumek got smaller well I was told it is wmt I have suferd with constapation but I did not need much opening medicin, I was not to bed as now, after I feeld allways chouky sansation before has the Doctor thoght that is Nerws and after he toght it was wint any how it was considert that is from the woon, I had the nek of the woon strachet and have no Baby yet, after came Influanzia so often and alseratet troat until it would not lewe alone at all, I had priwet Doctors and went German Hospital unfortianatly I was taken in by a an xperients Doctor and He took me the next day to have my tonsols cut when I had the Clodeform Doctor Rast came in He came just from Swetzerland He did not let him Operate on me but gave a clodiform agsamintion and has notest mater behind the tonsols He syst is aut and wouk me up and told me how luke I was, He has attendet a Jahr to me, and after He gave me over to Doctor Wilson tast Jahr and the operation was suksesfull but the nouse in the write Ear is still on and of course no I suffers with the stumek still I fill still alseratet from the troat down and no I had last week a pikstaj and now again once I could not come down for Medisin but was Faster monday I had no more liewit of parafin but had some medicin and wantet til monday but it is imposible. I hope that the Doctor

Kindly take care.

with thanks

Mrs L. W.

CORRESPONDENCE.

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

SIR,—Sir Frederick Andrewes's recent article on the beginnings of bacteriology in St. Bartholomew's has brought back many memories of my early days at the Hospital. I knew Prof. Klein more in his moments of leisure than in his working time. He was a very enthusiastic chess player, although his theory was much in advance of his practice, and he spent much of his spare time at the British Chess Club. A fellow member, the late Wordsworth Donisthorpe, a brilliant chess player and a very engaging wit, included Klein in his rhyming alphabet of the members of the Club:

"K stands for Klein, the bacillus his horror,
At chess I would back the bacillus to win."

Indifferent rhyming you may say, but

Yours faithfully,

111, Harley Street,
Cavendish Square, W.1;
April 23rd, 1928.
H. W. CARSON.

UNIVERSAL RINGWORM.

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

DEAR SIR,—In your last Editorial you suggested that certain (treatment for ringworm was in almost universal use.

I have examined my own head and those of my more intimate acquaintance, and can assure you that the disease is less prevalent than you suggest.

I am,

Yours sincerely,

CHIEF ASSISTANT.

[It is extremely difficult even for a Chief Assistant to examine his own head adequately.—ED.]

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

- ADERNETHY, D. A. B.M., B.Ch. "Hypertelorism in Several Generations." *Archives Disease in Childhood*, December, 1927.
- ALEXANDER, FREDK. WM., M.R.C.S.(Eng.), L.R.C.P.(Edin.), D.P.H. "Electricity in Medicine and Public Health, from Early Ages to Present Time—a Résumé." *Medical Officer*, November 26th, 1927.
- ATTLEE, WILFRID, M.D., B.Ch., M.R.C.P. "Periostitis of the Metatarsus." *Archives Disease in Childhood*, December, 1927.
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Edin.). "Treatment of Mallet Finger." *Clinical Journal*, December 21st, 1927.
- BOURNE, GEOFFREY, M.D., M.R.C.P. "The Liver Treatment of Pernicious Anemia." *Practitioner*, December, 1927.
- BROOKS, C. O. S. BLYTH, M.R.C.S., L.R.C.P., D.P.H. "The After-History of Sanatorium Treated Patients." *Medical Officer*, October 8th, 1927.
- BROWN, W. LANGDON, M.D., F.R.C.P. *The Endocrines in General Medicine*. London: Constable & Co., 1927.
- CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Dextrinuria: Its Clinical Significance." *Lancet*, December 31st, 1927.
- "Classification of Glycosuria from the Point of View of Insulin Treatment." *British Medical Journal*, December 3rd, 1927.
- CLARK, A. J., M.C., F.R.C.P., D.P.H. "The Historical Aspect of Quackery." *British Medical Journal*, October 1st, 1927.
- *Comparative Physiology of the Heart*. London: Cambridge University Press, 1927.
- CLARKE, C., D.S.O., M.D., F.R.C.S. "The Caliper Splint." *Journal of the Royal Army Medical Corps*, October, 1927.
- CUMBERBATCH, ELSIN P., M.A., B.M., F.R.C. (D.M.R.E.(Camb.)), M.R.C.P. *Diathermy*. 2nd edition. London: William Heinemann, 1927.
- DALL, H. H., C.B.E., M.D., F.R.C.P., F.R.S. (and H. W. DUDLEY, O.B.E., M.Sc., Ph.D.). "An Active Constituent of the Preparation called 'Glukhornment.'" *British Medical Journal*, December 3rd, 1927.
- DUNDAE-GRANT, SIR JAMES, K.B.E., M.D., F.R.C.S. "Nasal Disease in Relation to Asthma." *Practitioner*, December, 1927.
- DUNHILL, T. P., C.M.G., M.D., Ch.B. "The Place of Surgery in the Treatment of Toxic Goitre." *British Medical Journal*, October 29th, 1927.
- ECCLES, W. McADAM, M.S., F.R.C.S. "Gas in the Peritoneal Cavity." *British Medical Journal*, December 10th, 1927.
- FRIZZ, N. S., M.B., D.M.R.E.(Camb.). "X-Rays and Radium in the Treatment of Carcinoma of the Breast." *British Medical Journal*, October 22nd, 1927.
- FLETCHER, SIR WALTER, K.B.E., F.R.S., M.D., F.R.C.P. "Dental Research and its Service to the Nation." *Lancet*, October 8th, 1927.
- FOULERTON, ALEXANDER G. R., O.B.E., F.R.C.S. (and GEORGE F. STEBBING, M.B., B.S.). "Fractures of Metatarsal Bones by Indirect Violence, with Special Reference to Avulsion Fracture of the Tubercle of the Fifth Metatarsal." *Lancet*, December 10th, 1927.
- FRASER, FRANCIS K., M.D., F.R.C.P.(Edin.). "The Part Played by Calcium in the Living Organism." *British Medical Journal*, October 29th, 1927.
- FREMANTLE, F. E., M.P., M.B., M.Ch., F.R.C.P., F.R.C.S., D.P.H. *The Health of the Nation*. London: Philip Allan & Co., 1927.
- GARROD, SIR ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "The Huxley Lecture on Diathesis." *Lancet*, November 26th, 1927.
- GASKELL, JOHN E., M.D., D.P.H. "Bradshaw Lecture on the Pathology of Pneumonia." *Lancet*, November 5th, 1927.
- GROVES, ERNEST W. HEY, M.S., M.D., B.Sc., F.R.C.S. *A Synopsis of Surgery*. 8th edition. Bristol: John Wright & Sons, 1927.
- "The Hospitals of Madrid: A 'Busman's Holiday.'" *Bristol Medico-Chirurgical Journal*, Autumn, 1927.
- HADFIELD, GEOFFREY, M.D., M.R.C.P. "The Pathology of Coronary Occlusion." *Bristol Medico-Chirurgical Journal*, Winter, 1927.
- (E. BARTON WHITE, M.R.C.S., L.R.C.P., and G. H.). "Observations on Pellagra." *Clinical Journal*, November 6th, 1927.
- (R. C. CLARKE, C. F. COOMBS, G. H. and A. T. TODD). "On Certain Abnormalities, Congenital and Acquired, of the Pulmonary Artery." *Quarterly Journal of Medicine*, October, 1927.
- HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Rate of Movement in Post-Encephalitic Parkinsonism." *Lancet*, November 12th, 1927.
- HANNAN, JOHN H., M.A., M.D., B.Ch. "The Use of Sodium Potonal at the Menopause." *Practitioner*, October, 1927.
- HARRISON, G. A., B.A., M.D. (and W. G. WYLLIE, M.D., M.R.C.P.). "On the Clinical Value of Blood Analysis in Nephritis in Childhood." *Archives Disease in Childhood*, December, 1927.
- (and W. P. H. SHELDON, M.D., M.R.C.P.). "Faecal Fat Analysis in Children." *Archives Disease in Childhood*, December, 1927.
- HERBERT, FREDA K., M.A., M.B., B.Sc. "Histological and Chemical Study of a Case of Scleroma Neonatorum and its Relation to Fat Necrosis." *Archives Disease in Childhood*, December, 1927.
- HILL, NORMAN H., M.D., M.R.C.P. "A Case of Complete Absence of Gall-bladder and Extrahepatic Bile-ducts." *Lancet*, September 24th, 1927.
- HOGARTH, R. G., C.B.E., LL.D., F.R.C.S. "The Doctor's High Calling." *Lancet*, October 8th, 1927.
- HURRY, J. B., M.A., M.D. "The Tutelary Deity of Medicine: its Claims of Imhotep." *British Medical Journal*, March 31st, 1928.
- HUTT, C. W., M.A., M.D., D.P.H. *International Hygiene*. London: Methuen & Co., 1927.
- LLOYD, ERIC J., M.B., B.Ch., F.R.C.S. "Treatment of Congenital Stenosis of the Uprary Meatus (Pin-hole Meatus)." *Lancet*, December 10th, 1927.
- "Unusual Forms and Complications of Intussusception: Five Cases." *Clinical Journal*, October 5th, 1927.
- LOVATT EVANS, C., D.Sc., M.R.C.S., L.R.C.P., F.R.S. (and ISOLDE T. ZECHWER). "On the Nature of the Hyperglycaemia Response to Injections of certain killed Bacteria." *British Journal of Experimental Pathology*, August, 1927.
- MAXWELL, J. M.D., M.R.C.P. "The Blood Cholesterol in Nephritis." *Quarterly Journal of Medicine*, January, 1928.
- MCDONAGH, J. E. R., F.R.C.S. *The Nature of Disease*, Part II. London: W. Heinemann, 1927.
- MORETON, A. L., M.S., F.R.C.S. "On 'Growing Pains,' or Some Points in the Diagnosis of Certain Chronic Affections in and around the Joints of Children." *Clinical Journal*, September 28th, 1927.
- MORGAN, C. NAUNTON, F.R.C.S. "Some Practical Considerations in the Pathology, Diagnosis, and Treatment of Anal Rectal Fistulae." *Clinical Journal*, November 23rd, 1927.
- MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "An Investigation on the Analysis of Human Milk." *British Journal of Children's Diseases*, October-December, 1927.
- PARAMORE, R. H., M.D., F.R.C.S. "Chronic Nephritis, Accidental Haemorrhage and Eclampsia." *Journal of Obstetrics and Gynaecology British Empire*, Winter Number, 1927.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Certain Works of Chirurgerie by Thomas Gale, Master in Chirurgerie." *British Journal of Surgery*, October, 1927.
- "A Proposed Practice for all Young Chirurgeons by William Clowes, Maister in Chirurgury." *British Journal of Surgery*, January, 1928.
- "The Training of a Surgeon." *Practitioner*, October, 1927.
- RIVIERE, CLIVE, M.D., F.R.C.P. *Pneumothorax and Surgical Treatment of Pulmonary Tuberculosis*. 2nd edition. London: Humphrey Milford, Oxford University Press, 1927.
- THE ROBERTSON, SIR HUMPHRY, Bart., K.C.B., M.D., F.R.C.P. "The Meaning and Methods of Success." *Lancet*, October 8th, 1927.
- "Presidential Address of the British Institute of Radiology and Röntgen Society." *British Medical Journal*, November 19th, 1927.

ACKNOWLEDGMENTS.

St. George's Hospital Gazette (vol. xxvi, April, 1928)—*New York Academy of Medicine Annual Report for 1927*—*Report of Manchester Royal Infirmary for year ended December 31st, 1927*—*Giornale della Reale Società Italiana Digiene* (January, February, March, 1928)—*Nursing Times* (March 3rd, 10th, 17th, 24th, 31st, April 7th, 14th, 1928)—*U.C.H. Nurses' League Magazine* (vol. iii, No. 2, April 1928)—*British Journal of Nursing* (March, April, 1928)—*Revue de Médecine* (No. 1, March, 1928)—*Hospital Gazette* (April, 1928)—*St. Thomas's Hospital Gazette* (December, 1927, and January, 1928)—*Guy's Hospital Gazette* (February 25th, March 10th, 24th, 1928)—*St. Mary's Hospital Gazette* (January, 1928)—*Charing Cross Hospital Magazine* (March, 1928)—*Post-Graduate Medical Journal* (March, April, 1928)—*The Student, International Number* (February 22nd, 1928), vol. xxiv, No. 8)—*The Queen's Medical Magazine* (Birmingham Medical School) (March 7th, 1928)—*London Hospital Gazette* (February, March, 1928)—*U.C.H. Magazine* (February, March, 1928)—*Middlesex Hospital Journal* (March, 1928)—*New Troy* (March 1st, 15th, 1928)—*Kenya and East African Medical Journal* (February, 1928)—*Clinical Excerpts* (January, February, 1928)—*The Medical Review* (February, March, 1928)—*University of Toronto Medical Journal* (March, 1928)—*Broadway or Westminster Hospital Gazette* (Spring, 1928).

EXAMINATIONS. ETC.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees. March, 1928.

Part II. *Human Anatomy, Physiology and Pharmacology*.—Angel, R. E., Cohen, P., Cunningham, G. J., Dean, D. M., George, W. F. I., Great-Rex, J. B., Hackett, L. J., Hargreaves, W. H., Hogg, W., Ishmael, D. T., Keane, C. A., Knight, B. W., Langston, H. H., McGladdery, W. F., Marshall, S. F., O'Connell, J. E. A., Patrick, F. L. L., Rodgers, H. W., Staunton, A. A., Sugden, A., Taylor, J. T. C., Wells, C.

ROYAL COLLEGE OF SURGEONS.

The following has been admitted a *fellow*, as a member of 20 years' standing:
Sir Matthew Henry Gregson Fell, K.C.B., C.M.G., Director General A.M.S.

CONJOINT EXAMINATION BOARD.

First Examination. March, 1928.

Anatomy and Physiology.—Andreasen, A. T., Cusack, M. K., Jaensch, F. J., Mars, K. L., Young, P. L.
Anatomy.—Robertson, H. D., Rowe, J. T.
Materia Medica and Pharmacology.—Stephens, J. E. S., Sturgess, G. W.

CHANGES OF ADDRESS.

BENNING, J. M., Nursted House, Petersfield, Hants.
DALTON, C. H. C., 41, Fomereau Road, Ipswich.
HALE, G. S., Jodwar, Turkana, Kenya Colony.
HINTON, W. S., 773, Becontree Avenue, Chadwell Heath, Essex.
KITCAT, C. DE WINTON, Lamorna, 16, De Cham Road, St. Leonards-on-Sea. (Tel. Hastings 541.)
LOYDWAY, G. K., Somerset House, Vermeulen Street, Pretoria, S. Africa.
ROSS, J. PATERSON, 110, King Henry's Road, Hampstead, N.W. 3. (Tel. Primrose Hill 4121.)

APPOINTMENTS.

BELLERBY, O. H., M.R.C.S., L.R.C.P., appointed House Physician to the West London Hospital, Hammersmith.
BROOK, C. W., M.R.C.S., L.R.C.P., appointed Anaesthetist to Queen Mary's Hospital for the East End.
CRUICK, W. V., M.R.C.S., L.R.C.P., appointed Senior House Physician to the Belgrave Hospital for Children, S.W. 9.
ROBB, W. A., M.D.(Lond.), M.R.C.P., appointed Assistant Physician to St. John's Hospital, Lewisham.

BIRTHS.

BROCKMAN.—On March 24th, 1928, at a nursing home, to Estelle, wife of R. St. Leger Brockman, F.R.C.S., of 6, Lawson Road, Sheffield—a son.
BROOK.—On March 17th, 1928, at 24, Boundaries Road, Balham, S.W. 12, to Iris (*née* Beynon), wife of Dr. Charles Wortham Brook, a son (Charles Peter Beynon).
COUCHMAN.—On April 10th, 1928, at Buryfield, Upton-on-Severn, Doris, wife of Hugh J. Couchman, M.B., B.Ch., of a son.
GARROD.—On April 18th, 1928, to Marjorie, wife of Dr. Lawrence P. Garrod, 68, Gloucester Terrace, W. 2—a son.
HATTERSLEY.—On March 31st, 1928, at Aldershot, Vera, wife of Major S. M. Hattersley, R.A.M.C., of a son.
HOSFORD.—On March 30th, 1928, at 75, Hornsey Lane Gardens, Highgate, N. 6, to Nora (*née* Randall), wife of Reginald W. P. Hosford, F.R.C.S.—a son (David Randall).
LE GROS CLARK.—On March 27th, 1928, at "The Thorns," Digswell, Welwyn, to Freda, wife of Prof. W. E. Le Gros Clark—a daughter.
WELLS.—On April 2nd, 1928, at Belvedere House, Danbury, Chelmsford, to Joyce (*née* Beaumont), wife of J. Pascoe Wells, M.A., M.B.—a daughter.

MARRIAGES.

KERR—INGRAM-ROBB.—On March 31st, 1928, at Penzance, Cornwall, Arthur Kenneth Kerr, M.R.C.S., L.R.C.P., younger son of Charles P. Kerr and Mrs. Kerr, of Truro, to Muriel Alexander Ingram, second daughter of Mrs. T. A. Robb and the late Mr. Andrew Robb, of Johannesburg, South Africa, and Portrush, Ireland.
QUENNEL—CHAMEN.—On April 18th, 1928, at St. Paul's Church, Bentley, by the Venerable the Archdeacon of Southend, the Rev. L. B. Shephard, and the Rev. W. Lewis, William Eyre Hamilton, only son of R. W. Quennell, M.R.C.S., L.R.C.P., and the late Mrs. Quennell, to Margaret Dorothea, older daughter of Mr. and Mrs. Herbert Chamen, of Millfield, near Brentwood.
TOOTH—STORRS.—On Wednesday, April 18th, 1928, at St. Barnabas Church, Tunbridge Wells, by the Rev. H. S. Iredell, assisted by Canon J. M. Ballard and Rev. W. J. Torrance, Ronald Stanley, only son of Mr. and Mrs. Stanley Tooth, of Clare Glen, Buxted, to Elizabeth Townsend Storrs, second daughter of Mr. and Mrs. Townsend Storrs, of Hall Gate, Tunbridge Wells.

SILVER WEDDING.

HULBERT—BROOKE.—On April 7th, 1903, at the Cathedral, Bombay, Joseph George Hulbert, Captain, Indian Medical Service, son of John Henville Hulbert, of Stakes Hill Lodge, Hants, to Elsie Frances, daughter of Alexander Brooke, of Craven Hill Gardens, W.

DEATHS.

HULBERT.—On April 18th, 1928, at the Villa Jeannette, Grasse, France, after much suffering most bravely borne, Henry Louis Powell Hulbert, M.D., dearly beloved husband of Edith Wareing Hulbert (*née* Bardsley), and second son of the late Charles Augustus Hulbert, Hon. Canon of Peterborough, aged 57.
PACKMAN.—On Easter Sunday, 1928, at a nursing home, Alfred Charles Augustus Packman, M.D., J.P., for 41 years in practice at Rochester, aged 94.
PRICKETT.—On April 16th, 1928, Marjandale Prickett, M.D., eldest son of the late Thomas Prickett, of Bridlington, aged 84.
WILLETT.—On April 12th, 1928, at Spyways, Harnold, Edgat William Willett, M.D., F.R.C.S., aged 72.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.R.F., 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.

HARVEY TRICENTENARY NUMBER

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXV.—No. 9.]

JUNE 1ST, 1928.

PRICE NINEPENCE.

CALENDAR.

- Fri., June 1.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Swimming Match v. Old Stortfordians. Home.
Sat., „ 2.—Cricket Match v. Herts Wanderers. Away.
Tennis Match v. Trinity College (Camb.). Away.
Mon., „ 4.—Special Subject: Clinical Lecture by Mr. Scott.
Tues., „ 5.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Wed., „ 6.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
Tennis Match v. R.M.C. (Sandhurst). Away.
Swimming Match v. Old Paulines. Away.
Fri., „ 8.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Dr. Morley Fletcher.
Swimming Match v. Old Owens. Home.
Cricket Match v. "Past." Home.
Sat., „ 9.—Tennis Match v. "Past." Home.
Mon., „ 11.—Special Subject: Clinical Lecture by Mr. Elmslie.
Swimming Match v. Forest Hill II. Away.
Tues., „ 12.—Dr. Morley Fletcher and Sir Holburt Wareing on duty.
Wed., „ 13.—Surgery: Clinical Lecture by Mr. L. B. Rawling.
Thurs., „ 14.—United Hospitals Athletic Club: Inter-Hospital Meeting, Stamford Bridge.
Fri., „ 15.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Swimming Match v. "H" Div. Met. Police. Home.
Sat., „ 16.—Cricket Match v. St. Anne's. Away.
Tennis Match v. Royal Artillery. Home.
Mon., „ 18.—Special Subject: Clinical Lecture by Mr. Just.
Tues., „ 19.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Cricket Match v. Brasenose College. Home.
Wed., „ 20.—Surgery: Clinical Lecture by Mr. L. B. Rawling.
Cricket Match v. R.A.F. (Hendon). Home.
Thurs., „ 21.—Abernethian Society: Summer Sessional Address at 8.30; Sir D'Arcy Power on "Books by Bart's Men."
Last day for receiving matter for the July issue of the Journal.
Fri., „ 22.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.

- Sat., June 23.—Cricket Match v. Honor Oak. Away.
Tennis Match v. Royal Naval College. Home.
Mon., „ 25.—Special Subject: Clinical Lecture by Mr. Ross.
Tues., „ 26.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 27.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Tennis Match v. Royal Artillery. Away.
Fri., „ 29.—Dr. Morley Fletcher and Sir Holburt Wareing on duty.
Medicine: Clinical Lecture by Dr. Langdon Brown.
Cricket Match v. Streatham.
Sat., „ 30.—Tennis Match v. Royal Naval College. Away.

EDITORIAL.

So many eulogies of William Harvey have recently appeared that it would be quite superfluous for us to add to them our mite of adulation. All who have heard Sir Wilmot Herringham in the Great Hall have been unanimous in advocating the publication of his remarks, and the President of the Royal College of Physicians himself declared that of all the speeches in memory of Harvey none would live longer.

While we are prepared to leave Harvey's life in these competent hands, and while we could not hope to improve on the film produced by Dr. H. H. Dale and Sir Thomas Lewis, as a demonstration of his reasoning, we feel called upon to illustrate more fully the attractive versatility of his character. Merely in his capacity of Physician to this Hospital, he was called upon not only to conduct the entire medical side, but also to direct the chirurgues and frequently to operate himself. As the Lumleian Lecturer he had to review the whole of surgery in the course of a year, the appointment being for life. In parenthesis he it said that it was in one of these lectures that he hinted at the circulation of the blood to be elaborated later, only after 12 years of silent work—

a point brought out in Prof. Chauffard's recent eulogy.* His fashionable private practice culminated in his being made Physician in Ordinary to Charles I, with whom he was on terms of close friendship.

In addition he was commissioned to investigate the famous case of the Lancashire Witches, to choose pictures for Charles on the Continent, to perform a post-mortem on the body of Thomas Parr, of Shropshire, who was believed to have reached the age of 152, to be Warden of Merton College, Oxford, and to relieve the wounded at the Battle of Edgehill—a task he performed with considerable success. Sir Wilmot describes his reforms at this Hospital, but we may add the following because of the picturesque phrasing.

"14. That the Apothecary, Matron, and sisters do attend the Doctor, when he sitteth to give directions and prescriptions that they may fully conceive his directions and what is to be done.

"Allowed.

"15. That the Matron and Sisters shall signify and complain to the doctor, or apothecary in the Doctor's absence, if any poor lurk in the house and come not before the Doctor when he sitteth or take not his physic but cast it away and abuse it.

"Allowed."

A "very choleric" man was Harvey, "and in his younger days he wore a dagger as the fashion then was, which he would be apt to draw upon every occasion." Dr. Heherden wrote of him that he "was humoursome and would sit down exactly at the time appointed for dinner whether the company was come or not. That his salt-cellar was always filled with sugar, which he used to eat instead of salt" (a course of conduct that might commend itself to a certain physician of the present day).

Lastly he remembered in his will the poor of St. Bartholomew's Hospital.

* * *

Two books, of which we in this Hospital must be particularly proud, are those with which Mr. Geoffrey Keynes has marked not only Harvey's Tercentenary, but his own appointment as Assistant Surgeon to the Hospital.

One is a bibliography, beautifully produced by the Cambridge University Press and containing a number of extremely interesting illustrations. Although no bibliography can be said to make great reading for the

* Some of his almost illegible notes for this lecture read as follows: "Constat per fabricam cordis sanguinem per pulmones aortam perpetuo transferri, as by two clacks of a water bellows to raise water. Constat per ligaturam transituri sanguinis ab arteriis ad venas unde Δ perpetuum sanguinis motum. In circulo fieri pulsus cordis."—William Harvey, by R. B. Hervey Wyatt.

ordinary man, yet Mr. Keynes's dishes are so well cooked (in no disparaging sense) as to give rise to no indigestion whatever.

The other is a limited edition *de luxe* by the Nonesuch Press of the first English translation of Harvey's most famous work, the *De Motu Cordis*. It is with the utmost regret that we are forced after a bare week's scrutiny to hand on our copy to the Library. No second-hand account can ever convey an impression equal to that of Harvey's own reasoning. His style is so full of biological and literary reference that it seems justifiable to quote a typical chapter from it, and this we do with Mr. Keynes's permission.

"CHAPTER XII.

"That there is a Circulation of the Blood, from the Confirmation of the Second Supposition.

"Seeing these things are so, it is certain that another thing which I said before is likewise confirm'd, that the blood does continually pass through the heart. For we see in the habit of the body, that the blood flows continually out of the arteries into the veins, not out of the veins into the arteries: We see, moreover, that from one arm the whole mass of blood may be exhausted, and that too by opening but one cuticular vein with a lance, if the ligature be handsomely made: We see besides, that it is powred out so forcibly and so abundantly, that it is certain that not only that which was comprehended in the arm beneath the ligature, before the section, is quickly and in a little time evacuated, but likewise the blood out of the whole body, as well the veins as the arteries.

"Wherefore we must confess first that by strength and force it is furnish'd, and by force it is driven beyond the ligature (for with force it goes out, and therefore by the strength and pulse of the heart) for the force and impulsion of the blood is only from the heart.

"Next, that this flux comes from the heart, and that it flows by a passage made through the heart out of the great veins, seeing below the ligature the blood enters by the arteries, not by the veins, and the arteries at no time receive blood out of the veins, unless it be out of the left ventricle of the heart. Nor could there any otherwise so great abundance be exhausted out of one vein, making a ligature above, especially so forcibly, so abundantly, so easily, so suddenly, unless the consequences were achieved by the force and impulsion of the heart, as is said.

"And if these things be so, we may very openly make a computation of the quantity, and argue concerning the motion of the blood. For if any one (the blood breaking out according to its usual effusion and force)

suffer it to come so for half an hour, no body needs doubt but that the greatest part of it being exhausted, faintings and soundings would follow, and not only the arteries, but the greatest veins would be likewise emptied: Therefore it stands with reason, that in the space of that half hour there passes so much out of the great vein through the heart into the aorta. Further, if you should reckon how many ounces flow through one arm, or how many ounces are thrust within the gentle ligature in 20 or 30 pulsations, truly it would minister occasion of thinking how much may pass through the other arm, both the legs and both the coluses, and through all the other arteries and veins of the body: and that the flux which is made through the lungs and the ventricles of the heart, must continually furnish of necessity new blood, and so make a circuit about the veins, since so great a quantitie cannot be furnished from those things we eat, and that it is far greater than is convenient for the nutrition of the parts.

"It is to be observ'd further, that in the administration of Phlebotomie this truth chanceth sometime to be confirm'd; for though you tie the right arm, and lance it as it should be with a convenient orifice and administer all things as they ought to be. Yet if fear, or any other cause, or sounding do intervene through passion of the mind, so that the heart do beat more faintly, the blood will by no means pass through but drop after drop, especially if the ligature be made a little streighter. The reason is, because the pulse being but faint, and the out-driving force being but weak, the enfeebled part is not able to open the passage and thrust out the blood beyond the ligature, yea nor to draw it through the lungs, or to remove it plentifully out of the veins into the arteries. So after the same manner does it come to pass that Women's flowers and all other fluxes of blood are stop'd. This likewise appears by the contrary, for fear being remov'd, and the spirit recollected, when they do return to themselves, the pulsifick strength being now increased, you shall straightway see the arteries beat more vehemently in that part where they are bound, and move in the wrist, and the blood leap out farther through the orifice."

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The Guild held its Annual Meeting in the Great Hall of the Hospital on View Day. This has now become one of the popular events of the day, and was on this occasion attended by fully 250 people. Lady Sandhurst presided and gave an account of the year's work. In addition to its normal activities the Guild has collected a sum of over £900 for the Reconstruction Fund, to be utilized for some special purpose in the

rebuilding of the Hospital. To this fund will be added the proceeds of a matinee which will be given by Ruth Draper at the Haymarket Theatre on June 1st. Lady Sandhurst also told of the most successful inaugural party of the Bart.'s Busy Bees, a junior branch of the Women's Guild, given at the Mansion House on April 28th, where they were kindly entertained by the Lady Mayoress, about 500 guests being present, to whom the Wicked Uncle told the aims of this new branch. Lady Sandhurst then received from the Busy Bees a cheque for £60 for the maintenance of two cots for one year.

Lady Tree spoke of the mysteries of making hospital garments, recalling war-time experiences. Prof. Andrewes gave an illuminating insight into the activities of Miss Gask and her helpers in the special departments. The meeting concluded in a feminine manner with tea to the accompaniment of an orchestra.

* * *

We congratulate our late "H.S. Throats" on the following from a contemporary daily:

"Hurley Street and Lord's.—Many of the spectators at Lord's were asking yesterday who the tall Middlesex googley bowler, Bettington, was. Reg Bettington is an Australian and an old Oxford Blue who adopted medicine as a profession and is now a prosperous nose and throat specialist. He is a Bart.'s man and plays golf and rugger almost as well as he plays cricket."

OBITUARIES.

SIR WILLIAM CHURCH, BART., K.C.B.,

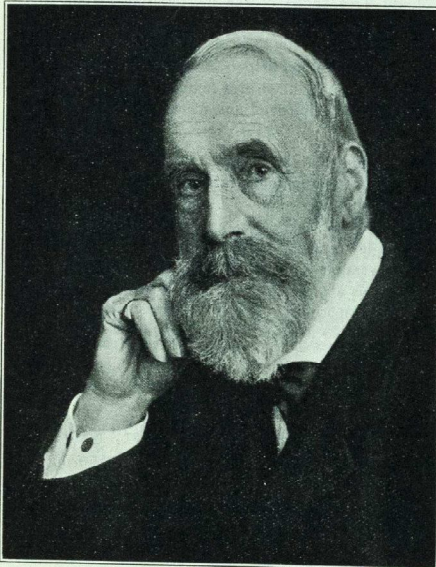
Late President of the Royal College of Physicians of London.

THE death of Sir William Church, which occurred on Friday April 27th, in his 91st year, terminates a career which was intimately related for over 60 years with this Hospital.

Born a few months after the accession of Queen Victoria, Church represented Harrow at cricket for three years, being captain in his last year. At University College, Oxford, he obtained a 1st class in Natural Science schools, was appointed Lee Reader in Anatomy, and was a Fellow of Christ Church for nine years following his graduation. After obtaining his diploma at this Hospital he was appointed Lecturer in Comparative Anatomy, in 1867 Assistant Physician, and in 1874 (now M.D., F.R.C.P.) full Physician, in which capacity he continued for 28 years, becoming then Consulting Physician. By kind permission we reprint the following contribution by Dr. Morley Fletcher to the *Lancet*:

"Sir William Church was no longer on the active

staff of St. Bartholomew's Hospital when I was appointed Assistant Physician, but I had been associated with him for some years as a member of the teaching staff and later as Medical Registrar. My first meeting with him was as one of his clinical clerks, and two years later I was his House Physician, and I feel that I owe much to his fine clinical teaching. He was not a man of many words and was by no means discursive at the bedside, but if asked questions he would respond and discourse freely on the point under discussion. Perhaps the students were inclined to be overawed by his command-



THE LATE SIR WILLIAM CHURCH. *Elliott & Fry.*

ing presence and his somewhat brusque manner, and I think he was at his best with his house physicians, and I have often compared notes with others who held this post under him, of whom no less than 46 served under him during his unusual tenure of office as full physician—no less than 28 years. There has been a general agreement among us that he was a wonderful clinical teacher for senior men. His power of diagnosis was remarkable; he abhorred guessing, and his opinion on a case was always based on a thorough and careful examination, and the diagnosis, when made, was almost invariably correct. He never obtained or took steps

to obtain a large practice among the public, but his advice was eagerly sought by and freely given to members of the medical profession. Especially was he a fine morbid anatomist, and for years performed the medical post-mortem examinations at the Hospital. The records so carefully drawn up by him are an evidence of his devotion to this important department of medicine. He expected his clinical clerks to be regular in their attendance in the post-mortem room, and, in the wards, he would discuss with them what they had seen there. And it was rare that he should be absent from his rounds in the wards, though it was always recognized that on Derby Day and during Ascot week he would not put in an appearance. The Medical School of the Hospital owes much to him; he was chairman of the Finance Committee for many years, and was instrumental persistently in furthering the interests of the School. To individuals seeking his advice—and many did so—he was indeed a wise counsellor; to those in doubt as to the right course to pursue in some matter of difficulty he would quietly listen, and then, with sound judgment and in a few words, give the desired help. His love of sport, exemplified in his early skill as a cricketer, came out in his proficiency as a skater. It was his delight whenever possible to skate, and generally he could be found skating with members of the skating club at the Toxophilite Club in Regent's Park. He was one of the oldest members of the club and a bold and skilful skater. He kept this sport up until comparatively late in life, enjoying it with the keenness and enthusiasm of a boy. Church will be greatly missed by many whom he has helped with his wise and kindly advice. His absolute sincerity and honesty of purpose were combined with sound judgment and clear-sighted vision, and these qualities rendered him invaluable in the important positions he held during his long and honoured life."

At the Royal College of Physicians of London, of which at the time of his death he was Senior Fellow, he was elected on the Council in 1888, delivered the Harveian Oration in 1895, became Senior Censor in the following year, and was elected President in 1899, an office which he held for five years. Church was largely responsible for the amalgamation of all the medical societies of London into the Royal Society of Medicine, of which he was President from 1908-1910.

He wrote little beyond communications to the *Transactions of St. Bartholomew's Hospital*, of which he was for some time editor, but collaborated with Prof. W. Bullock in a contribution on "Rheumatism" to Allbutt and Rolleston's *System of Medicine*.

His Harveian Oration was a scholarly description of the rise of physiology in England.

He received many honours, among them being D.Sc. of Oxford, Glasgow and Manchester, D.C.L. of Durham University, baronet in 1901, and K.C.B. in 1902. He married Sybil, daughter of Mr. C. J. Bigge, of Linden, Northumberland, and they had two sons, the elder of whom was killed in the recent war.

[The above account has been abstracted from the *Lancet* of May 5th, 1928, and to the *Lancet* we are also indebted for the block of the photograph.]

EDGAR WILLIAM WILLETT.

We regret to record the death, on April 12th, of Mr. Edgar William Willett, for many years Anaesthetist to St. Bartholomew's Hospital. He was born in 1856 at Brighton, where his father, Henry Willett, was well known as a collector and antiquarian. He was educated at Wellington and New College, Oxford, graduating B.A. with first-class honours in natural science in 1879, M.A. and M.B. in 1885, and M.D. in 1904. His medical studies were pursued at St. Bartholomew's Hospital, where his cousin, Alfred Willett, had lately been promoted full surgeon. After qualification Edgar Willett was appointed house surgeon to Sir William Savory, and in 1888 he obtained the F.R.C.S. Eng. diploma with the intention of practising as a surgeon. He served for a few years on the surgical staff of the Metropolitan Hospital and of the Belgrave Hospital for Children, but becoming interested in anaesthetics he took up that branch of the profession, and was appointed anaesthetist to St. Bartholomew's Hospital. As an anaesthetist Edgar Willett was careful rather than brilliant, but no patient ever suffered any mishap in his hands from any lack of attention. In 1905 he was elected President of the Society of Anaesthetists. He resigned his appointment at St. Bartholomew's about twenty years ago and went to live in the country, but on the outbreak of the war he volunteered for service and was appointed to the Croydon General Hospital, of which he became registrar, with the temporary rank of major, R.A.M.C. On the termination of his service he retired to his house in Sussex, near Forest Row. He had a very quiet, retiring, not to say shy disposition, and consequently never had a very large circle of acquaintances, but his friends knew him as one of the kindest-hearted of men, very hospitable, and ever ready to do a good turn. He enjoyed country life and was a fair golfer and shot, and ranked above the average as a croquet player, but failing health prevented him from enjoying his pursuits to the full.—*British Medical Journal*, April 28th, 1928.

WILLIAM HARVEY AT ST. BARTHOLOMEW'S.

A Speech delivered at the Luncheon given to the Delegates to the Harvey Tercentenary by the Treasurer and Almoners of the Hospital.

By SIR WILLMOT HERRINGHAM, K.C.M.G.,
Senior Consulting Physician to the Hospital.



R. Treasurer, Mr. President and Gentlemen,—
It is an honour to be asked to tell you of Harvey's life and work here at St. Bartholomew's. Unfortunately, or perhaps fortunately for you, there is not much to tell. For what little is known we are indebted to a few good scholars who have been connected with this House, and especially to Sir D'Arcy Power, who in his life of the saint has added their labours to his own.

When Harvey had taken his degree in Arts at Cambridge he entered a four years' course in medicine at Padua, took a brilliant degree there, came back to England and took his M.D. at Cambridge. Before he was 27 he was settled in a house in St. Martin's, Ludgate Hill, not five minutes' walk from where we now are, and was married to Miss Elizabeth Brown.

Of his wife we know only two things; one that she was a kind-hearted lady, whose charitable dispositions Harvey continued after her death and in his will, where she is mentioned with great affection; the second that she was the possessor of a very accomplished parrot, to which she was devoted, and which was devoted to her. But it came to pass that the parrot died, whereupon Harvey wrote an account of its arts and graces which challenges comparison with the "Ode of Catullus" on the death of Lesbia's "passer,"* but has this advantage—that, as Harvey promptly dissected the bird, he was able to add pathological details about a tubal pregnancy which would have been beyond the genius of Catullus.

In 1608, when he was thirty, Harvey brought to the Governors of the Hospital letters of recommendation from King James I† on which the Governors loyally elected him to be "Physician in Reversion," or, as we should now say, Assistant Physician, and on the death of Dr. Wilkinson, to be full Physician to the Hospital. The election took place in October, 1609.

* Probably a goldfinch or bullfinch, not a sparrow as we usually translate it.

† Eliab Harvey, William's brother, was in the Household. He is described as the King's "footman," but the Harveys were a family of coat-armour, and the post was no doubt like that of Groom-in-Waiting now—an honourable office for a gentleman.

It is the custom here that every officer on his appointment receives the "Charge" of his office, detailing its duties, which he is required to promise that he will fulfil. We have the Charge that was given to Harvey:

"Physician,

"You are here elected and admitted to be the Physician for the poor of this hospital to perform the charge following. That is to say, one day in the week at the least throughout the year, or oftener as need shall require, you shall come to this hospital and cause the Hospitaller Matron or Porter to call before you in the hall of this hospital such and so many of the poor harboured in this hospital as shall need the counsel and advice of the physician. And you are here required and desired by us in God his most holy name that you endeavour yourself to do the best of your knowledge in the profession of Physic to the poor then present, or any other of the poor at any time of the week which shall be sent home unto you by the Hospitaller or Matron for your counsel, writing in a book appointed for that purpose such medicines with their compounds and necessaries as appertaineth to the apothecary of this house, to be provided and made ready for to be ministered unto the poor, every one in particular according to his disease.

"You shall not for favour lucre or gain appoint or write anything for the poor but such good and wholesome things as you shall think with your best advice will do the poor good, without any affection or respect to be had to the apothecary. And you shall take no gift or reward of any of the poor of this house for your counsel. This you will promise to do as you shall answer before God, and as it becomes a faithful physician, whom you chiefly ought to serve in this vocation as by God called unto, and for your negligence herein if you fail you shall render account.

"And so we require you faithfully to promise in God his most holy name to perform this your charge in the hearing of us with your best endeavour as God shall enable you so long as you shall be physician to the poor of this hospital."

From that date nothing is recorded of Harvey and his work for twenty years. He continued to fulfil his duties without remark, and if it were not for the Hospital ledgers, in which payment of his salary can be traced, we should hardly know that he had been there.* During that time he had been appointed to the Great Lumleian Lecture at the Royal College of Physicians, which also was then situated close by the Hospital at Amen Corner, he had been made Physician Extra-

* Harvey's salary was at first £25, but on his refusal to exercise his right to a house in the precincts, was raised to £33 6s. 8d. The present value would be about eight times that amount.

ordinary to King James, and he had published his book on the Heart. In 1620, however, the silence is broken. King Charles appointed him to the suite of the Duke of Lennox, the King's cousin, who travelled in France and Spain, and Harvey's application for leave of absence and the consent of the Governors are recorded in our Journals.

In 1630 he was made Physician in Ordinary to Charles, and soon after that his time was so much occupied by his attendance on the King that the Governors appointed an Assistant Physician, and in a year or two a second physician, to relieve Harvey of his duties, though his official position was maintained.*

In 1632 he was in Edinburgh with Charles for the Coronation, and describes the sea fowl at the Bass Rock. But in 1633 he was back again, and laid before the Governors some draft rules for the administration of the Hospital, which they adopted in October. Some of them refer to the patients. No one is to be admitted for a trivial or incurable complaint, or to stay more than a certain time, except by express permission. "Scandalous and infectious" cases, by which he meant venereal disease, are to be treated in institutions maintained by the Hospital outside the precincts. Those who disobey orders or refuse to take their medicine are to be at once discharged. Then follow one or two which indicated that the surgeons were scamping their work. They are not to admit any patients without examination to save themselves trouble, and they are not to allow their boys (evidently apprentices) to do their work, but are to do it themselves. Lastly they are placed under the strict control of the Physician. They may not give medicine internally, they may not operate for internal disease, and they may not even perform any large operation without the consent and advice of the Physician.

These last provisions seem to us rather narrow-minded, but at that time the only regular training was that which resulted in a university M.D. It was a training both in medicine and surgery. Harvey, as Lumleian Lecturer, lectured on the whole of medicine and surgery then known, as well as on anatomy, and himself practised surgery. He tells us of surgical cases in his own practice, and he bequeathed his surgical instruments to Scarborough. His aim, therefore, was to place surgeons under the direction of those whose education was more thorough and more complete.

In 1636 Harvey went abroad again. This time he was attached to the suite of Lord Arundel, whose object

* Up to that time there had been only one Physician and three Surgeons to the Hospital. Harvey was the sixth who held the office. The first was a Portuguese Jew, Dr. Lopez, who was elected after 1560, resigned in 1581, and in 1596, was hung drawn and quartered for plotting to poison the Queen, whose physician he was.

was to obtain from the Emperor for the young Elector Palatine, nephew of Charles I, the dominions of which his father had been deprived.* Harvey went with him till they reached Retisbon, when Charles sent him over the Alps to buy pictures in Venice.† He went on to Rome also, but was home again in 1637. In 1639 he was made senior Physician-in-Ordinary, with a house in Whitehall, a salary of £400 a year, and allowances from the royal kitchen.‡

In 1642 the Civil War broke out. Charles left London, and Harvey followed him. He was at the Battle of Edgehill, and afterwards with the King at Oxford, where he was elected Warden of Merton.

In 1643 the House of Commons resolved that he should be dismissed, as a follower of the King, from his position at St. Bartholomew's, and in that year his salary was paid for the last time, and after a service of 34 years his connection with the Hospital ended.

No one can read Harvey's will without realizing that he was a most warm-hearted and generous little man.§ There is not a member of his family, which then consisted of his brothers and sisters and their children (for he had no child of his own and his wife had long been dead), who is not mentioned in the most loving terms and left a legacy, usually "to buy something to remember me by." In one clause he leaves £50 "to all my little Godchildren, nephews and nieces"; in another he leaves provision for a nephew who was evidently an imbecile.

Some men are generous in private, and some in public matters. Harvey was both, and he had, besides that, that third kind of generosity which belongs to one who is a courteous and chivalrous opponent. In the MS. of his lectures he has incorporated a rule for himself: "Never to praise or dispraise other anatomists, for all did well, and there was some excuse even when they

* Frederick, Elector Palatine, had married Elizabeth, Charles's sister, known to fame as the Queen of Hearts. He had been foolish enough to accept the throne of Bohemia in opposition to Austria, and had, in consequence, lost not only Bohemia, but his electorate itself. His eldest son was Charles Louis, brother of the Princes Rupert and Maurice.

† He was quarantined at Treviso, to his great disgust, and there are several letters from him to Fielding, our Minister at Venice, full of furious complaints.

‡ As Charles had not enough money to pay even for the maintenance of his wife's mother, Marie dei Medici, then resident in London, it is probable that Harvey did not receive his salary very regularly.

§ Harvey was very small and very dark, with black hair and eyes (Aubrey, *Brief Lives*). He knew Harvey personally. The portrait at the College of Physicians, which is probably the only genuine portrait of him remaining, gives him a sanguine complexion, and hair that has a definite yellow tinge, but this occasionally happens to black hair when turning white. The eyes are brown. He was so active and restless that Lord Arundel writes of "that little perpetual motion Dr. Harvey."

were mistaken." That quality is never too common; it was far rarer then than it is now, and it was conspicuously absent in his great but younger contemporary, John Milton, who in vituperation almost equalled Æschines. How warmly Harvey's friends loved and admired him can be seen in the letters of Guy and Scarborough.

He must have been a charming companion. He was a great favourite with both Charles and Arundel, who were two of the most cultivated men of their time. He was widely read, and evidently had some knowledge of art, or Charles, who was a great connoisseur, would not have sent him to Venice.* He was a friend of John Selden, the most learned man in England, and sufficiently intimate to conspire with him to cure a man who thought he was possessed by devils. Selden† says that "a man of quality" came to his chambers and told him that he had two devils in his head, one of whom was then urging him to kill Selden. Selden told him to come back in three hours and he would give him a remedy. He made up a parchment packet, like an amulet, with seals and signs upon it, and bade him wear it always round his neck. Three months later the patient told him that those two devils had gone, but two others had come. Selden made him another charm and told him he thought the cure this time would be final, but if the symptoms at any time recurred there were only two men in London who could cure him—"Myself and Dr. Harvey, whom I had prepared beforehand."

In later life he knew well and was greatly admired by the philosopher, John Hobbes, who said that Harvey was the only man who had seen his theories universally accepted during his life time. Harvey left him a small legacy!‡

He knew, and attended, the still greater Bacon, but the only thing recorded about their intercourse is that Harvey once said that Bacon talked philosophy like a Lord Chancellor.

Some have thought this great reverence on Harvey's part. But it is only an instance of the perpetual quarrel between the experimental sciences which deal with the outside world of sense, and those other sciences which consider the internal world of thought and the process of thinking, and are forced to rely upon observation alone. Metaphysic is continually accusing experimental science of begging her first principles, and science is continually replying that, even granting that, she is able to contribute greatly to what men think truth and to what they call happiness.

* A large part of Charles's great collection of pictures was burnt by the Puritans as irreligious or papistical.

† *Table Talk*. Article on Devils.

‡ *Hobbes Vita Auctarium*, Op. Lat., vol. i, ed. Molesworth, 1839.

It is easy to picture the scene. Bacon had evidently been laying down the law on Induction, on the Rejections and Exclusives, and the 27 Prerogatives of Instances, and Harvey stood fidgeting with his dagger as he always did when he was impatient, and longing to get away. At last he made his escape, and as he got on his horse—for he always rode to see his patients—I imagine he said to himself, "By what right does that old bore lecture me on how to use my wits; he who has never made a discovery in his life, while I have spent mine in nothing else?"

For it is true of Harvey that he is the first Englishman of whom we know enough to say that he was definitely what we now mean by "a scientific man." He viewed the problems of life as we view them, he observed the facts as we observe them, he experimented as we experiment and he reasoned as we reason. Not, so far as I can judge, of such width or such depth as John Hunter, he yet, by the fortune of fate, is linked for ever with a greater discovery than Hunter ever made. And if John Hunter is the founder of English pathology, Harvey is assuredly the pioneer, and the worthy pioneer, of the great school of English physiology.

Many, I think, must have wondered why the College of Physicians never elected Harvey as its President until he was too old to be able to take the office. If you look at the College roll you will see that up to 1641 the Chair was filled by men who were older than Harvey. But in 1641 the College definitely passed Harvey over, and elected a man who was not only ten or a dozen years his junior, but also so undistinguished that I am sure not one of you have ever heard his name—Ottewell Merovell. Why?

Well, it is not hard to see why. At that time political animosity had reached its height. Charles had received the Grand Remonstrance from the Commons, and it that very year made the attempt to seize the five members, which caused the Commons to adjourn from Westminster to the City under the pretext that they were in need of protection. In that year the two halls at which you have dined during this visit, the Grocers' Hall and the Guildhall, were occupied by committees of the Commons concocting violent measures against the King. Is it to be wondered at that the College, meeting at the very foot of the Great Cathedral round which the City clusters, should feel as the City felt, and that the majority would not, and the minority dared not, elect as their head one who, though no politician, was yet of the Royal Household, and closely attached to the King's person?

When he came back many years later his King was a captive, and soon afterwards executed, the Royalists were broken and dispersed, his collections and his notes,

the labour of many years, had been destroyed by the mob which sacked his house, and again can we wonder that when, after his munificent gift of a Museum,* the College offered him its Chair, the old man with kindly courtesy declined it, and chose, not among the cares and pomp of office, but in the affectionate conversation of his family, in reading and in meditation, to pass the tranquil sunset of his busy and honourable day?

THE VOYAGE OF S.S. "TEIRESIAS" OF LIVERPOOL.

I.

THREE o'clock on a sultry summer morning. At half-past two the first of the twins had arrived. I was waiting—hand upon the fundus—for the appearance of the second.

"I wish," I said to myself, "I were miles away from here."

Then it was the decision was made. I would give it all up—resign—and take a post as a ship surgeon.

How did one set about this?

I didn't know. Then I remembered seeing, years before, *The Ship Surgeon's Handbook*, by Dr. Elder. A postcard to the library. Duly the book came. I read it eagerly.

Here it was, "Principal companies employing surgeons." I glanced down the list. Famous names and lines I had never heard of. I glanced down the parallel column, "Destinations." "America?" "No." "West Africa?" "No." "India?" "Well, perhaps." Then "The Far East, China and Japan!" "Yes, most decidedly, yes." The Far East it should be.

Thus it was that I came to sign on as surgeon in S.S. "Teiresias," of the Blue Funnell Line, bound for the Straits Settlements, China and Japan. And my pay was £20 a month.

The "Teiresias" was a fast freighter of 8,000 tons. She carried a crew of eighty, and half-a-dozen passengers for Singapore.

I found myself in possession of a cabin and a dispensary amidships, and a small hospital, containing two cots, on the poop. Also I had a book of instructions.

"Smartness," I told myself, should be my watchword. "Show them," I said, "the Bart.'s touch." I wrote a little notice. There would be "three surgeries a day, 8 a.m., noon and 5.30 p.m."—I had read my instructions well.

At one minute to eight I unlocked the dispensary

* The Museum was unfinished when Harvey made his will, for he left money to complete the building.

door. No patients had appeared. At ten minutes past eight I took out forceps, scalpel and probe, bandage and dressings, and arranged them on the bench. "Smartness," I told myself again. "Everything ready—no delay."

At half-past eight the breakfast gong sounded. I put away the instruments and dressings, and locked the dispensary door. No patients had appeared.

I had finished the morning round of inspection with the captain, and was sitting on deck. The coast of Portugal lay blue in the distance.

"Doctor?" "Well?" "What about a game of skill and chance?" "Meaning?" "Poker." "Poker," I thought sadly. I once used to think I could play poker. I found out I could not. The lesson cost me fourteen pounds.

"Not poker," I said, "but bridge." I could hold my own at bridge.

"Very well," he said. "Come along in ten minutes."

We played, I should guess, two hours' bridge a day every day for four months. At the end of a week we knew each other's play. At the end of a month we knew each other's play well. At the end of the voyage we knew each other's play so well that we each knew what the other had without looking at the spots on the backs of the cards.

On the whole voyage I lost fifteen shillings. It did not matter; I forgot to settle up.

I enjoyed the voyage. Fate was kind, and work was light. I kept a rough diary. Items of cases, daily incidents, all went in. Much was trivial. More was *naïf*. At sea I am a landsman, a tenderfoot, a rookie—what you will.

I am not ashamed of it. I liked the life and I liked my companions. In the hope it may interest other Bart.'s men who contemplate a trip to the East, I give the diary of the voyage. For their benefit I add two pieces of advice:

Item one.—Do not undertake a voyage till you have done a house appointment, and one or two *locum tenencies* in general practice. Learn first to stand with confidence on your professional feet. "Sea legs" will follow.

Item two.—Do not, because you—Mr. Ex-house surgeon, backed by all the resources of a hospital—have succeeded in removing a few appendices ashore, think you can lightly do the same at sea.

The mate—an excellent fellow, no doubt, but not a skilled anaesthetist, will have to give the anaesthetic. There will be no assistants and no theatre sister to help you out.

If your victim does the high dive in a roll of canvas with a firebar at his feet, his friends will not easily

forget. It is my devout hope, if ever I develop appendicitis at sea, that I may be propped up in the Fowler position, and given morphia till we reach the nearest port. "Of two evils, choose the less."

Sunday, September 11th.—To-day we passed the "Wolf Rock" at daybreak and were well out into the Atlantic by breakfast time. When we got down into the Bay of Biscay we struck a cross sea which occasionally broke on board. The dinner table was not overburdened with diners, but they all suffered in silence and sought not my aid! There is a crew of 80—about 33 are Chinese stokers—and 6 white passengers. I dine at the captain's table in the saloon with the chief engineer, and four passengers, Sir D., a Scotch doctor who, I gather, is quite a shining light out there, Mr. R—, Mr. H— and Mr. B—, all rubber planters, returning from leave to Singapore.

Monday, September 12th.—The "Bay" is now behind us, and we have rounded Cape Finisterre. The weather is lovely, and we are running down the Portuguese coast with a following wind—"the Portuguese trade wind." We are carrying three dogs—a fox terrier and two Russian stag-hounds, "Dorzois"—to Shanghai.

This afternoon the Captain asked me to look at the bitch. She's not in very good form, but has "a cold nose." So far my only other "patients" have been two of the passengers and three of the crew.

Yesterday we passed several ships, including fishing-boats with nets hung out on long bamboo poles on either side. In the evening we played pontoon. I won 10s. 5d. "My luck was in!"

Tuesday, September 13th.—Another lovely day. About midday we passed Capo da Rocca, at the mouth of the River Tagus, near Lisbon. We also passed another Blue Funnell ship "Cyclops," homeward bound.

Every morning at 10 a.m. Mr. E— (the chief officer), Mr. E— (chief engineer), and head steward (Mr. S—) and I do a round of inspection with the captain. The ship is pretty clean now and looks very nice. We swung out a boat No. 1 this morning. I am stationed in her in boat-drill. This afternoon we had a death on board—a kitten was drowned—and I had to dress one of the deck boy's hands she had bitten during this operation. Again played pontoon after dinner.

Wednesday, September 14th.—We rounded Cape St. Vincent during the night, and early this morning sighted Cape Trafalgar. We entered the Straits of Gibraltar at 10 a.m. There was a stiff head wind and a lumpy sea. This morning I gave a "black draught" to the bitch by pulling her cheek out and pouring it into this pocket. She took it beautifully! Passed Tarifa at 1 p.m. and saw Tangier and African coast. Tarifa is a very pretty town—white houses, all enclosed in a

battlecruiser wall. Picked up Gibraltar at 2 p.m. The land here is very mountainous and barren. We also saw Ceuta on African coast exactly opposite Gibraltar. This morning we brightened things up by having a fire drill.

Not having any special function in this the purser and I watched it from the poop in aloof dignity.

Thursday, September 15th.—This morning we are out of sight of land again. The ship is doing a good 15 knots. We are having jugged hare for dinner, also roast duckling. Took photos of ship and cabin.

In the afternoon Mr. K— and I had a strenuous game of deck tennis, and later Mr. D— and I played for about half an hour. The weather is getting quite hot now. To-night the sky is full of lightning flashes; no thunder though, but rather oppressive. Sir D— told me how he "got in" in Singapore through a rich old Chinaman with pericardial effusion whom he tapped in 1885! K— said a sailor's life must be a splendid one. They turned on him and rent him. The second mate—"The man who takes up the sea for a living would go to Hell for his holiday."

Friday, September 16th.—We put on white uniforms to-day. After round of inspection we played deck quoits. The purser and I "faked" a news bulletin this morning, and mooted the subject of producing a ship's magazine.

There is rather more sickness now than at the start of the trip. One boy has a touch of "siriasis"—temp. 103°—and I am careful to keep out of the sun now. The sea is like a pond.

The dogs seem a bit better, and we are hoping to start a racing track round the decks with them to brighten things up a bit.

After dinner the deck is wringing wet with dew. We seem to get very heavy dews down here.

At 9 p.m. the boy with the heat stroke had a temperature of over 104°, so I sponged him till he was down to 100°. He is very drowsy and complains of head pains.

Saturday, September 17th.—The boy is a good deal better this morning. It is rather cooler to-day. We have had the awnings rigged over the decks and the electric fans running in the cabins, so are nice and cool now. I have a nice little hospital on the poop, well isolated and airy.

It consists of three rooms, containing two cots. I have also a dispensary amidships, but this is rather cramped for space.

In the smoking-room the rubber planters are telling tall stories of crocodiles, and I am now well up—in theory—in the correct places to shoot to kill. (The mate has just related how a suicide cut his throat in

Penang.) It appears the crocodiles usually do not devour their victims at once, but bury them in the mud till putrefaction sets in—not that it concerns the victim much.

Sunday, September 18th.—We are carrying five midshipmen—most of them from Pangbourne—a nice lot of boys. We had a boat drill yesterday again. My duty is to stand on the poop with a lifebuoy to throw to anyone who falls overboard. So far—touch wood—no one has fallen overboard.

This afternoon I tried to make two sketches of the ship, but did not succeed very well. To-night the supernumerary engineer brightened the company with a story of a Chinese fireman who fell between two boilers and was roasted alive. The man has a morbid mind! Battle, murder and sudden deaths are his favourite topics. To-night he played Chopin's "Funeral March"—which really was good. We are now south of the Isle of Crete and can see the lighthouses flashing.

Monday, September 19th.—The boy with the touch of sun is now down to normal again; no new cases either, and work is slackening off once more. This morning we had a search for contraband. The Chinese crew have to be watched pretty carefully for this. They make excellent stokers, though, and are very clean in their quarters. They are berthed together and live and mess apart from the European crew, who have quite good cabins on the starboard side of the poop.

The leading hands, bo'sun, carpenter and cook and second steward have separate cabins, and the men have a cabin between two or three. To-night it is pretty warm again, 85° F.—a gorgeous starlit night—and the sea is quite phosphorescent in the wake of the ship.

Tuesday, September 20th.—We passed a school of porpoises. To-day was very hot. About 1 p.m. we passed the mouths of the Nile. Though we were out of sight of land the sea was a muddy green instead of the usual blue. Later we sighted Suez at 3 p.m., and passed through a fleet of fishing boats to enter at 4 p.m.

We anchored near the Suez Canal buildings, and I saw the port medical officer and certified we were free from infection.

Then the Egyptians swarmed on board, scores of them. As a precautionary measure I locked my cabin and closed the port-holes. Then I went ashore. I went for a walk round the town and returned on board. I didn't buy anything. Most of the "curios" did not seem to be above suspicion.

Lying alongside us was the "shark factory" yacht—a lovely vessel.

Unfortunately we missed the English mail, which

arrives the day after we leave, so there was no news from home.

Wednesday, September 21st.—In the Suez Canal. Up at 5.30 a.m. to find we are not yet in the Bitter Lakes. Took some snapshots. The Egyptian bank is in places lined with trees, but the Asiatic one is absolutely barren sand.

There are mooring posts every 50 yards and one ship has to moor up whilst the other passes.

We entered the Bitter Lakes (where the "Teiresias" sunk in 1915) at 8 a.m. On the shores are great salt pans. We entered the canal again at 11 a.m. and I took photos at the spot the "Teiresias" was mined. She was rushed out into the Bitter Lake just before she foundered, so the Suez Canal was not blocked. The Turks had brought the mine in the night across the desert and placed it in the canal. Twenty minutes before the "Teiresias" struck it the area had been "swept" by mine-sweepers!

The canal is about 80 yards wide and is straight through, without locks. There is a current running through from the Red Sea to the Mediterranean.

At Suez there are a large number of oil tanks and good docks. We passed many British ships, also a French transport full of Chinese troops, and an Italian transport, the "Giuseppe Mazzini."

We passed a number of Arabs on camels, who watched us go past. The ships only steam at 5 knots, to avoid washing the banks down.

There are still remains of trenches and the military buildings along the shores. About a mile inland is the fresh water canal, which is lined with palms and vegetation. The railway runs beside it. We reached Port Teufik on the canal—Suez is about a mile away—at 2 p.m., and dropped the pilot there. We also took on board the mails for Hong-Kong—we are now *R.M.S.* "Teiresias"—a lift up.

After waiting till 3.30 p.m. for "clearance" we sailed down the Gulf of Suez. The mountains behind Suez are very fine—over 2000 feet of red sandstone—absolutely bare rock. The temperature was 95° in the shade, but it was quite tolerable as there was a breeze. The usual number of Egyptians and Arabs swarmed on board to sell things. One Arab produced a case of filigree work, but gave himself away by keeping the original store box, labelled "Made in Birmingham."

Thursday, September 22nd.—Woke to find a choppy sea, and the "Teiresias" bowling along with a following wind and doing over 15 knots.

About a mile astern was the Dutch Royal mail boat for Java, the *S.S.* "Tambora"—Amsterdam—Lloyd Line. The "Teiresias" and she left Suez together.

About noon the "Tambora" succeeded in passing us—much to their joy.

This afternoon I saw a number of flying fish—tiny things, about 6 in. long, looking like giant dragonflies. They fly about 25 yards and drop back into the sea. We passed two more lighthouses on isolated reefs, but were out of sight of land all day till sunset, when the mountains of the African coast were silhouetted by the light behind them. The temperature is 95° in the shade.

Friday, September 23rd.—Another stewing day. Had one passenger down with the heat. One fireman was burnt on the chest and had to be taken off duty. Temp. 98° in shade. My chief anxiety was the dogs, who howled incessantly and were in a bad way. I thought one of the puppies was dying, but spoon-fed him on iced water and brandy and sponged him down and he pulled round. The other pup is bad too. We soaked them with water every few hours. I think they'll be alright if they last out to-morrow. E. J. E. TOPHAM.

(To be continued.)

STUDENTS' UNION.

ABERNEITHIAN SOCIETY.

The Annual General Meeting of the above Society was held on May 15th, 1928, Mr. R. F. Phillips in the Chair. The minutes of the last meeting were read and confirmed. The Secretary's Annual Report and Financial Statement were read and adopted. The following officers were elected for the year 1928-29: *Presidents:* Mr. H. J. Burrows and Mr. E. T. C. Spooner. *Vice-Presidents:* Mr. W. P. M. Davidson and Mr. A. A. Miles. *Hon. Secretaries:* Mr. A. P. M. Page and Mr. H. P. Hutchinson. *Extra Committee Men:* Mr. A. W. Franklin and Mr. K. D. Steele. No further business was brought forward and the meeting was adjourned.

SWIMMING.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CITIZENS.

Played at Pitfield Street on May 2nd. We defended the deep end in the first half, in which play was scrappy, but in favour of our opponents, who kept Williamson busy. Edwards had had luck with several shots. Half-time showed no score, but the CITIZENS soon rallied well with a goal from some short passing a few yards out, which left Williamson no chance. Two more were added soon after, and then Vartan sent in a hard shot which bounced out of the goalkeeper's hands and enabled Fisher to make a short job into the corner.

After holding them for some time some bad passing forward let them through for another goal. The whistle went with Race in possession 5 yards out and unmarked.

Result: St. Bart.'s, 1; Old Citizens, 4. *Team:*—J. C. Williamson; J. Lawn, J. H. West; R. Race; J. F. Fisher, C. K. Vartan, F. A. Edwards (capt.).

ST. BARTHOLOMEW'S HOSPITAL v. LONDON SCHOOL OF ECONOMICS.

Played at Pitfield Street on May 4th. The team race swum before the match resulted in a win for the Hospital by a third of a length. We defended the shallow end, and soon led with a fine shot from Sutton. Play continued to centre at our opponents' end of the bath, and before half-time Sutton had added another goal to our score.

During the second half combination among the forwards was poor, and one of the opposing backs soon got away, enabling them to score with a well-executed ricochet. Sutton was conspicuous everywhere, and before long sent a good pass to Rose, who scored in the corner. Bad shooting by the forwards threw away several goals during the game, but before the end Sutton sent in another beautiful shot from about 8 yards out.

Result: St. Bart.'s 4; L.S.E., 1.
Team.—J. C. Williamson; J. Lawn, J. H. West; R. J. Sutton; J. F. Fisher, R. R. Race, F. A. Edwards (capt.).

ST. BARTHOLOMEW'S HOSPITAL v. ST. PAUL'S SCHOOL.

Played at St. Paul's School on May 8th. Events preceding the match were: 25 yards, 50 yards, plunging, diving and team race, St. Paul's winning by a total of 20 points to our 12. In the match we lost the toss and defended the deep end. Sutton was again conspicuous and soon gave us the lead, after dribbling from half-way; Race then scored from some short passing in front of their goal, and soon after Sutton hit the post and arrived in time to receive the rebound and score again. During this half the School were unlucky with several long shots, but only broke away occasionally.

Our opponents opened the scoring in the second half with another long shot, which Williamson reached with his finger-tips, but was unable to retain. Play was thereafter mostly in the centre, but Sutton and Vartan both managed to add to the score before the end.

Result: (Polo), St. Bart.'s, 5; St. Paul's, 1. Total points: St. Bart.'s, 17; St. Paul's, 20.

Team.—J. C. Williamson; J. Lawn, J. H. West; R. J. Sutton; J. F. Fisher, R. R. Race, C. K. Vartan (capt.).

ST. BARTHOLOMEW'S HOSPITAL v. LEWISHAM II.

Played at Pitfield Street on May 11th. On this occasion the Hospital had a deplorably weak side out, but the regular players being absent. In spite of this we started auspiciously, the ball going up to Vartan, who unfortunately had to have several shots at goal before he was rewarded; the play was then even for a time, Lewisham equalizing just before the change-over.

Defending the deep end, the lack of practice of the second-team members began to make itself felt, and our opponents rapidly put three more shots past Williamson, who, by an unfortunate coincidence, was not playing up to his usual standard. Vartan at this juncture went centre-forward and twice nearly scored; some excellent defensive work by West prevented the play from becoming one-sided. Bad marking and bad training prevented an effective rally, however, and the game finished with the Hospital 4 goals down.

Result: St. Bart.'s, 1; Lewisham II, 5.
Team.—J. C. Williamson; J. W. H. West, H. D. Robertson; J. Lawn; C. K. Vartan (capt.), C. Wren, J. A. Chivers.

ST. BARTHOLOMEW'S HOSPITAL v. OLD OWENS.

Played at Caledonian Road on May 14th. We again had a weak team, Sutton and Race being absent, and both sides played 6 men. Bart's defended the deep end, and in the first few minutes Vartan passed to Fisher, who was unmarked, and scored, being "charged" by the goalkeeper a fraction of a second after the ball left his hands. There was some ineffectual shooting on both sides, but their forwards were not closely marked and scored twice before half-time.

In the second half the Hospital were pressing continually, but chiefly owing to wild shooting were unable to equalize. West played a sound game at back, and Edwards was kept working hard, but our opponents broke through a weak point in our defence and scored twice more, both with short shots.

This was one of our most enjoyable games to date. The score was not kind to us, as there was plenty of close play and a distinct promise of better combination among the forwards, although both passing and shooting have yet a lot of accuracy to gain.

Result: St. Bart.'s, 1; Old Owens, 4.
Team.—R. G. Anderson; R. Rassin, J. H. West; F. A. Edwards (capt.), C. K. Vartan, J. F. Fisher.

ST. BARTHOLOMEW'S HOSPITAL v. FOREST HILL II.

Played at Pitfield Street on May 18th. Bart's again played a weak team, being without Race and Sutton, and losing the toss. The Hospital took the offensive, and only with shooting by the forwards prevented them from piling up the score. Eventually a few seconds before half-time Edwards scored from a pass from Fisher.

In the second half, the backs, in the deep end, grew tired and marking became somewhat lax; West, playing in an unaccustomed

position at half, did sterling work, however, and gave the forwards ample opportunity of displaying their bad shooting. Forest Hill scored twice, both from corners, which found one of their forwards unmarked, without the Hospital responding.

This game was also a most enjoyable one, and showed much keen play. Apart from bad shooting—and a little of this might be explained by the fact that their goalkeeper was a county player—the general impression given by the team was good, as the forwards showed good combination and were successful in keeping unmarked. On form we should undoubtedly have won this match.

Result: St. Bart.'s, 1; Forest Hill II, 2.
Team.—J. C. Williamson; J. Lawn, J. A. Chivers; J. H. West; J. F. Fisher, F. A. Edwards (capt.), C. K. Vartan.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. WANDERERS' C.C.

May 2nd. This match was played at Winchmore Hill and the Hospital lost by 160 runs to 134. The Hospital, who batted first, started badly, the first wicket falling for 0 runs on the board and the second at 24. Mackie, however, batted steadily for a sound 53, and, assisted notably by Hodgkinson, King and Wheeler, brought the score to 134.

The Wanderers then went in and put on 120 runs for the first three wickets. After that wickets fell cheaply and they were all out for 160. The Hospital bowling was weak, lacking both length and sting. King had the best average, taking 2 for 20, while O'Connell took 2 for 22. The fielding was, on the whole, good.

ST. BARTHOLOMEW'S HOSPITAL v. SOUTHGATE.

May 5th, at Winchmore Hill. The Hospital batted first and again failed rather disastrously at first, three wickets falling for 16 runs. No one looked really comfortable against Bedford of Southgate, who was making the ball come very fast off the pitch and breaking considerably. We managed to total 105.

Southgate then went in and passed our score for 7 wickets, Milton making 49. They were all out for 139.

ST. BARTHOLOMEW'S HOSPITAL v. HAMPESTEAD C.C.

At Winchmore Hill, May 12th. A half-day match was played against Hampstead and finished in a draw. Hampstead went in first and made 243 for 6 wickets and declared. The Hospital fielding was weak and the bowling inclined to be loose. The pitch gave no help to the bowlers, who had rather a hard time of it.

The Hospital were left with 224 runs to make in under two hours. When wickets were drawn at seven o'clock the score stood at 119 for 4, so the match was drawn.

The following matches have been cancelled owing to inclement weather: St. Bartholomew's Hospital v. Winchmore Hill on May 19th; v. Brasenose College on May 23rd; v. M.C.C. on May 24th. A return fixture with Brasenose College has been arranged for June 19th at Winchmore Hill. The annual fixture, Past v. Present, has been arranged for June 9th at Winchmore Hill. All past and present members of the Hospital are cordially invited to be present.

W. M. CAPPER,
Hon. Sec.

CORRESPONDENCE.

A DINNER IN ALEXANDRIA.

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

DEAR SIR,—An Old Bart's Dinner was held in Alexandria on April 28th as a farewell to Miss Smythe, who has retired and is about to leave Egypt. The following were present, the date following the names being the year in which they entered Bart's: Miss K. J. A. Smythe, O.B.E. (1892), Miss E. M. Bere (1919), Miss F. D. Smith (1919), Miss G. L. A. Steele (1914), Lt.-Col. R. L. V. Foster, M.B., B.Ch. (Cantab.) (1899), A. L. Weakley, F.R.C.S.E., M.B., B.S. (Lond.) (1903), E. N. Russell, M.D., B.Ch. (Camb.), (1906).

Miss Smythe, after over three years' nursing experience in South Africa, where she went for her health, entered Bart's in 1892, leaving in 1896 to go to Kase el Aini Hospital, Cairo. In 1902 she acted as matron in charge of an Egyptian Staff in an emergency hospital during the cholera epidemic.

From 1902 to 1927 she served in the Quarantine Department as Chief Sister and afterwards as Matron.

During the war she was sent to the Army and British Red Cross, and for her services received the three medals and the O.B.E. After over 38 years of active nursing she is now retiring and intends to live in England.

Yours faithfully,
E. N. RUSSELL.

Schutz,
Alexandria, Egypt;
April 29th, 1928.

R.A.M.C. TERRITORIAL ARMY.

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

SIR,—I would be very grateful if the attention of senior medical students and graduates could be drawn to the Royal Army Medical Corps, Territorial Army.

The Territorial Army constitutes the Nation's second line of defence and the R.A.M.C.(T.A.) are in need of several keen officers. Those willing to take up commissions at the moment have the choice of becoming attached to a variety of units—infantry, cavalry, artillery, medical and others.

The obligations required are not onerous and do not interfere with private practice or study. These obligations, briefly, are to put in 30 drills or attendances, attend Annual Camp, R.A.M.C. School or Establishment for 8 days in the first year. In subsequent years only 15 drills are required and attendance at Annual Camp for minimum of 8 days. On joining a candidate is given the rank of lieutenant and an outfit grant of £10. Pay is at the rate of £1 2s per diem plus allowances while in camp. Promotion to the rank of captain follows after 3½ years' service.

Candidates holding Certificate "A" (Medical, O.T.C., will, on receiving his commission, be given 3 months ante-date, and those holding Certificate "B" 6 months ante-date.

A pamphlet giving fuller details can be forwarded on request. I shall be glad to interview anyone interested between the hours of 10 a.m. and 1 p.m. at this office or at any time or place by appointment.

D. W. MACRENNE,
Capt. and Adjutant,
for Colonel, A.D.M.S.,
47th (and London) Division, T.A.

Duke of York's Headquarters,
Chelsea, S.W. 3.

FRACTURED VERSES.

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

DEAR SIR,—Thanks for sending me copies of the JOURNAL with my letter and article re fractured femurs. I do hope it will stir up someone into doing something, or, at any rate, exasperate someone into answering Prof. Gask for choice!

However, it is good, and getting better every edition. But why omit a perfect treasure that appeared in the JOURNAL some twenty or thirty years ago; it was a letter from someone suggesting that in those scientific days children should be taught something better than silly nursery rhymes, and he proceeded to suggest some; e.g. the children of an eminent gall-bladder surgeon might, instead of "Sing a Song of Sixpence," be taught—

"Sing a song of sickness,
Yellow in the eye,
Five and twenty gall-stones,
Cholecystomy!"

When the duct was opened
The bile began to flow,
And when the duce it's going to stop
The surgeon doesn't know."

This I believe was meant for —, and there were others which I can't remember, fitted on to various members of the Staff. Can't you resuscitate these?

My copies of *Round the Fountain* are always out on loan!
Yours faithfully,
MAURICE G. PEARSON.

20, Britannia Buildings,
West Street, Durban;
April 30th, 1928.

REVIEWS.

THE OPIUM QUESTION, WITH SPECIAL REFERENCE TO PERSIA. By A. R. NEIGAM, M.D. (London: John Bale, Sons & Danielsson, Ltd., 1927). Pp. 84. Price 5s. net.

The author has put into the eighty-four pages of this book a concise and balanced exposition of the opium question. The position of Persia with regard to the production of opium is peculiar, for the suppression of illicit trade in the drug and the reduction of its production for non-medical use is complicated by the relation of the industry to the economic status of the country. Nearly one-tenth of the Government revenue is derived from the yearly value (£2,000,000) of the opium crop. In certain districts a great number of the inhabitants are dependent for their existence on the industry.

These, and other factors, dictate that the suppression of the excess opium production must be accomplished slowly, *pari passu* with the substitution of cereals for the poppy crops. This reduction, which Herat declared herself willing to carry out, has not yet taken place. It is Dr. Neigam's object to give the inquirer a comprehensive idea of the complexity of the problem; he succeeds admirably.

HOW TO START IN GENERAL PRACTICE: BEING ADVICE FOR THE NEWLY QUALIFIED. By I. G. BRIGGS, M.R.C.S., L.R.C.P. (London: John Murray, 1928). Price 5s.

There appears to be no aspect of the business side of setting up in practice, either as partner or pioneer, which is omitted from this book. Incidentally, it gives the newly-qualified man a very fair idea of what he is up against.

Details, from the purchase of a plate to the psychological value of an impressive car, are but the boundaries of the field Dr. Briggs covers. To those who need advice the five shillings will be well spent.

A MANUAL OF SURGICAL ANATOMY. By C. R. WHITTAKER, F.R.C.S. (Ed.), F.R.S.E. Fourth edition. (Edinburgh: E. & S. Livingstone, 1928). Price 15s. net.

As a manual for the quick revision of surgical anatomy and a means of getting a general survey of surgical anatomy, Whittaker holds a high place among students. His diagrams are clear and concise, the print good, and the style readable. But it seems that a danger lies in the policy of enlarging subsequent editions. In time the size and the price of the book will put it on a par with the more detailed surgical anatomies, at once removing it from the sphere of the student, and placing it in a class to which it does not belong.

There are some *hiari* which might be remedied. Surely the surgical treatment of interlobar emphysema would justify the inclusion of the surface markings of the divisions of the lobes of the lung. This edition is an excellent one. The main addition is that of some X-ray plates of normal structures of the human body.

RECENT ADVANCES IN MEDICINE. By G. E. BEAUMONT, M.A., D.M., F.R.C.P., D.P.H., and E. C. DODDS, M.D., Ph.D., B.S., M.R.C.P. Fourth edition. (London: J. & A. Churchill, 1928). Price 12s. 6d.

The authors of this book continue to keep the advances of which they treat as recent as they can. There is little in the overwhelming amount of new medical work that is being done at present which is sufficiently complete to merit inclusion in a book like the above, which is meant as a reliable appendix to the text-books. But that little has been dealt with.

The new edition includes new sections upon the investigation of the cerebro-spinal fluid and of the spinal column by lipiodol and X-ray photography; additions have been made to the chapter on the heart, especially in the section upon digitals and quinidine.

A SHORT HISTORY OF MEDICINE. By CHARLES SINGER, M.A., M.D., D.Litt. (Oxon.). (Oxford: Humphrey Milford, at the Clarendon Press.) Pp. 268. 142 illustrations. Price 7s. 6d.

The growth of the science of medicine, viewed with the historian's eye, appears as a vast tree, its roots in the Mediterranean and its leaves spreading over the whole world. To survey such a growth, in which each small branch is itself a little science, and to maintain a clear view of the whole, without unduly scamping, would be a difficult task in a large book. Dr. Singer has succeeded admirably within the compass of some three hundred odd pages. The earlier history is told in the first half of the book; the second half, the

Period of Scientific Subdivision, being the history of medicine from 1825 onwards, occupies the latter half.

The student, for whom the book is written, will have no difficulty in comprehending the story, but "the non-medical reader" will have to bring more than a gentle thirst for knowledge to Dr. Singer's fountain. The method of giving each specialized branch a historical survey demands an agile temporal sense in the reader and a close attention to dates if he is to gain an idea of the contemporary relations of events and discoveries.

The style is easy, and always adequate for the subject, though the freedom with which superlatives are awarded to some of the pioneers of medicine reduces their value, and conflicts with the otherwise admirably impartial character of the book.

The book is excellently printed and illustrated; rarely does such a volume, pleasant to read, look at and own come one's way for seven and sixpence.

THE CLINICAL EXAMINATION OF THE LUNGS. By BROCKBANK and RAMSBOTTOM. Second edition. (H. K. Lewis & Co., Ltd.) Price 5s. net.

Many useful things to be learnt in this book, as much by the practitioner as the student. The method of approach is very sound— "Routine Examination" comprising subjective symptoms, weight, temperature chart, etc. Under "Inspection," too, are many useful things, the section on "Cough" being, perhaps, outstanding. The position of the apex-beat might, we think, have been included under Palpation, though the area of cardiac dullness is mentioned under Percussion, as is a description of Krönig's lines, which are usually not described.

The diagrams illustrating the difference between bronchial, vesicular and cogwheel breathing are helpful, and the definition of the production of the vesicular type in the glottis is commendable. The application of the "coin sound" is rather surprisingly limited as being "best heard over a large cavity." Its great application is, we would have thought, in spontaneous pneumothorax, and immediately after a large re-fill in artificial pneumothorax. For the succussion or splashing sound the observer is directed to place his ear against "a towel covering the bare skin" with his "arms about the patient" — a cumbersome process and usually unnecessary when a stethoscope can be used.

Our main quarrel is with the definitions the authors give on the vexed subject of added sounds. They divide them into: A. Moist sounds—(1) rhonchus, (2) rales; and B. Dry sounds—(1) crepitation; (2) friction. Apart from the lack of attention to the "continuous" or "interrupted" quality of a sound, we think it strange to call a rhonchus moist and a crepitation dry, especially as later, in describing the production of a fine crepitation, the expression "a more or less sticky, moist click" occurs. This is all very confusing.

The 8 X-ray plates—a new feature—are very good and well-chosen examples, those illustrating "secondary carcinoma" and "aneurysm of the ascending aorta" being especially interesting.

We repeat that this is a small book from which we can learn much. Five shillings is a very reasonable price. The book is well dressed by Messrs Lewis, but there are a couple of small printers' errors on pp. 9 and 10.

THE PRINCIPLES OF INFANT FEEDING AND THEIR PRACTICAL APPLICATION. By K. H. TALLESMAN, M.D., M.R.C.P., and C. K. J. HAMILTON, R.M., M.R.C.P. (London: William Heinemann [Medical Books] Ltd., 1928.) Pp. 183. Price 10s. net.

This book is a comprehensive little guide to a somewhat controversial subject. Its teaching is orthodox, and, without being tedious, which it advocates.

The introductory chapters on the physiology of nutrition and metabolism in the infant are sound, and the data which they contain are such as to be of real value to the practical application of the subject.

The chapters which deal with feeding are full and yet explicit; the conservative ideas of to-day are well championed.

The more difficult, if less controversial, matter of the dietary of premature and ailing babies is handled with equal completeness and exactitude.

Finally, the appendix and tables should be of use to many practitioners who are called upon to draw up an infant's menu.

As far as publication is concerned, this series of books is sufficiently well known to make any description unnecessary: type, composition and binding help to make an easily readable whole.

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

- ADRIAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. Arris and Gale Lecture on "The Physiology of Violent Exercise in Relation to the Possibility of Strain." *Lancet*, March 3rd, 1928.
- APPLETON, A. B., M.A., M.D., M.R.C.S., L.R.C.P. "The Muscles and Nerves of the Post-Axial Region of the Tetrapod Thigh" (Part I). *Journal of Anatomy*, April, 1928.
- ATRINSON, E. MILES, M.B., F.R.C.S. Hunterian Lecture on "Abscess of the Brain: Its Pathology, Diagnosis and Treatment." *Lancet*, March 10th, 1928.
- BACH, FRANCIS, B.M., B.Ch. "A Case of Congenital Morbus Cordis Studied over a Period of Twelve Years." *Lancet*, May 19th, 1928.
- BARNES, W. A., M.B., Ch.B., and PEARSON, L. V., M.R.C.S. "Suppurative Pylephlebitis and Hepatic Abscesses Complicating Appendicitis." *British Medical Journal*, March 10th, 1928.
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Ed.). "Dead and Infected Teeth in Autogenous Infections." *British Medical Journal*, April 7th, 1928.
- BOUSFIELD, PAUL, M.R.C.S. "Treatment of Diphtheria Carriers." *Lancet*, January 14th, 1928.
- BREWER, H. F., M.B., B.Ch. (WELLS, A. Q., M.B., B.Ch., and FRASER, F. R., M.D., F.R.C.P.). "Treatment of Periculous Aemia by Liver." *British Medical Journal*, February 4th, 1928.
- CLARK, W. E. LE GROS, F.R.C.S. "On the Brain of the Macrocephalids (Macroscelides and Elephasculus)." *Journal of Anatomy*, April, 1928.
- DUNDAS-GRANT, SIR JAMES, K.R.E., M.D., F.R.C.S. "Early Detection of Tubercle Bacilli in Sputum." *British Medical Journal*, April 14th, 1928.
- EVANS, F. T., M.B., B.S. "Anesthetic Vomiting." *Clinical Journal*, April 18th, 1928.
- FEILING, ANTHONY, M.D., F.R.C.P. "Sciatica: Its Varieties and Treatment." Hunterian Oration delivered before the Hunterian Society on February 27th. *British Medical Journal*, March 10th, 1928.
- FISHER, A. G. HEMRELL, M.C., F.R.C.S. *Treatment by Manipulation*. London: H. K. Lewis & Co., 1928.
- FRASER, FRANCIS R., M.D., F.R.C.P.(Ed.) See Brewer, Wells and Fraser.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. An address on "Radium in the Treatment of Malignant Disease." *Lancet*, April 28th, 1928.
- GORDON WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Cellular Hyaline Transformation and Calcification in a Subgluteal Lipoma." *British Journal of Surgery*, April, 1928.
- See also MORGAN (Dukes, Morgan and Gordon-Watson).
- GREEN, F. H. K., M.D., B.S., M.R.C.P. "Congenital Aneurysm of the Cerebral Arteries." *Quarterly Journal of Medicine*, April, 1928.
- HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Notes on Some Familiar Drugs." *Clinical Journal*, May 9th and 16th, 1928.
- HALL, PERCY, M.R.C.S., L.R.C.P. "Ultra-Violet Rays in the Treatment and Cure of Disease." *Lancet*, January 14th, 1928.
- HAMEL, SIR WILLIAM H., M.D., F.R.C.P., D.P.H. "Epidemiology in the last Hundred Years." Two Chadwick Lectures delivered at the House of the British Medical Association on February 16th and 23rd. *British Medical Journal*, March 3rd, 1928.
- An Address on "Voluntary Hospitals and Public Authorities." *Lancet*, February 18th, 1928.
- HANSCHALL, H. M., D.S.C., L.R.C.P., M.R.C.S. "The Injection Treatment of Varicose Veins." *British Medical Journal*, March 31st, 1928.
- HARMER, W. DOUGLAS, M.A., M.B., M.C., F.R.C.S. "Diathermy Operations for Cancer of the Tongue." *British Journal of Surgery*, April, 1928.
- HEY GROVES, ERNEST W., M.S., M.D., F.R.C.S. "A Dissection on Damages to Bone and Reputations." *Lancet*, January 28th, 1928.
- "Our Hospital System." *Lancet*, February 4th, 1928.
- "Some Comments on the Case of Tyndall v. Alcock." *British Medical Journal*, May 12th, 1928.

- HILTON, R., M.B. "Efficiency of Some Methods of Oxygen Administration." *British Medical Journal*, March 17th, 1928.
- JEUDWINE, W. W., M.D., B.Ch. "Dystocia Associated with a Vaginal Band." *British Medical Journal*, April 21st, 1928.
- KEYNES, GEOFFREY, M.A., M.D., F.R.C.S. *William Harvey, M.D.: Discoverer of the Circulation of the Blood*. A Biography of his Writings, 1628-1928. London: Cambridge University Press, 1928.
- LEVY, A. H., M.D., F.R.C.S. "The Ocular Manifestations of General Infections." *Clinical Journal*, April 4th, 1928.
- LYSTER, R. A., M.D., B.Sc., D.P.H. *School Course in Hygiene*. London: W. B. Clive, University Tutorial Press, 1927.
- MAINGOT, RODNEY, F.R.C.S. (and C. HOPE CARLTON, F.R.C.S.). "The Injection Treatment of Varicose Veins." *Lancet*, April 21st, 1928.
- MORGAN, C. NAUNTON, F.R.C.S. (CUTHBERT DUKES, C. N. M., and SIR CHARLES GORDON-WATSON). "Ossified Post-Rectal Recurrence from a Rectal Cancer." *British Journal of Surgery*, April, 1928.
- NEWMAN, SIR GEORGE, K.C.B., M.D., F.R.C.P. Linaere Lecture on "Linaere's Influence on English Medicine." *Lancet*, May 12th, 1928.
- NOON, CHARLES, F.R.C.S. "Hair-Balls in the Alimentary Tract." *British Medical Journal*, March 3rd, 1928.
- OKELL, C. C., M.C., M.B., B.Ch. (and H. J. PARRISH, M.D.). "Vaccination of Guinea-Pigs against Tuberculosis with B.C.C." *British Journal of Experimental Pathology*, February, 1928.
- (H. J. PARRISH and C. C. O.). "Haemolytic Streptococcal Infections in the Rabbit." *Lancet*, April 14th, 1928.
- PARAMORE, R. H., M.D., F.R.C.S. "Eclampsia Treated with Spinal Anesthesia." *Lancet*, May 12th, 1928.
- PEARSON, L. V., M.R.C.S. See Barnes and Pearson.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "The Whole Course of Chirurgie," compiled by Peter Lowe, Scotchman. *British Journal of Surgery*, April, 1928.
- ROBINSON, WILLIAM, M.E., M.S., F.R.C.S. "A Properly Balanced Diet." *Clinical Journal*, May 2nd, 1928.
- ROCHE, ALEX. E., M.A., M.D., M.Ch., F.R.C.S. "Loss of Sight after Chromo-cystoscopy." *Clinical Journal*, April 11th, 1928.
- "A Case of Mesenteric Embolism." *Clinical Journal*, May 10th, 1928.
- ROLLSTON, SIR HUMPHRY, Bart., K.C.B., M.D. "An Appreciation." *Practitioner*, January, 1928.
- "The Training of a Physician." *Practitioner*, November, 1927.
- ROXBURGH, A. C., M.D. "Detection of Ringworm Hairs on the Scalp by their Fluorescence under Ultra-Violet Light." *Clinical Journal*, November 30th, 1927.
- SHARP, B. BUCKLEY, M.B., B.S., M.R.C.S. See White and Sharp.
- "Gonorrhoeal Urethritis in Male Children: Report on Four Cases." *Lancet*, September 24th, 1927.
- SHAW, WILFRED, M.A., M.B., B.Ch., F.R.C.S. "Ovulation in the Human Ovary: Its Mechanism and Anomalies." *Journal of Obstetrics and Gynaecology British Empire*, Autumn Number, 1927.
- "A Case of Bilateral Latent Cervix complicating Uterine Fibro-myomata." *Journal of Obstetrics and Gynaecology British Empire*, Winter Number, 1927.
- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "The Lymphatic Drainage of the Heart." *Journal of Anatomy*, January, 1928.
- "Two Cases of Congenital Deformity of the Upper Limb." *Journal of Anatomy*, October, 1927.
- (P. J. KERLEY, M.B., B.S., D.M.R.E. [Camb.], L.R.S., and W. A. YOUNG, M.B., L.R.C.P.). "A Case of Fibrocystic Disease of the Lung." *Lancet*, October 1st, 1927.
- SORHIAN, JOHN, M.R.C.P. "Treatment of Post-Partum Haemorrhage." *Lancet*, October 8th, 1927.
- SOUTHAM, A. H., M.D., M.Ch., F.R.C.S. "Ovarian Sarcoma in a Child associated with Sexual Precocity." *British Medical Journal*, April 21st, 1928.
- SPENCE, ALLAN W., M.A., M.B., B.Ch. "The Results of Splenectomy for Purpura Haemorrhagica." *British Journal of Surgery*, January, 1928.
- THURSFIELD, HUGH, D.M., F.R.C.P. "Notes on a Case of Chronic Polyarthritides (Still's Disease) Treated by Intravenous Protein Therapy." *Archives Diseases in Childhood*, October, 1927.
- TREWAN, J. W., B.Sc., M.B., B.S., M.R.C.P. (and E. BOOCK). "The Relation of Hydrogen Ion Concentration to the Action of the Local Anesthetics." *British Journal of Experimental Pathology*, August, 1927.

- VARRIER-JONES, P. C., M.A., M.R.C.S., L.R.C.P. "Village Settlements for the Consumptive: Abstract of the Mitchell Lecture for 1927." *British Medical Journal*, December 31st, 1927.
- WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. "The Treatment of Impotence." *Lancet*, February 4th, 1928.
- WALKER, E. W. ANLEY, D.M., D.Sc. "The Profession of Medicine." *Lancet*, October 8th, 1927.
- WARD, ROY, M.B., B.S. "Inoperable Sarcoma Treated with Radium." *British Medical Journal*, January 28th, 1928.
- WARD, R. OGER, D.S.O., M.Ch., F.R.C.S. "The Trendelenburg Position." *Lancet*, March 31st, 1928.
- WARING, SIR HOLBURN, B.Sc., M.S., F.R.C.S. *The Surgical Treatment of Malignant Disease*. London: Humphrey Milford, Oxford University Press, 1928.
- WEBER, F. PARKEE, M.D., F.R.C.P. "The Causation of 'Stria Atrophica Cutis' not due to Stretching of the Skin." *British Medical Journal*, February 18th, 1928.
- (and O. ROSE, M.D. [Berlin], M.R.C.S. [Eng.]). "A Case of Abdominal Lymphogranulomatosis Maligna (Hodgkin's Disease) with High Blood Eosinophilia and Lymphogranulomatous Infiltration of the Epidural Fat." *Lancet*, October 13th, 1927.
- WELLS, A. Q., M.B., B.Ch. See Brewer, Wells and Fraser.
- WEST, R. G. R., M.B., M.R.C.P., D.P.H. "Protean Nature of Influenza." *Lancet*, February 18th, 1928.
- WHITE, C. F. ORR, M.R.C.S., L.R.C.P., and SHARP, B. BUCKLEY, M.B., B.S. "A Lubricant for applying Zinc Ionization to the Male Urethra." *British Medical Journal*, January 21st, 1928.
- WHITE, C. POWELL, M.D., F.R.C.S. "An Address on the Status of Pathology." *Lancet*, February 25th, 1928.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

A Dairy and Produce Stall is to be held at the Old English Garden Fête (in aid of the above) in the Royal Botanic Gardens, Regent's Park, on July 12th, 13th and 14th, 1928.

All members are specially requested to help: (1) by sending provisions of any kind; (2) by taking tickets in advance (in which case the proceeds go to the Guild); (3) by patronizing our stall on one of the three days; (4) by interesting as many friends as possible to come and buy.

All contributions towards the stall should be sent to Mrs. W. G. Lovell (c/o Mrs. Morley Fletcher), at 98, Harley Street, W. 1, not later than Tuesday, July 10th, 1928.

Tickets: July 12th, 5s.; after 6 p.m., 2s. July 13th and 14th, 1s. Can be obtained from Mrs. W. G. Lovell, 144, Tulse Hill, S.W. 2.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Ch.—PYLE, P. E.
M.D.—JAMIE, J. P. W.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, March, 1928.

Part II. *Human Anatomy, Physiology and Pharmacology*.—Angel, R. E., Cohen, P., Cunningham, G. J., Dean, D. M., George, W. E. T., Great Rex, J. B., Hackett, L. J., Hargreaves, W. H., Hog, W., Ishmael, D. T., Keane, C. A., Knight, D. W., Langston, H. H., McGladdery, W. F., Marshall, S. F., O'Connell, J. E. A., Patrick, F. L. L., Rodgers, H. W., Staunton, A. A., Sugden, A., Taylor, J. T. C., Wells, G.

ROYAL COLLEGE OF PHYSICIANS.

The following Member has been elected a Fellow: Verney, E. B.
The following have been admitted Members: Clark, B. M., Downie, E. T. C., Hamilton, K. A.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination, March and April, 1928.

Chemistry.—Clark, E. M., Langenberg, E. K.
Physics.—Edwards, L. J. L., Sablin, N. S.

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

Boydell, H. H., Buckley, W., Cook, N. E., Cooke, B. W., Dale, C. H., Elliston, W. A., Gaston, A. P., Gordon, J. C., Handousa, A. E. S., Harris, G. A. S., Hart, M. R. W., Hensman, J. S., Hobbs, A. N., Hoffman, L., Hounsfield, M. C., Lawrence, I. B., Lees, J. M., Linton-Bogle, F. W., Mackie, K. W., Malins, T. E., Olsen, C. W., Palmer, E. A. E., Scovell, F. G. V., Shedrow, A., Smith, E. J. J., Stevens, H., Sugden, K. G., Varley, J. F., Williamson, J. C. F. L., Zetlin, R. A., Zitel, J. S.

L.M.S.S.A.

The Diploma of the Society has been granted to the following: Jacobson, D.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

D.T.M.&H.

The Diploma in Tropical Medicine and Hygiene has been conferred on the following: Willoughby, H. M.

CHANGES OF ADDRESS.

ADAMS, P. E., 27, St. Stephen's Avenue, W. Ealing, W.
BARNES, F. G. L., Longhouse Lodge, Leatherhead, Surrey.
DARLEY, SUEG-LIEUT. W. W., R.N., c/o Admiralty, Whitehall, S.W. 1.
DRAWMER, C. S., 24, High Street, Maldon, Essex. (Tel. Maldon 118.)
DRIVER, G. P., Tregua House, Penzance, Cornwall.
GREEN, R., Dorough Green, near Sevenoaks, Kent.
HARRISON, C. P., 138, Fairaby Road, Bromley, Kent. (Tel. Ravensbourne 2965.)

HEATH, Surg.-Comdr. G. E., R.N., Royal Naval Hospital, Simons-town, S. Africa.

MÉTIVIER, V. M., 26, Royal Terrace, Edinburgh.
PARRY, G. W., Beechcroft, Harold Road, Abergavenny, Mon.
PYM, P. E., Whybourne Lodge, Moorgate, Rotherham, Yorks.
SCOTT, RUPERT, 70, Harley Street, W. 1. (Tel. Ambassador 9124.)
YOUNG, F. P., Stone Dean, Carew Road, Eastbourne. (Tel. 4177.)

APPOINTMENTS.

CHAMBERLAIN, A. G., M.R.C.S., L.R.C.P., appointed Medical Officer to the Charnmouth and No. 5 Districts of the Bridport Union.
MÉTIVIER, V. M., M.R.C.S., D.O.M.S., appointed Senior Clinical Assistant and Ophthalmic Tutor to the Royal Infirmary, Edinburgh.

BIRTHS.

BEVAN.—On April 30th, 1928, at the Westcliff Nursing Home, to Mary (née Combe), wife of Frank A. Bevan, M.B., B.S., of Hadleigh, Essex—a daughter.

COLDREY.—On May 22nd, 1928, at Penven, Camborne, Cornwall, to Dr. and Mrs. R. S. Coldrey, a second son.

EDWARDS.—On May 20th, 1928, at "Wychwood," London Road, Norbury, to Marjorie, wife of W. Edwards—a son.

GRIFFITH.—On May 8th, 1928, at 13, Brunswick Square, Hove, to Elsie Maud (née Visick) and John R. Griffith, F.R.C.S.—a son (Adrian).

HORSBURGH.—On April 22nd, 1928, to Dr. and Mrs. P. G. Horsburgh, Lyndhurst, Manor Court Road, Nuneaton—a daughter.

MORRISON.—On May 3rd, 1928, at a nursing home, Bournemouth, to Olive Mary, the wife of Henry Morrison, M.D. (Cantab.)—a son.

SEFTON.—On May 17th, 1928, at a nursing home in Liverpool, to Nancy (née Maitland), wife of Dr. K. P. Sefton, Lancaster Moor, Lancaster—a son.

WILCOCKE.—On May 14th, 1928, at Springfield, Chelmsford, to Hope (née Stringer), wife of Dr. Robert Walter Wilcocks—a son.

MARRIAGES.

BENNIEN—PATERSON.—On April 24th, 1928, at the Savoy Chapel, London, by the Rev. A. Maitland Wood, Vicar of Northwich, cousin of the bridegroom, John Menlove, elder son of the late Mr. and Mrs. Jno. Rowe Bennien, Nursted House, Petersfield, to Isabella, youngest daughter of the late Capt. Paterson and Mrs. Paterson, Wick, Caithness.

GREEN—ROSS.—On April 28th, 1928, at All Souls', Langham Place, W. 1, by the Rev. J. A. Howell, B.D., Vicar of Bovey Tracey, and the Rev. Arthur Buxton, M.A., Rector of All Souls', Ralph Green, M.R.C.S., L.R.C.P., to Evelyn, daughter of the late Mr. Douglas Ross and Mrs. Ross, of Eastbourne.

MACLAY—LENNOX.—On April 26th, 1928, at Morningside Parish Church, Edinburgh, by the Rev. Andrew Brown, M.A., and the Rev. John E. Hamilton, M.C., the Hon. Walter S. MacLay, son of Lord and Lady MacLay, of Glasgow, to Dorothy, daughter of the late William Lennox, W.S., and of Mrs. Lennox, 6, Abbotsford Park, Edinburgh.

WALKER—GIBBON.—On April 25th, 1928, at St. Barnabas, Kensington, by the Rev. C. E. Curzon, Frederick Herman Aitken Walker, M.A., B.Ch. (Cantab.), only son of Mr. and Mrs. F. Walker, of Clayton-le-Moors, Lancashire, and West Kirby, Cheshire, to Edna Forbes, elder daughter of Mr. and Mrs. Wm. C. A. Gibbon of Birdpur and Alidapur Estates, Basti, U.P., India.

DEATHS.

CHURCH.—On April 27th, 1928, at Woodside Place, Hatfield, William Selby Church, Baronet, K.C.B., M.D., aged 90.

DOW.—On April 29th, 1928, at Lewes, Sussex, William Alexander Dow, M.D. (Durham), D.P.H., R.C.P.S.

WALKER.—On May 16th, 1928, at "The Drachenfels," Nuneaton, Dr. Harry Mortlock Walker, the beloved husband of Mary Grace Walker, in his 57th year.

YOUNG.—On May 18th, 1928, at 82, Grosvenor Road, London, N. 5, Dr. Ludovic Unwin Young.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Caduceus—The Charing Cross Hospital Gazette—Gry's Hospital Gazette—The Hospital Gazette—The Journal of the American Medical Association—The Kenya Medical Journal—The London Hospital Gazette—St. Mary's Hospital Gazette—The Middlesex Hospital Journal—New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—The Quarterly Journal of the Research Defence Society—Reale Società Italiana D'igiene—The Student—Sydney University Medical Journal—University College Hospital Magazine.

BOOKS RECEIVED.

Department of Health, N.Z.: A SURVEY OF THE N.Z. HOSPITAL SYSTEM. (Appendix to Annual Report for year ending March 31st, 1927.)

INHIBITION: ITS THEORY AND PRACTICE. By E. G. DRU DRURY, M.D., B.S., D.P.H. A reprint from the Journal of the Medical Association of S. Africa, vol. ii, pp. 157-164, March, 1928.

THE INJECTION TREATMENT OF VARICOSE VEINS. By RODNEY MANGOT, F.R.C.S., and C. HOPE CARLTON, F.R.C.S.

THE USES OF LIPIODOL AS AN AID TO DIAGNOSIS IN DISEASES OF THE CHEST. By J. V. SPARKS, M.R.C.S., D.M.R.E.

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. WILLIAMS, 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.

"Æquum memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

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JULY 1ST, 1928.

PRICE NINEPENCE.

CALENDAR.

Tues., July 3.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

Wed., „ 4.—Cricket Match v. Finchley. Away.

Fri., „ 6.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.

Sat., „ 7.—Tennis Match v. Winchmore Hill. Home.

Tues., „ 10.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

Fri., „ 13.—Prof. Fraser and Prof. Gask on duty.
Swimming Match v. Barry S.C. Home.

Sat., „ 14.—Cricket Match v. Hornsey. Home.

Tues., „ 17.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Fri., „ 20.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

Sat., „ 21.—Tennis Match v. Northwick Park Estate. Home.
Last day for receiving matter for the August issue of the Journal.

Tues., „ 24.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.

Fri., „ 27.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

Tues., „ 31.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.



FFICIAL news of the resignation of Mr. Harmer has reached us too late to give anything like adequate expression of our emotions in the present issue. This most distinguished surgeon is amongst the extreme few that we have never heard

adversely criticized, and whom we have always heard spoken of with the greatest respect and affection. This may be taken as a bald news item, which will be elaborated in our August number.

* * *

Few people with whom we have talked have avoided the topic of the ever-increasing medical curriculum. Each stage in the journey has become so impeded by spare and often superfluous luggage, that it is getting more and more difficult not only to carry the stuff, but to find one's passport among the hat-boxes. It is with a whoop of delight that most of us leap aboard the good ship "General Practice," with the happy realization that the registered luggage has been completely discarded and that with a little ordinary care we may never see it again. Of the same vital importance as an innovation trunk to an African explorer is a knowledge of the surfaces of the palate bone to a harassed panel doctor.

In one European country the medical curriculum has been increased to seven years! This terribly dangerous embryo must be aborted at its conception. It is proposed to obtain views from anyone who possesses them as to how any particular brand of the teaching of medicine at our Hospital may be improved. This Hospital is obviously concerned primarily with training people for general practice. It has, for instance, few of the facilities of U.C.H. for widespread research; the chances of any specialized form of practice are limited. Let us, then, tackle our problem with the question, Does this or that time-honoured custom help the ordinary fellow most fully towards General Practice? Thinking in this way will produce some strikingly sensational results.

* * *

We congratulate the following on their appearance in the list of Birthday Honours:

C.B.: Col. H. Boulton, C.B.E., I.M.S.

O.B.E. (Civil Division): Surg.-Commander W. K. Hopkins, R.N. (retired).

C.I.E.: Lt.-Col. E. W. C. Bradfield, O.B.E., I.M.S.; Lt. Col. Lewis Cook, I.M.S.

* * *

Dr. C. H. Harris, M.D., M.R.C.P., has been appointed Assistant Physician to the Children's Department.

SOME BOOKS BY BARTHOLOMEW'S MEN.

The Sessional Address to the Abernethian Society, June, 1928.

THE authors who have received their education at St. Bartholomew's Hospital cannot be numbered. They range from Austin Canons, whose whole life was spent in the service of the Church, to Dr. Robert Bridges, once a casualty physician here, now the Poet Laureate. I do not intend to enumerate or even to classify their writings. I merely desire to draw your attention to a few who have spread the fame of the Hospital throughout the world.

The first to be mentioned is undoubtedly that worthy Canon who wrote the *Book of the Foundation of the Church of St. Bartholomew, London*. He lived so long ago that he had spoken with those who knew Rahere, our founder. He tells of the earliest days of the Hospital, when it lived literally from hand to mouth; when the brethren serving it begged from stall to stall in the markets and from door to door in the City, getting here a piece of meat from the butchers and there a handful of meal from the wife of a citizen. He tells, too, of the first patients admitted to the Hospital, how they were brought by barge from Essex sailing up the Thames, turning into the Fleet at Blackfriars and being landed on the wharf at the bottom of Hosier Lane, whence they crawled or were carried to the Hospital full of hope that they would be cured, for the reputation of the Hospital had already been spoken of in villages which have been long since swallowed up by the sea.

Then comes a silence for more than two hundred years, until John Mirfield, about 1390, wrote the *Breviary of St. Bartholomew*. Mirfield belonged to the Priory, but his interests lay in medicine, and it is probable that he was more at home in the Hospital than in the Church. Some of the cases he quotes are still of interest. Here is his account of a case of hydrocephalus. "A girl had water accumulated in her head. She was first

rubbed with sulphur ointment twice a day, keeping a cloth of warm wool on her head; the head was then tapped by means of a cautery in front. Water came out slowly. A similar hole was then made at the back of the head, more water came out, and in less than a year the patient was quite well." In another case a prisoner stabbed himself in desperation, so that when he swallowed, food and drink and air came out of the wound. The edges of the wound were brought together, the neck was covered with powders and bandages. The man was cured in a month and afterwards lived for some time.

Again silence, and for another two hundred years no one wrote about the Hospital until Clowes published his *Text-book on Surgery* in the reign of Queen Elizabeth. From that time onwards there has been a constant succession of medical and surgical books written by our predecessors in the Hospital, and more recently in the Medical School attached to it.

The writings of Clowes are full of personalities. We learn from him that quacks and unlicensed practitioners were as numerous and as full of guile as those of to-day. Hear him upon their practices. Speaking of such a one he says: "He cosened one Wilfry Joye, Citizen and Draper of London, whom he did cut for stone in the bladder, but when he perceived he could find none there he took a stone out of the pocket of his hose and conveyed it into a sponge and did subtly and craftily put it into the wound he had made and he was espied and presently charged therewithall. So this man was by him cosened of his money and likewise spoiled: for his pains were not by him anything at all ceased, but increased, and so he lived but a very small time afterward. Moreover he promised to cure one Master Castleton, then being a scholar of Cambridge, of an impediment in his eyes. He had some sight thereof when this Valentine took him in cure. But within a very short time after Valentine, by his rustical dealings, put out his eyes clean and so deprived him of all his sight. And then when Master Castleton perceived that Valentine could not perform his cure but that he was by him thus spoiled he did arrest him, first for his money, the which he recovered again; but for his great hurt he was fain to put up with it in silence."

Clowes was a master of vituperation. He calls one of his slanderers "a great Bugbear, stinging gnat, venomous wasp and counterfeit crocodile." And I have been persuaded thereunto by many of my friends, which well knoweth this viper, to spare this disdainful deceiver's name and let him smother himself in his own litter."

The Castleton here mentioned was probably known personally to William Clowes, as he was Rector of St. Martin's, Iremonger Lane, from 1577-1617. He was Andrew Castleton, who matriculated as a sizar from

Magdalene College, Cambridge, at Easter, 1569. He graduated B.A. in 1571-2, and M.A. in 1575. He was ordained Deacon of Peterborough on November 25th, 1576. He had been educated at the Bluecoat School, where he won an exhibition. The record states that he was blind. His son Andrew, a pensioner of Emmanuel College, succeeded him as Rector of St. Martin's.

Clowes makes several references to the practice at St. Bartholomew's Hospital when he was serving as Surgeon. He invented a styptic powder to stop bleeding after amputations, and he says of it: "The foresaid powder, the which I did first put in practice in the Hospital of Saint Bartholomew's, as is well known unto some of the Surgeons that then served there, and still live within the City of London, who were present with me when I first put it in practise, at which time there was taken off in one morning seven legs and arms and so, by God's assistance, we stayed all their fluxes of blood without any pain unto them, but only in the compression and close rolling (bandaging) and tenderness of the wound excepted. After it was made known, there were divers that were desirous to have it; among the rest Master Crowe, a man of good experience and knowledge in the art, he was very earnest with me for it; and for divers special occasions I was the more willing to give it him, but I would not deliver it unto him as then, till he had seen with his own eyes first the experience and proof of it."

"Not many days after the worshipful masters of the said Hospital requested me with the rest of the Surgeons to go to Highgate to take off a maid's leg which they had seen in the visitation of those poor houses. The said leg was so grievously corrupted that we were driven upon the necessity to cut it off above the knee, and he [Master Crowe] did see we stayed the flux and lost not much above four ounces of blood and so cured her after within a very short time."

Several interesting points arise out of this passage. In the first place it shows Clowes to have been far in advance of his time ethically. He made known the composition of his powder when every contemporary surgeon had his secret remedy. Secondly, it tells of Clowes's honesty. He would not give the prescription for the powder to Master Crowe until that surgeon had seen how it worked in actual practice, and to do this he asked him to ride up to Highgate with him and watch an operation. Thirdly, it shows that the Governors took an active interest in their patients not only whilst they were in the Hospital, but after they had been discharged. Lastly, there is evidence of field days in the operation theatre then as now, though I have no doubt that Clowes had been saving up his cases to show how effectual was his new powder in staunching blood.

What a scene it calls up! Seven amputations and no anaesthetics!

Here is another reference to the Hospital written in 1586. Clowes is speaking of the prevalence of syphilis in London, and says: "I may speak boldly because I speak truly and yet I do speak it with very grief of heart, that in the hospital of Saint Bartholomew in London there hath been cured of this disease by me and three other (surgeons) within five years to the number of one thousand and more. I speak nothing of St. Thomas' hospital and other houses about the City wherein an infinite number are daily in cure, so that undoubtedly unless the Lord be merciful unto us and that the magistrates do with great care seek correction and punishment of that filthy vice. And except the people of this land do speedily repent their most ungodly life and leave this odious sin it cannot be but that the whole land will shortly be poisoned with this most noisome sickness."

"The worshipful masters of the Hospital can witness that I speak the truth, as also I with them, with what grief of mind they are daily enforced to take in a number of vile creatures that otherwise would infect many good and honest people seeking with like care to restrain this grievous and beastly sin and yet the numbers still increase. It happened in the house of S. Bartholomew very seldom, whilst I served there for the space of ten years, but that among every twenty diseased persons that were taken in, ten of them had the pox."

Dr. Caius, the refounder of Caius College, Cambridge, does not strictly belong to us, for he was never on the Staff. He lived for nearly twenty years within the Hospital gates, probably in the house which stood just opposite the entrance to the Church. Every Tuesday afternoon he walked out of the Little Britain Gate on his way to give the Anatomy lecture at the Barber-Surgeons' Hall in Monkwell Street. A morose person, living alone with a housekeeper to look after him, not easy of access and often out when visitors called. There is an amusing picture of him in a letter dated May 21st, 1559, written to Conrad Gesner, the beloved of all men. The writer says: "As soon as I came to London I sought out your friend Caius to give him your letter and, as he was from home, I delivered it to his maidservant, for he has no wife nor ever had one. Not a week passes in which I do not go to his house two or three times. I knock at the door; a girl answers the knock but without opening the door completely. Peeping through a crevice she asks me what I want? I say in reply 'Where is your Master?' Is he ever in or does he ever intend to be at home?' She always denies that he is in the house. He seems to be everywhere and nowhere and is now abroad, so that I

do not know what to write about him. I shall certainly tell him something to his face when I do meet him and he shall learn what kind of a man I am."

Whilst he was living in the Hospital Caius wrote on the sweating sickness; later in life he wrote an essay on the various kinds of English dogs, and when he was quite an old man he had the temerity to write a long dissertation to prove that the University of Cambridge was far older than Oxford.

Dr. Timothy Bright, who was one of our early physicians in the time of Queen Elizabeth, was unsuccessful as a physician, but is known everywhere as "The Father of Modern Shortland." Here is a copy of the title-page of his book. He called it, you see, *Character, An Arte of Shorte, swift, and secrete writing by Character.* It was published in 1588. He, too, lived in the Hospital, but instead of attending to the patients as he ought to have done, he spent his time in making an abridgment of Foxe's *Book of Martyrs*. He was naturally a fervent Protestant, as can be gleaned from these sentences under the year 1572 which end the volume: "The year following died the Cardinal of Louvain (a pestilent Achitophel against the children of God) and Charles, of France the ninth, the bloodiest tyrant that ever the earth bare, the twenty-fifth of May being five and twenty years of age. His disease was such that the blood gushing out by divers parts of his body, he tossing in his bed and casting out many horrible blasphemies, lying upon pillows with his heels upward and his head downward, voyded so much blood at his mouth that in a few hours after he died." This is a picturesque way of saying that Charles died of phthisis after a severe hæmoptysis. The record is interesting, as showing how early and widespread was the legend that the King suffered from bloody sweats, the truth being that in all probability he had occasional attacks of purpura hæmorrhagica.

When Timothy Bright was invited by the Governors to resign his post of Physician to the Hospital, he took orders and became Rector of Methley, near Wakefield, in Yorkshire. His place at the Hospital was filled by Dr. Thomas Doyley, who had been a spy in government service abroad—or more politely, an intelligence officer in the Low Countries. He was a probationary Fellow of Magdalen College, Oxford, and with five others he was ploughed at his M.B. examination, though some years later he graduated M.D. at the University of Basel, was admitted M.D. at Oxford, and served as Censor at the College of Physicians. He is known to the outside world by his contributions to the great Spanish Dictionary which Percival published in 1591. He had an adventurous early life, and on one occasion was taken prisoner not far from Dunkirk, where, he says, "we were

rifled of all our goods and apparel unto our doublets and hose with daggers at our throats and brought to the common jail. And after our being there an hour came the underbailiff and the sergeant-major of the town with their poignards to our breasts, stripping us stark naked, searched us again and took away such money as the mariners had left us. There we remained from Sunday until Monday having nothing said to us. Then were we severally put to our ransom and I escaped well because they found nothing in my chest but four physic and astronomy books. All letters and notes I had drowned out of a porthole when they took the ship." By the fortune of war a few years later Doyley was given charge of this same Governor of Dunkirk who had caused him to be stripped naked. Doyley kept him a prisoner in the Hospital, where we find him "complaining that he was much annoyed by divers of the poor inhabitants who hang their beddings and beastly rags before his door and by some of the Sisters who empty their foul vessels under his chamber as well as by people from Smithfield who wash their filthy bucks in the Close."

Dr. Doyley was succeeded as Physician by Dr. Wilkinson, who gave place in turn to William Harvey, whose work on *The Circulation of the Blood and upon the Development of Animals* made our Hospital known throughout the length and breadth of the civilized world. Here is a facsimile of the title-page of the first issue of the *De Motu Sanguinis*—a little quarto tract of 72 pages, with a page and a quarter of errata, due to the vileness of Harvey's hand-writing, which revolutionized medicine. In his glorious eighth chapter he deals with the quantity of blood passing through the heart from the veins to the arteries, and says: "Thus far I have spoken of the passage of the blood from the veins into the arteries and of the manner in which it is transmitted and distributed by the action of the heart. But what remains to be said upon the quantity and source of the blood which thus passes is of a character so novel and unheard-of that I not only fear injury to myself from the envy of a few, but I tremble lest I have mankind at large for my enemies, so much doth wont and custom become a second nature. Doctrine once sown strikes deeply its root, and respect for antiquity influences all men. Still the die is cast and my trust is in my love of truth and the candour of cultivated minds. And sooth to say, when I surveyed my mass of evidence, whether derived from vivisections or from the study of the ventricles of the heart and the vessels that enter into and issue from them, the symmetry and the size of these conduits—for Nature doing nothing in vain, would never have given them so large a relative size without

a purpose—or from observing the arrangement and intimate structure of the valves in particular and of the other parts of the heart in general, with many things besides, I frequently and seriously bethought me and long revolved in my mind, what might be the quantity of blood which was transmitted, in how short a time its passage might be effected, and the like. But not finding it possible that this could be supplied by the juices of the ingested aliment without the veins on the one hand becoming drained, and the arteries on the other getting ruptured through the excessive charge of blood unless the blood should somehow find its way from the arteries into the veins and so return to the right side of the heart, I began to think whether there might not be a *movement, as it were, in a circle*. Now this I afterwards found to be true; and I finally saw that the blood forced by the action of the left ventricle into the arteries was distributed to the body at large and in several parts in the same manner as it is sent through the lungs impelled by the right ventricle into the pulmonary artery and that it then passed through the veins and along the vena cava and so round to the left ventricle in the manner already indicated. This movement we may be allowed to call circular."

The *Treatise on Development* is nearly as important and original as the *De Motu Sanguinis*, and has led to Harvey being called "The Father of British Midwifery." In the fifty-first essay he shows himself a supporter of the doctrine of Epigenesis or "the budding out of one particle (or cell) from another since no part is its own parent but when it is once begotten doth provide for itself," in other words, "ex ovo omnia," and there is no such thing as spontaneous generation; further the development of organs in the embryo is by new formation from simpler structures and is not an enlargement of pre-existing invisible ones. In this treatise, too, he enunciated a discovery of the highest medico-legal importance when he observed that the lungs of fetuses which had breathed "stretched and dilated by the air put on a whiter colour, and by this observation of the different complexion you may discover whether a mother brought her child alive or dead into the world; for instantly after inspiration the lungs change colour, which colour remains though the fetus die immediately after."

(To be continued.)

THE VOYAGE OF S.S. "TEIRESIAS" OF LIVERPOOL.

(Continued from p. 139).

Saturday, September 24th.—Nothing very exciting to-day. A lot of swallows have been flying round the ship and a hawk has been hovering over us. Temperature 100°.

This afternoon we had a boat drill—just as I was getting off to sleep too. About 6 p.m. we passed an island—Jeb-el-tin—with a lighthouse on it, and about 10 p.m. passed "The Twelve Apostles," a group of small islands also with a lighthouse. There is a breeze to-night—very welcome. The dogs seem to be standing it better. The "cold" bath was hot! 100°.

Sunday, September 25th.—Another hot night. I slept out on the hatches. This morning we passed the Island of Perim at 10 a.m., and were off Aden at about 2 p.m. We also passed another Blue Funnel ship, homeward bound. Now we are out of the Red Sea there is an "ocean roll" again. Also, it is cooler, but not much cooler!

I'm getting a fair amount of work to do now—about three hours a day. We passed another school of porpoises off Perim at the entrance to the Red Sea, but have seen no sharks so far, though I'm told they are about. The dogs seem to have "turned the corner" now.

Monday, September 26th.—All to-day we passed along the coast of Somaliland. A number of birds flew on board from the shore. The dogs seem rather better and I hope the worst is over now. We picked up a wireless message there was a ship in distress off Socotra, but that is a day's sailing away.

To-night, shortly after we had passed Cape Guardafui, the extreme eastern point of Africa, it began to blow hard. Later we learned the tramp steamer in distress had been picked up by the "City of Athens."

Tuesday, September 27th.—I started at 3 a.m. this morning, when I was called to see one of the engineers. I found we had caught the monsoon and seas were sweeping the ship, and I got soaked up to the waist before I had finished. After breakfast I was called to see C—, who had had a rigor, and I diagnosed malaria. He was pretty bad, but was through the worst of it in a few hours. We learned that the tow-rope of the "City of Athens" had parted in the night and the tramp steamer had disappeared—but whether adrift again or foundered we don't know.

Wednesday, September 28th.—A busy morning for me started at 8 a.m., and did not finish till 12.30. C— seems better again. At lunch we had the details of our

victory in the Schneider cup, received over the wireless, also the story of the shooting of the Essex constable. The weather is improving now. Our next "landfall" will be the Laccadive Islands off the Malabar coast of India. In the evening C— had another relapse.

Thursday, September 29th.—C— is rather better to-day. I am still fairly busy. The weather is getting warmer again, and the storm has passed. We have nothing of outstanding interest to record.

We have some variations in the normal routine—for instance, at breakfast we finish with a glass of ice water, after the coffee and toast. I'm developing a taste for lime-juice, which is supplied unsweetened.

Friday, September 30th.—C— maintains his progress. Yesterday we logged 321 miles (nautical). At midday we were lat. 70° E., long. 9° 40' N. Another uneventful day, crossing Indian Ocean. We passed a Blue Funnel ship homeward bound.

Saturday, October 1st.—Early this morning (1 a.m.) we passed Minicoy in the Laccadive Islands off the Malabar coast of India. We are now 9 degrees north of the Equator. C— is going on nicely.

Boat drill this afternoon. Every few minutes we run through shoals of flying-fish.

The bo'sun came to the surgery to-day. "Doctor, will you take out a tooth?"

The bo'sun is a giant. He stands 6 ft. 2 in. and weighs about 16 stone. Everything about him is in proportion. You can't pretend not to see him.

"Which tooth, bo'sun?"

"At the back, doctor."

I looked at it in dismay. A huge wisdom, a little decayed at the centre.

Something about it—its complete immobility—reminded me of Gibraltar. My courage failed me. I knew I could never shift that tooth.

"Bo'sun, it's a pity to lose a good tooth like that."

"It is, sir."

"I won't pull it out. I'll stop it for you." (I had never stopped a tooth in my life.)

"What, doctor, can you stop a tooth?"

"Certainly, bo'sun, certainly."

A dentist friend of mine—blessings be on his head—had given me a pair of dental dressing forceps, and, as a parting gift, a drachm of carbolyzed resin.

Now they were brought forth. A small piece of cotton-wool was soaked in the resin then powdered with zinc oxide and packed tight into the hollow tooth.

"You will find, bo'sun, that in a few minutes the pain will have gone."

"It's gone now, sir."

"Very good, bo'sun, let me see you in a week." Saved, by Jove, saved!

Sunday, October 2nd.—This morning—about 11 a.m.—we passed Cap du Galle, Ceylon, and about 1 p.m. we rounded Dundra Head, the extreme south of the island. There is an ocean swell running, and we are inclined to roll. The weather is very pleasant now—just not too hot; we are 7 degrees from the equator, and shall now run due east, for over 1000 miles, till round the north of Sumatra. C— was up for a few hours this morning. We passed a whale off Dundra Head, but unfortunately I was busy and did not see it.

To-night is just like an English summer night; we are getting glorious moonlight nights now; it's a treat to be alive.

Monday, October 3rd.—Another pleasant day. We have now passed the 90th degree of latitude east and are 5° 40' north of equator. This afternoon we passed another Blue Funnel ship—the "Rexina"—homeward bound. She was built in Hong-Kong in 1920. C— was down to lunch and dinner to-day. This afternoon—as on most afternoons—I had a couple of sets of deck tennis—quite good fun, though the ship was rolling too much for good play.

We overtook and passed a Bibby Line ship this evening doing about 13 knots.

Tuesday, October 4th.—To-day is like most other days. Nothing out of the ordinary happening. This evening the P. & O. boat "Macedonia," which was a day behind us at Suez, passed in the night. They signalled us about the dogs, so I presume their owner is on board. We are due to pass Achin Head, Sumatra, at 1 a.m.

Wednesday, October 5th.—This afternoon one of the passengers obtained two pairs of boxing-gloves—as a result of which I had to sew up his cut head for him.

Thursday, October 6th.—Penang. We arrived in "the islands" about half-past six this morning and berthed alongside the quay at 8 a.m., just astern of the "Macedonia." The owners of the dogs, who were in her, came on board and had a look at them and were very pleased with their condition. We started working the cargo almost immediately. Principally discharging iron sheets and pipes, also trolleys and machinery.

About 11 a.m. Sir D— asked me to come ashore with him and showed me the town. Afterwards we drove out to the Botanic Gardens, and then ascended 3000 feet in the funicular railway, to the top of the mountain, where we had tiffin at the Crag Hotel.

We had an excellent view of the town and pool, about five miles away from here. We then returned to the ship. I did a little more work and then went ashore and explored the town again. There is an old trading fort on the pabang—a relic of the old settlement. The suburbs are very fine, with excellent roads and large airy houses in big gardens. Quite a lot of the finest

houses belong to the Chinese, who are very wealthy. The chief coasting trade here is in the hands of the Blue Funnel line, through the Straits Steamship Co., which Holts control.

The carts are drawn by oxen, with long and very fine heads. They are pure white, and are always yoked in pairs.

The races here are very mixed. Most of the manual work is done by Indian immigrants, as the Malays will not take it. The Malays are a well-built, handsome race, and the children are very fine—plump and happy.

The Malay wears a loose cotton sarong, like a long kilt, and "jumper" and a velvet cap—otherwise he wears a trilby! His hair is clipped short. He carries a paper umbrella.

Most of the Indian immigrants are Tamils or Cingalese, who grow the hair long and wear turbans. They are much darker and look rather frail specimens physically.

The richer natives, and particularly the Chinese, wear white drill and topes, like the European. There is a fair-sized European population here, mostly British, of whom there are about 1000.

The harbour here—the Pool—is crowded with shipping—I should think there were ten steamers the size of the "Teiresias." There are hundreds of native sailing craft. All of these have two eyes painted on them, and are covered with rough designs. There are several Malay villages along the coast built over the water on poles. They are made of wood and matting and poles, and the boats are tied up at the entrances to the houses. The fish caught are dried in the sun.

Friday, October 7th.—Penang. This morning, after seeing my patients, I went ashore with Sir D— and Mr. B—. I left all the talking to Sir D—, who, of course, is familiar with the language.

We went by train to see the Tortoise Temple, about four miles out, and went through the native quarter to reach this.

We travelled through miles of palm groves, and finally reached the native village and ascended the hill to the temple. It is very beautifully situated, with fine wide granite steps. The rocks here are all granite, of a peculiar blue shade. We passed a joss-stick shop, which was aromatic with incense and, I think, cinnamon. The usual crowd of beggars was assembled. When we entered the Buddhist temple we saw the tortoise pool containing hundreds of tortoises. Above was a pool of goldfish.

There were four temples and two pagodas, and I obtained permission to photograph the latter. The gods were very fine and carved from wood and lacquered, 15 feet tall. There were three gold Buddhas, jewelled, of Siamese origin, standing about 15 in. high. There

were also groups showing the avenging gods destroying the four sins—drinking (red), opium smoking (blue), thieving (yellow), and lying (green).

I was also told the reason the temple and house roofs curl upwards at the end and have a painted dragon on them. Apparently their equivalent of the devil cannot alight on a curved surface, so the building is protected by this means. The dragon is an additional safeguard.

We returned to the ship by the same route. I got some amusement from the native advertisements in English. There is a lot of Chinese, which I don't doubt is excellent, and then some English. "Yen Sing most excellent tailor shop"; again "The Fashionate Haircut shop," "The very cheap English American shop," and so forth. Also some English notices are upside down! We sailed for Port Swettenham at 3 p.m.

Saturday, October 8th.—Port Swettenham. I woke this morning at 6 a.m. to find we were just entering the estuary, here about two miles wide. We reached Port Swettenham at 8 a.m. and Mr. D— went ashore. We started working the cargo at once with Chinese coolies on board and Cingalese in the lighters; we unloaded into lighters in the stream—Klang River. The river here is about $\frac{3}{4}$ mile wide; makes the Thames look silly—yet most maps don't show it! We are unloading three locomotives, amongst other things, for the State Railway. One of the pilots here (Mr. Sheppard) is the father of one of our midshipmen just out on his first voyage.

Kuala Lumpur is about 30 miles away.

Sunday, October 9th.—Port Swettenham. Sir David showed me a very fine collection of his photographs, principally of the Brahmin temple at Ankor, Cambodia, in Cochin China; each of the sides is a kilometre long, and 1000 years old.

The three locomotives were safely unloaded, and we got away from here about 4 p.m. We saw some crocodiles in the river, about thirty yards away on our starboard beam.

To-night I sampled "pappy" for the first time—an orange fruit like a melon, but tasting like bananas; really very good.

Monday, October 10th.—Singapore. We entered "the islands" at 7 a.m. and arrived at our berth in the Imperial Dock an hour later. The passage in was lovely—through numbers of islands, green and wooded. The sea was absolutely calm. Just opposite our berth are the Barracks, on an island called Matti—the Malayan meaning of which is "the island of the dead." Behind us, on a hill, is the signal station, from where, no doubt, our arrival was reported to Lloyd's.

There were three other ships of the Blue Funnel Line in harbour—the "Gorgon," "Hector" and "Glaucois."

After breakfast I visited the "Hector," a fine passenger

ship of 11,000 tons, and saw the surgeon. She is splendidly appointed. I got some stores from the surgeon, Dr. Wilson. Our passengers left us here. We had all been on excellent terms during the voyage. Sir David promised to send me some spare instruments of his—very good of him.

In the afternoon I took a rickshaw to the city about two miles away, and explored the place for about three hours. There is a fine esplanade and buildings.

The place was founded in 1819 by Sir Stamford Raffles, so the chief square and buildings—the Museum and hotel, at least—are called after him.

After dinner the purser and I visited the town again. This time we went to the Hotel de l'Europe and afterwards to the Raffles Hotel, where there was an excellent string band.

We then hired a car and went for about an hour's drive through the native quarter and into the country. There was a full moon and it was a lovely night. The plantations looked splendid and I thoroughly enjoyed the run. We got back about midnight.

The population of the island is about 800,000—half a million Chinese, a quarter of a million Malays, and 20,000 whites, and also a number of Indian immigrants.

When we returned in the evening the purser tried in vain to unlock the door of his cabin. Finally he broke the key off in his lock. That settled it, so I gave him a shakedown in my cabin. In the morning he fetched the carpenter to cut out the lock. The carpenter had a brain-wave, turned the door handle, gave the door a push—it flew open. It was never locked! The purser won't hear the last of it for a week.

Tuesday, October 11th.—Singapore. I remained on board most of to-day, as I was too hot to do much. Sir D— was as good as his word, and sent me some midwifery forceps, a perforator, a breech hook and a cephalotribe of his. Also some surgical instruments in a case, and a probang. It was very kind of him, as I may strike some midwifery if we have pilgrims on board.

We are taking as deck passengers to Hong-Kong about 300 coolies. We simply carry them and provide water and rice. They bring their own food, for it is quite a short voyage—1400 miles.

Wednesday, October 12th.—The Chinese have arrived on board. There are about three dozen women and twenty children amongst them. We sailed from Singapore on the stroke of 8—which is also eight bells—in the morning. For over two hours we passed through numbers of small islands, then rounded the Cape and headed for Hong-Kong. The weather is now a good deal cooler. The whole ship reeks of aniseed and cinnamon—two favourite condiments of the Chinese.

Thursday, October 13th.—South China Sea. Again

cooler to-day. The weather is very nice now. This morning I inspected the Chinese passengers. In addition to the hospital on the poop with two beds, another temporary hospital of eight beds has been erected in the fore-castle, in case of emergency. So far, however, the company is keeping well. The Chinese children are dainty little beings, all wearing baggy black trousers and sandals. A funny thing happened to-day. Five Chinese brought out a hen to kill it, but let it escape. They chased it all round the deck. Finally they cornered it, but the hen was game to the last. It escaped again, flew overboard and was drowned! So there was no chicken, except for the sharks!

Friday, October 14th.—This morning I had some sick Chinese to attend. As my Chinese is limited to the two words "chow" and "kujee," the conversation was limited. I finally managed by putting my hands in succession on the head, teeth, chest and tummy, and groaning each time. They soon tumbled to it, put their hands where the pain was, and groaned back.

I then went "through the motions" of being sick; they nodded or shook their heads, and so we bumped along. I pulled out two teeth, opened two abscesses, and taught a man to gargle before the morning was out. In a way it's rather good fun, this struggling with adversity (or Chinese)!

Later this morning we had a grand march past of the passengers. We passed them forward into the fore-castle in single file whilst the purser collected the tickets and I looked them over. Then, after the adults with children's tickets had paid the proper fare, the mates, seamen and engineers had a grand hunt for stowaways, whilst the purser and I watched the crowd forward. They found two "passengers"—without tickets—under the coal. A third man managed to dodge by us, and was lost in the crowd. As we'd taken all their tickets by then we had to let him go, as we couldn't identify him. The other two stowaways "paid up" when they were caught, and were let go with a caution.

We are carrying 281 Chinese as passengers. The passengers are for Hong-Kong and Canton (1440 miles from Singapore).

To-day we have covered just over 9000 miles since leaving Liverpool. By the time we are back in England we shall have steamed 25,000 miles. We hope to be back by the first week in January, 1928.

Saturday, October 15th.—We have now a stiff head wind—the north-east monsoon—and a bit of a sea running. We expect to reach Hong-Kong on Monday. We have at present a complement of 357—76 crew, and 281 steerage passengers. When we entered the tropics we rigged huge awnings over the decks, but we had to take them in this morning in case they blew away.

We have discharged a good deal of the cargo we left England with, so the ship is a bit light and inclined to roll in a sea. The "rhythm" of her roll is once every five seconds.

Sunday, October 16th.—We have nearly crossed the South China Sea by now, and are due in Hong-Kong early to-morrow morning. The wind has dropped a little since yesterday, and we feel the weather a little cool now after the tropics. I've played a good deal of bridge in the last week, and have enjoyed it.

Monday, October 17th. Hong Kong. As soon as it was daylight we picked up the pilot and entered the Strait, and, after a pretty cruise through the outlying islands, reached our berth at Kowloon City on the mainland at 7 a.m. The passengers were landed at once, and then we discharged some cargo. Unfortunately C— was unwell again, though he soon picked up with a rest and tonic.

Kowloon is opposite Hong-Kong, as Birkenhead is opposite Liverpool, only the harbour is rather wider than the Mersey. Kowloon is built in "leased territory" land leased from the Chinese for 99 years. It is quite an important place, and growing.

The morning was occupied in work, and in inspecting the crew—we signed on a fresh Chinese crew here. In the afternoon I went ashore, crossed to Hong-Kong in the ferry, and ascended the peak—1500 ft.—in the funicular railway. There is a very fine view from the top. It was quite cool up there and pleasant. On the top of the ridge is a barracks. There are a lot of troops here, and four cruisers and small craft and a hospital ship in harbour. Hong-Kong is supposed to be the fifth port in the world. The whole harbour is filled with shipping, though the Civil War has hit the place hard so far as trade goes.

When I was on the peak a white man asked me if there was any chance of his working his passage back to England. The man was quite decently dressed, but evidently hard up, and had come down from the interior. I had to tell him that he wasn't likely to succeed unless a crew was depleted through sickness. I advised him to try as a steward, as he didn't know much about a ship. I think he was genuine, for he didn't try to "borrow" money.

In the evening the purser and I went to Hong-Kong again. We spent some time seeing the native quarter, and then met some other fellows at the Hong-Kong Hotel. By this time my small change had dwindled to 20 cents. We crossed the ferry again—10 cents—and the last 10 cents went to the rickshaw man who took me to the ship. "And so to bed."

I bought a few things. After buying one article, which was very cheap, I asked the man how much profit

he'd made—"Make all profit?" "I get velly cheap"; then he added for my edification, "Him stolen." So that was that.

What impressed me particularly about the native quarter was the number of men, wrapped in a bit of blanket, sleeping on the pavements under the colonnades—all the native streets have the pavements covered with a colonnade.

(To be continued.)

RAHERE.

The Dean, St. Bartholomew's Hospital, London.

STR.—The attached I copied from the *London Magazine* dated 1824, which I though might be of interest for the Journal, as I have not seen it before.

Should you think it worth publishing I shall be glad to have been able to dig into the past to get some more information about our Founder.

Faithfully yours,

W. M. BORCHERDS,
Student 1891-1894.

Uppington,
Union of South Africa;
April 17th, 1928.



SINCE the subject of our present article may be considered as the first Royal Jester whom we have introduced to our readers, it may appear but respectful to announce him with a kind of preface; and this is so well and accurately done to our hands among the papers of the late Mr. Delafield (1690-1760, Vicar of Great Milton) bequeathed to the Bodleian Library, Oxford.

The Office of *Royal Fool* was considered as a post of no mean importance. He was the individual who administered to the mirth of kings, and provided entertainment for the court; who was allowed the powerful prerogative of freedom of speech, and was permitted, without check or control, to reprove the vices, and satirize the follies of his superiors.

This was to be effected by a witty allusion, or smart repartee, for a grave sentence or a formal rebuke would doubtless have provoked displeasure, and probably have drawn down destruction on the moralist. It has been well remarked that the licence granted to the jester, or mimic fool, was very similar to that allowed to real idiots and madmen; namely, that they might do what they listed, and say what they pleased, without danger of being called to account. *Dementium simulat, cujus venia non dicturus modo prohibita, sed et facturus erat.*

says Justin? and thus Augustus, amongst his amusements at public suppers, had his *Aretologi*, his merry jesters, to season the entertainment and amuse the minds of his guests, whilst his costly viands cheered and refreshed their bodies.

The general licence of speaking without restraint, which was assumed by persons of the description we are now considering, appears to have been derived from the Fescennine sports of the Romans, where the most powerful could not escape from censure, and the mightiest were upbraided with their faults. An institution this, which was in some measure copied in the universities of this country to a period within almost the memory of man; when at a public act, one of the wittiest and boldest members of the university started up a *Terræfilius*, and, after a joking and ludicrous manner, exposed the foibles of his betters. (The sallies of these *Terræ-fili*, however, were oftentimes so indecorous that it was found necessary, at length, to prohibit the exercise altogether.)

Nor was it otherwise than a sagacious appointment that set up persons of this sort in the courts of princes. A plain, honest and simple meaning was not always the language of a court—*obsequium amicos veritas odium parit*; and it was therefore the more necessary, in those days of rude authority and unlimited power, to tolerate some public person, who might be licensed to show men their errors, without being exposed to the lash of privilege and prerogative. They were, moreover, of no small advantage to great persons, since they acted as antidotes to the poison of flatterers, and sometimes induced their patrons to reform in earnest a fault that seemed to be mentioned but *in jest*.

History records an instance of a jester being the only person in a whole court who dared communicate some disastrous intelligence to his sovereign.

It is related of King Phillip of France that when his navy was destroyed at Sluys, and thirty thousand men slain or drowned (for numbers cast themselves into the sea rather than be taken prisoners), no person dared to disclose so terrible a disaster, and the task was at length entrusted to his jester, who did it by continually repeating "Cowardly Englishmen! Faint-hearted Englishmen!" etc., which induced the king to inquire why he so named them? Because, said the fool, they durst not leap out of their ships into the sea, as our brave Frenchmen did." From which the King understood what had happened.

Fuller says of Tarlton, a Royal Jester, that he told Queen Elizabeth more of her faults than most of her chaplains, and cured her melancholy better than all her physicians.

"That" (continues Mr. Delafield) "which was called a

jest, or wise saying with our forefathers never let flye at vertue, nor trespassed on good manners. It was not by indulging a very little wit and a great deal of ill-nature, without reason, to expose men's characters or reputations.

"It was not to substitute frothy, light fancies, for good sense; nor wild incoherences of thought and language, for humour or wit. These are the growth and refinement of our modern times, which, through the licentiousness used by such as abused their liberty, turning the . . . facetia of the Apostle into the word aforegoing, . . . stultiloquium hath prevailed on the present age, with a great deal of good reason, to lay the office aside."

The first *Joculator Regis* of whom we have any account is Rahere, who was not only a royal buffoon, but the founder of St. Bartholomew's Hospital and Priory, and, be it known to the lovers of noise and revelry, we are indebted to his influence with his master King Henry the First for all the pleasures of Bartholemey Fair. Dugdale gives an excellent account of the circumstances that led to this merry gentleman's conversion, and induced him, after playing the fool for many years to please the court, to play it once more for the benefit of religion and humanity, and finally to become Prior of the house he had himself founded.

Rahere, having spent his youth at court or in the house of the nobility, to whom his wit and sprightliness rendered him peculiarly attractive, began to repent him of the follies and vanities of the course he had hitherto pursued; and to expiate his crimes, and obtain a full remission, resolved to adopt the fashionable and only efficacious mode of getting absolution—namely, to take a journey to Rome. He did so, and fancied all was going well, when unfortunately he fell sick, and fearing lest he should die in his Holiness's domain, vowed a vow to build a hospital for the poor, if he might recover, and once again reach England. Rahere got better, and made good haste to get home; but, whilst on his way, it is probable his good intentions cooled a little, and rendered a trifling rub of the memory necessary to keep him to his vow; for the monkish writer, quoted by Sir William Dugdale, very gravely assures us that, as he was on his journey, "being one night asleep, he seemed to be carried by a certain monstrous creature, that had four feet and two wings, and placed on a very high precipice, where, just under him, he saw a horrible pit which had no bottom," or at least, none that Rahere could espy.

Being in a terrible fright, and recollecting all his sins, from the first that he had ever committed, to the time then present, he called out most piteously, and was on the very point of falling into the dismal abyss, when there appeared a gentleman of wonderfully mild countenance

and beauty, who asked him *what he would give* to be delivered from so great and instant danger? "Give?" cries Rahere, "all I have in the world!" forgetting his hospital and all about it for the moment. "Well," said the stranger, "I am St. Bartholomew; know that I have chosen a place in Smithfield, in the suburbs of London, where thou shalt build a church to my name, nor needest thou to regard the cost, seeing that thou shalt, without doubt, accomplish the work, of which I promise thee to be the Lord and Patron."

Rahere, awakened from his dream, was in doubt as to the reality of his vision; however, he resolved in the end to consider it as an oracle sent from Heaven, and to obey the command to the utmost of his power.

Upon his arrival in England, the first thing he did was to consult with his friends how he should commence so important an undertaking, and from them he learned that the ground upon which St. Bartholomew had set his mind belonged to no less a person than the King.

Nothing dismayed, Rahere petitioned his Royal Master for a grant of the site, which request, backed as it was by the interest of the Bishop of London, was not denied to an old favourite, and he obtained a free grant of ground and the King's licence to build a hospital, church and priory upon it.

Rahere's next care was, how to clear the ground and procure the proper materials for his buildings at the least trouble and expense and here tradition relates that he had recourse to his old trade, and effected that by a stratagem which he would have drained his purse dry to have attempted in the usual mode.

He feigned himself to be a merry idiot, and collecting a vast rabble about him by his antics and buffoonery, and setting them the example, which they as readily followed, he cleared away the rubbish, and brought in its room stones and all other and proper materials for his purpose.

Having accomplished his design, he discovered who he was, set about building the Hospital, and afterwards the Church and Priory, all of which he finished in 1123, and dedicated to St. Bartholomew.

In his priory he placed certain canons regular, of the order of St. Augustin; and, that he might fulfil St. Bartholomew's intentions to the very letter, constituted himself the first Prior, and preceded over his own foundation for two and twenty years.

In 1135 Henry granted him the privilege of a fair to be kept yearly for three days, the eve, the day, and the morrow of St. Bartholomew.

The original intention of this fair was for the sale of English cloths, all the clothiers of England and drapers of London having booths and standings in the church-yard, the strangers being licencees for the three days,

"the free men so long as they would, which was six or seven days," and this was the origin of the far-famed Bartholomew Fair.

We have little more to say of our jesting Prior; after continuing superior of his own house till a good old age rendered him fit to be gathered to his fathers, he died in his priory and was buried in the church he had himself erected, where a splendid monument was erected to his memory with the following inscription:

"Hic jacet Raherus primus Canonicus, et primus Prior istius Ecclesie."

—From the *London Magazine*, vol. lx, Jan.-June, 1824.

ABERNETHIAN SOCIETY.

A meeting of the above Society was held at 8.30 p.m. on June 21st, 1928, Mr. H. J. Burrows in the Chair.

The Summer Sessional Address was given by Sir D'Arcy Power, K.B.E., on "Books by Bart's Men." Mr. Geoffrey Keynes, in proposing a vote of thanks, remarked on the opportunities for book-hunters to pick up interesting volumes in the neighbourhood of the Hospital.

The vote of thanks was seconded by Mr. A. W. Franklin and carried with acclamation.

STUDENTS' UNION.

ATHLETIC CLUB. ANNUAL SPORTS, 1928.

The Annual Sports Meeting was held on Wednesday, May 16th, at Winchmore Hill.

The weather was very bad and consequently the attendance was poor. At the conclusion of the meeting the prizes were presented by Mrs. Dall.

Results were as follows:
100 Yards: 1, J. R. Hill; 2, D. Goodhart; 3, J. H. Pierre. Time, 10 $\frac{3}{4}$ sec.
120 Yards Handicap: 1, F. M. Ward (2 yds.); 2, D. M. Dean (6 yds.); 3, P. Spaight (6 yds.). Time, 13 $\frac{1}{2}$ sec.
220 Yards: 1, J. R. Hill; 2, D. Goodhart; 3, J. H. Pierre. Time, 23 $\frac{3}{4}$ sec.
440 Yards: 1, D. Goodhart; 2, A. W. Langford; 3, W. D. Coltart. Time, 54 sec.
880 Yards Handicap: 1, A. W. Langford (25 yds.); 2, D. Goodhart (scratch); 3, J. F. Varley (10 yds.). Time, 2 min. 5 sec.
1 Mile Handicap: 1, I. F. Varley; 2, H. B. Lee; 3, J. R. Strong. Time, 4 min. 51 $\frac{1}{2}$ sec.
3 Miles: 1, W. J. Walter; 2, J. F. Varley; 3, C. O. Barnes. Time, 16 min. 27 $\frac{3}{4}$ sec.
120 Yards Hurdles: 1, H. W. Rodgers; 2, J. D. Powell; 3, J. R. Crumble. Time, 18 $\frac{3}{4}$ sec.
Throwing the Hammer: 1, E. V. H. Pentreath; 2, H. Royle. Distance, 80 ft. 7 in.
Putting the Weight: 1, H. Royle; 2, E. V. H. Pentreath. Distance, 39 ft. 11 in.
High Jump: 1, K. W. Martin; 2, H. E. W. Robertson. Height, 5 ft. 9 in.
Long Jump: 1, A. Clarke; 2, J. D. Powell. Distance, 19 ft. 5 $\frac{1}{2}$ in.
Inter-Firm Tug-of-War: Won by Sir Charles Gordon-Watson's Firm.
Inter-Club Relay (800 Yards): Won by Ruggor Extra A XV.

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

In a match held on June 6th at Battersea Park, against St. Thomas's Hospital, the Athletic Club won with 44 points against 37 points. Results were as follows:

High Jump: 1, E. C. Marsh (St. Thomas's), 5 ft. 8 in.; 2, C. B. Hinkley (St. Thomas's), 5 ft. 2 in.; 3, K. W. Martin (St. Bart's), 5 ft. 1 in.

440 Yards: 1, J. H. Bellby (St. Thomas's); 2, W. D. Coltart (St. Bart's); 3, J. H. Pierre (St. Bart's). Time, 53½ sec.

120 Yards Hurdles: 1, J. F. E. Bloss (St. Thomas's); 2, A. W. Rodgers (St. Bart's); 3, J. H. Pierre (St. Bart's). Time, 164 sec.

880 Yards: 1, A. W. Langford (St. Bart's); 2, R. G. Gilbert (St. Bart's); 3, K. R. Race (St. Bart's). Time, 2 min. 8 sec.

220 Yards: 1, J. K. Hill (St. Bart's); 2, J. F. Lart (St. Thomas's); 3, C. J. Pearson (St. Thomas's). Time, 24½ sec.

Putting the Weight: 1, N. W. Storr, 30 ft. 2 in.; 2, J. H. Pierre, 29 ft. 7 in.; 3, H. Royle, 28 ft. 2 in.

Tag-of-War: St. Thomas's, 2 pulls; St. Bart's, 0 pulls.

100 Yards: 1, J. R. Hill; 2, E. M. Ward; 3, J. V. E. Lart. Time, 10½ sec.

1 Mile Team Relay: Winners, St. Thomas's (J. F. Varlev, J. R. Strang, H. B. Lee).

Long Jump: 1, E. C. Marsh, 20 ft. 5 in.; 2, J. H. Pierre, 19 ft. 5½ in.; 3, E. B. Madden, 19 ft. 4½ in.

1 Mile Relay: Winners, St. Bart's (W. D. Coltart, J. R. Hill, E. V. Pentreath, A. W. Langford).

SWIMMING.

ST. BARTHOLOMEW'S HOSPITAL v. LEWISHAM II.

Played at Ladywell on May 24th. The Hospital were without Sutton and Vartan, a vacant place in the team being filled at the last moment with A. N. Other. The outstanding feature of this game was the shallowness of the bath, in which it was possible to stand for most of its length; as a result both teams were penalized at least once or twice a minute for standing—a reflex which it was very difficult to inhibit. Marking was difficult, as their backs played most of the time in the middle of the bath, but as a result of this Edwards eventually received, while unmarked, a pass from Race from a penalty, and scored. Before half-time Lewisham scored twice, again owing to the fact that they had a man over at the other end of the bath.

After the change-over play continued equal until A. N. Other swam up from back and scored on his own; we then continued to hold them until we were unlucky enough to give a penalty a few yards from the goal line; one of their forwards was unmarked, and Anderson had no chance to save.

Although our opponents were superior in speed, this was a very good game, and we were unlucky not to draw.

Result: St. Bart's, 2; Lewisham II, 3.

Team.—K. G. Anderson; A. N. Other; J. H. West; R. R. Race; J. F. Fisher, F. A. Edwards (capt.), J. Lawn.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CITIZENS.

Played at Pitfield Street on May 25th. The Hospital had a full team except for Vartan, and defending the shallow end took the lead from the start. Within the first two minutes two of our shots hit the posts, and a third skimmed the cross-bar, when Edwards opened the scoring from a pass from Race. Sutton, monopolising the whole of the centre of the bath, sent many passes to the forwards, and before half-time Race, Fisher and himself had each added to the score.

After the change-over the same conditions prevailed; our backs enticed their forwards well by the bath, and several shots from the latter were ineffective on account of their length. Sutton, at half, was unapproachable both in speed and tactics, and scored twice more on his own; Race also scored twice more and Edwards once, without the Citizens replying.

Apart from Sutton's magnificent game, the whole team showed much improved combination, and shooting was accurate—a most encouraging performance.

Result: St. Bart's, 9; Old Citizens, 0.

Team.—J. C. Williamson; J. Lawn, J. H. West; J. C. R. Sutton; J. F. Fisher, R. R. Race, F. A. Edwards (capt.).

ST. BARTHOLOMEW'S HOSPITAL v. OLD STORTFORDIANS.

Played at Pitfield Street on June 1st. The Hospital seem doomed never to raise a full side, and again we played with three reserves; accordingly the score against us good as side as the Old Stortfordians was not unexpected. We defended the shallow end, and during the first half play was not so unequal. Edwards opening the scoring, our opponents soon broke through, however, and scored twice before half-time.

After the change-over the team collapsed entirely. Richards and Robertson at back and Lawn in goal all worked well, but the forwards were not in training, and Lawn was out of position; the forwards were thus not fed well and were shooting badly when they did receive a pass, and man for man our opponents were a good deal faster. In the second half the Old Stortfordians added four more without the Hospital replying.

Result: St. Bart's, 1; Old Stortfordians, 6.

Team.—J. Lawn; P. J. Richards, H. D. Robertson; J. H. West; J. F. Fisher, F. A. Edwards (capt.), C. K. Vartan.

ST. BARTHOLOMEW'S HOSPITAL v. UNIVERSITY COLLEGE HOSPITAL.

Semi-final Inter-Hospital Water Polo Cup-tie. Played at Pitfield Street on June 25th. The Hospital won the toss and defended the deep end. Vartan opened the scoring, receiving a goal pass from Sutton and putting it low into the corner. Soon after Sutton scored, dribbling the ball up close and kicking it under the goal-keeper's arm. Our opponents then woke up; their centre forward received a pass about 10 yards out and sent in a magnificent back-kick into the corner; and just before half-time Beon was allowed to send in one of his cannon-ball shots, which gave Williamson no chance.

In the second half the team in general, and Sutton in particular, pulled themselves together and had it all their own way. Sutton discovered that the ball was soft, and after one or two attempts scored twice with long "bounces." The opposing forwards remained well up the bath, so that practically the only man in our half was Sutton, who exchanged several long shots with Beon, and eventually at our opponents' end, and after some pretty passing Edwards scored once more just before the whistle.

Result: St. Bartholomew's Hospital, 6; U.C.H., 2.

Team.—J. C. Williamson; J. F. Fisher, J. H. West; R. J. C. Sutton; F. A. Edwards (capt.), R. R. Race, C. K. Vartan.

As a result of the above match we shall now be meeting Guy's in the final on July 3rd; this we believe to be the first time we have figured in the finals since the competition was inaugurated eight years ago.

We congratulate R. J. C. Sutton on his success at the final Olympic trials at Blackpool, in which he won the 100 metres free style; he will now be representing England at Amsterdam in the 100 metres, 200 metres and water polo.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. METROPOLITAN POLICE.

Played at Winchmore Hill on May 26th. Our opponents batted first, and on a sudden wicket which gave no assistance to the bowlers made 250 for 5 wickets. When the Hospital went in the sun was drying the wicket, but this did not account for the collapse—58 all out. Boney was top scorer with 20. Going in a second time we made 100 for 2.

ST. BARTHOLOMEW'S HOSPITAL v. CROYDON.

Played at Winchmore Hill on May 28th. Croydon batted first and made 216 all out. The Hospital replied with a total of 110, of which Hodgkinson made 27. He also took 2 wickets for 29 and Slinger 2 for 12.

ST. BARTHOLOMEW'S HOSPITAL v. STOICS.

Played at Winchmore Hill on May 30th. The Stoics brought down a strong side to avenge the defeat of last year. They batted first and made 219 for 8, Jacoche making 65 and W. T. Cook 76. The Hospital appeared to be in a bad position with 4 wickets down for 62.

Then Gilbert joined Anderson and together they carried the score to 127, both being undefeated at the close. Anderson hit well for 54 and Gilbert made a stylish 25. Considering the strong side against us we did well to have the better of a drawn game. The fielding was good, Grace being of great service in the deep.

ST. BARTHOLOMEW'S HOSPITAL v. HERT'S WANDERERS.

Played at Rickmansworth on June 2nd. Our opponents batted first and compiled a total of 71. Hodgkinson and Anderson bowled unchanged throughout the innings, taking 4 for 37 and 6 for 23 respectively. The fielding was on the whole, good. The Hospital batted after lunch and passed our opponents' score for 2 wickets, Boney and Gilbert each making 32. Our total score was 176. After tea we put them in again and got them all out again for 167. The Hospital thus won an interesting game.

PAST v. PRESENT.

Played at Winchmore Hill on June 9th. It was unfortunate that the day turned out to be damp with rather a cold wind. When we arrived on the ground play was impossible, but the pitch was drying. Some net practice was indulged in and the wicket was pronounced fit for play after lunch. Dr. Hinds Howell had got together a fairly useful side to represent the "Past." The "Present" batted first and made 162 all out. Of this Mackie made 33 and Boney 30 in a stand for the first wicket. Hodgkinson made 28. The "Past" went in after tea and we were somewhat lucky in getting them out for 54. Cooper and Cork were the top scorers for the "Past." Dr. Hinds Howell entertained the teams to lunch and a band played during the game. It was unfortunate that the weather was so inclement, thus keeping many away who would have attended. Still, it was a most enjoyable day, and we hope that it will become a more and more popular fixture in Hospital cricket.

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

Played at Winchmore Hill on June 11th. Our first cup-tie was against Mary's, and we had the choice of ground. Mary's batted first and made 91 all out. The Hospital fielding was very good and showed marked improvement. Wheeler took 4 for 27 and Anderson 4 for 18. The Hospital went in after lunch and passed Mary's total without loss, Mackie making 38 and Boney 53. The Hospital thus won easily.

ST. BARTHOLOMEW'S HOSPITAL v. ST. ANNE'S.

Played at Virginia Water on June 16th. The Hospital batted first and made 105 all out. Gaistford was top scorer with 28 and Anderson next with 22, while Kirkwood made 19. Both Gaistford and Anderson hit a six. Our opponents batted after lunch and made 77 all out, Anderson taking 4 wickets and O'Connell 5.

ST. BARTHOLOMEW'S HOSPITAL v. R.A.F., HALTON.

Played at Winchmore Hill on June 21st. The R.A.F. brought down a very strong side, including Fulljames and Shapcott. We batted first and 2 wickets were down for 9 runs. From there the score gradually rose, thanks to Hodgkinson and Slinger, to 5 for 61. Of this Hodgkinson contributed an exceedingly valuable and well-hit 35 and Slinger 16. Bamford assisted in a last-wicket stand of 26, making 18 not out. The R.A.F. went in and passed our total for 4 wickets and eventually compiled 201 for 5 wickets.

The match with Brasenose College had to be scratched. The 2nd XI lost their cup-tie with Mary's at Winchmore Hill.

GOLFING SOCIETY.

The first meeting of the Society was held on Wednesday, June 13th, at Denham Golf Club. Thirty members were present. The Gordon-Watson Cup for singles under handicap against bogey was won by F. A. Rose (10), who was one down. H. W. Carson (14), A. C. Roxburgh (0), T. H. Just (13) tied for second place with two down. The foursome competition against bogey was won by G. A. Stocker Harris and J. G. Milner (10), who were five up. J. H. I. Davies and F. H. Young (14) were second with all square.

The annual meeting was held after supper. Sir Charles Gordon-Watson was re-elected President and G. Graham and R. Corbet were re-elected as Secretaries. H. W. Carson, as the most senior member, retired from the committee, and J. H. Cummings was appointed in his place. The other members are C. M. Hinds Howell, C. H. Holt, T. H. Just and one member to be nominated at the annual meeting of the Students Golf Club.

An autumn meeting will be held at Wentworth Golf Club if possible on the afternoon of Wednesday, October 10th.

REVIEWS.

SOME PRINCIPLES OF DIAGNOSIS, PROGNOSIS AND TREATMENT: A TRILOGY. By ROBERT HUTCHINSON, M.D., F.R.C.P. (Bristol); John Wright & Sons, Ltd. London: Simpkin Marshall, Ltd.) Pp. 34. Price 2s. 6d. net.

Every practitioner possesses some sort of a medical conscience, which must very frequently exercise him. A medical conscience in time comes to work subconsciously, but, like its lay counterpart, it has its periods of waxing and waning, and from time to time it needs conscious refreshment.

This little book of Dr. Hutchinson's provides just this pabulum, which shall help to build the conscience of the student, and shall strengthen that of his hardened senior.

The three chapters, Diagnosis, Prognosis and Treatment, form a delightful trinity of medical ethics, in which diagnosis, "the greatest of these," enjoys a kind of parenthood to the others.

The manner of Dr. Hutchinson's writing is too well known to need comment; in this trilogy it is at its most charming best.

The publishers have fallen in with the spirit of the work, and have produced a comfortable pocket edition. Tired, conscience-stricken doctors can carry it with them and find pleasure and relief in odd moments of their busy day, or when this is over, there is no better book to keep by the bedside as a prelude to the closing of the five ports of knowledge.

GREEN'S MANUAL OF PATHOLOGY AND MORBID ANATOMY. Edited by A. PINEY. 14th edition. University Series. (London: Baillière, Tindall & Cox.) Price 21s.

This well-known text-book of pathology has been revised and brought up to date. The general features of the previous editions have been retained. The sections on nephritis and on surgical shock have been elaborated and brought into line with present-day views. Diseases of the blood receive a prominent place and are treated at length; the illustrations to this section are good. The variation in spelling—such as leucemia and leukæmia—may well harass the student. The pathology of the nervous system covers most of the well-known conditions; the illustrations are not good and many could well be omitted, as they convey at best a poor impression of the pathological state.

This book can be recommended to students as a well-balanced text-book of pathology; a few references to standard books on various subjects would have enhanced the value of this work.

THE TREATMENT OF THE ACUTE ABDOMEN. By ZACHARY COPE. (Oxford Medical Press; Humphrey Milford.) Pp. 237. Illustrations 146. Price 15s.

This book deals with the ordinary abdominal emergencies of general practice, and while it is written mainly for the practitioner suddenly called upon to perform an operation, it gives many useful points in technique and after-treatment which will help the house surgeon, and even be of use to the examinee.

Details of instruments, aseptic technique and anaesthetics are given. The chapter on the treatment of acute appendicitis is especially good, and the methods of dealing with the appendix in various possible positions clearly described.

The treatment of perforated gastric ulcer suggested is, for a book of this type, open to a little criticism. Abdominal irrigation is sometimes recommended, and also gastro-enterostomy, and these procedures both require a more advanced degree of surgical judgment than is to be expected from the people to whom the book is directed. It would have been better if they had been omitted.

The book is well produced and the diagrams are clear and informative. We can strongly recommend it to those for whom it was written.

THE CLINICAL EXAMINATION OF THE NERVOUS SYSTEM. By G. H. MORRIS KROHN, M.D., F.R.C.P. Fourth edition. (H. K. Lewis & Co., Ltd.) Pp. xvi + 209. Illustrations 55. Price 7s. 6d. net.

We are very glad to see after two years a fourth edition of this successful book by a famous author. It still remains a handy little volume of very good value for its modest price. Several minor additions have been made, and an important chapter on the interpretation of X-ray photographs of the skull added.

We are glad to find the *cisterna magna* route hailed as "the method for subarachnoid administration of medicamenta." Very useful accounts of such operative procedures are given. The illustrations are a great advantage.

A CORRECTION.

In our last issue we referred incorrectly to the price of Dr. Briggs's *How to Start in General Practice*, published by John Murray, as 5s. net. The correct price is 6s. net.

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

- ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Primary Arterial Fibrosis." *Proceedings of the Royal Society of Medicine*, December, 1927.
- ALEXANDER, FREDK. W., M.R.C.S.(Eng.), L.R.C.P.(Edin.), D.P.H. "Inhalation Therapy: Its Public Health Applications." *Medical Officer*, June 2nd, 1928.
- ARMSTRONG, R. R., M.D., F.R.C.P. See Burt-White and Armstrong.
- BARKES, E. BROUGHTON, F.R.C.S.(Edin.). "Frontal Abscess; No Headache, no Localizing Signs." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Aneurysm of Internal Carotid." *Proceedings of the Royal Society of Medicine*, September, 1927.
- "Meningeal Symptoms Developing, Disappearing and Re-appearing: Cerebellar Abscess possibly Leaking into Meninges." *Proceedings of the Royal Society of Medicine*, October, 1927.
- "Intracranial Complication of Aural Suppuration." *Proceedings of the Royal Society of Medicine*, October, 1927.
- BATTEN, RAYNER D., M.D. "Drawings of Fundus Oculi illustrating Dilatation of Blood-Vessels." *Proceedings of the Royal Society of Medicine*, August, 1927.
- BURT-WHITE, H., M.D., F.R.C.S. "Puerperal Sepsis and Sensitiveness to Streptococcal Toxins." *British Medical Journal*, June 7th, 1928.
- (and RICHARD R. ARMSTRONG, M.D., F.R.C.P.). "A Contribution to the Problem of Puerperal Sepsis." *Proceedings of the Royal Society of Medicine*, February, 1928.
- CARSON, H. W., F.R.C.S. "Volkmann's Ischaemic Myositis." *Proceedings of the Royal Society of Medicine*, March, 1928.
- CHANDLER, F. G., M.D., F.R.C.P. "The Treatment of Bronchiectasis." *Lancet*, May 26th, 1928.
- CHOPRA, R. N., M.D. (and GUPTA, J. C., and GHOSH, N. N.). "Indian Varieties of Aconite; Their Chemical Composition and Biological Assay." *Indian Journal of Medical Research*, April, 1928.
- (and GUPTA, J. C., and PILLAI, K. V.). "Observations on the Action of Emetine on the Gastro-Intestinal Tract." *Indian Journal of Medical Research*, April, 1928.
- (and GHOSH, S., and DUTT, A. I.). "Ephedrine from the Indian Varieties of Ephedra." *Indian Journal of Medical Research*, April, 1928.
- (and CHADDHURI, S. G.). "Studies in the Physical Properties of Different Blood Sera. Part I, Iso-electric Points of Blood-Sera and their Significance in the Antimony Test for Kala-Azar." *Indian Journal of Medical Research*, April, 1928.
- CHRISTOPHERSON, J. B., C.B.F.F., M.D., F.R.C.P. "On the Treatment of the Actinomycosis Type of Mycetozoma." *Proceedings of the Royal Society of Medicine*, January, 1928.

- CLARKE, ERNEST, C.V.O., M.D., F.R.C.S. "Demonstration of the Pecten in a Tame Owl." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Melanotic Sarcoma of Ciliary Body." *Proceedings of the Royal Society of Medicine*, February, 1928.
- COCKAYNE, E. A., D.M., F.R.C.P. "Two Cases of Renal Dwarfism." *Proceedings of the Royal Society of Medicine*, February, 1928.
- CROOK, ERIC A., F.R.C.S. "Myeloma of Humerus." *Proceedings of the Royal Society of Medicine*, August, 1927.
- "Diaphysal Aclasia." *Proceedings of the Royal Society of Medicine*, August, 1927.
- "Two Cases of Multiple Exostoses." *Proceedings of the Royal Society of Medicine*, December, 1927.
- "Sprongel's Shoulder." *Proceedings of the Royal Society of Medicine*, March, 1928.
- DAVENPORT, R. CECIL, M.B., B.S., F.R.C.S. "Bilateral Kerato-Iridocyclitis." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Bilateral Macular Coloboma in Mother and Son." *Proceedings of the Royal Society of Medicine*, November, 1927.
- DAVIES, J. H. TWISTON, M.B. "The Treatment of Ringworm by Thallium Acetate." *Proceedings of the Royal Society of Medicine*, October, 1927.
- "Bowen's Disease." *Proceedings of the Royal Society of Medicine*, October, 1927.
- DUNBAR GIBBY, SIR JAMES, K.B.E., M.D., F.R.C.S. "Demonstration of Induction of Optic Nystagmus with Simple Apparatus." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Case of Hysterical Spastic Aphonia." *Proceedings of the Royal Society of Medicine*, August, 1927.
- "Simple Ligature Applicator for Tonsillar Vessels." *Proceedings of the Royal Society of Medicine*, December, 1927.
- "Case of Attic Cholesteatoma with Vertigo; Ossiculectomy; Relief." *Proceedings of the Royal Society of Medicine*, January, 1928.
- "Microscopical Sections of Epithelioma of the Vestibule of the Nose, before and six months after Treatment with Radium." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Microscopical Sections and Drawings from a Case of Lympho-Sarcoma of the Pharynx and Naso-Pharynx." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Case of Acute Suppuration of the Middle Ear with Comparative Absence of Aural Symptoms: Thrombo-phlebitis of Lateral Sinus; Operation; Recovery." *Proceedings of the Royal Society of Medicine*, March, 1928.
- "Case of Congenital Atresia of the Meatus." *Proceedings of the Royal Society of Medicine*, March, 1928.
- DUNHILL, T. P., C.M.G., M.D., Ch.B. "Case of Nodular Laryngitis treated by Galvano-cautery." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Anasthesia in Thyroid Surgery." *Proceedings of the Royal Society of Medicine*, January, 1928.
- ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Two Cases of Spastic Paralysis associated with Scoliosis." *Proceedings of the Royal Society of Medicine*, August, 1927.
- FAULKNER, T. JEFFERSON, F.R.C.S. "Case of Enlargement of the Frontal Bone, Maxilla and Mandible." *Proceedings of the Royal Society of Medicine*, September, 1927.
- FAWKES, MARMADUKE, O.B.E., M.B., B.S.(Lond.). "The Practical Importance of Acetabulitis." A paper read at the Royal West Sussex Hospital, Chichester, January 13th, 1928.
- FELTING, ANTHONY, M.D., F.R.C.P. "Peritpharyngeal Neuritis, followed by Raynaud's Disease with Gangrene; Results of Sympathectomy." *Proceedings of the Royal Society of Medicine*, December, 1927.
- GARROD, SIR ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "The Lessons of Rare Maladies." *Lancet*, May 20th, 1928.
- GIUSEPPI, P. L., M.D., F.R.C.S. "Felixstowe as a Health Resort." *Practitioner*, June, 1928.
- GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Treatment of Cancer of the Rectum with Radium by Open Operation." *Proceedings of the Royal Society of Medicine*, December, 1927.
- GRIFFITHS, J. R., F.R.C.S. "A Case of Perforation of the Bowel in a Baby; Hirschsprung's Disease." *Proceedings of the Royal Society of Medicine*, October, 1927.
- HALDIN-DAVIS, H., M.D., F.R.C.S. "Case for Diagnosis; ? Mycosis Fungoides." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Case of Multiple Epitheliomata." *Proceedings of the Royal Society of Medicine*, February, 1928.

- HAMER, SIR WILLIAM H., M.D., F.R.C.P., D.P.H. "The Influenzal Constitution." *Proceedings of the Royal Society of Medicine*, July, 1927.
- HIGGS, S. L., F.R.C.S. "Bilateral Contracture of Sterno-Mastoid Muscles." *Proceedings of the Royal Society of Medicine*, August, 1927.
- HORNE, W. JONSON, M.D. "An Epidiastic Demonstration of Chronic Hypertrophic Laryngitis, with some Observations on the Treatment." *Proceedings of the Royal Society of Medicine*, August, 1927.
- "The Formation of a Circumscribed Interdermal Abscess at the Site of the Sacus Endolymphaticus." *Proceedings of the Royal Society of Medicine*, October, 1927.
- HOWELL, B. WHITCHURCH, F.R.C.S. "Mal-union after Fracture of the Phalanges of the Hand." *Proceedings of the Royal Society of Medicine*, March, 1928.
- HOWELL, C. M. HINDS, M.D., F.R.C.P. "Polycythaemia: Cerebral Thrombosis." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Two Cases for Diagnosis." *Proceedings of the Royal Society of Medicine*, February, 1928.
- HUME, J. BASIL, M.B., F.R.C.S. "Hydronephrosis with Absence of Ureter." *Proceedings of the Royal Society of Medicine*, March, 1928.
- KEYNES, GEOFFREY, M.A., M.D., F.R.C.S., Editor of *The Works of Sir Thomas Browne*. Vol. I: *Religio Medici: Christian Marais; a Letter to a Friend*. London: Faber & Gwyer, 1928. Editor of the first English text of 1653 of *The Anatomical Exercises of Dr. William Harvey; De Motu Cordis, 1628; De Circulatione Sanguinis 1649*. Issued on the occasion of the tercentenary celebration of the first publication of the text of *De Motu Cordis*. London: The Nonesuch Press, 1928.
- LANG, BASIL, F.R.C.S. "Corneo-Sclerectomy in old Interstitial Keratitis." *Proceedings of the Royal Society of Medicine*, February, 1928.
- MARWELL, JAMES, M.D., M.R.C.P. "Renal Infantilism." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Specimen of Congenital Macroglossia." *Proceedings of the Royal Society of Medicine*, February, 1928.
- MOORE, R. FOSTER, O.B.E., M.A., B.Ch., F.R.C.S. "Exophthalmic Goitre with Ocular Paralysis." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "New Tissue Formation in the Cornea." *Proceedings of the Royal Society of Medicine*, November, 1927.
- MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Atresia of the Duodenal Junction." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Erythro-leukemia." *Proceedings of the Royal Society of Medicine*, March, 1928.
- "Two Cases of Essential Thrombo-cytopenic Purpura Hamorrhagica Two Years after Splenectomy." *Proceedings of the Royal Society of Medicine*, March, 1928.
- OBERMER, E., M.R.C.S., L.R.C.P. "The Endocrinology of Tuberculosis." *Proceedings of the Royal Society of Medicine*, January, 1928.
- PAYNE, REGINALD T., M.B., B.S., F.R.C.S. "The Ambulatory Treatment of Varicose Veins." *Lancet*, June 9th, 1928.
- RIDOUT, C. A. SCOTT, M.S., F.R.C.S. "A Laryngeal Case for Diagnosis." *Proceedings of the Royal Society of Medicine*, July, 1927.
- ROXBOROUGH, A. C., M.D. "Two Cases of Aerodermatitis Perstans." *Proceedings of the Royal Society of Medicine*, December, 1927.
- "Epidemiology of Bullous." *Proceedings of the Royal Society of Medicine*, December, 1927.
- SAXBY-WILLIS, F. E., M.D. "Two Cases of Endocarditis Treated with Improvement by Intravenous Mercury." *Proceedings of the Royal Society of Medicine*, November, 1927.
- SCOTT, RUPERT, F.R.C.S. "Unilateral Dipththalmos." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Left Macular Chorioido-retinitis, with (?) Infiltration of Cloquet's Canal." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "A Case of (?) Coat's Disease." *Proceedings of the Royal Society of Medicine*, July, 1927.
- SOUTHAM, A. H., M.D., M.Ch., F.R.C.S. "The Abdominal Emergencies of Childhood." *Practitioner*, June, 1928.
- THOMAS, C. HAMBLYN, F.R.C.S. "Case for Diagnosis." *Proceedings of the Royal Society of Medicine*, September, 1927.
- "Case of Acute Mastoiditis." *Proceedings of the Royal Society of Medicine*, March, 1928.

- THURSFIELD, HUGH, M.D., R.C.P. "A Case of Persistent Vomiting." *Proceedings of the Royal Society of Medicine*, March, 1928.
- WATKIN-THOMAS, F. W., F.R.C.S. (H. GRAHAM HODGSON, M.B., B.S., D.M.R.E., and F. W. W.T.). "A Demonstration of Radiograms of the Normal and Abnormal Labyrinth." *Proceedings of the Royal Society of Medicine*, October, 1927.
- WEBER, F. PARKES, M.D., F.R.C.P. "Pituitary (? Cystic) Tumour." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Abdominal Lymphogranulomatosis Maligna (Hodgkin's Disease) with very high Blood Eosinophilia." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Case of (?) Angioma Serpiginosum for Diagnosis." *Proceedings of the Royal Society of Medicine*, July, 1927.
- "Early Angioma Serpiginosum confined to One Shoulder." *Proceedings of the Royal Society of Medicine*, October, 1927.
- "Congenital Jaundice in a Man, aged 60." *Proceedings of the Royal Society of Medicine*, November, 1927.
- "Gastric Achlorhydria in a Woman who was under observation over 19 years ago for Grave Anaemia." *Proceedings of the Royal Society of Medicine*, November, 1927.
- "Thrombo-Angiitis Obliterans on the Basis of Developmental Arterial Hypoplasia." *Proceedings of the Royal Society of Medicine*, November, 1927.
- "To show the Result of Omentopexy in a Man with Chronic Ascites from Hepatic Cirrhosis." *Proceedings of the Royal Society of Medicine*, November, 1927.
- "Chronic Pemphigus or Dermatitis Herpetiformis in a Child." *Proceedings of the Royal Society of Medicine*, December, 1927.
- "A Note on Artificial Cerebral Congestion against Sea-sickness." *Proceedings of the Royal Society of Medicine*, December, 1927.
- "Non-operated Mammary Carcinoma of Fifteen Years' duration in a Woman with a strongly positive Wassermann Reaction." *Proceedings of the Royal Society of Medicine*, March, 1928.
- WHALE, H. LAWSON, M.D., F.R.C.S. "Case for Diagnosis." *Proceedings of the Royal Society of Medicine*, July, 1927.
- WHARRY, H. MORTIMER, F.R.C.S. "Extensive Lupus of the Upper Air-Passages treated by Radium." *Proceedings of the Royal Society of Medicine*, July, 1927.
- WILLIAMS, H. E. EVERARD, M.D. "A Case of Repeated Tubal Pregnancy." *Proceedings of the Royal Society of Medicine*, August, 1927.
- WINNICOTT, D. W., M.R.C.P. "Case of Stunted Growth." *Proceedings of the Royal Society of Medicine*, August, 1927.
- "Facial Nerve Paralysis." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Facial Nerve Paralysis Associated with Fits." *Proceedings of the Royal Society of Medicine*, February, 1928.
- "Encephalitis after Measles and Chicken-pox." *Proceedings of the Royal Society of Medicine*, February, 1928.
- WOODWARD, A. S., C.M.G., C.B.E., M.D., F.R.C.P. "National Health Insurance as Seen by a Consultant Physician." *British Medical Journal* (Supplement), June 9th, 1928.
- YATES, A. LOWNDES, M.D., F.R.C.S.(Edin.). "Methods of Estimating Certain Alterations in the Middle Ear by Means of Quantitative Tests of Hearing." *Proceedings of the Royal Society of Medicine*, March, 1928.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The British Journal of Venereal Diseases—Guy's Hospital Gazette—The Kenya Medical Journal—The London Hospital Medical College—Long Island Medical Journal—The Magazine of the London Royal Free Hospital—The Medical Review—The Nursing Times—The Post-Graduate Medical Journal—The Student—The New Troy—University College Hospital Magazine.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
D.M.—Shaife, W. T.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.D.—Edwards, W., Hicks, E. P.
M.B., B.Chir.—Clegg, H. A., Evans, G. S. W., Oakley, D. E.
M.B.—Topham, E. J. E.

First Examination for Medical and Surgical Degrees, Easter Term, 1928.

Part II. *Mechanics*.—David, J. E. A., Shore, T. L. H., Venables, C. G.
Part III. *Physics*.—Shore, T. L. H.

Second Examination for Medical and Surgical Degrees, Easter Term, 1928.

Part I. *Organic Chemistry*.—Mercer, R. V. F., Warren, C. B. M.
Part II. *Human Anatomy and Physiology*.—do Amaral, A. A.

Third Examination for Medical and Surgical Degrees, Easter Term, 1928.

Part I. *Surgery, Midwifery and Gynaecology*.—Bateman, H. F., Elliott, W. A., Fox, P. H., Levick, P. G., Miles, A. A., Reynolds, J. B. A., Roberts, A. M., Varley, J. F., Williamson, J. C. F., Ll., Winter, L. B., Wood, F. W. J.
Part II. *Principles and Practice of Physic, Pathology and Pharmacology*.—Ashby, W. R., Buckley, W., Gilchrist, R. M., Gordon, J. C., Gray, R. A. P., Hounsfeld, M. C., James, L. R., Lees, J. M., Lloyd, W. J., Miles, A. A., Poole, J. C. C., Recordon, E. G., Richards, F. A., Roberts, A. M., Smith, T. R., Smith, W., Spooner, E. T. C.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1928.

Honours.—*Seddon, H. J., University Medal.

*Distinguished in Pathology, Surgery and Midwifery.

Pass.—Cook, N. E., Hobbes, T. H., Holmes, L., Macdonald, A. R., McMaster, A. M., Maley, M. L., Phillips, R. F.
Supplementary Pass List. Group I.—Bell, A. C. H., Davidson, W. P. M., Moore, C. F., Vergette, E. S.
Group II.—Robertson, I. M.

ROYAL COLLEGE OF SURGEONS.

The Diploma of Fellow has been conferred on the following:
Chaudhuri, A. M., Colins, F. M., Elgood, J., Forster, W. R.

The following were successful at the examination for the Primary Fellowship:
Olsen, C. W., Ray, P. N., Sophian, G. J., Vartan, C. K.

CHANGES OF ADDRESS.

DAVIES, J. LLEWELLYN, 17, Regent Street, Nottingham. (Tel. 43231.)
SIMMONDS, F. A. H., Brompton Hospital, Fulham Road, S.W. 3.
LOWSEND, Lt.-Col. R. S., I.M.S., Shawfield, Mussoree, United Provinces, India.

APPOINTMENTS.

DOYLE, J. L. C., M.R.C.S., L.R.C.P., appointed Medical Officer to the Raynham District of the Walsingham Union, and Certifying Factory Surgeon to Fakenham and District.
SIMMONDS, F. A. H., M.B., B.Ch.(Cantab.), appointed House Physician to the Brompton Hospital, Fulham Road.
WILLOUGHBY, W. M., M.D.(Cantab.), D.P.H., appointed Medical Officer of Health for the City.

BIRTHS.

FORD.—On June 11th, 1928, at 24, St. Mary's Street, Stamford. Lincs, to Audrey and Dr. J. Norman C. Ford—the gift of a son.
LANG.—On June 10th, 1928, at 27, Welbeck Street, W. 1, to Nora, wife of the late Basil Lang—a daughter.
VINTER.—On June 11th, 1928, to Dorothy (née Stallard Penoyre), wife of N. S. B. Vinter, M.B., Chippenham House, Monmouth—a daughter.

MARRIAGES.

ADAMS CLARK—SMITH.—On June 12th, 1928, at the church of St. Bartholomew the Great, Smithfield, London, Dr. Willoughby Adams Clark, only son of Dr. and Mrs. Adams Clark, of Erme House, Penge, to Ruth Ashton, eldest daughter of Mr. and Mrs. Edgar Smith, of Stoneycote, Leicester.
DRAWNER—VILES.—On June 12th, 1928, at All Hallows Church, Tottenham, by the Rev. R. F. Godwin, B.A., of St. Michael's, Paddington, Clarence Stephens Drawner, only son of Mr. and Mrs. A. C. Drawner, of Tottenham, to Iris Kathleen Woolsey, youngest daughter of the late Mr. A. E. and Mrs. C. J. Viles, also of Tottenham.
HARKER—FRANKLIN.—On June 5th, 1928, at St. Paul's, Withington, Manchester, Maurice John Harker, M.A., M.B., B.Ch.(Camb.), of Oswestry, only son of A. J. Harker, of Wimbledon Park, to Margaret Denise, youngest daughter of Mrs. Franklin, of West Didsbury.

DEATHS.

MORE.—On June 11th, 1928, at Rothwell, Northants, John More, M.R.C.S., L.R.C.P., aged 66.
YOUNG.—On June 11th, 1928, at a nursing home in London, Francis Percy Young, M.D., of Carew Road, Eastbourne, recently of Newquay, Cornwall, aged 48.
YOUNGER.—On June 2nd, 1928, at 2, Mecklenburgh Square, W.C. 1, Dr. George Cuthbert Nelson Younger, son of the late Dr. E. G. Younger, and beloved husband of Lilian Elizabeth Younger (née Abdy).

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. WILLIAMS, 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.

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AUGUST 1ST, 1928.

PRICE NINEPENCE.

CALENDAR.

Fri., Aug. 3.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Tues., „ 7.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Fri., „ 10.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Tues., „ 14.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Fri., „ 17.—Prof. Fraser and Prof. Gask on duty.
Mon., „ 20.—Last day for receiving matter for the September issue of the Journal.
Tues., „ 21.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri., „ 24.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Tues., „ 28.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Fri., „ 31.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

EDITORIAL.

THE well-intentioned promises (voiced in our last issue) of a fitting tribute to Mr. Harmer have dissolved themselves in that greedy humor—the summer vacation. July and August, like Hell, are paved with intentions quite as good as these, and though you step over one flat stone you must trip at the rough edges of its fellow. When the world becomes sane and hard-worked again, then will we obtain material for an adequate pictorial and verbal representation; but one of the few members of the Staff who yet remain at the wheel has very nobly undertaken the following account without the full data that he would have liked.

* * *
"Many friends and patients will hear with regret that

Mr. Harmer has given up his post in the Throat Department of the Hospital, and perhaps none more than the patients who assemble in Abernethy to see him on Monday afternoon.

Mr. Harmer came to us from King's College, Cambridge, where his skill of hand and eye made him the winner of the University cue. His student career was sufficiently distinguished to enable him to become house surgeon to Mr. Howard Marsh, and from that time he was marked for success.

His period of work as Demonstrator of Anatomy was followed in due course by elevation to the General Surgical Staff as Assistant Surgeon, and about the same time he became Warden of the College.

In the capacity of Assistant Surgeon his energy, his charm of manner and, in particular, the neat dexterity with which he operated made him conspicuous, and a big career seemed assured when his health failed, once more illustrating how important a robust body is to an ambitious mind.

The Hospital was unwilling to lose his services, so "light work" was found for him, namely to reorganize and expand the Throat Department. Hitherto this Department had been under the management of one of the General Staff, and most distinguished management it was, as anyone who visits the Out-Patient Room can see. But it was regarded as a minor addition to the duties of a man already much occupied with other work. Mr. Harmer was to abandon general surgery and give his time to this "light work." There were few things that he could not do exceptionally well, but taking it easy was not one of them. As a matter of course he became absorbed in his new department, and soon realized that for its full development a special ward and house surgeon were necessary. Accordingly the 20 beds of Abernethy Ward were reserved exclusively for the throat and ear cases, and in January, 1908, Mr. Colin Clarke assumed the duties of house surgeon, to

be followed, in April, 1908, by Dr. A. E. Gow, who was the first house surgeon to take office for a full six months, but has since wandered to the gentler path of physic. Dissatisfied with the results of surgical operation in many cases of malignant disease, Mr. Harmer resolved to try the effect of diathermy. He was the first to use that method at St. Bartholomew's, and obtained sufficient success for his example to be followed by other surgeons in London.

In later years he has devoted more and more time to the treatment of similar cases by radium and X-rays. His energy and persistence have been of great value in exploring the best means of applying this treatment to diseases of the throat and nose. In November, 1927, his demonstration of some 30 to 40 cases treated by these methods made a great impression on all who saw the patients. His share in last year's *Reports* bears witness to the success of his methods.

Mr. Harmer is not going into retirement; he remains a busy man, with a large practice, but feels the weight of a large clinic somewhat heavy for his shoulders. We are exceedingly sorry to lose him, and hope he will continue in touch with the Department for which he has worked so hard."

* * *

The Old Students' Dinner will take place on Monday, October 1st, in the Great Hall, at 7.30. Sir D'Arcy Power will take the Chair. There will be no formal speeches. The price of the dinner will be 26s. inclusive of wine payable at the dinner only. The Great Hall is being re-lighted for the occasion. Tea and coffee will be served in the Library after dinner.—C. GORDON-WATSON, R. M. VICK, *Hon. Secretaries.*

* * *

We are pleased to note that the Hospital took its share in the recent International Conference on Cancer, and showed how much research work has been done in recent years on the modern lines of treatment of malignant disease.

Papers were read in the discussions by Sir Thomas Horder on "A Consideration of Cancer Cachexia." Sir Charles Gordon-Watson, Dr. Donaldson and Mr. Keynes read papers on the relative value of surgery and radiation in the treatment of cancer of the rectum, cervix uteri and breast respectively; Mr. Hume read a paper on the lead treatment; Dr. Finzi and Dr. Canti read papers on "The Action of X-Rays and Radium on Tissues."

On Thursday afternoon the delegates were invited to the Hospital to see demonstrations of operations for the

insertion of radium in cases of cancer of the rectum, cervix uteri, breast and œsophagus. They were also shown many patients who had been successfully treated by radiotherapy. In the Pathological Department the Strangeways Team demonstrated their work on tissue culture, some of which illustrated the effects of radiation on cells *in vitro*, and in another room Dr. T. H. G. Shore had arranged an interesting demonstration of a number of malignant specimens taken from the Museum. The delegates were then taken to the Great Hall, where Dr. Canti showed his cinema film demonstrating all phases of tissue culture, including a dark-ground picture of the intra-muscular structure, and a film showing the direct effect of radium on normal and malignant tissue. It was obvious from the ovation at the end how much this film was appreciated by the delegates.

* * *

That our part in cancer research is keenly appreciated by all sorts and conditions, is shown by the following letter received by the Hospital authorities:

"May I suggest to you that a cure for cancer which seems to me to be feasible is the isolation of the patient for two years. No particular treatment is necessary, except good food and good care. Tuberculosis is *derived* from cancer. The clothing should be the ordinary clothing of the patient. No medicine should be administered. I do not suggest this irrelevantly. Seriously I believe it to be true.

"Concerning which I thank you,

"X.Y.Z."

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

We think it may be of interest to our readers to know that the result of the Matinee very kindly given by Miss Ruth Draper, in aid of the special reconstruction fund the Guild is collecting, amounted to £714—a magnificent total which needs no further comment.

We are also very pleased to announce that again this year a successful Provision Stall was held at the Hospital Garden Fete. This was splendidly organized and carried through by Mrs. W. G. Lovell, to whose untiring energy we owe a most acceptable sum towards the funds of the Guild of about £235. May we take this opportunity of very gratefully thanking her and all those who helped in any way to produce this splendid result?

The Junior Branch of the Guild, the "Busy Bees," also showed great activity, and in running the "Tip-me-out Boat"—quite one of the most amusing and

successful of the side-shows—realized towards their funds over £8, upon which amount they are to be much congratulated, as it all had to be collected in very small payments of 2d. a time.

OBITUARY.

SISTER STANLEY.

IT is difficult to realize that Sister Stanley, who left us such a short time ago, full of joyous anticipation of her holiday, will not come back. We miss her sorely, for she has won her place as one of the best of that long line of Sisters of whom we have been so proud and who have done so much to make Bart.'s what it is. Trying to analyse the qualities which endeared her to us, her capacity as a nurse, which was quite first-rate, naturally rises to one's mind. As the Surgeon to the ward, the outstanding point was the perfect trust and confidence with which patients who were dangerously ill could be left in her care with full knowledge that everything possible for their well-being would be done. In the make-up of a good nurse, however, something over and above professional skill is required; there must be added the love of one's fellow creature, and that Sister Stanley had to the full. She loved her patients with the love of a mother for her children, and when they were naughty she loved them just as much, and perhaps a little more. In her turn she was loved by the patients, by the nurses and the students. She made Stanley a happy ward.

Perhaps the time at which Sister rose to her highest was at Christmas. She was the heart and soul of the entertainment; she had something for every patient; she helped the students, made their dresses for them, and was just like a mother with a big family of boys.

Her quiet, cheery presence has gone from us, but her influence lives after her, and many an old patient and many an old Bart.'s man will remember and bless her memory.

Regretting her loss as we do, whether as a nurse, a sister, or as the loyal comrade in the day's work, the sadness of our loss is relieved by the thought that she who spent her best in nursing the sick did not have to suffer the ordeal of a tedious illness, but passed away swiftly, and we may believe without pain, in the full enjoyment of the work in which she was so happy.

GEORGE E. GASK.

BART'S AND GENERAL PRACTICE.

THE general practitioner of Great Britain is the mainstay of medicine and the guardian of the health of the community, always provided that his education has been efficient and that he possesses common sense. Being the son and the grandson of general practitioners of the "good old type," and being reared in the atmosphere of general practice, I entered my family hospital, St. Bartholomew's, forty-three years ago, and I started my medical curriculum with the full intention of succeeding my father in general practice in a thriving South London suburb.

I had some inkling of the lines of education which would be best for me in taking up this life's work, but all advised me to try for the degrees in medicine of the University of London.

The question has often been raised, Is it necessary or even desirable for a man (or woman) to hold a University degree in order to be a successful general practitioner? Personally I have a quite definite answer to this query. It really matters little so far as the public is concerned, for even yet it has very little knowledge of the value of degrees and diplomas, but what it does know is a good man when it sees him, or rather when it is treated by him. Therefore I am certain that a practitioner holding the "lowest" of diplomas may be among the "highest" of practitioners—nay, further, make and leave a "fortune." But when this is said and done, I am equally sure that every student who has average ability should seek to obtain a University degree in medicine, and chiefly for his own sake, as to secure this will give him satisfaction, and will undoubtedly mean that he has put good hard work into his time spent at the hospital.

With this preliminary, let me turn to the burning question, How can our College and Hospital best train the man who is to become the efficient general practitioner?

I would put in the forefront that it is essential that all that he is taught must be to give him the fullest knowledge possible of the human being, spirit, soul and body, and this can only be done by very close contact with his fellows, living and dead.

He must know the structure of the human body—that is "anatomy"—and he must know the functions of the human body—that is "physiology." But how far has he to delve into these mysteries? All real teachers of these subjects in a medical school are fully alive to the fact that it is impossible to impart the whole

of either subject, even if they themselves were capable of so doing; but they are bothered at times—at least I was—as to what is desirable to teach so that the essential will remain with the practitioner throughout his medical career.

My view is that the anatomy required in general practice can be thoroughly taught in the time allotted to this in the curriculum. But some examiners appear to be at fault in not being content to make quite sure that the candidate has a sound grip of these essentials that go for success. Let a student by all means read the connections of the otic ganglion, and be shown them in a carefully dissected specimen, but why ask him them in a pass examination, when in reality what should be found out is whether he knows all the structures that may be severed when he puts his wrist in contact with smashed glass of an office door? Or again, let the student be informed of the full innervation of the heart and the effects of stimuli upon the heart muscle, but never mind if he has only a confused idea of this when he comes to his examination, provided that he is thoroughly conversant with natural urine and with what abnormal constituents may be found in this excretion. I am absolutely convinced that it is essential to bring all the facts of anatomy and physiology into actual relation with the living subject. To teach on the dead or solely in the laboratory is never going to make a good general practitioner.

When I was an examiner in anatomy I made it a practice to have a living person at hand upon whom I could get the candidate to show me his knowledge of the actions, say, of particular muscles. Take the biceps cubiti for example. How few of those who read this in general practice realize that its chief action is that of supination, and that flexion of the forearm comes second. If they had been shown the action of the muscle on the living they would then have been able to estimate the degree of the loss of function sustained by a carpenter in his work when reporting for disability under the Workmen's Compensation Acts.

Further, it is the student who knows the average amount of urine excreted in the twenty-four hours, and how many acts of micturition is the average in order to void this amount, who is going to be able to help in the early stages of enlargement of the prostate. To have a knowledge of the condition under which indican is excreted is good, but if the other is missing, there will not be found a useful general practitioner.

It is the simple things that are always present and make up the bulk of general practice, and it is the recognition of these simple things in their early stages which lends itself to successful lines of treatment.

W. McADAM ECCLES.

SOME BOOKS BY BARTHOLOMEW'S MEN.

The Sessional Address to the Abernethian Society, June, 1928.

(Concluded from p. 148).

John Woodall is the next writer to whom I would draw your attention. He was a colleague of William Harvey, for he acted as Surgeon to the Hospital from 1616 until his death in 1643. A truculent-looking person, he had led a hard life in his younger days when he was surgeon to the colony of English merchants settled on the borders of Poland and Russia. Here he had to treat cases of plague and was himself fortunate enough to recover from an attack. This brought him to London, where he treated many patients during the great epidemic of 1603. He was appointed the first Surgeon-General to the newly-founded East India Company in 1612, and for the use of the surgeons in their employ he wrote *The Surgeon's Mate, or a treatise disclosing faithfully the due contents of the Surgeon's Chest*. It is a well-written and practical surgery designed for the use of ships' surgeons, each of whom was expected to take a copy with him when he went to sea. He says in his preface that "for divers years past no other surgeon of our nation hath published any book of the true practice of Surgery to benefit the younger sort, these my mean treatises only excepted." One interesting point in the book is Woodall's recommendation of lemon-juice as a good preservative against scurvy. The practice was not wholly new, but the large circulation of *The Surgeon's Mate* brought it into prominence. He says: "I find we have many good things that heal the Scurvy well on land, but the Sea Chirurgion shall do little good at Sea with them. The use of the juice of Lemon is a precious medicine and well tried, being sound and good. Let it have the chief place for it will deserve it. The use whereof is thus:—It is to be taken each morning two or three spoonfuls and fast after it two hours, and if you add one spoonful of Aquavite thereto to a cold stomach, it is the better. Also if you take a little thereof at night it is good to mix therewith some sugar or to take of the syrup thereof is not amiss. Further note it is good to put into each purge you give in that disease. Some Chirurgions also give of this juice daily to the men in health as a preservative which course is good if they have store (plenty), otherwise it were best to keep it for need. I dare not write how good a sauce it is at meat, lest the chef in the ship's waste use it in the great cabins to save vinegar. In want whereof use the juice

of Limes, Oranges or Citrons or the pulp of Tamarinds; and in want of all these use oil of Vitriol as many drops as may make a cup of beer water or rather wine if it may be had, only a very little as it were sour, to which you may also add sugar if you please or some syrups according to your store and the necessity of the disease, for, of my experience, I can affirm that good oil of Vitriol is an especial good medicine in the cure of Scurvy." The root of the matter, as Carlyle would have said, was in Woodall, in spite of the fact that he knew nothing of vitamins, and it is noteworthy that the issue of lime-juice with a ration of rum has been retained in the Navy until 1927. It is only within the last few months and in a spirit of economy that orange-juice has been substituted for the juice of limes and the rum ration issued with it has been abolished.

The next writer is William Wagstaffe, Physician to the Hospital from 1720–1725. He was a polemical writer belonging to the time of Swift and Arbuthnot. Here is the volume of his miscellaneous writings published directly after his death. They are not very edifying reading, but the book is interesting because it has prefixed to it an obituary notice, the first of its kind, though we are now familiar with them in each volume of our *Reports*. They lead, I think, an added horror to death.

John Freke was Surgeon to the Hospital from 1726–1755. He is buried with his wife under the canopy of a fifteenth century tomb in the antechapel of our little Church. Next time you go to the Steward's Office look up at the great gilded chandelier. It bears an inscription saying that it was made by John Freke in 1735 and shows that he was a skilful carver and gilder. He was the first to be given charge of the eye patients who came to the Hospital, and we also owe him a debt of gratitude because he laid the foundation of our Pathological Museum. He wrote this essay on the art of healing. The articles are very short, but he shows himself as a very early example of the physiological rather than of the anatomical surgeon. He was thus, in a dim way, the forerunner of Abernethy and of Paget. The last chapter in the book is perhaps the most important. It is headed "Of the Empyema," and he says: "This disease is an imposthumation in the Breast; and as most Authors recommend to the Surgeon not to open them till some thin point offers itself to the Touch, it gives me the occasion of treating of this disease, for there are many people living now who would not have been so had it not been for a peculiar observation I have made from the opening of a dead body heretofore, whose left hemisphere of the Thorax was so full of matter that the ribs were all lifted up with it, when I opened the breast it discharged more than a gallon. This set me on

examining afterwards into this disease and by the result of that examination I have been instrumental in saving the lives of many who if they had stayed till some point had offered would probably have lost them; for I have very often discharged not less than a gallon of purulent matter at once through an aperture made by incision betwixt the ribs when no inflammation has appeared on the part.

"The best method of doing this operation is to divide the skin with the intercostal muscles near to the Pleura and that I choose to push through with my finger for safety. When I have discharged the matter I keep the wound open by a canula large enough to discharge such glutinous matter with small sloughs through it as are separated from the lobes of the Lungs." It thus appears that the modern treatment of empyema by incision and drainage may fairly be said to have originated in this Hospital.

Percival Pott bridged the gulf which separates the end of the old era from the beginning of the new. In Pott's writings there are many traces of the old order, but in spirit he belongs to modern surgery. He takes us to the bedside, shows us what to observe and tells the result of his own experience. John Hunter, his pupil, was immeasurably superior to him as a scientific surgeon, but Pott was the better practical surgeon. All his works are well worth reading, not only for the material, but for the side-lights which they throw upon the Hospital practice of his day. Here is an example: "A girl about fifteen years old, crossing Smithfield on a market day was tossed by an ox and fell with her head on the flat stones within the posts. As her dress was mean and nobody knew anything of her, she was brought senseless into the hospital. She had a large bruise on the right side of her head, through which I plainly felt a fracture with depression. The scalp being removed from that part, the fracture was found to be large and the depression considerable. I applied a trephine on the inferior and undepressed part and by means of an elevator raised the whole to perfect equality. Her head was dressed lightly and sixteen ounces of blood were taken from her. She passed the following night very quietly and the next morning was still senseless. She was again freely bled and a purge was given which soon operated. On the third day, her pulse admitting and her circumstances requiring it, she was bled again. On the fourth day she became sensible and on the fifth was surprisingly well. She remained so until the ninth, on the evening of which she complained of headache, sickness and giddiness. She was again let blood and put under the direction of the physician who ordered some medicines for her. From the ninth to the thirteenth day she remained

much the same, that is to say feverish and complaining of heat, thirst, headache and watching. On the fourteenth day she had a severe rigor and the sore on the scalp as well as the denuded dura mater wore a very bad aspect. From this time she became daily worse and worse in every respect; and on the twentieth day from that of the accident she died, having been terribly shaken by spasms for several hours.

"All the internal surface of the os parietale above the fracture was detached from the dura mater and covered with matter which could not obtain free discharge at the perforation, the membrane being inflamed and thrust up tight against it.

"I will pretend to assert that repeated perforation of the upper part of the bone would have preserved her, but I must say, as the case turned out, it would have been her best, if not her only, chance; and that if I had known at that time as much of these cases as I think I have since learned, I should certainly have taken away the greatest part if not the whole of what had been depressed."

John Abernethy is our next great surgical writer. His name is still a household word in this Society as well as in the Hospital. His reputation depends upon the fact that he was the first physiological surgeon as opposed to those who based their practice on anatomy. He looked upon an operation as an *opprobrium chirurgiae*, partly because he was timid by nature and disliked operating, partly because he was a devoted admirer of John Hunter, who held the same views. It is difficult to hold a water-closet in respect, but I do as regards that which is placed in the surgeon's room belonging to what is now the Etherington-Smith Theatre, for it was there that Abernethy retired to vomit before he undertook a large operation in that theatre. Abernethy was a great teacher and he filled the school with his pupils. You all recollect the description of his lectures given by Dr. Latham: "We never left his lecture room without thinking him the prince of physiologists and ourselves only just one degree below him. His mode of entering the lecture room was often irresistibly droll—his hands buried deep in his breeches pockets, his body bent slouchingly forward, blowing or whistling, his eyes twinkling and his lower jaw thrown considerably beneath the upper. Then he would cast himself into a chair, swing one of his legs over the arm of it and commence his lectures in a most *outré* manner." The book by which he was best known in his own day was *Surgical Observations on the Constitutional Origin and Treatment of Local Diseases*, which he always and very constantly referred to as "My Book." In it he told how to treat surgical diseases rather by diet and medicine than by

operation. His main thesis is that local diseases generally arise from disturbance of the constitution at large, often associated with digestive troubles. His conclusions are no longer warranted, for he knew nothing of bacteriology, of the physiology of digestion or of disease of the internal organs. Nevertheless he had much common sense, and in a plethoric, overfed nation his plan of treatment was efficacious. He says: "I have recommended patients to take as much exercise as they could, short of producing fatigue; to live much in the open air. . . . Many people who are extremely irritable and hypochondriacal and are constantly obliged to take medicine to regulate their bowels whilst they live an inactive life, no longer suffer from nervous irritation or require aperient medicines when they use exercise to a degree that would be excessive in ordinary constitutions." Abernethy was absolutely fearless and straightforward. He carried on the tradition of our School, which is at least as old as Percival Pott, that we should treat our patients as human beings, that we should be honest in all our dealings, and that we should remember we practise a profession and do not carry on a trade; in other words, that we look first to the needs of the patient and only secondarily to the fee.

Peter Mere Latham wrote a little volume of *Lectures on Subjects Connected with Clinical Medicine*, which I often read for pure joy of the style in which he has clothed his thoughts. It ranks with or a little before Sir Thomas Watson's *Lectures on the Principles and Practice of Physic*. You can buy it for sixpence at a second-hand bookstall, and if ever you see it there, secure it and have it bound, for it is one of the *opera aurea* of our School. Dr. Latham was Physician to the Hospital from 1824 to 1841. Here is a sample of what he taught: "I have been physician here for eleven years. Having no formal lectures to give I have considered my business to be expressly in the wards of the Hospital; and I have thought myself expressly placed there to be a *demonstrator* of medical facts. I use the term *demonstrator* because it will at once carry my meaning to your minds; which is that I have looked upon myself as engaged to direct the student where to look for, and how to detect, the object which he ought to know; and, the object being known, to point out the value of it in itself and in all its relations."

From Latham we pass to Sir William Lawrence, the great pupil of John Abernethy, surgeon, orator, zoologist, and first-class fighting man; he was attached to the Hospital from 1799 to 1865. He published in 1819 a volume of *Lectures on Physiology, Zoology and the Natural History of Man* which raised a storm of opposition, for they were in advance of their time, as tending to show that the Mosaic Cosmogony was not

to be taken in its literal sense. His encyclopædic knowledge of the surgery of his time may be judged by the fact that "Lawrence on Rupture" and "Lawrence on Diseases of the Eye" were standard text-books for many years. His son was Treasurer of the Hospital; his grandson, as one of the Almoners, and as Chairman of the College Council, takes an active share in the management of the Hospital and of the School.

A generation later than Lawrence and yet contemporary with him was the silver-tongued Paget, equally great as a pathologist and as a wise surgeon; a recognized master of surgery throughout the world, beloved by all who knew him for his integrity, the purity of his ideals and his great power of exposition. His *Lectures on Surgical Pathology* were published in 1853, and they show how much our Museum was indebted to his fostering care. His charm of style is exemplified in the following passages, where, speaking of John Hunter, he says in his Hunterian Oration: "I cannot doubt that he attained that highest achievement and satisfaction of the intellect when it can rest in a loving contemplation of the truth; loving it not only because it is right, but because it is beautiful. I cannot doubt that in the contemplation of the order and mutual fitness in a great field of scientific truth there may be, to some high intellects, a source of pure delight, such as are the sensuous beauties of nature to the cultivated artist-mind, or virtue to the enlightened conscience. I believe that in contemplation such as this Hunter enjoyed a calm, pure happiness. So Reynolds, his friend, seems to tell of him in that masterpiece of portraiture which teaches like a chapter of biography. Hunter is not shown as the busy anatomist or experimenter pursuing objective facts; the chief records of his work are in the background; he is at rest and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law which can only be intellectually discerned. The clear vision of that world was his reward. It may be the reward of all who will live the scientific life with the same devotion and simplicity."

There are many other writers connected with the Hospital of whom I could tell you did not time fail one. Of Kirkes, who wrote the text-book of physiology; of Dr. Gee, whose learned and at the same time useful little manual on *Auscultation and Percussion* was in the hands of every medical student two generations ago; of Mr. Mount Baker, who first interested us in the history of the Hospital by the paper he read before this Abernethian Society; and of Sir Norman Moore, whose monumental work must ever remain the standard history of this ancient charity. But the end is not yet. The literary tradition is being carried on in an

ever-widening stream, and by none more swiftly than by Mr. Geoffrey Keynes, who not only performs all his surgical duties most admirably, but has established his reputation in the highest circles of bibliography.

In conclusion I should like to show you two poems in Latin which are associated with the Hospital. The first is "Grove's Carmen," which gives a detailed account of an experiment by Dr. William Harvey to demonstrate the circulation of the blood in a dog. It is, I suppose, the only poem written by a Bishop of the Church of England describing a vivisection, for Robert Grove became Bishop of Chichester a year after it was written.

The other poem is equally interesting to us. It is the "Carmen Elegiacum," written by Dr. Bridges, the Poet Laureate, when he was serving as one of the Casualty Physicians in 1876. It is dedicated to Dr. Patrick Black. The title-page tells you that it treats of the history of the Hospital, of our notable predecessors, and of various members of the staff at the time it was written. It ends with an account of the clinical teaching of Dr. Patrick Black, to whom he had acted as house physician.

D'ARCY POWER.

A CASE OF MILIARY TUBERCULOSIS OF THE LUNGS.



MILIARY tuberculosis of the lungs in an adult, aged 73 years, is a very rare condition, and therefore the following case has been put on record:

Mrs. E. W—, æt. 73, was admitted to Harley Ward on May 7th, 1928, with the following history:

Early March, 1928: Slight cough, but no sputum.

End of March, 1928: While chopping wood she sustained an injury over the left eye. A small ulcer formed and gradually spread. She felt "run down and lifeless" and "feverish" at nights.

End of April, 1928: Glandular swelling formed in the left pre-auricular and submaxillary regions.

In the past, with the exception of some loss of weight since 1925, she had always been healthy. During 1918 she was nursing a son who died of pulmonary tuberculosis. There is no history of recent contact with anyone suffering from phthisis.

On admission she was a healthy-looking woman, temperature 98.4° to 99.6°, pulse 104, respirations 24. Over the left eye was a small, innocent-looking ulcer. Chronic inflammatory fluid swellings were present in

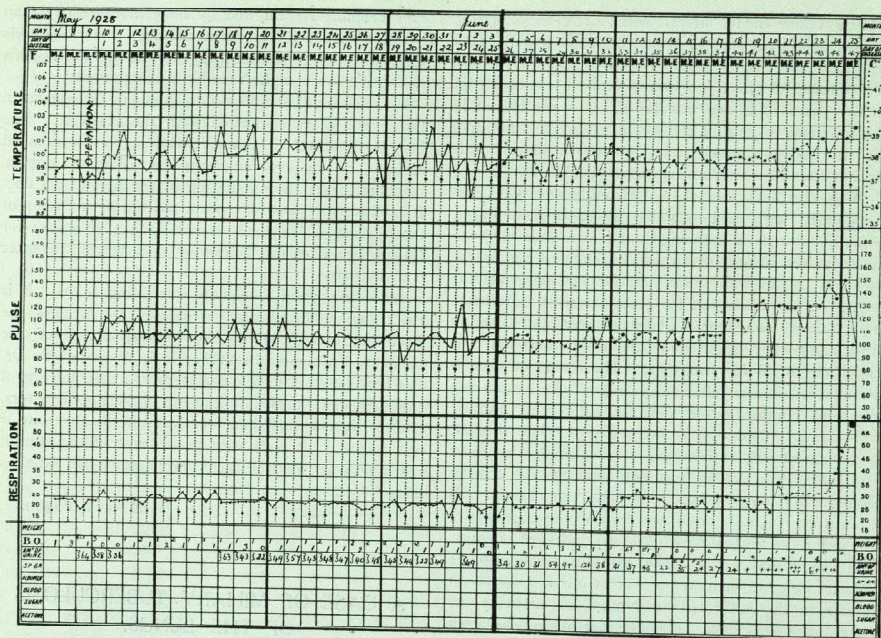


CHART FROM CASE OF MILIARY TUBERCULOSIS.

pre-auricular and left submaxillary regions. The chest, abdomen and urine were quite normal.

Course of disease.—The pre auricular and submaxillary abscesses were incised and pus evacuated in which staphylococci were found. The ulcer over the left eye proved on section to be chronic inflammatory in character, probably tubercle.

For a period of seven weeks before death the temperature continued to vary from 98° to 102.8° (see chart). On June 13th an X-ray picture was taken of the chest (see plate), and the following condition was found: Lungs—the whole of both lung fields show diffuse mottling of an irregular nature, but not distributed along the bronchial tree.

X-ray diagnosis: Bronchiectasis or miliary tuberculosis.

On June 21st she was seen by Sir Percival H. S. Hartley, who made the following note: "The chest shows no physical signs beyond emphysema. Breath-sounds vesicular, no added sounds. No impaired note. The breathing a little quickened. No cough. No

sputum. Pulse rapid. Slight cyanosis. Temperature chart shows continuous temperature since admission. X-ray shows generalized fine mottling. Diagnosis: Generalized tuberculosis of the lungs."

At the post-mortem held on June 25th, 1928, the following conditions were found:

The body was that of an emaciated woman with discharging sinuses situated in the left pre-auricular and left submaxillary regions. A small "cold" abscess was found under the left sterno-mastoid muscle, situated amidst a group of caseating glands.

Throughout both lungs were generalized small yellowish nodules which were rather larger than ordinary miliary tubercles. The gland at the bifurcation of the trachea was enlarged, softened and caseous; one or two other glands in the posterior mediastinum showed similar but less advanced changes. The lungs showed no older focus of tuberculous disease. No miliary tubercles were discovered in the other organs of the body. The mesenteric glands were natural.

Histologically the lungs showed areas of advanced



SIALOGRAM OF LUNGS IN A CASE OF MILIARY TUBERCULOSIS.

miliary tubercles which contained numerous tubercle bacilli. The cervical glands were filled with masses of tubercle bacilli.

In conclusion the above case is of particular interest for the following reasons:

- (i) The rarity of this condition.
- (ii) The absence of physical signs in the chest.
- (iii) The X-ray pictures, on which the diagnosis was mainly based.

I am indebted to Mr. Rawling for permission to publish this case. A. E. FRASER-SMITH.

THE VOYAGE OF S.S. "TEIRESIAS" OF LIVERPOOL.

(Continued from p. 153.)

Tuesday, October 18th.—South China Sea. This morning we sailed at 6 a.m., just before sunrise. By 7 a.m. we were out at sea again and soon passed Bias Bay, "the pirate stronghold," and have been steaming within sight of the coast, about ten miles off.

The land here is very mountainous and barren. We have passed through fleets of hundreds of junks to-day. There's quite a fresh wind blowing. One thing that impresses me about the East is that the struggle for existence is very much harder than in England. The standard of living is very low, too. Egypt was low, but the Far East is much worse. The sea here is greenish, as it was off Egypt—a sign of shallow water.

Wednesday, October 19th.—East China Sea. It's still blowing half a gale. To-day we changed from "whites" to "blues," *i. e.* back into blue uniform.

We are still in sight of the coast and have passed through the Strait of Formosa into the East China Sea. The wind is increasing in force. It takes me all my time to walk against it. It's quite hard to open a door in the wind—it takes both shoulders down to it and all my weight on it. When I let it close again it shuts with a bang that would cut the fingers off if they got caught. Still, it's not cold—about 68° F—and is quite pleasant in its way.

This morning one of the seamen had his hand crushed by some tackle.

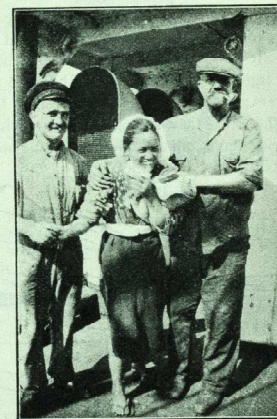
He has a lacerated wound of the right little finger and much bruising in the hand.

I am doubtful as to whether he has fractured a phalanx in the little finger. However, there is no deformity, and I cannot elicit crepitus, though it is exquisitely tender.

I have put his finger on a splint and reported him as unfit for general duty, but fit for "look-out."

I always try to keep the men on some sort of light duty if possible, as I think the seaman taken off all duty, with nothing to do except sit on his bunk, is inclined to worry about himself and become despondent.

Thursday, October 20th.—The morning round of inspection is quite a little walk. The ship is 490 ft. long, and I go from end to end of her twice, altogether covering about $\frac{1}{4}$ mile. The centre castle (where our cabins are) is 156 paces round, and I usually do half a dozen circuits every morning for exercise. We are due into Shanghai to-morrow morning, but shall probably spend only one day there, so I'll be pretty busy, I expect—still, I hope to get ashore for a few hours before we leave again.



A COATING GIRL WHO OBJECTED TO BEING "SNAPPED"
"THIRD DEGREE" BY THE BOS'N AND THE CARPENTER.

This afternoon we passed a whale blowing. We were quite close before it dived.

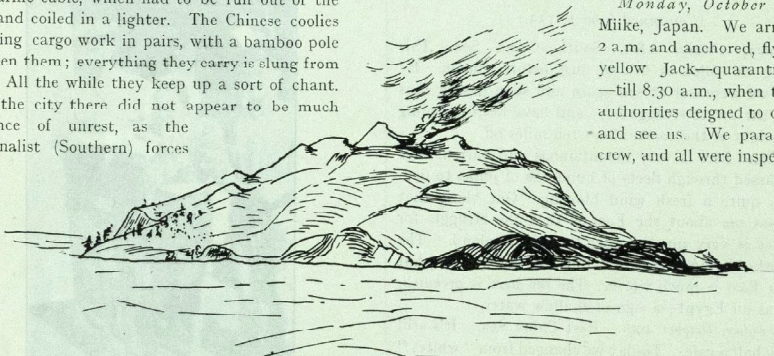
Friday, October 21st.—Shanghai. We entered the river Yantse at dawn and then steamed down one of the branches—the Yantse Poo. This is where Shanghai lies. The country is quite flat, and a mist hung over the river, delaying us for two hours. There appeared to have been a collision higher up stream, judging by the sampans dashing about.

We finally made fast at Holts Wharf in Pon Tung, on the opposite bank to Shanghai and in Chinese territory, at 8 a.m. Holts Wharf is occupied by British troops, and the cruiser "Keppel" lay astern of us, and the destroyers "Wishart" and "Wild Swan" just ahead. Out in the stream lay the Blue Funnel ships

"Æneas," homeward bound, and "Bellerophon," taken over by the War Office as a transport. There was also the transport "Assaye." In the morning I went ashore. I spent a little time looking at the Bund—the waterfront—and later visited the Chinese hospital. I inquired there for the superintendent and asked about the presence of any cases of osteomalacia, but unfortunately they had none. I then went on to the St. Luke's Hospital in the Chinese quarter and asked again there. They had none either, but showed me X-ray photos of a case. Then I called on Dr. J. A. Maxwell, in Yuan Ming Yuan, an old Bart's man. He was kindness itself and gave me a couple of articles on the subject. They are by his brother, the Professor of Obstetrics in Peking.

The work of unloading the cargo proceeded all night. The most difficult part was unloading the miles of submarine cable, which had to be run out of the hold and coiled in a lighter. The Chinese coolies handling cargo work in pairs, with a bamboo pole between them; everything they carry is slung from this. All the while they keep up a sort of chant.

In the city there did not appear to be much evidence of unrest, as the Nationalist (Southern) forces



Volcan Island—An active volcano—about 60 miles from Fujiyama.

have conquered all this province and the front is now much further north. The police control the traffic, and the British troops are not very much in evidence, except drilling on the Bund, and at the boundaries. Several of the crew have bought canaries and linnets here. Our next port is Miike, in Japan.

Saturday, October 22nd.—We sailed at 6 a.m. and were again delayed by the mist, but got out into the main stream of the Yantse by 9 a.m. The river here is very wide—I should guess six miles across. For miles after we got out to sea the water remained a yellow brown. The Japanese regard Shanghai as a "cholera port," so we are having to take all precaution. I advised the captain to take no food or drinking water on board there, though, so we are pretty safe from infection.

Sunday, October 23rd.—To-day we are in blue water again. This afternoon we passed some outlying islands, belonging to Japan. We expect to reach Miike about

midnight, and shall enter in the early morning. We are going to coal here. Miike is near Nagasaki, in the island of Kyushu.

Before we left Shanghai for Japan the Japanese authorities sent on board a hundred cardboard boxes. These were to enable us to collect specimen stools from each member of the ship's company.

The purser and I accordingly labelled the boxes with the names of the crew. We then paraded the crew, section by section, and I explained the necessity of this examination to guard against the spread of cholera, and issued the boxes. I also told any man who developed diarrhoea to report to me immediately.

The stools were collected that evening. Next day they were taken ashore by the port medical officer and examined before our quarantine was raised.

Monday, October 24th.

Miike, Japan. We arrived at 2 a.m. and anchored, flying the yellow Jack—quarantine flag—till 8.30 a.m., when the port authorities deigned to come off and see us. We paraded the crew, and all were inspected by

the port medical officer and myself. Then we entered the harbour still flying the yellow Jack. Only the master, chief officer, purser and I were allowed ashore.

We got alongside the wharf at 11.30 a.m., and started coaling. They have the latest equipment here—huge elevators which take up a truck-load of coal at a time and tip it in. They can handle over 300 tons an hour this way. We took on board 2000 tons. On board we had gangs of Japanese trimmers levelling the coal in the bunkers. Nearly half the trimmers are women, who seem nearly as sturdy as the men. All the haulage is electric, and though the town is a fourth-rate little place, it is electrically lighted.

In the afternoon the purser and I went ashore on business—and pleasure. I went to see if our quarantine could be lifted, but it was no good; we were kept in quarantine till 9 p.m. whilst our stools were examined. C—had another attack of malaria, and as another Blue

Funnel ship, the "Dardanus," was also in port, I asked her surgeon, Dr. O. Chance, to come on board and have a consultation. We advised C— to go ashore to the British hospital at Kobe. He was nursing a temperature of 104°, but ten grains of quinine and ten grains of aspirin soon caused an improvement.

Dr. Chance stayed to dinner with me. I was glad to get his opinion. It is well to get some professional "backing" when sending anyone ashore to hospital.

Tuesday, October 25th.—We left Miike at 7 a.m., having coaled all through the night.

It was a glorious day, warm, like an August day at home. We passed through some lovely scenery—the finest I have yet seen. Lots of little islands terraced and cultivated in small farms. Unfortunately we are not going through the Inland Sea.

Later in the day the coast became very fine and rugged. I should think the mountains rise 3000 feet from the water's edge. About 8 p.m. we reached the South of Kyushu and passed through the Van Dimene Strait. There it came on to blow again. There was a heavy current against us, too, so we felt the sea a bit before we lost the lighthouse astern.

Wednesday, October 26th.—To-day is another lovely day. We are now in the Northern Pacific. We are bound for Kobe, a big industrial port. We expect to reach there by daylight. 9 p.m. We have just anchored off Kobe, and will enter early in the morning.

Thursday, October 27th.—Kobe is very prettily situated. The mountains behind the town rise to 2000 feet within three miles of the shore. At 7 a.m. this morning the health officers came on board and we interviewed them.

I found that in response to my telegram from Miike, arrangements were ready to receive C— at the International Hospital here. Consequently I took him up there in a car at 11 a.m. It's a nice hospital, of 20 beds, for Europeans only.

The matron and sister are Canadians, and the nurses Japanese, and I gather the medical staff consist of two British doctors, and other European medical men of different nationalities.

In the afternoon I went up to see C— again, and gave the details of the case to Dr. Bird, who is in charge of the patient. Afterwards I walked to the Waterfalls at Nunobiki—a famous beauty spot. The gorge was certainly lovely, and the falls—quite a slender stream—flow into it at its upper end. I also stopped and watched the Satsuma artists painting Satsuma ware—a lovely form of pottery.

There was one bowl about 7 in. diameter with a design of butterflies in a net that was a work of art, but it was far too dear—30 yen, or £3. I'd have liked to have got it, though.

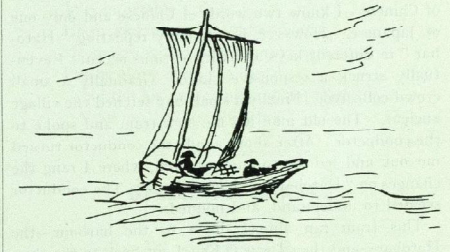
The Japanese quarter is very pretty, and I spent a couple of hours walking round it.

On the hills overlooking the town there is a huge anchor of trees. It was planted in 1905 in honour of Admiral Togo.

Friday, October 28th.—This morning we went ashore and I saw C— and Dr. Bird again. In the afternoon at 2 p.m. we sailed for Yokkoachi.

Saturday, October 29th.—Yokkoachi. We arrived here at 9 a.m. and moored to a buoy in the river. We took on a cargo of china and porcelain for Amsterdam and Manila.

We sailed again at 3 p.m.



JAPANESE FISHING BOAT, MIIKE. THE SAIL IS IN THE STERN: IT IS TWISTED FURLED AND THEN DRAWN DOWN FROM THE YARD LIKE A BLIND.

Sunday, October 30th.—Yokohama. We got here at 6 a.m. The first I knew of it was that a head appeared through my port-hole and announced that the (qualified!) customs boat was alongside. I did a quick "dress." The raincoat dressed me from the neck to the knees and the gum-boots from the knees to the deck. Then the hat went on the head, and there I was, ready, before they were up the gangway! I met the Port Medical Officer and gave him the information he wanted, to the effect that there was no sickness on board, and that we had been inspected and given a clean bill of health at Miike. To day the Emperor is reviewing the fleet. At 10 a.m. he steamed through the lines to a salute of 21 guns from every ship, while an escort of aeroplanes flew overhead. We lay less than a mile off the fleet, on the left of the line, so had an excellent view of it. There were ten super-dreadnoughts in two lines. Then there were two "mystery" aircraft carriers, and further lines of cruisers, auxiliaries, destroyers and submarines. The Emperor's ship was preceded by a cruiser. Then came the Emperor in a super-dreadnought, flying the Imperial flag—a golden chrysanthemum on a red ground.

The customs officer told me there are 173 ships under review—practically the whole Japanese fleet.

Monday, October 31st.—Yokohama. This morning we

moved from the outer roads to the inner harbour and moored to a buoy. The breakwater is only just a foot or so above the sea. I'm told before the earthquake in 1923 it rose several feet out of the water, but during the earthquake the sea bottom sank, and its now just awash. I went ashore and looked round the town. It's still largely destroyed: nearly all the buildings are temporary sheds of wood or corrugated iron—the British consulate is a wooden shed like an army hut.

I had no particular objective ashore, so got into a tram and rode out into the country and went for a walk. The trouble arose when I tried to get back. My vocabulary of Japanese is more limited than that of Chinese—I know two words of Chinese and only one of Japanese. However, by solemnly repeating "Hato-bar" in different keys and with various accents I eventually struck a responsive chord. Gradually a small crowd collected. Finally a small boy fetched the village ancient. The old man led me to a tram and spoke to the conductor. After about a mile the conductor turned me out and led me to another tram, where I rang the changes on "Hato-bar" and "Attahoy." The conductor seemed to understand, and nodded.

This tram ran almost down to the harbour—the Hato-bar—and then I was O.K. I got back to the ship.

Tuesday, November 1st.—This morning we had a boat drill. Our boats were lowered away to the water, and then the two sailors who had let us down came down the falls hand over hand. I took an oar and toiled away for about half an hour. Then we hoisted our sail and sailed round the harbour and back to the ship.

We are busy re-painting now for the homeward run. *Wednesday, November 2nd.*—Went ashore this morning and potted around the shops buying some lacquer.

I also bought some silk in the Bentindore—the chief street of Yokohama—and then caught the ferry back to the ship. A municipal ferry launch runs every half-hour between the shore and the ships out in the harbour; the fare is 30 sen—6d.—each way.

To-day one of the Chinese reported sick. He complained of pains in the legs and weakness. I examined him. There was slight œdema of the ankles, and tenderness over the tibia. His knee-jerks were absent. His pupils reacted normally. His temperature was normal and his pulse-rate 80. His urine was normal too.

I could not make a diagnosis, but hovered between syphilitic periostitis and beri-beri. Finally I decided to fire a therapeutic broadside and go for both. Morning and evening I ordered him to report at the galley for a teaspoonful of yeast, in milk—the best I could do in the circumstances. I also dispensed him an 8 oz. bottle of pot. iodide and liquor hydrarg. perchlor.—Paget's mixture. This he was to take three times a day.

Which of the treatments hit the mark I don't know, but one of them certainly did. In three days both the pain and the œdema had gone, and he was back on duty once more.

Thursday, November 3rd.—Tokyo. The purser and I got a day's leave and went up to Tokyo to-day. We made a false start early in the morning: after we were in the launch and on the way to the shore we discovered that as it was a national holiday all the banks were shut. This defeated us, as we had only 2 yen between us, so we had to return to the ship and borrow what we could. We raised thirty yen, and started off again—caught the electric train and reached Tokyo in half an hour. Our luck was out in Tokyo too. The tourist agency, from where we had meant to get a guide, was closed, so we had to do our best with a printed guide to the city. Our first objective was a meal, with which we had some native beer, about equivalent to our lager, helped out with water—pretty thin. We then walked round the shops for an hour and then started sight-seeing. Afterwards we returned to Yokohama.

We missed the ferry, so had dinner in a native restaurant. They produced knives and forks for us. We said "bifsteck," which is the "Japanese" (?) for beef-steak, and it materialized, and we had some more watery "beer"—the "Japanese" for beer. At the restaurant the entire female staff—four girls, two babies and a little boy—sat round to watch the Englishmen eat.

Saturday, November 5th.—Yokohama. In the afternoon I was asked to go across to the "Diomed," and found the ship's surgeon on the sick list. I fixed him up as well as I could, and hope he will be more comfortable.

Another Blue Funnel ship, the "Talthybus," has arrived. There are now four of the line in the harbour. Again "a strong smell of blue funnels." I was told a story—sworn to be true—about Captain I—, of the "Diomed." It was in a gale, and the heavy seas and strong wind lifted the log line and log out of the water on to the deck of the ship. The quartermaster reported it. "The gale has blown the log on board, Sir."

"WHAT?"

"The gale has blown the log on board."

"Oh, is that all? I thought you said it'd blown a dog on board." This morning we sailed at 6 a.m. for Kobe. It was a lovely morning, and we got an excellent view of Fujiyama at sunrise. The snow cap was rose-coloured and very lovely. Later in the morning we passed an island, an active volcano, pouring out smoke.

The glass has dropped an inch, and we are expecting a gale. The wind is already freshening.

E. J. E. TOPHAM.

(To be continued.)

WHO CHALKED THE PHANTOM?

OR

THE LATEST IN ELIZABETHAN RUFFLES.

DEAR SIR,—In going over a lot of my papers on coming here I discovered the enclosed. It was written by a muse in Eliza about 1914, and might, if you think fit, be kept for any further edition of *Round the Fountain*, of which I hope to see many.

Yours sincerely,

CHARLES E. KINDERSLEY.

CHAUFONT ST. GILES,
BUCKS.



Who chalked the Phantom?

No one spoke!

Their faces all seemed carved in oak,

And on each brow the cold sweat broke,

And in each heart dull fear awoke—

For what a crime is here displayed!

Can manhood hear it undismayed?

Can womanhood look unafraid

On infants, outraged and betrayed?

Who chalked the Phantom?

On his chest

He bore this innocent request:

"All ye who use me let me rest,

Unchalked, uninked and quite undrest!"

Yet when the world was safe in bed,

Some well-oiled miscreant swiftly sped,

And chalked his precious cheeks with red,

And rudely inked Our Darling's head!

Who chalked the Phantom?

Hark! the cry

Rings to the far cerulean sky,

As with a fiercely flashing eye

"The Blue Mouse" madly rushes by;

Her sunset hair streams out behind,

Her teeth she starts to gnash and bind

Like Saul of old her breathings tried,

Threat'nings and slaughter on mankind.

Who chalked the Phantom?

Forth and back

She courses on the bloodstained track;

Not the swift feet of Slippery Jack

Can save him from a sharp attack—

"Where is the culprit? Tell, oh tell!

Or I will weave a horrid spell.

And nurses, clerks, houseman as well,

Shall burn for this day's work in—France."

Who chalked the Phantom?

Echo, say!

Or must we ever rue this day?

For when engaged in any fray

We know "Eliza comes to stay."

And ne'er will peace be quite restored,

Ne'er will our warrior sheath her sword,

Until despised, marooned, outlawed,

She flings the sinner his reward.

Who chalked the Phantom?

Far away,

And evidently quite O.K.,

Completely flexed the Phantom lay

In comfortable L.O.A.

He rocks himself for all lie's worth,

He shakes with wicked fetal mirth,

For lie alone of all the earth,

Could tell his name and age and birth,

Who chalked the Phantom.

STUDENTS' UNION.

SWIMMING.

UNITED HOSPITALS SWIMMING GALA, 1928.

St. Bartholomew's Hospital v. Guy's Hospital. (Final Inter-Hospital Cup-tie.)

The Gala was held, as usual, at the Bath Club, on June 3rd, and despite the flooded streets attracted a record number of spectators.

In the swimming events we lost our chance of obtaining the Cup owing to the indisposition of Sutton, who had to scratch from the 100 yards; the latter, however, won the 200 yards with ease, beating the existing record by 3 seconds. In the team race we tied with Middlesex for second place to Guy's, while Vartan obtained fourth places in both 50 and 200 yards. The total points placed Guy's first once more, with Middlesex second and Bart's third.

The last item on the programme was the polo match. The Hospital lost the toss, and started off at a disadvantage in having to defend the shallow end first. Vartan obtained possession and passed back to Sutton, who again passed forward. After some play at our opponents' end of the bath the ball returned to our half, and Sutton, beating their centre-forward, dribbled up the bath and hit the bar with a fairly long shot. Play remained in our favour, thanks to Sutton's defensive work, and our forwards had several ineffective shots; eventually a corner for us found Vartan unmarked, and this time he made no mistake and scored with a high shot. Sutton was first at one end of the bath and then at the other, but was always there when wanted; there were a few tense moments during some close play within our 2-yard line, but Williamson defended well, and ultimately cleared to Sutton, who took advantage of the existing confusion to go up and score alone. Meanwhile De Gruchy, of Guy's, had caused some consternation by continually leaving his position at right back and coming up into our half, his superior speed making it difficult for Race to follow him closely; on several occasions close marking by our backs prevented good combination between him and their forwards resulting in a goal, but eventually, just before half-time, a penalty for them found him loosely marked, and he scored with a beautiful shot in the top corner.

At the change-over, then, everything pointed to the possibility, almost the probability of our winning the match, provided our defence did not break down. But it did break down in a way which it was impossible to foresee. De Gruchy, who, as previously stated, had caused trouble by coming up forward, now found himself in the shallow end, and made full use of the opportunity of recuperating

thus afforded him. Time after time he broke away from his position, valiantly but vainly pursued by Race, and dribbled up the bath, and although Sutton, who, by virtue of his speed, was alone justified in leaving his man to tackle him, did his best to save the situation, his tactics on the whole succeeded, and he scored several times in quick succession. Sutton also was evidently not up to the mark, and made several mistakes, and although he worked like a Trojan and seemed to be everywhere at once, missed several shots at the shallow end. Our forwards, too, were successfully smothered by their backs, and were unable to put to good use what few opportunities they had. West played well, and so did Williamson, but the latter was unable to cope with their fast and accurate shooting and let through five in the second half, the game closing with the score at 6-2. This game was very fast and very enjoyable, and compared with a result of 9-0 last time we played Guy's two years ago, very encouraging.

Result.—St. Bart's, 2; Guy's, 6.
Teams.—Swimming: C. K. Vartan, R. G. Gilbert, R. Sugden, F. A. Edwards (capt.), J. H. West, R. J. C. Sutton.
Polo: J. C. Williamson; J. F. Fisher, J. H. West; R. J. C. Sutton; F. A. Edwards (capt.), C. K. Vartan, R. R. Race.

J. F. F.

RIFLE CLUB.

The Armitage Challenge Cup was shot for at Bisley on the four Wednesdays in June. The conditions of seven shots per man at 200, 300 and 600 yards on four occasions call for consistent shooting. The Hospital gained a lead on the first shoot, increased this advantage each week, and finally won the cup by 81 points. Guy's (the holders) tied with London for second place.

Scores.

	June 6th.	13th.	20th.	27th.
1. St. Bartholomew's:				
A. F. Wallace (capt.)	92	94	93	93
H. J. Burrows	87	93	93	91
F. T. J. Hobday	93	93	92	91
W. A. Elliston	91	91	85	97
F. H. Morrell	90	94	91	93
T. H. N. Whitehurst	88	86	91	94
B. C. Nicholson	93	97	91	95
	543	560	545	560

Total 2208. 2, 3, Guy's and London, 2127. 4, St. Mary's, 1962.

On June 27th, concurrently with the last stage of the Armitage, the United Hospitals' Prize Meeting was held. The Hospital gained the following successes:

200 Yards Cup.—A. F. Wallace, 33 out of 35 points.
Dovegill Badge.—T. H. N. Whitehurst, 46 out of 50 points.
300 Yards Cup.—B. C. Nicholson, 34 out of 35 points.
1st Aggregate Cup.—B. C. Nicholson, 120 out of 140 points.
2nd Aggregate Cup.—W. A. Elliston, 120 out of 140 points.
On July 10th, during the Bisley Meeting, the Hospital won the United Hospitals Challenge Cup by the narrow margin of 2 points.

Scores.

	300 yards.	500 yards.	600 yards.	Totals.
1. St. Bartholomew's:				
T. H. N. Whitehurst	30	32	32	94
B. C. Nicholson	32	30	31	93
H. J. Burrows	30	29	32	91
F. T. J. Hobday	29	31	31	91
A. F. Wallace	29	29	31	89
	150	151	157	458
2. London	146	158	152	456
3. Guy's	142	158	139	439

We congratulate F. T. J. Hobday on winning the "Association" Match Rifle Cup during the Meeting.

CRICKET CLUB.

The semi-final of the Cup was played on Tuesday, July 3rd, against St. Thomas's on their ground. We were very unfortunate in being without Bettington and Mackie. We lost the toss, but were put in

to bat. Boney and Gilbert opened, and at the third ball Boney failed to get hold of the ball, and was out to a good catch at slip. This was rather a shock, and wickets fell rather rapidly till 5 were down for about 45. The Anderson made quite a long stay, and Parker made some good shots and very useful runs. We were all out for 61.

Thomas's then went in and made 35 for the first wicket and passed our total for 4 wickets, the whole side being eventually out for 104.

Our batting has been deplorably weak this season, and we failed badly in this game again. The fielding was good on the whole, and the bowling steady at first, though it grew slack at the end.

We thus lost rather easily a game which, with more caution in batting and steadier bowling, should have been won.

CORRESPONDENCE.

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

DEAR SIR,—I have received on behalf of the Society not only a very interesting but a very instructive Journal. It is the *Bart's Hospital Journal*, of which you may be deservingly proud.

With many thanks, I am,
Yours sincerely,

Sheffield University Medical Society,
Western Bank,
Sheffield.
CHARLES H. LEVICK,
Hon. Secretary.

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

- CHAMBERS, GUY, F.R.C.S. "Solitary Ulcer of the Bladder." *British Medical Journal*, June 16th, 1928.
- ELMSLE, R. C., O.B.E., M.S., F.R.C.S. "Fibrocytic Diseases of the Bone." *The Robert Jones Birthday Volume: A Collection of Surgical Essays*, 1928. London: Oxford University Press.
- EVANS, E. LAMING, C.B.E., F.R.C.S. "Astraglectomy." *The Robert Jones Birthday Volume: A Collection of Surgical Essays*, 1928. London: Oxford University Press.
- GARROD, SIR ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "The Place of Biochemistry in Medicine." *British Medical Journal*, June 30th, 1928.
- GARROD, LAWRENCE P., M.B., M.R.C.P. "Filter-Passing Anaerobes in the Upper Respiratory Tract." *British Journal of Experimental Pathology*, June, 1928.
- HAMER, SIR WILLIAM H., M.D., F.R.C.P., D.P.H. "Chadwick Lectures on the History of Epidemiology during the last Hundred Years." *Lancet*, June 30th and July 7th, 1928.
- HEY GROVES, ERNEST W., M.S., M.D., B.Sc., F.R.C.S. "The Treatment of Congenital Dislocation of the Hip-Joint with Special Reference to Open Operative Reduction." *The Robert Jones Birthday Volume: A Collection of Surgical Essays*, 1928. London, Oxford University Press.
- HORDER, SIR THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "The Place of the Voluntary Hospitals in Relation to Health Services." *British Medical Journal*, July 7th, 1928.
- HURRY, JAMES B., M.A., M.D. *Imhotep: the Vizier and Physician of King Zoser and afterwards the Egyptian God of Medicine*. Second and revised edition, 1928. London: Oxford University Press.
- MCDONAGH, J. E. R., F.R.C.S. "The Wassermann Reaction." *Practitioner*, July, 1928.
- NAISH, A. E., M.A., M.B., B.Ch., F.R.C.P. "The Rheumatic Lung." *Lancet*, July 7th, 1928.
- NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. *Kala-Azar: A Handbook for Students and Practitioners*, 1927. London: Oxford University Press.
- PARAMORE, R. H., M.D., F.R.C.S. "Chronic Nephritis, Accidental Haemorrhage and Eclampsia." *Journal of Obstetrics and Gynaecology British Empire*, Summer Number, 1928.
- SPIESBURY, SIR BERNARD, M.B. "The Work and Responsibilities of the Pathologist." *British Medical Journal*, June 23rd, 1928.
- WEBER, F. PARKES, M.D., F.R.C.P. "Duplication of the Spinal Cord." *British Medical Journal*, June 30th, 1928.

REVIEWS.

FEVER, HEAT REGULATION, CLIMATE AND THE THYROID-ADRENAL APPARATUS. By W. CRAMER, Ph.D., D.S.C., M.R.C.S. (Longmans, Green & Co., Ltd.) Pp. 153. Price 15s. net.

Dr. Cramer, whose work always bears the stamp of a trustworthy thoroughness, which depends more upon direct experiment than upon philosophizing, is in this book directing his aim largely to the substitution of the conception of sympathetic control of heat regulation for the crude idea of a "heat centre" in the tuber cinereum, which has for so long been considered to act as a thermostat. In his Introduction the author examines the various "indirect" methods of investigating thyroid and adrenal function, such as those of Hartman and of Cannon, and gives conclusive reasons for his preference for the histo-chemical technique on which he bases his argument. This consists for the adrenal in removing the whole gland with minimum manipulation from the recently killed mouse, fixing it in osmic acid vapour, which shows up not only globules of lipid, but also some fine granules, which he proves to be the precursor of adrenalin by the following arguments: (1) Osmic acid is blackened by adrenalin *in vitro*, and (2) these particular granules are formed only in the cells of the adrenal medulla, and are shown to be secreted into the bloodstream under conditions in which adrenalin is otherwise proved to be poured out. Experiments based upon this method showed that extraordinary activity of the adrenals takes place after ether anaesthesia, asphyxia, injection of the dry tetrahydro-naphthylamine (or "T.H.N." for short), bacterial vaccines or exposure to cold. The first of these shows that previous experiments performed on asphyxiated animals are completely vitiated; and the last was found to depend not only on the height of the thermometer, but on sudden changes in the thermal environment—a difference between the adrenal and the thyroid of which the mechanism is adjusted for slight changes over a long period of time. Oxygen deficiency and insulin were not found *per se* to induce an active secretion. The functional unity of the cortex and medulla is shown in some of the photographs, especially in Plate III, where, in the zona reticularis, there are swollen cells containing "small black granules, which are not fat or lipid, but probably a precursor of adrenalin." That this is so it seems very difficult to prove.

The thyroid gland presents a different problem, for there is no micro-chemical method available for the thyroid hormone, and ordinary histological methods have to be used, which show increased blood-flow, differences in size of alveoli, shape of cells, differences of staining and amount of colloid, etc. The mitochondria and Golgi apparatus in the lining cells have been studied. All these are well demonstrated by plates and diagrams. Exposure to cold and sympathetic fever (most easily produced by thyroid feeding), which induce a disappearance of colloid and profound morphological changes somewhat akin to those of exophthalmic goitre, are also conditions associated with increased heat-production. T.H.N. and *B. typhosus* have a similar effect, which is more marked in thyroid-fed animals.

Chapter V is a general summary of the endocrine control of heat regulation, and Chapter VI is an extremely able exposition of the glycolytic function of the liver, as explained by the secretory or anti-storage conception, based on the original conclusion of Claude Bernard, which forms a good answer to the "storage" champions, MacLeod and Maclean. Some well-prepared tables and diagrams are given here.

The author's experiments have shown that injection of adrenalin produces a zone of adrenalin-free cells between the cells of the zona reticularis and the medulla, which indicates an inhibitory action protective against self-exhaustion. It is with this phenomenon that he calls "self-control of the adrenal" that the author deals in Chapter VI. This conception is perhaps a little more fanciful than the rest of the thesis and requires confirmation. In addition there is a mechanism which affects an "inhibition" of the functional activity of the gland and manifests itself as a disappearance of the cortical lipid, and is required "in a hot environment under which activity of the gland would lead to the death of the animal by heat-stroke."

In a chapter dealing with "The Pathology of the Thyroid-Adrenal Apparatus" the author's remarks on adrenal haemorrhage are extremely interesting. Most people, in hospital practice at any rate, are familiar with those cases which start with sudden hyperpyrexia and collapse and die in a few hours, with or without the purpuric eruption described by Dr. Graham Little and others. They are specially important as liable to be diagnosed as haemorrhagic small-pox or scarlatina. In the last chapter on "Climate and Civilisation" the author allows himself a short and very interesting excursion into biology and discusses Huntington's *Civilisation and Climate*.

We owe this book to the fact that the author stepped aside for a short time from his work on cancer research in order to consolidate his position before investigating the effect of thyroid hormone on cancer-cells, and also the cause of the well-known influence of fever on the regression of cancerous growth, which, perhaps, on false premises gave rise to the use of Coley's fluid.

The step seems to have been thoroughly worth while. Messrs. Longmans, Green & Co. are to be congratulated both on the paper and the very excellent proportions of the printed pages.

IMHOTEP. By JAMES B. HURRY, M.A., M.D. Second and revised edition. (Humphry Milford, Oxford University Press.) Price 10s. 6d.

Dr. Hurry's well-known monograph on the Egyptian God of Medicine (the first edition of which was reviewed in our columns by Sir D'Arcy Power), originally intriguing enough, has now become a thorough work of art. Collaboration between printer and author has produced an arrangement of type and a placing of the illustrations which could not have been bettered. There are 26 plates, many of them of absorbing interest: statuettes, bas-reliefs, photographs of buildings and plans are all very well executed.

In dealing with a half-mythical being (*circa* 2980 B.C.), there is bound to be some redundancy of description. If the book has a fault it is a too great repetition of its subject's claims to greatness. Apart from these excursions, which may (who knows?) render the book more pleasant reading by relieving the monotony of bare details, the facts follow one another comfortably to a dignified conclusion. Dr. Hurry has imagination, and the power to assemble the fragments into a graphic account of the conditions under which Imhotep lived, and of the tasks which his various official positions entailed. His gradual transition through the demi-god stage to the full godhead is described with copious reference, and stories are told of his cures and of the ritual of his worship. An entertaining chapter on ancient Egyptian medicine shows how the very advanced knowledge of the Egyptians may have been partly due to the dissection of the body necessitated by the rite of embalming. The book has, however, a much wider appeal both to students of early religions, and to the many who are interested in that more elusive of all civilizations—the Egyptian.

This book is most attractive in format and an undoubted asset to one's shelves. Of this Hospital we congratulate the author, and wish him a rapid progress to a third edition.

SOME MORE MEDICAL VIEWS ON BIRTH CONTROL. Edited by NORMAN HAIRE. (Cecil Papillon.) Price 7s. 6d.

Books on birth control continue to appear, and it is difficult to understand what good they do. The arguments are necessarily entirely familiar to everyone who has made a study of the subject. Such an individual will continue to hold his personal views, which will probably not be modified. The people who ought to read these books are those who obviously will never be brought to open them—at least without prejudice.

The present collection has the excuse that it is written to form a companion volume to Sir James Marchant's anti-birth control symposium which appeared in 1926 and contained the views of well-known opponents only—the name "Medical Views on Birth Control" giving rather a wrong impression for the present book. Dr. Haire leads off with a spirited account of the necessity for and the methods of application of contraceptive methods. To a certain extent most of the following contributors overlap this initial survey and each other. Sir James Barr's rationalist views make good reading.

Dr. Aletta Jacobs, of Amsterdam, is the most significant of the feminine contributors. It is interesting to find that distinguished gynaecologist, Mr. Aleck W. Bourne, add to his long list of strictly organic diseases the broad-minded statement which begins: "It is unwise for a woman to conceive during a period of any form of weakness or ill-health. In modern life there are many indefinable conditions of nervous weakness often called neurasthenia which are usually temporary and amenable to treatment, but which are definitely made worse by child-bearing. . . ." Herein there is great scope for us all.

Perhaps some elderly practitioner, who has hitherto been averse to reading the pros and cons of the subject in the lay and medical press or has missed them on the stage and in advertisements and novels may chance upon this volume, open it with reluctant but gradually dilating eyes, read it right through and set forth on a crusade among his younger patients. But perhaps he may be still afraid to open it at all. At any rate a large public will read the six-page contribution by Sir William Arbuthnot Lane.

NOTICE.

We are asked to publish the following account of a proposed tour which might well be worth undertaking:

SOCIÉTÉ MÉDICALE DU LITTORAL MÉDITERRANÉEN.

Vème Voyage Médical International de Noël, sur la Côte D'Azur.

Comme les années précédentes, le grand voyage annuel de la Société Médicale (Voyage bleu) aura lieu aux environs de Noël. La concentration se fera à Marseille, dans la journée du Mercredi 26 Décembre. Le Voyage commencera le 27 Décembre au matin, par une visite du port. On passera la journée du 28 à Toulon, et le 29, commencera l'étude des Stations climatiques et des Etablissements de cure de la Côte d'Azur.

Succèsivement Hyères, Saint-Raphael, Cannes, Le Cannet, Grasse, Juan-les-Pins, Antibes, Nice, Menton, Monaco, Beaulieu, présenteront leurs richesses thérapeutiques sans égales. Partout, les visiteurs seront accueillis avec la cordialité, le confort et la largesse, qui sont de tradition dans les Voyages de la Société Médicale.

De somptueuses réceptions leur seront réservées à Marseille, Cannes, Nice et Monte-Carlo. Le trophée Romain de la Turbie, les Grottes préhistoriques de Grimaldi, le laboratoire du Dr. Voronoff, l'Observatoire de Nice, les merveilleux jardins tropicaux et l'extraordinaire Musée Océanographique de Monaco, seront l'occasion de très intéressantes promenades. Des démonstrations scientifiques, des causeries historiques et géographiques, des leçons thérapeutiques, fourniront au voyageur toutes les explications nécessaires pour rendre son séjour aussi instructif qu'agréable.

Ce beau voyage sur la Côte d'Azur se terminera au gré du Voyageur, par une excursion dans les Alpes (6-7 Janvier), ou par une excursion en Corse (6-10 Janvier), ou encore par quelques journées de repos à Nice dans des conditions exceptionnelles.

Pour tous renseignements, écrire au Président de la Société Médicale, Dr. M. FAURE, 24, rue Verdi à Nice.

CHANGES OF ADDRESS.

- BARNES, E. BROUGHTON. "Nine Springs," Billing Road, Northampton. (Tel. Northampton 1002).
 BROCKLEHURST, R. J., 20, Eastholm, London, N.W. 11.
 CUNNINGHAM, F. H. L., Rahere House, Chesham, Bucks. (Tel. Chesham 06).
 DAVIES, A. T., 3, Bank Buildings, 8, Prince's Street, London, E.C. 2. (Tel. London Wall 6671).
 HURRY, J. B., "Hinton Firs," 15, Gervis Road, Bournemouth. (Tel. Bournemouth 5490).
 MYERS, B., 26, Devonshire Place, Cavendish Square, W. 1. (Tel. Paddington 2635).
 SYMONDS, H., Caledon Street, George, Cape Province, South Africa.
 VISICK, A. H. C., Castlegate House, Castlegate, York.

APPOINTMENTS.

- BROCKLEHURST, R. J., B.M., B.Ch.(Oxon.), appointed Lecturer in Physiology, University College, London.
 DYMOND, G. H., M.R.C.S., I.R.C.P., appointed Resident Medical Officer to the Fir Vale Hospital, Sheffield.
 HENSMAN, J. S., M.R.C.S., I.R.C.P., appointed House Physician to the Miller General Hospital, S.E. 10.
 HOUNSFIELD, M. C., M.R.C.S., L.R.C.P., appointed House Surgeon to the East Suffolk and Ipswich Hospital.
 SPARKS, J. V., D.M.R.E.(Cantab.), appointed Radiologist in Charge of the X-Ray Department, City of London Hospital for Diseases of the Heart and Lungs.

BIRTHS.

- DANNATT.—On June 17th, 1928, at Kuala Lumpur, F.M.S., to Marjorie, wife of R. Malcolm Dannatt, F.R.C.S.—a daughter (Helen Marjorie).
 HEPPER.—On July 1st, 1928, at The Greenhills, Brenchley, Kent, to Rosalind, wife of Major John E. Hepper, R.A.M.C., retired—a daughter.
 MAWER.—On July 23rd, 1928, at 29, Welbeck Street, W. 1, to Phyllis, wife of P. C. Mawer—a son.
 STANLEY.—On June 23rd, 1928, at 51, Rue des Belles Feuilles, Paris, to Frances (née Tenor Park), wife of E. Gerald Stanley, M.D., M.S., F.R.C.S.—a fourth daughter.

MARRIAGES.

BLACKABY—BARTON.—On June 30th, 1928, at the Church of the English Martyrs, Manchester, by the Rev. J. C. Cooke, M.A., Ernest James Blackaby, only son of Mr. and Mrs. Blackaby, of Harrow-on-the-Hill, to Beatrice Mary, younger daughter of the late Mr. and Mrs. Barton, of Whalley Range, Manchester.
 BROCKLEHURST—RISK.—On July 4th, 1928, at Charles Church, Plymouth, by the Rev. H. C. Brocklehurst, assisted by the Rev. E. Davies, Robert James Brocklehurst, M.A., B.M.(Oxon.), eldest son of Mr. and Mrs. George Brocklehurst, of Liverpool, to Sybille, youngest daughter of Capt. R. H. L. Risk, C.B.E., R.N. (retired), and Mrs. Risk, of Plymouth.

BROOKE—MANSBRIDGE.—On July 4th, 1928, at St. John the Baptist, Busbridge, by the Rev. F. Symes Thompson, Charles Owen Swithin Blyth, only son of the late Rev. C. W. A. Brooke and Mrs. Brooke, of Melton House, Anclify, to Nora Isabel, younger daughter of Mr. and Mrs. G. F. Mansbridge, of Highdown, Godalming.

BUCHLER—WRIGHT.—On June 14th, 1928, at St. George's Church, Hanover Square, W., by the Rev. Allen Hay, Vicar of South Mymms, assisted by the Rector, the Rev. Prebendary Thicknesse, Eric Buchler, son of Mr. and Mrs. Paul Buchler, of Charlwood, Surrey, to Dora (Dodo) Wright, elder daughter of Mr. and Mrs. Wilfrid Wright.

EDWARDS—SIMCOCK.—On June 27th, 1928, at St. Paul's Church, Heaton Moor, Manchester, by the Rev. A. H. Jeff, M.A., Norman L. Edwards, M.B., F.R.C.S., younger son of Mr. and Mrs. Edwards, of Withington, Manchester, to Margaret Simcock, M.B., eldest daughter of Dr. and Mrs. James Simcock, of Heaton Moor.

FRANKLIN—ADAMSON.—On July 3rd, 1928, in the Church of St. Mary the Virgin, Oxford, by the Provost of Oriel, assisted by the Dean of the College and Dr. Simpson, Kenneth James Franklin, Fellow of Oriel, to Ethel Alice, younger daughter of Colonel and Mrs. R. H. Adamson, Broomfield, Dundee.

HANCOCK—DEROUET.—On June 23rd, 1928, at Holy Trinity Church, Beaulieu, Isle of Wight, Frank Rider Thompson, son of Dr. and Mrs. Hancock, of "Clovelly," Hounslow, to Gladys Estelle Mary, daughter of Mr. and Mrs. J. R. Deroquet, of "Oakstead," Lane End, Beaulieu, Isle of Wight.

HOLMES—CULLINAN.—On June 24th, 1928, at St. Bartholomew-the-Great, West Smithfield, by the Rev. A. H. Saul, Laurence, elder son of Mr. and Mrs. Charles M. Holmes, of Upper Clapton, London, to Madeleine, daughter of Dr. and Mrs. Cullinan, late of Risca, Mon. LANE ROBERTS—MILES—SHARP.—On June 14th, 1928, Celtic Lane—Roberts, M.S., F.R.C.S., of 64, Harley Street and 17, Sussex Place, to Nell Miles Sharp.

MILNER—MARDALL.—On June 23rd, 1928, at the Parish Church, Harpenden, Dr. J. G. Milner to Monica Thrale Mardall.

SALT—WILLIS.—On July 3rd, 1928, at Christ Church, New Malden, by the Rev. Wyndham Karbo, Rector of Brimsfield, Philip Godfrey, only son of Mrs. Salt, of Hampstead, to Daphne, youngest daughter of Mr. and Mrs. G. H. Willis, of "Hillmorton," Coombe, Kingston-on-Thames.

GOLDEN WEDDING.

HILL—WOODWARD.—On June 25th, 1878, at Old Milverton Church Warwick, by the Rev. Canon Herbert Woodward, Vicar of St. Silas, Toxteth, Liverpool, uncle of the bride, Alex. Hill, Downing College, Cambridge, son of Mr. John Hill, of the London Stock Exchange, to Emma Mary, daughter of Mr. and Mrs. Benjamin Woodward, of Holmwood, Higgate.

DEATHS.

- CHETWOOD.—On June 28th, 1928, at 12, Christopher Street, E.C., William Chetwood, M.R.C.S., L.R.C.P., aged 82 years.
 THISTLE.—On June 20th, 1928, at Torquay, Frederick Thomas Thistle, M.D., Hon. Consulting Physician, Torbay Hospital.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, 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, F.C.T. Telephone: City 0510.

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
 Servare mentem."

Horace, Book ii, Ode iii.

VOL. XXXV.—No. 12.]

SEPTEMBER 1ST, 1928.

PRICE NINEPENCE.

CALENDAR.

- Tues., Sept. 4.—Prof. Fraser and Prof. Gask on duty.
 Fri., " 7.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Tues., " 11.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
 Fri., " 14.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
 Tues., " 18.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
 Fri., " 21.—Prof. Fraser and Prof. Gask on duty.
 Sat., " 22.—Rugby Match v. Old Alleynians. Home.
**Last day for receiving matter for the
 October issue of the Journal.**
 Tues., " 25.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Fri., " 28.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
 Sat., " 29.—Rugby Match v. Old Paulines. Away.

EDITORIAL.

HERE is a genial custom obtaining among those papers which reflect the life of the laity to review periodically the achievements of past seasons, to take credit for prophecies fulfilled, and to explain the apparently unjustified forecasts. As a Journal we do not pretend to sway the decisions of governments, or even to point denouncing fingers at current literature for the prevention of moral degradation in those people who otherwise never read it. We cannot claim success in these realms, and modesty forbids that we should boast of our many achievements.

Still, at the end of the academic year stocktaking is desirable; the goods left on the shelf are healthy

reminders of what might have been passed over the counter. We feel there is much that our readers might have done. Cases have slid, unreported, into the past. Unrecorded, much work has been done, and *bon mots* have been laughed at and forgotten.

We have cajoled, even offered prizes, and the talents are still buried (with a few exceptions), and still we sense an immense store of material to draw upon.

It is a commonplace that the student of to-day has to acquire an awful mass of knowledge, and has time for nothing else. It is obvious to us that many are prevented from contributing by inferiority complexes—they are afraid to write. But these excuses are thin in face of the evident urgent need for self-expression that exists in the Hospital. Have we not with our own eyes seen within the Hospital, wit, scholarship and a profound understanding of modern social problems, lavishly displayed? It is our "Mene, mene, tekel ufharsin," in letters of apocalyptic fire. And unlike Belshazzar, we take heed of the writing on the wall.

Talent we are sure abounds. It is our wish to reveal it to a greater public than has hitherto enjoyed it.

The JOURNAL is written by the Hospital, not by a vulgar fraction of it.

* * *

The Old Students' Dinner will take place on Monday, October 1st, in the Great Hall, at 7.30. Sir D'Arcy Power will take the Chair. There will be no formal speeches. The price of the dinner will be 26s. inclusive of wine payable at the dinner only. The Great Hall is being re-lighted for the occasion. Tea and coffee will be served in the Library after dinner.—C. GORDON-WATSON, R. M. VICK, Hon. Secretaries.

* * *

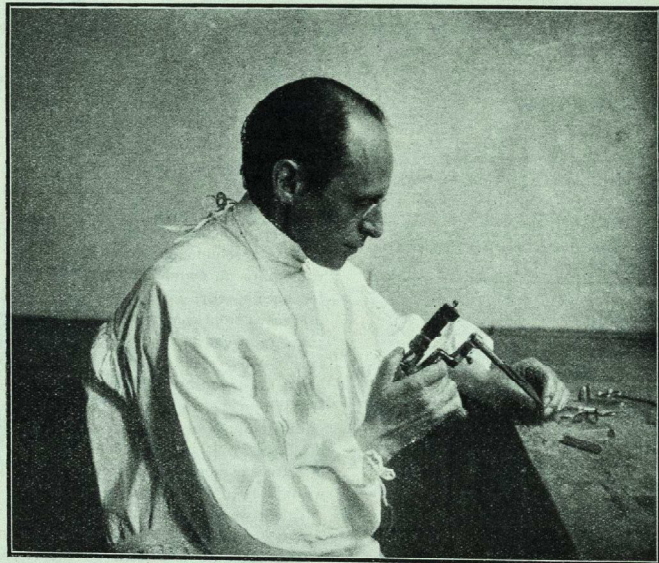
It is a pleasure to note that of the two operation theatres recently added to the Johannesburg Hospital,

one has been named after and opened by Mr. G. A. E. Murray in recognition of his thirty years of service to the hospital and to medicine in South Africa.

Mr. Murray as a student was a contemporary of Sir Archibald Garrod, with whom he tied for the Medical Brackenbury.

* * *

We have been informed lately by several of our more popular scientific essayists that biochemistry is coming to the front as the science whose growth will



MR. W. D. HARMER.

revolutionize and weld the scattered facts and fancies of medicine. It is difficult to keep level with its recent advances, and the newer facts are startling.

Our ideas are being continually changed. . . . An attempt was made recently to introduce the following modification into Hospital technique :

Test for albumen.—Take 10 c.c. of urine in a test-tube, boil, and add concentrated nitric acid. The presence of albumen is indicated by a play of colours.

MR. W. D. HARMER.

SIR D'Arcy Power writes on the occasion of the resignation of Mr. W. D. Harmer of the post of Surgeon to the Throat Department, which he has held for the past 24 years: "My first introduction to Mr. Harmer was in 1898. I had recently been elected Assistant Surgeon to the Hospital. He had been appointed House Surgeon. Casualty patients were then seen in the old Surgery, which has now been converted

into dining-rooms for the nursing and domestic staff. The patients came by the hundred, for there was nothing to pay and no questions asked. It was the duty of Mr. C. B. Lockwood and myself to be there at 9 o'clock to sort out the hordes in attendance. Some we picked out for the Assistant Surgeon in the Out-Patient Room, as they were obviously good cases for diagnosis or teaching; some we sent to the Steward's Office for immediate admission, as they were urgent; the majority we distributed in batches of ten or twenty to the house surgeon on duty for treatment by the dressers, very occasionally, as we had three beds each, an unusually interesting case

would be taken in under our individual care. Incidentally it was part of our duty to see that the senior and the junior house surgeons were in the Surgery punctually as the clock struck nine. There was no difficulty with the junior, for he had some distance to travel from home; his senior was apt to breakfast late or stay in bed on the plea that he had been up the greater part of the night. There were some, too, who would put in a perfunctory appearance as the clock struck, and would be no more seen until they came back rather sheepishly after a personal interview with my colleague, who did not always measure his language and was caustic by nature. Personally I was always glad when Harmer or Gordon-Watson was on duty, for they entered the Surgery as the clock struck nine, and never left so long as there was a patient to be seen or a dresser to be helped. In due course Harmer became Warden of the College, and was himself elected an Assistant Surgeon. In the fullness of time he succeeded me in the Throat Department and ended once and for all a bad system of long standing. 'Throats' and 'Skins' were placed in charge of the Assistant Physician or the Assistant Surgeon who happened to be the senior when a vacancy occurred. He was not invited to apply, but was told to take charge, so it happened that square pegs were sometimes driven into round holes, although they usually made good in process of time. The Throat Department had been unusually fortunate, for the appointment had been held in succession by Sir Lauder Brunton, Sir Henry Butlin, with the help of Dr. De Havilland Hall, Sir Anthony Bowlby, and myself, chiefly with the help of my friend, Dr. Jobson Horne. When I was appointed I went to Sir Henry Butlin and said, 'What is the good of putting me on? I know nothing about throats.' He said, 'Neither did I at the beginning, nor did Brunton. Sir Lauder went to Vienna and learnt; I took out a course at the Throat Hospital. Go to Golden Square and do likewise. You have a moderate amount of intelligence.' I followed his advice.

"Harmer introduced system into what had been chaos, and by his own initiative, and the usual far-seeing outlook of the Governors, obtained beds, an operating theatre, and spacious accommodation for the patients who came under his care. In other words, he built up a department for the treatment of diseases of the throat worthy of a first-class hospital. Of Harmer himself I need say very little; he is known to all of us. His skill, his genius for friendship, his general culture, his administrative ability and, if I may say so, his wisdom. He has resigned his office after nearly a quarter of a century of successful work. He is still comparatively young, and we welcome him into the ranks of the officially unemployed in the hope that he

will produce some good original work, perhaps on that virgin soil of comparative laryngology, which is so badly in need of cultivation."

NOTES OF ABERNETHY'S LECTURES.*

LECTURE I.



HOEVER begins to lecture on surgery or medicine presupposes his audience to be acquainted with anatomy and physiology. There is but one way of studying surgery, for we must first well understand structure and function, to know the difference between disease and health. Some say, that we may be guided by experience, but experience will never make fools wise, besides if this be true, the ancients would have understood surgery as well as the moderns, since they must have had as great experience; and I will repeat, what the whole history of medicine shews, that we must understand structure and function in health, to become well acquainted with disease. As to medicine, what does it mean? it is an art, which has for its object the cure of disease, and preservation of health, but custom has very improperly divided it into two parts, medicine and surgery, when it is a science, which is really indivisible. Surgeons are consulted about what are called local disorders, the effects of injury and disease, which require operations; but as no local disease, injury or irritation can exist without disturbing the whole system, it seems most convenient to consider the state of the system at large, before we speak of local diseases. Local disease, injury or irritation may produce pain, convulsions, tetanus, sickness, fever, or disorder of bowels; but altho' it must be granted that the effects of nervous disorder are primary, the fever must now be spoken of. There was a time when physicians said to surgeons, you know nothing of fever, yours is general inflammation, but with all due deference to the Doctors, I affirm, that no one ever gave a physiological description of fever, before John Hunter, who called it sympathetic or symptomatic fever, which he divides into inflammatory, hectic, and irritable. We will now suppose the case of a man with a compound fracture of the leg; what is the state of this man the day after the accident? his pulse is more strong, hard, frequent, and full than natural; with this excitement of the sanguiferous system, the secretions are diminished, skin dry, urine deficient in quantity, and high-coloured, tongue dry and white, but in this state, I do not look at the tongue as indicating the general state of the

* Taken by George Sampson, F.R.C.S.E., etc.

sanguiferous system, but only the state of the stomach: the nervous system is also much disturbed, which is shewn by a contracted pupil, easily affected by light, startings, inquietude, and total want of sleep; there is also a feeling of strength which really does not exist: with regard to his digestive organs, he has no appetite, but great thirst, and a tendency to costiveness of the bowels; if blood be now drawn, it cools slowly, the crassamentum of a buff colour, and cupped on its surface; if any vital organ is affected, the fever does not produce that exhibition of strength, which I have described, but there is more agitation of the nervous system, and the pulse is greatly depressed, but rises on bleeding. We now come to the ratio symptomatum as it is called in the schools, but there is no need of this, for the symptoms explain themselves; the cause of that hardness and fulness of pulse, in the first instance, is, diminished secretion; but why it becomes depressed in injuries of vital parts, I am totally ignorant. As to its treatment, the only scientific practice of medicine, is to render those functions right and natural, which disease has made wrong; to moderate inordinate actions of the sanguiferous system, a man may say, Oh damn it, I can soon do that by bleeding; but remember, that for a man with compound fracture, you may bleed to day, to morrow, and the day after, but you will then be forced to give bark; I now speak of London practice, for you must act very differently here, and in the country; but I speak on principle also, for you must not bleed, if the fever can be allayed by any other means, for we well know, that it will terminate on the third day; another method of lessening plenitude of the arterious system, is, by increasing secretions. With regard to excitement of the nervous system, opium is recommended, and whilst there is no increased action of the system, this is a most excellent medicine, but if this is present, it would be highly injurious. With regard to the digestive organs, of course, you will keep him on low diet, for you would not give a man beefsteaks, when he does not like them, attend to the bowels, give laxative medicines, saline draughts, and small doses of antimony; and on the third day, when discharge begins to take place, you may look for the termination of this fever. But in some cases, you must draw blood, and it is astonishing, what a quantity some will lose, when great excitement exists, or any vital organ particularly affected; and if the surgeon does not volunteer to kill his patient, the disease certainly will; for my own part, I always prefer the former. Recollect, in this case, you do not bleed to cure the fever, but the inflammation existing in the vital organ, and you must repeat it, as often as it puts on a buffy appearance. On the third day, when suppuration takes place, the pulse is no

longer full and hard, but soft and variable, secretions profuse, nervous system depressed, tongue moist, urine copious perhaps with sediment; and it is only an increase of these symptoms which forms hectic, for it is impossible to say at what precise time hectic fever commences. It is when the pulse is so exceedingly variable, secretions scanty and pale, tongue moist, perhaps red, and a disposition to purging; when they are as weak as poor devils can be, if you take off the limb, they will feel stronger, therefore, it must be more a feeling of, than real weakness, of which they complain. Mr. Hunter has divided hectic into that arising from incurability of some local complaint, and another from weakness of constitution: I speak of that arising from incurable local disorder. In every sympathetic fever, the primary object in its treatment is the removal of the local irritation, but if this cannot be effected, we must relieve symptoms by soothing pain and giving vigour to the body. I know but one way of strengthening a man, which is, by enabling him to digest his food; I mean now to say, that you must not throw in bark, as if by shovelfull, but in moderation with cordials, stimulants, &c, you may alleviate hectic fever, by relieving the stomach. In this state, opium is proper, but whenever you exhibit this to allay irritability, give a dose which is just sufficient to quiet the local pain, and keep up this effect, by repeating it every four hours, and not in night doses only, which only disorder the patient next day; prevent it also from affecting the bowels by laxative medicines. If limbs are amputated under hectic, the wound heals well, and the patients feel a degree of strength, which they did not appear to possess before the operation. Now for that state of system which generally ends the sad eventful history of a compound fracture; the discharge ceases, erysipelatous inflammation takes place around the part, the wound looks tawny, and generally sloughs, the pulse again gets hard, skin hot, but occasionally breaking out into profuse perspirations, tongue covered with a dark brown fur, and bowels flatulent: this is the sympathetic irritative fever, which is so exactly like typhus, that I would take the most shrewd physician to the bedside of this man, and say, Doctor, what disease is this person labouring under? and he would say, Sir, it is Typhus Gravior. The indications here are the same as in hectic, quiet disturbance by opium, and support the strength; but here, even if the cause is removed, the effects will not cease immediately, which I will prove to you by a case. A poor man was brought into St. Bartholomew's Hospital, with an inch of his tibia cleanly knocked out; for some time, he went on well, and granulations had nearly filled up the cavity, when he was suddenly seized with diarrhoea, and in one night all the granulations

disappeared; he was, however, nursed well, and they again shot out, but not with vigour, and at last this irritative fever came on. In this reduced and weak condition, one of the tibial arteries burst, and on coming into the hospital, I found him apparently dead; but I said to a gentleman, run for the amputating instruments; for if he be really dead, there can be no harm in cutting off his leg; if he is not, the operation will act better than any volatiles in arousing him; I then took him to the side of the bed, and took off the limb; we covered him up warm, and he did revive, but remained delirious, and his fever did not leave him for some time, when it gradually subsided; and the fellow is now living, tho' this occurred many years ago. I have now shewn you, that there are three kinds of sympathetic fever, as like what are met with in medical practice as possible, and we can only distinguish them, by their being called sympathetic or symptomatic fevers.

LECTURE III.

IN what I have before said concerning local diseases, the whole constitution is evidently generally affected, which as Mr. Hunter has said, is the effect of nervous sympathy; but in all the cases mentioned by me, you must have observed disorder of the stomach and bowels to be a most prominent symptom. In my opinion this has not been enough examined, I say, enough, for it was certainly observed even by the ancients, but not so minutely attended to, as it deserves. A gentleman after undergoing a slight operation, had every symptom of disordered stomach, such as restlessness, irregular bowels &c, bleeding afforded him no relief, and purgatives had no effect for three days, but on the third night, he felt, as if his bowels were filling with something, and soon after, he had about twenty copious and fetid stools, which immediately gave him ease, now, before the operation, he was purged well, and since, he had taken no food, therefore what could this have been, which was evacuated in such a quantity, many experiments have been made to ascertain this, it cannot be faeces, nor, indeed, is it like them, it is similar to coffee grounds in colour and consistence, but it is now known to be a morbid secretion from the bowels themselves, and is often rejected both by vomiting and purging, to such a degree as is scarcely credible, and often continues for some time; therefore we ought, in these cases, to persevere in giving opening medicine, at moderate intervals, and in small quantities, so as to keep the bowels regular, without exciting them to too great action, for powerful purgatives would aggravate the complaint. It is not necessary to multiply

instances, but I take this as the ground work, that if local disease can disturb, the system in general, the digestive organs will be in particular disordered. In children, cutting teeth is a local irritation, and does not this affect the bowels in an especial manner, and make them irregular? but, you may say, that this irritation originally affects the head, and that the stomach only sympathizes with that: this I will not deny, and a fracture may disturb the constitution, causing cerebral irritation; but still I maintain that disordered digestion is the most conspicuous feature of the complaint, tho' this may be caused by the brain affection. Every one knows that a sick stomach will produce head-ache; and Lord Chesterfield seems to have been well aware of the effect which regular evacuations from the bowels have on the nervous system; for he tells his son, never to ask a favor of a great man, before enquiring first of the Valet de Chambre, whether he has had a free and comfortable evacuation in the morning. As nervous diseases are apt to affect digestion, so also do mental affections, impure air &c, and are we not always disturbing these organs by improper diet, confinement in warm rooms, uncertain hours of sleep &c? for these things first cause nervous disorders, which in its turn affects the bowels, and thus aggravating each other, they produce a numerous and dissimilar progeny of local diseases. You can never treat a topical disorder scientifically by plaisters, and applications alone, for the constitution must also be attended to, otherwise, you will either be foiled in the cure, or the disease will return again. If the stomach does not digest its food, the body cannot be duly nourished, and indeed, the food itself, by fermenting and putrifying, will become a cause of irritation, and the blood will also become impure, so that these organs, when disordered, cannot be a source of strength. In civilized society, there is scarcely a person, whose chylopoietic viscera are perfectly healthy; consequently, what I have been speaking of, generally, is a disorder of function, and not of structure, for I have known many, who have laboured under these complaints for many months or even years, and yet when dying of some local disease, I have examined their bodies, but found no wrong structure whatever. I shall now speak of the treatment, which these affections require; but I have been looking at the subject as a physiologist, and not as a physician; and it is evident to me, that if more food be taken into the stomach, than can be digested, it will do no good, but must create disease; and I have often said, that if I could cure these diseases, I should have both the philosopher's stones in my hands at the same time, the art of giving health, and making money. I often tell patients, it is no good for me to physic them, unless they will at the same time

adhere to the diet I prescribe, and the plan laid down is this: for breakfast, take two ounces of bread with butter if you please, one egg, and a small cup of milk, or any other mild drink; for dinner, two ounces of bread, and the like quantity of mild animal matter, which you may stew, or do any thing else with; three hours after, take, a moderate quantity of boiled water, to which, perhaps, toasted bread has been added; for supper,* two ounces of bread, with jelly, blanchmange, or any other such light nutritive substance: these three meals are to be taken at regular intervals of six hours, but surely, you would not commit such an absurdity as to drink with your food, for by this, you dilute the gastric juices, and thereby disable them from having that effect on the food, which nature intended; besides it is unnatural, for a hungry horse will not eat his corn, after being a long journey, in which he has not been allowed any water, nor will a hungry animal drink, after being kept a long time without food; therefore, it is perfectly incompatible, to eat and drink at the same time. Some persons say, that I slight medicine, and think it useless, but this is not true; for I am well aware, that cordial and slightly stimulant drugs will comfort a weak stomach, and assist it in digesting its contents, and that others sooth and relieve pain, and are otherwise useful, therefore, how can I be said to disregard medicine? no, I only wish to call your attention to the importance of attending to regimen and diet, as a powerful auxiliary to medicine, in the cure of diseases. From my paying so much attention to these things, some have affected to think me mad and call me a lunatic; but let them only consider a little of the importance which their functions are of, to the animal system, and they will no longer think me insane; I allude to the functions of the chylopoietic organs. I cannot bring forward a better instance of the efficacy of regimen than the case of Coenaro the Venetian, who at the age of five and twenty, being of a weak constitution, thus speaks of himself "I consulted with my physicians, and thought within myself, that if a man eats more than his stomach can digest, his food must be hurtful rather than beneficial to him, I therefore determined not to take more than twelve ounces of nourishment in a day, this I continued 'til my eighty fifth year, no man being in better health or spirits, but at this time, I considered, that when the powers of my stomach were declining, I ought to diminish my quantity of food likewise," now this must have been a strong headed man, for he reasoned like a philosopher: in his hundred and sixth year, he made up his mind that he should die on a certain day, and therefore sent for his lawyer, and settled all his

* "Ex magna corna stomacho fit maxima pona
Ut sis nocte levis, fit tibi corna brevis."

worldly concerns; on the day following, he got up as usual, then sat himself down in a chair, and expired with a smile on his countenance. Thus did this great man end a happy and comfortable life, the effect of his regularity and temperance.

LECTURE VI.



WAS last speaking of chronic inflammation as it occurs in a general way, but as modifications of action will produce different kinds of growth and structure, so do the effects of this disease vary. It is only in this way, that I can account for the variety of tumors we meet with in practice. To define a tumor, we must trespass against etymology, by calling that swelling one, which is produced anew in a part, and had no natural situation in the body: what I have to say, relates alike to new formed parts, and also those enlargements, which occur in glands. If gelatinous fluid, or even a clot of blood, be poured out on any interior part of the body, there is a propensity in the adjacent vessels to shoot into, and organize it; Mr. Hunter observed this, and particularly remarked, that the pedicle frequently became fibrous and vascular, whilst the lump was converted into mere fat. In joints, a small quantity of gelatinous matter being thrown out, and the vessels shooting into it taking on a peculiar action, cartilaginous substance is deposited; the patient by some motion of the limb, breaks the pedicle, and thus we find a cartilage loose in the joint. Fluid may be effused into the cellular substance, and soon become organized, forming a tumor, which gradually enlarging, compresses the surrounding parts, so as to make a capsule for itself; these sometimes grow to an enormous size, and the usual remedies for chronic inflammation, do but little good in these cases; these frequently increase rapidly for a time, and then become indolent, but the most innocent, I have observed to grow in a regular and progressive manner. I will first speak of Organized or Fleshy Sarcoma, which has a hard fleshy feel, is liable from excitation to suppurate, but not prone to it; I will quote a case of this common sarcoma, which is often only an enlargement of natural parts: a woman came into this hospital with this sort of tumor on her knee, so large, as completely to conceal the joint, it felt hard, and the veins were meandering beautifully on its surface; before she was brought in, the skin had burst from distension, and sloughing taken place, forming a cavity, into which a pint basin might be placed; the joint was not exposed, but as the disease was considered to arise from that part, the limb was cut off, I examined it, and found the inflammation had

caused the capsule to adhere to the front of the tumor, but the swelling had no intimate union with the parts beneath; if this had been previously known, the limb might not have been amputated. We next come to Adipose Sarcoma, which of all other tumors affords the best instance of a capsule merely arising from condensation of the surrounding cellular substance: I will relate to you the case of a medical man in the country, who in riding, struck his thigh against the pommel of the saddle; when he went home, he applied cold washes, and kept himself quiet, by which the pain and inflammation were entirely removed, but after a considerable time he was sensible of a small swelling in this part, which gradually increased to a very large size. After trying various applications, he came to London and had it removed; it was of this adipose structure: these are remarkably indolent, and grow to an immense size, I have seen them weigh eighteen pounds, but large as they may be, when the capsule is divided, the whole will generally turn out, with the greatest facility, but this cannot always be done, for adhesion occasionally takes place between the capsule, and front of the sac: a man came into this hospital with one under the fascia of the thigh, he remembered it when of the size of a pigeon's egg, and gave a very good account of its progress, it was now large, perhaps weighing fourteen or fifteen pounds; being doubtful of its nature, none of the surgeons of this hospital would meddle with it, but as the man seemed anxious to have something done, I gave him a list of surgeons, whom he might consult; Mr. Cline gave him the greatest hopes, and afterwards took him into Guy's hospital, where he removed it. This tumor had remained in contact with the orbicular ligament so long, that it had contracted a very firm adhesion to it, the separation of which, was the cause of inflammation about the hip joint, delaying his recovery, but he ultimately did well. I know these tumors by their perfect indolence and regular progressive growth; this is very desirable for surgeons to become well acquainted with. The vessels supplying them, are numerous and small, in opening the sac and turning it out, as I have recommended you will not have occasion to tie any, but if you cut wide of the mark here there will be profuse bleeding. Pancreatic Sarcoma is pale, and when cut into, looks so much like the pancreas in structure, that its name is derived from this, it is not disposed to suppurate, but grows to an immense size, frequently occurring in absorbent glands; there is a case related by Dr. Botatz of Moscow, which, by some is doubted, but if it were a tale of his own invention, he must have been so clever, that I suspect his havings dealings with the devil: he saw a man in Italy, with a tumor of this sort growing from the front of his eye, three inches in length; on dividing the

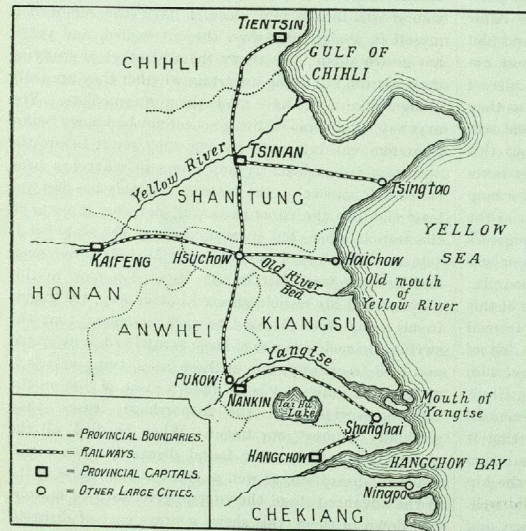
conjunctiva around the root of the tumor, the whole of it came away, leaving the cornea transparent. I have known them removed from many parts of the body, and they are not apt to return. Cystic Sarcoma is composed of cells sometimes filled with gelatinous, sometimes a cheesy matter, they occasionally appear as distinct tumors. All these which I have been speaking of, appear very innocent, not affecting the absorbent glands, and only injurious by their bulk; I next come to those which are occasionally malignant but not generally, and is therefore an intermediate species. First of Mammary Sarcoma which is never invested by a distinct capsule, I have seen this taken away, and the wound run into a foul ulcer, I have also removed it myself in a niggardly way, the cut healed, and yet it has grown again; this shows the advantage of studying their nature, but being uncertain whether they are truly malignant or not, I have made them intermediate. You may say, that these distinctions cannot be known before their removal, but certainly you may see it before the operation is finished. I now come to what has been called soft cancer of the testicle, but this has not the least claim to the name of cancer, nor does it occur in the testicle alone, but in every part of the body; it is soft, and therefore, I have called it Medullary Sarcoma, and first, as we see it in the testicle: a man in this hospital had his testicle affected in this way, the glands in his groin were diseased to such a degree, that the swelling on each side was as large as my head, it ulcerated and bled frequently, but in these cases, tying vessels is useless, the only plan is, to hold a piece of lint on the bleeding surface, 'til the hemorrhage ceases, then gradually remove your finger. When he died, all the glands in his body were found diseased, those retrograde to absorption, as well as those in the course of it: in the advanced stage, the viscera have diseased matter, laid down in them, this shews a prevalence of diseased action throughout the body. Tuberculated Sarcoma is an aggregation of tubercles, which multiply, and rapidly disease the whole system; a physician once asked my opinion of a patient whom he was about to send to the seaside; as soon as I put my finger in his arm pit, and felt a number of these little hard nobs, which yet seemed to be united to each other, I took the Doctor aside and told him, that the patient would not live three weeks, he therefore did not send him away; however I saw him but once more, for he died within the time I had mentioned, his body being covered with these tubercles, which were so painful, that he expressed his feelings; as if laying on a thousand hob nails, and each nail sensitive. Thus I have shewn what various and diversified structures, morbid actions of vessels will produce.

WITH THE INTERNATIONAL RED CROSS IN CHINA.



WHEN fighting recommenced in China north of the River Yangtse in April, 1928, between the Northern and Southern (Nationalist) Armies, both sides were largely unprepared from the medical standpoint.

The Southern Army, taking the offensive against strongly fortified positions, naturally sustained very heavy casualties, and General Tan Yen Kei, Chairman



of the National Government, appealed for medical missionaries to act as International Red Cross M.O.s. with the Army.

At that time the C.M.S. Hospital at Hangchow was still being withheld from us by our local opponents, so I was able to volunteer service, and after hasty interviews in Shanghai left for Hsüchow, where I was to be attached to the "Base Hospital for Heavily Wounded."

Hsüchow is a city of about one hundred thousand inhabitants in North Kiangsu, near the borders of Shantung, Honan and Anwei, on the old bed of the Yellow River.

It is a small place as Chinese cities go, but vitally

important from the military standpoint, as it is the junction of the Lung-Hai and Tientsin-Pukow Railways.

A recently-qualified Chinese M.O. travelled with me to Nankin, where we joined four more Chinese M.O.s., twenty-three male nurses, with clerks, cashiers, orderlies, etc., making up a total staff of 79.

On crossing the Yangtse to Pukow one felt in the war zone at once, as one of the piers had been hit by a shell in the earlier fighting and there were great holes in the railway platform. No proper train was available that day, but after several hours' delay we secured a twenty-ton steel box truck for the 79 of us and our baggage!

There were very few locomotives on the southern section of the line, as the retreating Northern forces had managed to carry off at least fifty to Tsinan. In the end we were attached to an old engine and some truck-loads of rice going to the front. Soldiers and civilians tried to pile into our truck on top of us, but they were speedily thrown out by our Red Cross orderlies on to the platform.

We took about 22 hours to reach Hsüchow, whereas an express train in peace time can do the journey in eight hours, and our men suffered much from cold in the night and heat during the day, with lack of food and drink, but on the whole they groused far less than the same number of British Tommies would legitimately have done under the circumstances.

We camped the first night on the verandah of the railway offices, as we arrived too late to enter the walled city. The next morning my Chinese orderly, who had worked for us for years in Hangchow, and who had saved many of our belongings when the Communists robbed our house in 1927, went out to

fetch some water for me, but was assassinated by local roughs close to our camp.

His death was due to superstitions current among the peasants, and it was greatly feared that other members of the party might be killed also, but we secured a strong military guard to remove the staff and baggage to our temporary hospital quarters.

The next morning I went to the poor lad's funeral with the feeling that one had lost a faithful friend—he had always declared that he would serve me for the rest of his days out of gratitude for free treatment in the C.M.S. Hospital at Hangchow. On the way back I was arrested by Hunanese soldiers as a spy, and driven into a barracks at the point of the bayonet, but was

released with profound apologies by the commanding officer on proving my identity. There was some excuse in that my appearance was unkempt and that there were no other Europeans in the district, while everyone was on the look-out for Russian spies. I was accompanied by Col. D. M. Koch, a Chinese Anglican priest serving in the army, but his appearance was little better than my own, and he also was suspected at first.

Our first hospital quarters were a series of abandoned halls, about two hundred years old, on a hill outside the city, where the old-time classical scholars used to study and contemplate the stone tablets, of which many rubbings are taken even now. There was a curious old furnace which had been used for burning the classical examination papers, but we vandals used it first as an incinerator, and afterwards converted it into an apparatus for de-lousing the patients' clothes!

My Chinese colleagues soon adapted the old buildings for hospital purposes under the direction of Dr. Tang, the senior M.O. After six days we were joined by two American M.O.s., Drs. Manget and Douglass, and by the Rev. F. A. Brown, who acted as our Secretary.

Dr. Douglass is a good surgeon, but he, unfortunately, became ill and had to return to Shanghai. Dr. Manget did first-rate work in organizing the hospital, but was shortly transferred to Kaifeng, General Feng Yu Hsiang's headquarters, where there were about fifteen thousand wounded.

Through Mr. Brown's influence we were able to obtain part of the local Mission Hospital, where Dr. C. A. Kwan and I ran a branch Red Cross establishment with the advantage of an operating theatre, which was ready for use at once. This Mission Hospital usually concentrates most of its effort on treating kala-azar, which is very prevalent in that area, and is believed to be spread by the *Phlebotomus major*, var. *Chinensis*, which is a real menace to the local community.

The first convoys of wounded to reach us were casualties from the fighting against the Northern army. The majority of the wounds were caused by rifle or machine-gun bullets, and in some cases we thought that dum-dum bullets had been used. Some of the wounds were literally nests of maggots by the time the patients reached us.

Subsequent convoys were from the fighting against the Japanese at Tsinan, and reached us in about two days. Their wounds were all caused by rifle or machine-gun bullets.

My work at Hangchow since 1921 has been mostly in medical electricity and Tropical Medicine, consequently my surgery was very rusty, but at Hsüchow it was a continuous round of dressings, major operations and making X-ray examinations. The last item was quite to my taste, but was rendered difficult by having only a

portable apparatus, ordinary photographic plates purchased locally, and a current which frequently fell off from 220 to 95 volts only.

Madame Chiang Kai Shek, the wife of the Nationalist Generalissimo, paid frequent visits to our wards, and was of very great assistance both from the point of view of Red Cross organization and that of cheering the patients. She was educated in America and has a most charming presence. General Chiang Kai Shek himself also came at times, and one can understand why his soldiers will follow him anywhere, as he takes such a kindly personal interest in their welfare. He has been much to the fore in both Chinese and European newspapers during the past two years, so that an account of his career would be superfluous, but in all my dealings with him I found him a scholarly gentleman, courteous to high and low alike, and with a real desire for progress.

After nearly six weeks in the field it was felt that the state of emergency had passed, and I was released for a short leave in Shanghai before resuming my regular work in Hangchow. The unit still remains at Hsüchow, and other units are now busy with cases of cholera, dysentery, malaria and typhus, all of which are fairly prevalent in the army.

In closing I wish to express my appreciation for all the courtesy shown to me by the Chinese National Government and the officers of the Chinese National Army.

S. D. STURTON.

PNEUMOCOCCAL MENINGITIS ARISING DURING THE COURSE OF A LOBAR PNEUMONIA.



THE following case, occurring in general practice, may be worth recording.

A. T—, æt. 46, a business man in South Africa, landed in England on August 1st. On the evening of the 5th he felt chilly. During the night he was sleepless and complained of pain in the left chest.

He was a teetotaler. During the last few months he had been feeling run down.

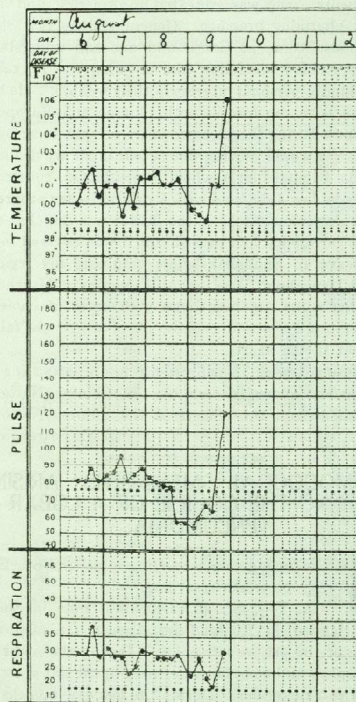
On examination on August 6th he was hot, and his skin was dry; there was pain in the left chest, especially when he took a deep breath or coughed. There was tenacious, rust-coloured sputum. A chart of the temperature, pulse and respirations is appended. At the left base there was pleural friction, and there were signs of consolidation beginning in the left lower lobe.

Course of the Disease.

August 6th.—Patient became bathed in perspiration, and during the night his pyjamas were changed three times.

August 7th.—Consolidation of the left lower lobe had become more obvious. He was coughing up large quantities of blood-stained, yellow, non-offensive sputum. He felt hungry and wanted to shave himself. No tubercle bacilli could be found in the sputum.

August 8th.—Patient was much the same. He was very cheerful. He was still perspiring freely. At



3 p.m. he suddenly complained of a severe frontal headache. The medical attendant was summoned. Patient appeared in very great pain, and he complained of feeling sick. No definite signs of meningitis could be found. An injection of morphia, gr. $\frac{1}{8}$, was made. Dr. Hyla Greves was consulted. He confirmed the diagnosis of lobar pneumonia and was unable to discover definite meningitic symptoms. It was hoped that the headache might be toxæmic in origin. Patient was in possession of his faculties.

12 p.m.: Patient became delirious and violent. Signs

of meningitis now became obvious. There was a squint in the right eye. The neck was rigid, and Kernig's sign was present. The abdominal reflexes were absent. The plantar response was flexor. There was a well-marked *tache cérébrale*. There was photophobia, and patient kept on rubbing the right side of his head, always lying on the left side. There were typical meningitic cries. An injection of hyoscine hydrobromide, gr. $\frac{1}{100}$, was made, and the patient spent a fairly quiet night.

August 9th.—9 a.m.: Patient was delirious and violent. A lumbar puncture was performed under light chloroform anaesthesia. The cerebro-spinal fluid was not under pressure; only about 5 c.c. could be obtained in 15 minutes. It was very turbid. A pathological examination was made by Dr. Charles, who found the cerebro-spinal fluid swarming with pneumococci.

4 p.m.: There was increased neck rigidity, but not head-retraction. The aquint was less marked. The plantar response was extensor. The breathing was of the Cheyne-Stokes type.

12 p.m.: He was incontinent of urine. The temperature rose to 106° F. The breathing was very clearly of the Cheyne-Stokes type. The pulse-rate gradually increased, and the lungs became full of mucus. Patient died in coma at 12.45 a.m., August 9th.

The case is instructive in that it shows the very rapid course of a pneumococcal meningitis—about 34 hours from the beginning of the headache.

There have been a number of this type of virulent pneumococcal infections in the district.

Complete pathological investigations were impossible, and a post-mortem was not obtainable.

W. J. LLOYD.

SMALLPOX.

"There were 200 cases 1920-21.
"Over 15,000 cases 1926-27, costing the nation over two million pounds. Increase at this rate would mean 50,000 cases 1928-29, costing the nation seven million pounds."—Daily paper, May, 1928.
"Bridegroom with smallpox. Isolated after the wedding ceremony."—Daily paper, August, 1928.

STILL the awful scourge increases—
Sometimes ceases, but never ceases—
Causing endless consternation,
Costing millions to the nation.

Can the key to our elections
Be those obsolete objections,
Vain, invalid and contentious,
Claiming to be conscientious,
Got by some prevarication
Out of feeble legislation?

Is it due to devolution,
Fear of force and revolution,
Or exotic education,
All this tepid toleration?

Had our peerless politicians
But the vision of physicians,
We should have with acclamation
Jenner's gift to every nation.
Universal vaccination.

H. R. V. C.

THE VOYAGE OF S.S. "TEIRESIAS" OF LIVERPOOL.

(Concluded from p. 172.)

UR departure from Yokohama marks the beginning of the homeward voyage, and at this point the diary ends.

It would be ungrateful, though, to leave the "Teiresias" in chronicle for ever at sea—a sort of "Flying Dutchman" of the Pacific.

The return voyage was—to the ship's surgeon, at any rate—full of interest.

Kobe, in Japan, was our next port.

From here we steered a lonely course southward to the Philippines. Daily it grew warmer, and three days out we were back in white uniforms.

Our first port in the islands was Cebu. Two days before we arrived I had to vaccinate the crew, to conform with the United States regulations.

This was not a popular move on my part, and to set a good example I vaccinated myself first.

Only two successful "takes" resulted from my efforts—both in boys who had not been vaccinated since infancy.

Everyone else had been vaccinated on previous voyages.

The mate told me he had been done, in all, fifteen times!

Cebu is a sleepy little place, mainly Filipino, with a white community of Spanish, Americans and a few English. There is also a large colony of Japanese.

It was at Cebu that Magellan, first circumnavigator, landed in 1520. Soon afterwards he became involved in a native war and was killed in the island. His officers then sailed in a hurry and the island was forgotten.

Over half a century later the Spanish, after founding Manila, re-discovered the island, and identified it by an image of the Virgin Mary and other relics of the first expedition. Such, at least, was the story told, in broken English, by an old priest there. We remained

at Cebu for less than two days, and then sailed to Manila.

I am not sure which is the loveliest place I have ever seen, but I am sure it is either Penang or Manila.

The old town, founded by La Gaspi in 1570, is a monument to the achievements of those few Spaniards who first colonized the islands.

The old Spanish houses, with overhanging upper stories and wide eaves, still remain, and the old town, "intramuros," is surrounded by a huge wall, a mile long, 30 ft. high and nearly 20 ft. thick. On the top of the wall ancient cannon are posted.

Outside the wall is the modern city, largely American.

It is interesting to see the new, highly efficient and blatant American civilization grafted on to the old Spanish colony. The philosophies of the hustling, twentieth century American and the easy-going Spanish do not mix well at present. Perhaps the outcome will be good. It is difficult to say.

In 1760 the city was stormed by the British—400 white troops and 1200 Sepoys of the East India Company—against a Spanish garrison reputed to be over 3000 strong.

There is, in Manila, a monument recording the expulsion of the British. It neglects to mention, however, the British were "expelled," not by force of arms, but by a treaty of peace signed in Europe!

From Manila we returned to Singapore and took on board a cargo of rubber.

Whilst we were in harbour I managed to visit Johore, one of the native states.

On our arrival we had learned we were to carry Mohammedan pilgrims from Singapore to Jeddah for the Mecca pilgrimage.

On the morning of the day we sailed we embarked them—about 300 in all, including over 40 women, and nearly as many children.

The hajiis (pilgrims) came from Malaya and Java, in about equal numbers.

All had to be vaccinated and medically inspected.

I was loaned two Chinese dressers as vaccinators, and I inspected the hajiis as they arrived.

Some of the women declined to show their faces, but I insisted on seeing at least their arms and hands, to exclude smallpox.

The pilgrims are quartered in the fore-castle and centre-castle.

They live in groups of about a dozen, usually composed of families, or friends.

A number of temporary latrines and also some cooking shelters have been erected on the deck, which is sheltered by a large awning. An auxiliary hospital, for the pilgrims, has also been prepared amidships. We provide

the pilgrims with water and fuel. Food and bedding and stores for their sojourn of several months in Arabia they provide themselves.

I managed to visit the General Hospital while I was at Singapore. It is a magnificent modern building, in large grounds. Dr. Barnsley, a contemporary of mine at Bart.'s, was anaesthetist here, and we renewed our acquaintance.

The "Teiresias" left Singapore for Belawan, in Sumatra, a Dutch colony.

Our arrival synchronized with St. Andrew's night.

It is remarkable how the Scotch penetrate to the far corners of the earth.

A party of Scots, men and girls, had motored down from the interior and were on the wharf when we arrived.

The pity of it was we could not ask them on board, as there was smallpox in Singapore, our last port, and we were kept in quarantine by the Dutch authorities.

From Belawan we crossed to Penang, where more pilgrims joined us, and next day we left for the island of Kamaran—a quarantine station for pilgrims, in the Red Sea.

The medical care of the pilgrims has given me new problems. My vocabulary of Malay consists of about thirty words the "Old Man" (*i.e.* the master) has written down for me on half a sheet of note-paper. We have a tour of inspection every morning, and all the pilgrims stand up. If anyone does not stand, the inference is he is ill.

I feel rather like a veterinary looking over a herd of cattle, but the "standing test" is practical, if rough and ready.

At intervals I inquire hopefully, "Apa sacket?" (Is anyone ill?). Usually the answer is "Teida," which I know means "No one" (is ill). If they make any other reply I probably don't understand it, but deduce someone is sick.

One of the pilgrims is a native ex-soldier, and speaks English. He is forthwith pressed into service as an interpreter.

Really, we manage quite well.

One day one of the women was taken ill, and I was asked to see her.

I put a thermometer under her tongue, and no objection was offered.

Then I took her pulse. Her husband got rather excited over this, but was eventually pacified. The chief symptom was abdominal pain, and I finally proceeded to palpate her abdomen. This was altogether too much for the husband, who gave a shout, and landed me off in the best rigger forward style.

Finally a sheet was spread over the patient and I palpated her through this. The treatment I gave was

calomel, gr. iii! The women remain cooped up all day, and get thoroughly constipated.

It calls for constant effort to persuade them to go on deck and get some fresh air and exercise.

I had one death on board.

A pilgrim with myocardial failure suddenly collapsed. I at once gave him an intracardiac injection of digitalin and of strychnine, but he never responded. He was dead in ten minutes.

He was buried at sea, in the Gulf of Aden. Shortly afterwards two huge sharks appeared and followed us for some hours.

The following day we reached the island of Kamaran, which is British, and is organized as a quarantine station.

We landed the pilgrims here for inspection, and re-embarked them next day.

They brought back with them a number of fat-tailed sheep, which were forthwith killed, cut up on deck, cooked and eaten before midday.

Next day we reached Jeddah. Here a Syrian medical officer came on board. His two long suits were French and Arabic; Malay, weak; English, chicane. I had to brush the dust off my Paisian (?) accent in a hurry.

We anchored about two miles off shore and disembarked the pilgrims into small boats.

It was here I encountered the world's champion "bummer." He was our Arab pilot. He asked me, would I look at his boy? Certainly. The boy had conjunctivitis. I dispensed an eye lotion.

Would I now be so good as to look at his boatman? Certainly.

The boatman had ulcers on both shins. The nature of the ulcers was not in doubt. I dispensed a bottle of potassium iodide and liquor hydrarg. perchlor.—and also some lotio nigra for local application. (All this was free, gratis, and for nothing.)

The pilot stood at the door of the dispensary. His eye roved over my stock of drugs. Iodoform, he said, was good; would I give him some? I gave him some flowers of sulphur, which was the same colour, and a lot cheaper.

He looked at another bottle. Cod-liver oil, he said, was good. His brother, alas, had the cough very bad. Where was his brother? In Mecca. I declined to prescribe for a patient I had not seen, and about whose existence I was doubtful.

Then I saw the back of the chief steward. I pointed to him. "Cigarettes," I said; "Tinned milk." Hot on the trail the pilot departed. I hastily took cover in my cabin.

Shortly after we left Jeddah one of our engineers was badly burnt.

I had intended to send him ashore to hospital at Port

Said, but he begged to be taken to England, so we carried him to London.

He was pretty bad. It took me nearly two hours every day, single-handed, to complete his dressings.

The rest of our voyage was uneventful: Suez; Port Said, Christmas in a gale in the Mediterranean; New Year's Day in the channel; then Amsterdam; then London. Here we were paid off on January 5th, 1928. In four months we had covered 25,000 miles.

The voyage of the "Teiresias" was ended!

* * *

It may, perhaps, be of interest to intending ships' surgeons to give a few details of the equipment necessary on this voyage. I sailed in the Blue Funnel Line (Alfred Holt & Co.).

For uniform I had a blue serge reefer (double-breasted) suit and a naval cap, with the badge and buttons of the company. This cost me about £6 10s.

The usefulness of the uniform was not ended with the voyage. With black buttons substituted for the gilt ones of the company it makes an excellent suit for wear ashore. Mess kit is *not* required in a freighter.

For shore-going I took an ordinary blue suit. The advantage of this is that when one is in a hurry, one can be in or out of uniform by the simple process of changing one's jacket.

I took half a dozen white drill uniforms of the patrol jacket type. These cost about 15s. each. A white uniform lasts two days, or, with luck, three, before it is too soiled to wear. I also took some dressers' old white coats, which proved useful.

A large stock of underclothing, thin for the tropics and thick for northern latitudes, is needed.

Opportunities for getting this washed will occur about once a month.

Other articles needed are a good waterproof, a deck chair and a mosquito-net.

If you can borrow a topee, do so. If not, you will probably get one more cheaply out East than in England.

For medical text-books I took a volume of general surgery and a manual of operative surgery, Woodwark's *Medicine*, Johnston's *Midwifery*, a manual of pharmacology and materia medica, and a volume of tropical medicine.

I also carried Park Davis's catalogue. Most companies supply instruments, but Holt's required me to provide my own. I was told that midwifery instruments need not be taken.

I got a good bargain by purchasing some Army surplus stores from Fleming & Co., of Victoria Street, S.W. (This is a free advertisement—they deserve it.)

For £1 15s. I bought a "surgeon's field operation kit" which was unused and remarkably complete. It contains

—I write from memory—6 Spencer-Wells forceps, 3 scalpels, hernia knife, hernia director, amputation saw, bone-cutting forceps, dissecting and rat-tooth forceps, aneurysm needle, probe, surgical scissors, rougine, three olivary catheters, a dozen needles, tubes of sterilized silk and catgut, and an eyespud. It was all contained in a canvas roll and fitted in an oval metal case.

The same firm supplied me with a set of five dental (extraction) forceps at 3s. a pair.

I also took a hypodermic syringe and drugs, a 20 c.c. syringe, a trocar, an aural speculum and head mirror (which proved very useful), two thermometers, and an amputation knife—which latter weapon was required to conform with the regulations.

I found a tourniquet and a stomach-pump included in the ship's stores.

Dressings, splints, drugs, graduated measures and dispensing scales are supplied by the company.

The stock of drugs is quite adequate for practical requirements, but proprietary "elegant preparations" are *not* carried.

The chief shortcomings I remember were that no Fehling's, insulin, Easton's syrup or sera were provided. Also, the supply of dressings had to be supplemented by further purchases before the end of the voyage.

We carried about 4 oz. of chloroform.

Thus equipped I was left to work out my own salvation.

Some, ever suspicious, will ask, "What are the drawbacks you encounter?"

The first is, when you sign on in a freighter you do not know how long the voyage will last.

When the ship leaves Yokohama, or wherever the last outward port is, she may be sent anywhere.

As it happened, we returned to England. The voyage lasted four months.

We might equally well have been ordered to San Francisco, or New York, or twenty other places. In that case the voyage would have lasted ten months or a year.

The second snare is you may like the life so much you will be loth to give it up. You will make another voyage, and another, and another.

Then you will be lost—a lotus-eater.

Be warned in time. Give up the sea, with all its glamour, after one or two voyages.

Give up the perilous joy of treading in strange places. Settle down.

Harden your heart and settle down, and plough the hard furrow of professional advancement.

And your secret dreams will be of the tropical sun, the moonlight on the Indian Ocean; of the dense

jungle; of Japan; of old Manila; of the hajjis on the pilgrimage to Mecca.

So you will live for the great day, twenty, thirty years hence, when you will once again voyage out East as a ship's surgeon. E. J. E. TOPHAM.

THE COUNTRY SURGEON.

[This poem was discovered written upon the fly-leaf of the notebook from which we reprint Abernethy's Lectures.]



Unluckless is he, whom hard fates urge on
To practice as a country surgeon:
To drag a heavy galling chain,
The slave of all for paltry gain.

To ride regardless of the weather,
Through frost, and snow, and hail together.
To smile and bow when sick and tired,
Considered as a servant hired.
At every quarter of the compass,
A surly patient makes a rumpus,
Because he is not seen the first
(For each man thinks his case the worst).

And oft at two points diametric,
Called to a business obstetric.
There lies a man with a broken limb,
A lady here with nervous whim,
Who, at the acme of her fever,
Calls him a savage, if he leave her.

For days and nights in some lone cottage,
Condemn'd to live on crusts and pottage.
To kick his heels, and spin his brains,
Waiting forsooth for labour's pains:
And that job over, happy he
If he squeeze out a guinea fee.

Then worn like culprit on the wheel,
He sits him down to hasty meal:
He sits when lo! a patient comes
With rotted tooth and putrid gums:
The doctor takes his dentist tools,
Fixes the screw, and tugs, and pulls:
His dinner cold, his hands this mess in,
All for a shilling, or a blessing.

Now comes the night: with toil oppress'd,
He seeks his bed in hope of rest;
Vain hope, his slumbers are no more,
Loud sounds the knocker on the door:
A farmer's wife, at ten miles' distance,
Groaning, calls out for his assistance.
Fretting and fuming in the dark,
He in the tinder strikes a spark,
And, as he yawning, heaves his breeches,
Enviest his neighbour, blessed with riches.

JOHN WILLOT EASIMENT (1822).

STUDENTS' UNION.

RUGBY FOOTBALL CLUB

At the General Meeting held on March 30th, 1928, the following officers were elected for the season 1928-29:

President: Mr. W. GIRLING BALL.
Vice-Presidents: Dr. J. BARRIS, Mr. H. E. G. BOYLE, Mr. R. M. VICK, Dr. WILFRED SHAW.
Captain: R. N. WILLIAMS.
Vice-Captain: A. H. GRACE.
Hon. Secretary: H. D. ROBERTSON.
Hon. Treasurer: C. R. JENKINS.
Committee Men: C. E. PROWSE, V. C. THOMPSON, *Captain "A" XV:* J. S. KNOR.
Hon. Secretary "A" XV: W. F. RICHARDS.
Captain and Hon. Secretary Extra "A" XV: D. M. DEAN.
Captain and Hon. Secretary "B" XV: H. W. ROGERS.
Captain and Hon. Secretary "C" XV: G. M. EDGESTEN.

The 1st XV fixture list is as follows:

Sept. 22.	Old Alleynians	Home.
" 29.	Old Paulines	Away.
Oct. 3	Bristol	" "
" 6.	Old Millhillians	" "
" 13.	Richmond	Home.
" 20.	Plymouth Albion	Away.
" 24.	Cambridge University	" "
" 27.	O. S. (Chatham)	" "
Nov. 3.	Cardiff	" "
" 10.	Moseley	" "
" 17.	Roslyn Park	" "
" 24.	Devonport Services	" "
" 26.	R.N.E.C. (Keyham)	" "
Dec. 1.	Plymouth Albion	Home.
" 8.	—	" "
" 15.	Northampton	Away.
Jan. 5.	Harlequins	Home.
" 12.	Bradford	Away.
" 19.	Coventry	" "
" 26.	Old Blues	Home.
Feb. 2.	Devonport Services	" "
" 9.	Glamorgan Wanderers	" "
" 16.	O.M.Ts.	" "
" 23.	London Welsh	Away.
March 2.	Old Leysians	Home.
" 9.	Pontypool	Away.
" 16.	London Scottish	Home.
" 23.	Moseley	" "
" 30.	Bath	Away.

We play University College Hospital in the first round of the Inter-Hospital Cup on February 5th. The "A," Extra "A," "B" and "C" XV's all have full fixture lists.

From the team which won the Cup last season we have lost W. F. Gaissford and R. H. Bettington, perhaps the two best players in the side, and we shall miss them very much. The remainder of the XV will, as far as is known, still be available, and, in addition, A. W. L. Row, captain four seasons ago, has returned from Australia; he is still eligible for Cup-ties.

The forwards, with seven of last season's successful pack, should again be the strength of the side, and with the presence of Row and G. D. S. Briggs, who was ill last season, competition for places will be very keen. Outside we are well served at scrum-half and on the wings, but we are not strong in the centre. An excellent defence and snap tricks scored by the forwards won us the Cup last season, but these tactics did not meet with much success in club matches; and if the team is to do well in these games, our back play in attacking movements must be improved upon. With regard to new players there are the usual rumours, but nothing definite is known at present. Trial games will be held on Wednesday, September 12th, Saturday, September 15th, and Wednesday, September 19th.

Last season W. F. Gaissford, E. V. Frederick, A. H. Grace, C. E. Prowse, F. J. Beilby, J. T. C. Taylor, R. N. Williams, C. R. Jenkins, H. D. Robertson and G. D. S. Briggs played for the United Hospitals in one or both matches; this season C. R. Jenkins is the Hon. 1 team Secretary and R. N. Williams is on the Committee, Bart's being the only hospital with more than one representative.

The Annual Dinner was held at the Royal Adelaide Galleries on May 12th, Mr. W. Girling Ball being in the Chair, whilst among

those present was Dr. J. H. Drysdale. The 1st XV were the guests of the President and Vice-Presidents, and a most enjoyable evening was spent.

CORRESPONDENCE.

SAMUEL LIONEL GREEN.

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

DEAR SIR,—Many Bart's men of a decade or more ago will be sorry to hear of the death a few days since at Hamilton, N.Z., of Sam Green.

Green came out to N.Z. for health reasons mainly ten or eleven years ago. For a short time he was in practice at Waimate in the South Island. In 1910 he migrated to a small township in the North Auckland district and was the Medical Superintendent of the District Hospital. Green stayed here a year or more, and then went to Hamilton, a prosperous town south of Auckland city, where he started practice as a throat, nose and ear specialist. In spite of the cruel disease which held him he carried on a successful practice for nearly eight years.

Green was not only highly esteemed, but beloved by all the doctors in N.Z. who had the pleasure of knowing him intimately.

The writer has known Green since 1919, and watched the extraordinary pluck and endurance he has displayed in the terribly uphill fight against his disease. The powers of endurance in his weak and sickly frame were marvellous. "Surrender be damned" was Green's motto.

Green was a worthy Bart's son, and of him it can be more than truly said, "After life's fitful fever he sleeps well."

I am, Sir,

Yours faithfully,
W. B. MERCER.
Department of Health,
Wellington, N.Z.;
July 1st, 1928.

REVIEWS.

RECENT ADVANCES IN SURGERY. By W. H. OGLIVIE, M.A., M.D., M.Ch.(Oxon.), F.R.C.S.(Eng.). (London: J. & A. Churchill, 1928.) Pp. 461. 108 illustrations. Price 15s.

This attractive and well-illustrated book (graced by three radiograms by a fair member of the aristocracy) includes interesting articles on Cancer by Dr. J. F. Carter Braine, Plastic Surgery by Mr. T. Pomfret Kilner, Chest Surgery by Mr. Grant Massie, and Venereal Disease by Mr. V. E. Lloyd. There are very few misprints, the most glaring being "altanto-occipital" three times within nine lines on p. 50; while in the description of ventriculo-graphy, we read that "the withdrawal of air and the injection of fluid should be done very slowly." The many good chapters by the author himself include a description of the technique of local anaesthesia in certain common operations, adherence to which was successful in a recent case of strangulated femoral hernia complicating pulmonary tuberculosis. One might criticize the advocacy of cocaine as a urethral anesthetic, and of sewing back the tip of the tongue after unilateral excision; and one may regret the absence of an account of the injection treatment of hemorrhoids.

Advocators of big gastric and duodenal operations will be perturbed by reading that "in gastric ulcers, gastrojejunostomy will cause the ulcer to heal and effect a permanent cure of all symptoms in from 70 to 85% of cases," and that "in the treatment of duodenal ulcers, gastrojejunostomy alone is followed by complete cure in from 90 to 95% of cases."

The waiting policy in acute appendicitis, except in cases obviously subsiding, is deplored. In gall-bladder disease cholecystography is unnecessary for diagnosis in 80% of cases.

Altogether this book is to be highly recommended, as containing information to be found in no other single small volume. Its value is greatly enhanced by the excellent lists of references at the end of each chapter. Surgeons, general practitioners, senior students and all who wish to be abreast of the general trend of modern surgical opinion will find it very useful.

While most questions admit of no finality, the author is to be congratulated on reaching provisional conclusions without undue dogmatism.

THE TONSILS AND ADENOIDS, AND THEIR DISEASES. By IRWIN MOORE, M.B., C.M.(Edin.). (London: William Heinemann [Medical Books], Ltd.) Pp. 395. Price 21s.

This monograph is chiefly remarkable for its extensive and painstaking bibliography, which, combined with an excellent index, makes it invaluable as a work of reference. Many pages of the text are occupied with statistical results of workers in all parts of the world, and such numbers of percentages would gain in clearness by tabulation, summary and the author's own conclusions.

The book opens with a brief account of the anatomy of Waldeyer's ring, the criteria of tonsillar disease, and the question of focal sepsis. Diseases of the tonsils are then described, followed by description of the surgical removal of the tonsils. The history of tonsillectomy from the time of Celsus, in A.D. 10, is interestingly recounted, and well illustrates the many swings of the pendulum inevitable in clinical medicine. Complications of tonsillectomy are then dealt with, and the discussion on hemorrhage, where the author allows his own opinions to come to the front, is the best section in the book. Non-operative treatment of the diseased tonsil is well described, and the author makes good his case for treatment by London paste. The last two chapters deal with the naso-pharyngeal and lingual tonsils, and the latter would certainly seem to merit more attention in a routine throat inspection than it usually obtains.

The production of the book is excellent, and the figures clear, but the writer's copy had many uncut pages—a great annoyance, which a little care could obviate.

AN INTRODUCTION TO THE TECHNIQUE OF SECTION-CUTTING. By FRANCES M. BALLANTYNE, M.A. (Edinburgh: E. & S. Livingstone.) Pp. 80. Price 3s.

This book has been compiled from the notes of the late Mr. Peter Jamieson, whom the University of Glasgow regarded as a master of the technique of section-cutting. The book is successful in giving clear instructions of an elementary nature, but the normal pathological clerk learns the whole of its contents within the first week of his appointment. Such knowledge being so easily acquired, the book would appear to be superfluous.

BOOKS AND PAPERS RECEIVED.

ISHIBIYU: ITS THEORY AND PRACTICE. By E. G. DRU DRURY, M.D., B.S., D.P.H. (A reprint from the *Journal of the Medical Association of South Africa*, vol. ii, pp. 157-164, March 24th, 1928.)
AN INQUIRY INTO POST-OPERATIVE TETANUS. By T. J. MACKIE, M.D., D.P.H. (Scottish Board of Health).

OBSERVATIONS SUR LE PHÉNOMÈNE DE FERMENTATION GAZEUSE SYMBIOTIQUE. Par ALDO CASTELLANI. (Extrait des *Annales de l'Institut Pasteur*, April, 1928.)

NOTES ON BLASTOMYCOSIS. By ALDO CASTELLANI, C.M.G., M.D., F.R.C.P. (A reprint from the *Proceedings of the Royal Society of Medicine*, 1928, vol. XXI.)

THE PARASITE THAT CAUSES SMALLPOX. By J. JACKSON CLARKE, M.B., F.R.C.S. (A reprint from the *Journal of Tropical Medicine and Hygiene*, February 15th, 1928.)

CHILDREN OF DISEASE IN CHILDHOOD, AND THE PROTECTION OF CHILDREN IN HUNGARY. By Prof. DR. FRANCIS DE TORDAY. (Press of the Royal Hungarian University of Budapest, 1928.)

ACKNOWLEDGMENTS.

The British Journal of Nursing—Rivendown—The Charité Cross Hospital Gazette—Guy's Hospital Gazette—The Hospital Gazette—The Journal of the Research Defence Society—The Kenya and East African Medical Journal—Leprosy Notes—St. Mary's Hospital Gazette—The Long Island Medical Journal—The Medical Journal of Australia—The Medical Review—The Middlesex Hospital Journal—The Post-Graduate Medical Journal—The Queen's Hospital Medical Magazine—Revue de Médecin—St. Thomas's Hospital Gazette—Sydney University Medical Journal—University College Hospital Magazine.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

First Examination for Medical and Surgical Degrees, Easter Term, 1928.

Part II. *Mechanics*.—David, J. E. A., Shore, T. L. H., Venables, C. G.

Part III. *Physics*.—Shore, T. L. H.

Second Examination for Medical and Surgical Degrees, Easter Term, 1928.

Part I. *Organic Chemistry*.—Mercer, R. V. F., Warren, C. B. M.

Part II. *Human Anatomy and Physiology*.—do Amaral, A. A.

Third Examination for Medical and Surgical Degrees, Easter Term, 1928.

Part I. *Surgery, Midwifery and Gynecology*.—Bateman, H. F., Elliston, W. A., Fox, P. H., Levick, P. G., Miles, A. A., Reynolds, J. B. A., Roberts, A. M., Varley, J. F., Williamson, J. C. F. Ll., Winter, L. B., Wood, F. W. J.

Part II. *Principles and Practice of Physics, Pathology and Pharmacology*.—Ashby, W. R., Buckley, W., Gilchrist, R. M., Gordon, J. C., Gray, R. A. P., Hornsfield, M. C., James, L. R., Lees, J. M., Lloyd, W. J., Miles, A. A., Poole, J. C. C., Recordon, E. G., Richards, F. A., Roberts, A. M., Smith, T. R., Smith, W., Spooner, E. T. C.

UNIVERSITY OF LONDON.

M.D. Examination, July, 1928.

Branch I. *Medicine*.—Green, F. H. K., Joule, J. W., Klaber, R. A. E.

Branch III. *Psychological Medicine*.—Moulson, N.

Branch VI. *Tropical Medicine*.—Garnham, P. C. C. (University Medal).

First Examination for Medical Degrees, July, 1928.

Dipple, P. E., Gale, H. E. D., Godfrey, T. N. H., Harris, R. V., McOwan, B. M., Norsworthy, L. R., Rassim, H. S., *† Sutton, R. J. C., Thomson, D. M., Weddell, A. G. M., Woodham, C. W. B.

* Awarded a mark of Distinction in Inorganic Chemistry.

† Awarded a mark of Distinction in Physics.

Second Examination for Medical Degrees, July, 1928.

Part I. Barasi, G., Bowen, L., Cartwright, W. H., Dawson, D. J., Harvey, P. G. F., Higginson, H. C. H., Lewis, B. S., Magnus, H. A., Morrison, R. J. G., Pierre, H. H., Rassim, H. S., Rosenbaum, J., Zeidenfeld, G.

UNIVERSITY OF WALES.

The following Diploma has been conferred:

T.D.D.

Tuberculous Disease Diploma.—Doulchan, C. J.

CONJOINT EXAMINATION BOARD.

Pre-Medical Examination, June/July, 1928.

Chemistry.—Anderson, J. D., Barbour, A. B., Boney, A. R., Davies, D. L. L., Harvey, K. J., Jones, N. H., *Kitchen, B. C. J., *MacColl, A. H., Philip, D. N., Squire, J. A., Swain, V. A. J., Trubshaw, W. H. D., Wheeler, F. E., Woodforde, A. R.

Physics.—Anderson, J. D., Barbour, A. B., Boney, A. R., Davies, D. L. L., Harvey, K. J., Horton, H. E. N., Hamilton, G. J., John, C. W., Jones, N. H., Langenberg, E. R., Mason, T. O., Squire, J. A., Swain, V. A. J., Trubshaw, W. H. D., Wheeler, F. E., Woodforde, A. R.

First Examination, July, 1928.

Part I. *Anatomy*.—Green, L. E., Roache, H. J., Ryan, T. J., *Stanton, H. G.

Physiology.—Green, L. E., Mansi, J. A., Robertson, H. D., Ryan, T. J., *Stanton, H. G.

Part II. *Pharmacology and Materia Medica*.—*Burt, H. V., Jaensch, T. J.

* Old Regulations.

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

Ashby, W. R., Behrman, S., Bennett, A., Davidson, W. P. M., Fox, P. H., Kaul, S., Kettle, B., Kreitmayer, M. L., Laurence, F. G., MacVicker, G. C. C., Malley, M. J., Newton, I. A., Nixon, G. P., Patton, A. W., Spickett, E. H., Ward, F. H., Yip, T. C., Zscherpel, H. D. R.

ROYAL COLLEGE OF PHYSICIANS.

The following has been admitted a Member: Hartridge, Prof. H. M.D.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

D.T.M.&H.

The Diploma has been conferred on the following: Gilkes, H. A., Leitch, J. N.

CHANGES OF ADDRESS.

ADAMS, W. F. T., Dunbeved, Saltash, Cornwall.
ANDERSON, H. G., 182, Range Road, Shanghai.
EDWARDS, W., "Wychwood," London Road, Southborough, Kent.
ILLIUS, J. W., 26, Lancaster Park, Richmond, Surrey.
LEHMANN, H. P., Lynn House, Wickham Market, Suffolk. (Tel. 29.)
PERT, A. F., 36, High Street, Battle. (Tel. Battle 9.)
SYMES, Maj. A. J., I.M.S., c/o Messrs. Grindlay & Co., Ltd., 54, Parliament Street, Whitehall, S.W.
WILSON, W. E., Hillsborough, St. Luke's Park, Torquay, Devon. (Tel. Torquay 4109.)

APPOINTMENTS.

CROOK, E. A., M.Ch.(Oxon.), F.R.C.S., appointed Assistant Surgeon to Charing Cross Hospital.

LOYD, W. E., M.D.(Lond.), M.R.C.P., appointed Honorary Physician to the Bolingbroke Hospital, S.W. 11.

BIRTHS.

LANGFORD.—On August 6th, 1928, at Cambridge Villa, W. 4, to Margaret, wife of John C. C. Langford, M.R.C.S.—a daughter.

LOYD.—On August 1st, 1928, at 29, Bramham Gardens, S.W. 5, to Olive, wife of W. Ernest Lloyd, M.D., M.R.C.P.—a son.

MARRIAGES.

KITCAT—SELLORS.—On July 26th, 1928, at St. Leonard's Church, Streatham, by the Rev. G. W. White, Cecil de Winton, only son of Capt. and Mrs. Kitcat, of Dulwich, to Mary Cameron, only daughter of Dr. and Mrs. Sellors, of Westcliff-on-Sea.

ROYLE—MOODIE.—On September 1st, 1928, at Cathcart, Glasgow, Harold Royle, youngest son of the late Mr. T. C. Royle and Mrs. Royle, of Doncaster, to Jessie Gay, daughter of Mr. and Mrs. Moodie, of Cathcart, Glasgow.

DEATH.

KEBBELL.—On August 8th, 1928, at a nursing home, Earl's Court, Charles Frederick Vivian Kebbelle, M.R.C.S., L.R.C.P., aged 41.

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.

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