CHANGES OF ADDRESS.

ARCHER, C. W., "White House," Hythe, Hants.

ARTHUR, G. K., Tunstall Road, Biddulph, Stoke-on-Trent. (Tel. Biddulph 29.)

BARNES, D. T., 8, Holywell, Oxford.

DONALDSON, E., 52, Cromwell Road, Queen's Gate, S.W. 7.

GARROD, L. P., Bankcroft, Douglas Road, Harpenden. (Tel. Harpenden 230.)

SMYTH, Major F. G. A., R.A.M.C., R.A.M.C. Officers' Mess, Grosvenor Road, S.W. 1.

WATERFIELD, N. E., Foulis, Great Bookham, Surrey.

APPOINTMENTS.

DONALDSON, E., M.D., D.P.H., appointed Medical Officer in the Ministry of Health.

DONELAN, C. J., M.R.C.S., L.R.C.P., D.P.H., appointed Medical Officer in the Ministry of Health.

ROBERTSON, I. M., M.B., B.S., appointed Clinical Assistant to the Ear, Nose and Throat Department, The Royal Infirmary, Sheffield.

SMITH, N. F., M.D.(Oxon.), appointed Medical Officer in the Ministry of Health.

BIRTHS.

AINSWORTH-DAVIS.—On January 4th, 1930, at Kevinside, Amersham, Bucks, to Mr. and Mrs. J. C. Ainsworth-Davis—a daughter.

BAIRD.—On December 8th, 1929, to Dr. and Mrs. J. C. H. Baird, of 80, Southampton Street, Reading—a daughter.

BALL.—On November 4th, 1929, at "Redcroft," West Wickham, Kent, to Dr. and Mrs. Harold C. J. Ball—a daughter.

BATTERHAM.—On February 21st, 1930, at Keyberry House, Newton Abbot, Devon, to Thelma (*née* Rundle), wife of Dr. Douglas Batterham—a son.

BURROWS.—On January 27th, 1930, at 6, Holly Lodge Gardens, Highgate, to Gwendoline, the wife of Harold Burrows—a son.

ECCLES.—On January 7th, 1930, at a nursing home at Hove, to Dr. and Mrs. Karslake Eccles—a son.

FRANCE.—On January 23rd, 1930, at Ludlow, Bromley Common, to Eileen, wife of Francis France, M.B.—a daughter.

FRASER.—On February 18th, 1930, at "Mountains," Hildenborough, to Gladys (*née* Thomson), wife of D. Beaufort Fraser—a son.

STRETTON.—On February 2nd, 1930, at Westwood, Kidderminster, to Mary, wife of John W. Stretton, F.R.C.S.—a boy.

VINER.—On January 29th, 1930, at Chorley Wood, Herts, to Mona, wife of Geoffrey Viner, F.R.C.S., of 4, Harley Street, W. 1.—a daughter.

MARRIAGES.

ALLOTT—KYDD.—On January 29th, 1930, at St. Paul's Presbyterian Church, Birkenhead, by the Rev. John Goudie, M.A., Eric Newmarch Allott, B.M., M.R.C.P., elder son of Mrs. Allott and the late Henry Newmarch Allott, of Stretford, to Edith Mary, younger daughter of Mrs. Kydd and the late William Kydd, of Birkenhead.

FRANCIS—STEWART.—On February 1st, 1930, at Holy Trinity Cathedral, Guildford, by the Rev. Canon Kirwan, Dr. C. A. Francis, 56, Queen Anne Street, W., to Patricia Marion Margaret, only child of the late Charles J. Stewart and Mrs. Stewart, Cluaran, Guildford, and granddaughter of the late Colonel W. T. Stuart, Bengal Staff Corps.

DEATHS.

BRIGHT.—On January 25th, 1930, at 3, Royal Crescent, Brighton, of heart failure, Archibald Leonard Bright, M.R.C.S., L.R.C.P.

CLAPP.—On January 27th, 1930, at his residence, Downside, Whitchurch, Tavistock, Devon, Robert Clapp, M.R.C.S., L.R.C.P.

DAVIES.—On November 24th, 1929, Arthur Templer Davies, M.D., F.R.C.P., of Hornbeams, Welwyn, Herts, late of 3, Bank Buildings, E.C., second son of the late Herbert Davies, M.D., 23, Finsbury Square, E.C., aged 71.

ELLIS.—On January 23rd, 1930, at Bulawayo, Francis Heygate Ellis, M.C., M.R.C.S., L.R.C.P.(Lond.), S.G.M.O. Rhodesian Medical Service, beloved husband of Muriel Floyd Ellis (*née* Andrews), and youngest son of the late Colonel Fairfax Ellis, Royal Artillery, and Mrs. Fairfax Ellis, of Blackheath, London, aged 52.

GREEN.—On February 5th, 1930, at Queen Alexandra's Military Hospital, Millbank, S.W., Major-General Sebert Francis St. Davids Green, C.B., C.B.E., M.D. (late R.A.M.C.), aged 62.

HURRY.—On February 13th, 1930, at "Hinton Firs," Bournemouth, Jamieson Boyd Hurry, M.A., M.D., J.P., late of "Westfield," Reading, aged 72.

ROSS.—On August 6th, 1929, at Sherborne, Philip Hedgeland Ross, M.R.C.S., L.R.C.P., D.P.H.(Camb.).

SCOTT.—On January 28th, 1930, at Saskatoon, James Matthews Duncan Scott, M.D.(Edin.), D.Ph.(Camb.), Professor of Physiology in the University of Saskatchewan, Saskatoon.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: National 4444.*

St. Bartholomew's Hospital Journal.

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

VOL. XXXVII. – No. 7.] APRIL 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Tues., April 1.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Fri., " 4.—Prof. Fraser and Prof. Gask on duty.
Tues., " 8.—Sir Percival Hartley and Sir Holburt Waring on duty.
Fri., " 11.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Tues., " 15.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., " 18.—**Good Friday.** Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., " 19.—**Last day for receiving matter for the May issue of the Journal.**
Mon., " 21.—**Bank Holiday.**
Tues., " 22.—Prof. Fraser and Prof. Gask on duty.
Fri., " 25.—Sir Percival Hartley and Sir Holburt Waring on duty.
Mon., " 28.—Special Subject: Clinical Lecture by Mr. Rose.
Tues., " 29.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.

EDITORIAL.

GLASGOW VISITS BART.'S.

THE great work of the Hospital Appeal in bringing the history, the achievements and the aspirations of St. Bartholomew's before the intelligent and benevolent newspaper public is already bearing fruit. Attracted by the alluring announcements in our leading daily and weekly papers, no less than sixty-seven medical students from Glasgow University paid a visit to the Hospital on Tuesday, March 18th—having taken the Rugby International on their way. Through the kindness of the College Council a day was arranged for them, on which they were able to sample the life of the Bart.'s student. A trip round the Surgery, operations with Prof. Gask, out-patients with Mr. Girling Ball and Dr. Hilton and a tour of the Museum with Mr. Hume occupied the morning. Before lunch Prof. Gask displayed some of the treasured Archives of the Hospital and spoke of the pictures, which have recently been mounted on screens in the Great Hall. A visit to the tomb of Rahere came as an unexpected interlude. At lunch it was the turn of Glasgow to perform, by singing their warsong, "Yegorah," in honour of Bart.'s, and to the surprise of the other guests at the Manchester.

A characteristic clinical lecture by Sir Thomas Horder upon "Some Cases of Swellings in the Neck," followed by ward rounds with Sir Percival Hartley, Dr. Langdon Brown and Dr. Gow, and a tour of the new Surgical Block with Mr. Girling Ball ended the day, and Glasgow departed, weary, grateful, and, we think, amazed.

* * *

TENTH DECENNIAL CLUB.

The Annual Dinner of the Tenth Decennial Club will be held on Friday, May 9th. Wing-Commander Scott will be in the chair. Further particulars will be published in the May issue. The secretaries of the Dinner are Mr. Reginald M. Vick and Dr. A. W. Stott.

* * *

ELEVENTH DECENNIAL CLUB.

The Second Dinner of the Eleventh Decennial Club will be held at the Holborn Restaurant (Crown Room), on Friday, May 9th, at 7 for 7.30 p.m., with Dr. E. S. Vergette in the chair. Those who entered the Hospital as students between January 1st, 1915, and December 31st, 1925, and who have since qualified are eligible for membership. Those wishing to join the Club should make application to either of the Hon. Secretaries, F. C. W. Capps, or Wilfred Shaw, at St. Bartholomew's Hospital.

"BART.'S BUSY BEES."

A Dance in aid of the Hospital is being held by the Busy Bees on Friday, May 23rd, from nine until two, at the Imperial College Union, Prince Consort Street, S.W. 7. Double tickets (price 10*s.* 6*d.*, including refreshments) may be had from Miss Horder, 141, Harley Street, and P. Adorjan, Esq., Imperial College Union.

* * *

DUO-FOCALS.

We wish to call to the attention of our readers a new form of bifocal spectacles, devised by Mr. H. D. Everington, and made by Curry & Paxton's under the name "Duo-focals." They consist of an ordinary pair of spectacles mounted with distance lenses. Hinged to the fronts are two plus-lenses, which can be swung in front of the eyes for reading, and parallel to the side-pieces for distance. While they are more fragile than the old "bifocals" and at present a little conspicuous, they seem to have many advantages, of which a full field for distance is not the least.

* * *

The following gentlemen have been nominated to House Appointments from May 1st, 1930:

Junior House Physicians—	
Sir Percival Hartley	C. L. Carter.
Prof. F. R. Fraser	W. G. Oakley.
Sir Thomas Horder, Bart.	C. B. Prowse.
Dr. Langdon Brown	J. F. Fisher.
Dr. Hinds Howell	A. W. Franklin.
Junior House Surgeons—	
Sir Holburt Waring	A. M. Boyd.
Mr. L. Bathe Rawling	A. Barber.
Prof. G. E. Gask	J. R. J. Beddard.
Sir C. Gordon-Watson	H. V. Knight.
Mr. Harold Wilson	G. H. Bradshaw.
Intern Midwifery Assistant (Resident)	A. D. Everett.
Intern Midwifery Assistant (Non-Resident)	J. S. MacVine.
Extern Midwifery Assistant	A. P. M. Page.* / F. A. Edwards.†
H.S. to Throat and Ear Departments	F. H. Ward.
H.S. to Ophthalmic Department	E. G. Recordon.
H.S. to Venereal and Skin Departments	A. P. Gaston.* / M. W. Gonin.†
H.S. to Orthopædic Department	H. Taylor.
Senior Resident Anæsthetist	B. Rait-Smith.‡
Junior Resident Anæsthetists	G. K. McKee. / R. A. C. Rice.
Casualty House Physicians	F. A. Edwards.* / A. H. Gurney.* / E. S. Pope.* / B. Kettle.† / A. P. M. Page.† / F. G. Wood-Smith.†
Casualty House Surgeons	K. W. D. Hartley.* / W. J. Burgess.†

* 3 months, May. † 3 months, August. ‡ 12 months.
All others for 6 months.

We regret to announce the death of Mrs. Calvert, which occurred on March 16th. We extend our sympathy to Dr. James Calvert upon his sad loss.

* * *

Congratulations to Mr. H. B. Stallard upon his appointment as Assistant Editor of the *British Journal of Ophthalmology*.

* * *

Congratulations to the Soccer and the Hockey teams upon their victories, and to the Rugger team upon a splendid defeat.

OBITUARIES.

DR. J. B. HURRY.

A DOCTOR WITH A HOBBY.

"THERE lives in Reading, the county town of Berkshire halfway to London from Oxford, a doctor with a hobby, a man after Osler's own heart, Dr. Jamieson B. Hurry." How Harvey Cushing's simple words conjure up from the grey plain of the forgotten visions of a fairy-world in which one's youthful imagination lived and moved and had its being.

"Once upon a time there was an old man who lived retired from the world in order to gain hidden wisdom."

To those of us who only knew him after he had retired from the busy life of practice, and lived happy and serene in the contemplation of the past, old Hurry seemed indeed to live in a world of his own, a fairy kingdom, which he peopled with the heroes of the age of chivalry. What singularly pleasant hours one spent with him in the quiet of his library at Bournemouth, tasting the joy of his hospitality and the charm of his conversation. How exquisitely poetic could he not wax, how heroically he scaled the summits of fantasy, how dramatically he carried one back into the mists of the great historical past, "where the standing stone on the mound bears no mark, and Saga has forgotten what she knew." How fascinatingly he spoke of his travels, of the social and professional value of medical societies, of economic botany, and of his great hobby, the idea of vicious circles in all the manifold affairs of life. Though in the last few years his health began to fail and he had to go rather slowly, his pen was never idle. By resurrecting Imhôtep, the Vizier and Physician of King Zoser, and restoring him to his proud place of affection in the heart of the medical world, Hurry has rendered a real service to medicine and made a valuable contribution to medico-historical literature. His researches into the noble history of the ancient abbey of Reading have endeared him to the imagination of that town and won for him Sir William Osler's friendship, which was a source of perpetual joy, inspiration, and comfort to Hurry. A public benefactor, individually he wielded even greater power. A prolific writer, not so much of long letters as of friendly little messages, this deeply read, much travelled, courtly, and genial old gentleman had become a real friend to many, old and young, when Atropos the inflexible cut the thread and the grave closed over him.

"Once upon a time there was an old man, a scholar and a gardener. He lived alone and in a secret place. And all about the little house in which he dwelt he had planted every kind of flower, and bamboos and other trees."

W. R. B.

MAJOR-GENERAL GREEN.

We regret to announce the death of Major-General Green, at the age of 62, which occurred on Wednesday, February 5th, at Millbank.

The son of the Rev. A. J. M. Green, of Clevedon, Somerset, he was educated at Christ's Hospital and St. Bartholomew's. He joined the Army Medical Service in 1894, and had a distinguished career in India, France and Mesopotamia. He was mentioned in despatches four times, was made C.B. in 1925, and from 1924–1927 was Honorary Physician to the King.

PHILIP HEDGELAND ROSS.

On August 6th, 1929, there died at Sherborne, after a day's illness, one whose good work, mainly in East Africa, has not received the attention that it deserved.

Ross was born in Christchurch, New Zealand, on July 4th, 1876. Educated at Otago University he came to St. Bartholomew's, where he qualified in 1900. Attracted to the problems of tropical medicine, he entered the East African Medical Service in 1903. His chief work was done upon the transmission of trypanosomiasis, and the prevention of plague and dysentery. Prof. G. H. F. Nuttall, in an obituary notice in the *Lancet* (December 14th, 1929, p. 1284), writes: "All who knew Philip Ross will recall his genial personality, his never-failing interest in helping others over difficulties, and the devotion he showed to the work in his domain. In East Africa he gave devoted service to mankind."

§

MORE MEDICAL NOTES.

By SIR THOMAS HORDER, Bt.

ON SOME INTESTINAL CONDITIONS.

(1) Faced with a case of coliform infection of the urinary tract, associated defects in the alimentary tract should always be considered. These are of three kinds: (i) Gross pathological conditions are uncommon, but are of great importance when present: diverticulitis, appendicitis, fistula and gall-bladder sepsis. (ii) Constipation, usually of the type known as colon stasis. (iii) Intestinal sub-infection.

(2) Any condition tending to increase constipation may be a factor in the protraction of coliform urinary infection, and the relief of these conditions may be followed by marked improvement in the urinary condition. Such conditions are hæmorrhoids and fissure *in ano*.

(3) The degree of pyuria present in some cases of diverticulitis in which there is associated infection of the urinary tract is sometimes so marked that a diagnosis of fistula between the bowel and the bladder or ureter is made. But cystoscopic examination, and the subsidence of the pyuria with effective treatment of the bowel disease, suffice to negative this conclusion.

(4) The disabilities associated with enteroptosis are to be attributed much more to the physiological troubles (circulatory and nervous) arising from the condition than from the anatomical "lie" of the organs. This is proved by the fact that when the patient has made considerable progress as the result of a general scheme of treatment, radiological examination shows that the position of the viscera has scarcely, if at all, changed.

(5) Enteroptosis is to be regarded as being more often part of a general neuro-muscular asthenia than an entity in itself. Although surgical treatment of the condition may be followed by good results for a time, these good results are probably due to the psychic effect of the operation and the prolonged recumbent rest which is usually enjoined after it.

(6) So much attention has been drawn in recent years to "duodenal ulcer" that other diseases of the duodenum have been overlooked or forgotten. Yet a critical study of actual cases of duodenal dyspepsia makes it clear that ulcer is by no means the only morbid condition present. Biochemical investigations amply confirm this statement.

(7) The infective factor in ulcerating colitis remains indeterminate. The balance of recent evidence favours the streptococcus rather than the coliform group. The results of immunotherapy are disappointing, and successful treatment depends more upon general than upon specific measures. The benefits claimed for anti-dysenteric sera are to be attributed to non-specific rather than to specific action. The diet should not be milk, but should be quite generous both in amount and in variety, always bearing in mind the importance of obtaining a soft and homogeneous residue. The semi-Trendelenburg posture is of great help. Tonic and hæmatinic drugs are useful.

(8) As in other forms of intestinal ulceration (typhoid, tuberculosis, etc.), there is no necessary association between the degree of diarrhœa and the number or extent of the ulcers in ulcerating colitis. In a recovering case actual constipation may, and often does, occur long before the ulcers are healed. Since relapses are very common, the patient must be kept under observation until sigmoidoscopic examination shows a satisfactory state of the bowel.

(9) Enterorrhagia, sometimes quite profuse, and without other symptoms, is not very uncommon in elderly patients. The pathology of the condition is obscure. The patients are more often male than female. Hyperpiesis and atheroma may be present. Evidence of duodenal ulceration, which is a favourite hypothesis, is not forthcoming in most of the cases; moreover, the blood is sometimes bright in colour. There is a tendency for the condition to recur at fairly lengthy intervals. Treatment by entirely recumbent rest and a meagre diet suffices as a rule, though there may be a residual anæmia which requires attention.

(10) Though it is often said that an inflamed appendix is "felt," it is very doubtful if this is so. If an appendix is actually felt it is likely to be the seat of neoplasm, such as endothelioma. The structure which *is* felt and which is most often mistaken for an appendix is an enlarged tuberculous gland.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The British Journal of Venereal Diseases—Bulletin of the New York Academy of Medicine—The Cambridge University Medical Society Magazine—The Clinical Journal—L'Echo Médicale du Nord—Guy's Hospital Gazette—The Hospital—The Medical Journal of Australia—New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—The Student—University of Toronto Medical Journal.

"BEFORE THE FINALS; AND AFTER."*

SOME of you are approaching the final examinations, some of you have already passed through those portals of entry to the medical profession, but each one of you is on the threshold of a great undertaking. Each one at times must view the future with feelings of uncertainty—uncertainty as to whither this profession, which you have chosen, will lead you—to what part of the world, to what mental and physical activities; and uncertainty as to how you may make best use of your talents and your temperament. To some must come a little fear for the financial and material necessities for the next few years. For those of you who have left the final examinations behind you the horizon is limitless, and there is something of the excitement of a great adventure ahead. For the others the horizon is limited perforce by the needs of the immediate future, and the test that lies before you.

For the individual these problems have aspects peculiar to himself, and for their solution a quiet talk with a wise and senior member of the profession is essential, but there is much that is common to the problems of each, and the Metropolitan Counties Branch of the British Medical Association recognizes this in inviting you here to-day that you may meet each other, meet senior members who are anxious to help you, and come into contact with this great community of medical men, the many activities of which are centred in this building

BEFORE.

The approach to the widely open portals of the final examinations should be a straightforward, steady ascent, if the curriculum has been intelligently followed and the preliminary and intermediate tests properly carried out. The gradient is such that steady endeavour is required, but there should be no bristling obstructions and there are no traps. The curriculum is not perfect. It is undergoing revision and alteration continuously, as the practice of medicine is altering and progressing continuously. Experienced educationalists have designed it and there is an orderly purpose in it, which, even if you could not see it at the time, must be evident to you now that you can view it in retrospect. In the courses in chemistry and physics a knowledge of the more simple and essential properties of inorganic matter was acquired. Biology gave you your first clear appreciation of the differences between inorganic material and living

* An address to fourth and fifth year students and recently qualified men, at a reception organized by the Metropolitan Counties Branch of the B.M.A., February 11th, 1930.

matter. The study of the structure of plants and the functions of the various parts of a plant led easily to a conception of the activities of the whole plant, and the relation of the living whole to its surroundings. The study of animals and animal life introduced a more complicated situation. The animal is less limited in its activities than a plant, and so is exposed to a greater variety of conditions and a greater number of dangers. How the structure and function of each part co-ordinate in the whole animal to enable it to maintain its existence in the great variety of conditions to which it is exposed is the contribution of zoology to the curriculum. The more highly developed the animal the more complicated are the structures and the functions, and the more elaborate the co-ordinating mechanisms that link them together in the actively living whole.

It was then an easy step to human anatomy and physiology, the study of the structures and functions of the most highly developed of animals. If the step is easy, the stage reached is one of the least satisfactory, to my mind, in the whole curriculum. The knowledge of how the body as a whole functions and reacts to the ever-changing conditions of the environment, and of the dangers that beset it from every side and at all times, is still very meagre. It is only when such knowledge is acquired that we shall be able accurately to recognize how the human body is endeavouring to combat those attacks that render it inefficient, those attacks that cause disease, and that we will be able to aid it in its endeavours. In other words, the assistance that human physiology is able as yet to offer us in our attempts to diagnose and treat patients is scrappy. Every day it is doing more, but the courses of human physiology are still occupied with confusing details, and larger principles which can be applied to the practice of medicine are, with few exceptions, not yet clarified.

When you had learned of the structure of the human body and of what is known of its functionings to maintain life and health in the ever-changing conditions of ordinary life, you passed on to the study of diseased persons—individuals who have crossed an indefinite boundary and become unable to readjust, so as to maintain their efficiency. Pathology deals with the types of disease processes that affect the human body and the reactions of the body to them. Like physiology and anatomy, pathology deals mainly with generalizations, but in the department of pathology you saw also examples of the effects of disease processes on individuals, and it is this step from generalizations to individual examples that characterizes the difference between the pre-clinical and the clinical years. It is from the study of numerous examples that generalizations are formulated, and in your clinical work you have been taking part continually in such studies—investigations that are to be your life's work. You are now equipped to investigate, and by the study of each and every individual patient you will gradually accumulate knowledge and wisdom for the benefit of your patients. But you must first pass the Final Examinations.

Before you can be registered as qualified to take the responsibility of patients, you must be tested to ascertain that you have acquired enough knowledge to enable you to avoid injuring patients with the powerful weapons that the qualified man is empowered to handle, and that you know how to aid a patient in his struggle with his environment or how to obtain aid for him.

You would be surprised to learn of the dangerous ignorance displayed by some candidates for qualification, and by some qualified men. During one *viva voce* examination in medicine, a candidate was asked by the examiner what dose of a commonly employed emergency remedy he would give in a stated case. The answer caused the co-examiner, who was occupied at another table, to stop his conversation and listen. The examiner removed his watch from his pocket and regarded it in silence for a few seconds. He then replaced his watch and said, "Your patient is now dead."

How a qualified man of my acquaintance escaped a fall in the Final Examinations I cannot imagine, for when he was attending his first confinement, he was packing up his bag and preparing to depart when the midwife reminded him that the after-birth had not yet come away. He was not at all disturbed from his habitual air of knowledge and self-confidence, for his reply was, "I shall look in to-morrow and see to it then."

I feel sure that all of you have the knowledge necessary to pass these tests if you have followed the curriculum and made use of the opportunities afforded you. Some follow the letter of the curriculum, but not its spirit, and neglecting to study patients for themselves, fail to acquire the technique of the clinical examination of patients, and so are not equipped to study or care for patients on their own responsibility. These have not acquired or developed the habit of accurate observation and deduction, and fail at the clinical part of the test. Probably the majority who fail to pass the tests do so because they cannot present their knowledge clearly. Their knowledge is not clear to themselves, and it can become so only with practice in presentation. If two or more friends would form a group and cross-examine each other seriously, and practise writing out the answers to questions from previous papers, or to questions of their own devising, this difficulty would soon disappear. It is remarkable the progress made with such practice, and how much clearer the knowledge already possessed becomes, how much more knowledge

is acquired, and how much confidence is gained. There is no golden rule for passing examinations, but the best advice I can give you for the Finals is to examine patients and still more patients, with one or two friends who will cross-question each other; and to practise writing answers to test questions. You cannot possibly know all the ground covered by the subjects of the final examinations, and it is better to have a clear understanding of important landmarks than a hazy recollection of wide territories.

AFTER.

There are probably few among you who realize how greatly you are to be congratulated on your choice of a profession. In spite of the great variety of temperaments and of talents among you, the medical profession offers opportunities for each one. You may long to study your fellow men or to devote your life to the relief of suffering: no better opportunities await you than in the practice of medicine. You may be of a severely logical type of mind and intolerant of compromise: the laboratories are open to you. You may have the yearnings and ambitions of the discoverer: medical science is in its infancy and vast fields await you. If the life in a Government service attracts you, the Army, the Navy, the Air Force or the Colonial Service require your help. If you have gifts for administration, a post as medical officer of health or under the Board of Education will enable you to use your talents. If you wish to be a medical missionary, there are many posts to be filled. You can live in the city or in a quiet country-side, and you may choose the climate that suits you. I hope you are reasonably ambitious, but if ambition controls your decisions, there are peaks that few can reach. Whatever you are, and whatever you wish to be, the profession of medicine has a niche for you, unless—and this is the only exception I can think of—unless you are selfish; for it is a profession of service, of service to your fellows, to all mankind.

No matter in what field of endeavour you devote your services, you will be applying the fruits of observation and discovery. In many ways they will be the fruits of your own observation and study, but in the main they will be the fruits of the work of others, that long line of famous men whom you are succeeding, and of your colleagues who are working in your own or in other fields and pushing forward the boundaries of knowledge.

How are you to keep in touch with all these various activities? And how are you to hear of posts and vacancies, to learn of that niche that awaits you? I would urge everyone to join the British Medical Association, that brotherhood of the medical men of the Empire. By its meetings, whether local or general, and by its publications, it will keep you in touch with all that is going on in the profession, it will keep you in touch with your fellow-workers, it will help you to find your niche. Do not wait till you are settled in life; join as soon as you are qualified, for your own sake. I will not speak of the other activities of the Association, of the opportunities for insurance that it offers, of its charities, but it is most active in forwarding and protecting the interests of medical men, and it deserves your support for its own sake.

I have referred already, though briefly, to an essential difference between the preclinical and the clinical years of the curriculum. The preclinical years deal largely with generalizations, while in the clinical years you study individual examples. As the majority of you will spend your lives in the practice of medicine, you will continue in this study of the individual, but there is a difference between the conditions of work in a hospital and the conditions under which you will work in practice. In a hospital the patient relies on the institution for help, on its junior and senior staffs, on its nurses, on its organization, on its record of many years of noble work, on certain individuals more than others, but never on one person only. In practice you alone must take the whole responsibility; on you alone the patient relies for help; you alone will care for the patient. Hospital practice must, to some extent, be impersonal; private practice is essentially personal. Hospital practice need not be so impersonal as it is often said to be, as it too often is, and I think the disadvantages to the patient that may result from this impersonal relationship of the patient and the institution are being gradually eliminated by the development of social services, "follow-up" departments, and continuous records. The treatment of a disease can well be impersonal; the care of a patient can never be. In the care of a patient, all the knowledge you have acquired of the principles of the structure and functioning of the human body in health and disease, and of the disease processes that affect it, is of little use unless you realize that one individual differs from another to such an extent as to alter materially the symptoms and signs of disease. The disease may be the same, but the person is different, and so no two persons ever present the same problems in diagnosis, and no two persons ever require the same treatment.

You are all familiar with the young mother who is admitted to a hospital ward because of tiredness, shortness of breath and discomfort in the region of the heart. Before her admission she has suffered for many weeks, working hard for her husband and her children, determined not to give in for their sakes, hoping that the trouble will pass away without her having to give in and leave her family to the care of others. Finally, after much family consultation, she has decided to come into hospital to be restored to strength. On examination she is found to have rheumatic disease of the heart with mitral stenosis. She is an interesting case, and one of great value for teaching. The staff spend much time examining her and demonstrating the physical signs, and the students examine her often and discuss the signs of disease they find. She has become "that case of mitral stenosis in Bed 2." Treatment for her disease and for her disablement is carried out with the utmost skill and the case "does well." No doubt the great interest that has been shown in the case helps in her recovery, but the patient's strength and vigour do not return to the extent hoped for by the staff or by the patient herself. She is thinking of her children and her husband, she is jealous for them, and fearful that they are not being cared for as she would care for them. She is frightened about the future; she dreads a future without the strength to do all she would like to, all her family need of her. No one seems to pay any attention to those thoughts and fears of Mary Smith; she is just "that case of mitral stenosis." But the ward sister, the House Physician and the Chief have not forgotten their patient, and explanations, encouragement and kindly sympathy soon show their value as therapeutic agents, and Mrs. Smith is discharged restored to strength and confidence. As students in hospital you have seen little of this side of medicine, and scarcely realized its existence. You have certainly not appreciated its great importance.

Every patient must be a separate and an original study. Unfortunately in the study of the person there is no organized science to help you, and very little exact knowledge to be handed on to you. Psychology is slowly developing, but is not ready for you, and common sense, imagination and experience are the instruments to be used in the investigation, and are essential tools, both for diagnosis and treatment. Common sense and imagination are products of the nursery and the schoolroom, or perhaps are derived at a still earlier stage in mental development, but experience can be acquired if sought for diligently, and will continue to be acquired throughout your professional life. In many patients the disturbance to health is due so much to temperament and emotional factors that the medical sciences to which you have devoted so many years of study seem of little use. Each of you must have had experiences that illustrate the way in which the emotions can affect the functions of organs. Some of you will have had diarrhœa when waiting for an important oral examination; others have been nauseated during those periods of anxiety and of fearful anticipations that are associated with similar circumstances; a few may even have vomited. Consciousness of extrasystoles arises with the reception of important news, and tachycardia and palpitations are not uncommon in many forms of emotional stress. You must have observed that yawning and deep sighing respirations occur when you are nervous and fidgety, and you are fortunate if you have not experienced polyuria before making a speech.

When the well and healthy can be so affected by emotion and mental disturbances, it is not surprising to find that the ill and the suffering are affected by factors apparently trivial and insignificant. In them, not only the little details of their material environment, but also the careless word, the petty worry, can act as powerful stimulants or depressants.

When you enter the home of a patient, you have the opportunity of finding out the circumstances of his life and what manner of man he is. You will get a hint of domestic incompatibility, of financial stringencies, of parental disappointments, of indulgences, of pampered conceits; you may find that your patient is self-centred, domineering and possessive, or the humble victim of the pity of overpoweringly healthy relatives. There may be signs of an organic disease process which you must treat, but only when you have found out something of the circumstances that are affecting your patient can you minister to him with sympathy, with encouragement, or with discipline. His home, his work, his relatives, his sorrows, his hopes and his fears must all be studied and weighed, just as you have been taught to weigh the signs and symptoms.

There are patients of whom you are tempted to say, "There is nothing really the matter," because you cannot fit their symptoms into any of the labelled pictures of diseased persons. Miss Jones is middle-aged and has suffered from abdominal pains, ill-defined but severe for many years. She has seen many doctors and everything has been tried. She keeps house for her father and has always been the family housekeeper. Her father cannot live much longer; her future is a hopeless, colourless blank. Physical examination, examination of her digestive tract by X-rays and chemical examination of her stomach contents and her fæces disclose no organic disease. There are many like Miss Jones in hospital and private practice, and it is usual to explain kindly and gently that there is really nothing serious the matter, and that you will give her some medicine to make her feel better—same old advice, same old medicine.

Every person who comes to you as a patient has something really the matter, even if your experience is not sufficient to enable you to discover the cause. In

other patients the disease process and the reactions of the body to it are so obvious and so localized that there is a temptation to forget the patient with his complicated mentality and veiled reactions. Each patient must be carefully studied, and each person must be skilfully and gently handled. Treat each patient as if she or he were your own mother, your own daughter or son. It is your privilege to care for your patients, to take their burden on your shoulders. Patients have eyes and ears that are quick to see and hear what you think you hide, and even if they say little they often understand more than you appreciate, and they ponder greatly on what they see and hear.

It may require several visits before you can accumulate and sift the evidence necessary to form a clear picture of the patient, his disease and his background. When you have gained his confidence by a thorough study through history-taking and physical examination, five minutes alone with him will often suffice to throw a flood of light on much that was obscure, and will enable you to see the true "clinical picture" and to heal the sick.

I should like to quote a few sentences from an address by Sir Oliver Lodge, entitled "Beyond Physics," and delivered at the Annual Meeting of the British Institute of Philosophical Studies on July 26th, 1929:

> "The time has come when we ought to try to bring life and mind into the scheme of physics, and we shall not fully understand the nature of the physical world until we do. But now comes the perennial difficulty; what must be the nature of these entities if they are to interfere with and operate on matter? How can things of one category act on things of another? The first step is to reply that conspicuously they do, whether we understand it or not. And the second step is to make some attempt to understand how they do it."

If I have dwelt over long on this aspect of medical practice, on this question of how to care for the patient, it is because I believe that in our system of medical education it is lost sight of too often in the teaching, both by precept and by example, and because it will assume so large a place when you have the sole responsibility for your patients.

The teaching of the hospitals and medical schools is often criticized as "too scientific" by those engaged in private practice. They say that the recently qualified man, however well trained he may be in the diagnosis and treatment of disease, knows next to nothing of the care of patients, of the personal side of practice. I am sure it is a just criticism, but maintain that hospital practice is not "too scientific"; it is not sufficiently scientific. To recognize the effects of the material and mental surroundings on the functions of organs and the functioning of the whole body is just as scientific as to examine his stomach contents in a laboratory. Treatment based on the deduction that one patient's inefficiency is due to family troubles is just as scientific as that based on X-ray evidence of duodenal ulcer in another patient. To say "There is nothing the matter" because the physical examination, X-ray evidence and laboratory tests fail to disclose a cause of the trouble is, on the other hand, unscientific. If there was more exact knowledge of how the material and the mental surroundings of our patients affect their functions and activities, generalizations could be formed, and instruction could be imparted more easily in the course of the curriculum. If knowledge was more exact, hospital practice and clinical instruction would more nearly meet the needs of private practice; and they would be more scientific, not less.

In addition to this responsibility for the individual, you will have responsibilities to society and in the eyes of the law. Have you ever considered how privileged is a medical man in the eyes of the law? At those two important events, important not only to the individual, but important also to society and the race, birth and death, the law accepts with absolute confidence the word of a registered medical man. If no medical man can state of his own knowledge that all is well, then the law demands that much trouble shall be taken and much time spent in ascertaining that all is well. This is a serious responsibility that we undertake, and we have to take care that we deserve it, and that we never relax or become careless.

You are quite familiar with examples in recent years of death certificates signed without due thought or suspicion of wrong-doing, and of the public exposure that follows, and the trouble and expense incurred by the community and by individuals as the result of the medical man forgetting how great are his responsibilities. Criminal abortion and infanticide are serious crimes of importance to society and the race, but they may pass undetected and unchallenged if a registered medical man states that natural processes only were in operation, or that the interference with the pregnancy was necessary to save the mother's life. We have other responsibilities to the community—less dramatic perhaps, but no less important—such as the notification of infectious diseases. Accidents will happen, unfortunate coincidences occur; at times the most careful become careless, and through no conscious fault mistakes are made. The greater the responsibility the greater the blame when mistakes arise, and every medical man is liable to find himself one day under suspicion of wrong-doing to the community. His responsibilities for the individual and the necessary intimate relationship with the individual that enable him to heal, at the same time lay him open to suspicions at times when things go wrong. To defend himself against accusations, whether public or private, may exhaust all his resources and ruin his career. There are institutions that undertake the defence of medical men in case of such prosecutions. Unjust accusations are frequently dropped when it is known that a corporate body with expert advice and extensive financial resources lies behind the defence, and if cases come to court, the financial and mental burdens are very considerably lessened if the medical man is defended by one of these institutions. I cannot urge you too strongly to join one of the medical protection societies, or defence unions, as soon as you have become a registered medical man. You will sleep the sounder when you have done so.

You doubtless have heard, just as I have, fierce criticisms of doctors by patients or their friends. For some of these there is no justification. There are patients who are selfish, inconsiderate and stupid. Among your patients you will find every variety of temperament, every variety of likes and dislikes. You cannot always alter your personality to keep in tune with that of your patient. Some other doctor would doubtless suit the patient better. Never be offended if you are dropped and someone else called in; there will be those who swear by you and prefer you to others perhaps much more learned. Remember, also, that during serious, perhaps fatal illnesses, patients and relatives have a right to do all in their power to save life or restore health. It is but natural that second, or even more opinions should be sought, and there is no dissatisfaction with you, your opinion or your treatment when additional advice is asked for. You should be the first to suggest that such steps should be taken.

For some of the criticisms there is justification, and I have every sympathy with the critics when the accusation is that the doctor did not examine the patient, or did not do so thoroughly. You must have been asked frequently, "Why have I not been examined like this before?" To that there is no satisfactory answer. Medical men are often overworked, and always badly paid. The community is being educated rapidly by the war, by travel, and by the press. It will not be satisfied with inefficient service, and you have dedicated your lives to its service. Time, energy and sympathy must be expended lavishly, but there are great rewards. Once you are qualified you may rest assured that you may earn a living, but the real rewards are the knowledge of service well performed, the gratitude of your patients, and those human bonds that rest on help and sympathy received and given.

I should like to quote a paragraph from Dr. Charles Singer's book, *A Short History of Medicine*. It is taken from the Epilogue:

> "On the other hand, when we glance at the tasks now being performed by the medical man, we cannot fail to be struck by the great increase in the number of things that have come to be regarded as within his sphere. It is a commonplace that he has in large part taken the place of the parson. But he has also made encroachments on the functions of the lawyer, the legislator and the judge, of the schoolmaster, the architect and the statistician. He has assumed some of the duties of the parent and guardian, while even the soldier and the policeman are to some degree under his control. In the ordering of their lives, and even in the regulation of their vices and the reform of their shortcomings, men and women are far more willing to seek the advice and help of the medical man than once they were. The reason is, without doubt, that his advice is much more worth having than it once was."

The men who have preceded you in the medical profession were great, and devoted great service to mankind. You must be greater, and the services you are now devoting to mankind must be greater also.

FRANCIS R. FRASER.

SHORT COMMUNICATION ON ENURESIS.*

IT is not my object in this communication to go over the whole ground of that common symptom, enuresis. Neither do I claim to be in a position to explain the mechanism of the symptom formation in all cases. Still less is it intended to put forward some drug or trick of management as a cure, experience having taught me to abandon the search for magical effects. My task is to present one point of view of the symptom.

Medical opinion has so changed in the last five years that when I say that enuresis is nearly always a symptom of psychological origin, I may be uttering a platitude, though till lately the literature has dealt with it as a physical disorder almost exclusively.

Here I must make it clear that conditioned reflexes cannot be included in this context under the term "psychology." There is a tendency in some quarters to say, "Yes, enuresis is a psychological phenomenon; it is simply a question of conditioned

* Based on a paper read before The Section for the Study of Disease in Children, Royal Society of Medicine.

reflexes." But the symptom cannot be explained along these lines—that is, apart from the emotional life of the child. It is, of course, likely that on Pavlov's solid foundations will be built complicated theories of behaviour which will help to explain what happens when, for instance, a child feels a sense of guilt. But the fact of the feeling of a sense of guilt will remain, and psychology will remain as a separate science; and in the same way enuresis will remain a problem for the psychologist.

The truth is that my point of view is obvious to anyone who makes for himself opportunity for observation of the working of children's feelings, and yet is necessarily obscure and improbable to anyone whose interests lie in other directions.

A physician who is not specially interested in pathology technique can make use of the Wassermann reaction, and learn to interpret the results intelligently. In the same way one who wishes to avoid analysing emotional factors may derive aids to diagnosis from those who wish to investigate the very problems he avoids.

As an example of such an aid to diagnosis I would submit the following: In the problem of diagnosis of rheumatic chorea, not obvious from the movements and yet possible, the presence of increased frequency or urgency of micturition is an important point against a diagnosis of chorea; it is, on the other hand, in favour of a diagnosis of fidgetiness of psychological—not physical—illness, an indication for treatment very different from that which must be prescribed for chorea on account of the possibly associated carditis.

This non-choreic, anxious fidgetiness leads to the subject of my title, for the increased sensitiveness of the urinary tract in this type of patient frequently leads to enuresis, especially day incontinence. Children so affected are not always brought to the doctor for the enuresis; they are brought for the fidgetiness, the restlessness, because they will not sit still "even at meal-times," and for other anxiety symptoms, such as abdominal colics, defæcation, dysuria (chiefly in girls), and so on. The enuresis of the patients that fall into this fairly clearly defined group is really one of the by-products of anxiety. The anxiety is the outward show of a sense of guilt accompanying (unconscious) masturbation fantasies.

Just as frequent is enuresis without obvious anxiety. Enuresis is here chiefly nocturnal, perhaps only also diurnal as an expression of the degree of illness. Children with this type of enuresis are usually brought for the incontinence, or for some other clearly psychological symptom—nervousness, phobias, stuttering. These children form an enormous heterogeneous group, but in each case the enuresis is the physical accompaniment of a phantasy (usually an unconscious one) of micturating. It may be said that the child has avoided anxiety by expressing himself or herself in a currency that was normal to him or her as a tiny infant, a pre-genital stage where the sense of guilt was comparatively feeble. Enuresis is here part of a regression, and the phantasies belonging to genital sensation have coloured those belonging to micturating. Associated defæcation disorders, when present in patients with this type of enuresis, take the form of incontinence. Sometimes anæsthesia can be proved. The fidgety and restless child must hurry to defæcate, whereas this type of patient defæcates incontinently because he or she is not conscious of any sensation.

Some find it difficult to believe that all children are well equipped with material for phantasies of micturating. And yet to others it is obvious from what children say and play and dream, and from their symptoms, that it is not abnormal for such phantasies to be plentiful. The main affect is a pleasurable one, derived from the infantile experience of micturition in relation to the mother or nurse. The second affect is an aggressive, often cruel one (represented in the toy water-pistol). These points are illustrated in the following cases:

(1) Dennis, a very intelligent only child, now just five years old, has been under my treatment since he was two. The picture at two was one of extreme apathy, with complete inability to play or to appear interested in anything. After a little it became clear that this was the reverse side of a picture of very severe anxiety, the symptoms on this side being chiefly screaming attacks of unusual severity and frequency—attacks in which he perspired very freely, fainted or went quite white, attacks in which he even became unconscious, foaming at the mouth with cyanosis. At times he became maniacal, displaying strength quite unexpected in a child of his age. He was the victim of strong auditory and visual hallucinations.

In the course of treatment he has become able to play, and indeed now displays a very rich imagination in the invention of games which represent every facet of his emotional life. Out of the scores of games I only wish to pick out those which concern fire and water. At first these games represented general burnings and sousings. These have frequently been accompanied by a frank desire to micturate.

With the freeing of his personality in the course in treatment he has become able to play these games of terms which cannot be mistaken by anyone who has opportunity to observe. On the one hand there is the game of hurting me, maiming me, or destroying something important in my room by pouring hot water over my head, foot, books, and so on. In this game I have to show I am in great pain. On the other hand is a game in which the infant soils and wets in relation to the mother, who acknowledges the gift by means of mild punishment. This, again, in the abnormally free atmosphere of the consulting-room is played quite openly and without disguise. Having witnessed these games I am unable to put down his occasional enuresis to physical causes.

(2) Edward, æt. 11, eldest of three children (brother 9, sister 4), was referred to me by Dr. Helen Mackay because of convulsive attacks which seemed unlikely to have organic basis. His head master wrote of him: "General conduct bad; lazy and cunning; evades certain subjects, *e. g.* arithmetic; plays with boys younger than himself. Unless he is organically affected I have a very shrewd idea of an effective treatment, but such treatment is not approved of in these days." Given opportunity to speak freely at regular stated times he produced certain phantasies. We are only concerned with the following groups:

The idea of a big man (Carnera) boxing a small man led to the story of a band of robbers ill-treating the King's daughter, who was rescued by her lover. This led to a description of his craving for ill-treatment, which actually led him to see that he deserved punishment.

Superficially this earning punishment had two roots. On the one hand he expressed a great love for dumb animals, and a fear lest he should be locked up for cruelty to them. (His father was a policeman; the animals were mixed up with the idea of the two younger children.)

On the other hand there existed a phantasy which well illustrates the reason why enuresis is so common. One of his turns was associated with the upsetting of a vase. Recounting this led to a memory of upsetting the chamber in his bedroom just after his mother had cleaned out the room thoroughly. He then made, quite spontaneously, the remark, "A baby sometimes likes to wet what his mother has spent a long time cleaning and drying." He then made it clear that receiving punishment from his mother now gives him feelings representing those originally belonging to this often experienced phantasy of infancy.

Lest anyone should say, "O well, these are only his words, they have no deep roots in the boy's personality," I will add that for a week after this he wet the bed every night, though till then he had not once wet the bed since he was an infant.

It is interesting to note that now, at a later stage, these two wishes are showing as reaction formations; he is undecided, he says, whether to be a policeman like his father and lock people up for ill-treating animals, or to be a fireman and risk his life saving others (and incidentally have opportunity for pouring water over burning houses, though he forgot to mention this).

Two physical conditions may be mentioned in any communication on enuresis. Firstly, nocturnal epilepsy may be unnoticed except by the wet bed found in the morning. Secondly, infected urinary tract may lead to increased frequency and urgency of micturition, and so to incontinence. In practice the former is comparatively uncommon, but must be remembered, and the second rarely gives rise to real difficulty. The dysuria, the recent onset of increased urgency without increased nervousness, the feverishness, and, most important of all, the microscopical examination of the urinary deposit, lead to a comparatively easy recognition of cystitis. Apart from these exceptions, the common cause of enuresis is in the child's emotional life.

It will be observed that I have spoken of the child and not of the parent. One cannot speak of the parent without logically criticizing the parent's parent, and so on. If a mother is over-keen to get a clean child and so helps to make the normal infantile feelings about wetting over-strong, she helps to lay down a foundation for future troubles should the small child's emotional development suffer strain at a later stage. But the mother is acting in accordance with her own feelings, and who shall say that she is a better mother if she is turned from over-careful into studiously careless? The baby notes chiefly the parent's unchanging unconscious attitude, and will not notice the superficial change.

Enuresis represents an abnormal persistence of a normal stage of emotional currency, in psycho-neurosis micturition can become re-invested with feeling which properly belongs to the genital organization, and is in consequence subject to the inhibitions and compulsions and anæsthesias and excitement of that department.

No theory of enuresis can be seriously considered that does not take into account the unconscious phantasy material of the patient. Moreover, no "cure" for enuresis can be accepted that is supported by case-histories that do not show an appreciation on the part of the observer of the importance of unconscious suggestion on the part of the doctor.

In this paper I have only scratched on the surface, hoping to produce reactions which will make clear the present-day opinion of the profession on the mechanisms that underlie the symptom enuresis.

D. W. WINNICOTT.

FURTHER INDISCRETIONS OF THE APPENDIX.

"The words of a talebearer are as wounds, and they go down into the innermost parts of the belly."—PROVERBS, XVIII, 8.

THOUGH the successful evacuation of encysted collections of pus in the right iliac fossa can be traced back to the dawn of the Christian era, the deliberate surgery of the appendix is scarcely half a century old. In the extant works of Aretæus the Cappadocian,* of the second century A.D., the following equivocal case-report has long baffled many acute minds, and the bark of the war-dogs of speculation is still heard in the land: "I once made an opening into an abscess in the colon on the right side near the liver, and much pus rushed out, and much also by the kidneys and bladder for several days, and the man recovered." How tempting to see reflected in the mirror of these cryptic lines the life-story of an appendicular abscess spreading and successfully producing a perinephric abscess which discharged itself *per viam naturalem*. Through the fog of vague surmises we come face to face with the realization that even in the cradle-days of surgery the dogma swayed the surgeon's hand: *Ubi pus, ibi evacua*.

While bridging in imagination the big gap of the centuries, let us amuse ourselves by peeping for a moment into the Fifth Congress of the Deutsche Gesellschaft für Chirurgie in 1876. Georg Wegner of Berlin is speaking. His words, flippant in diction, bitter in tone, momentous in consequence, have become immortal in the annals of surgery: "My contemporaries as well as myself have all been brought up in the fear of the Lord and of the peritoneum; the latter to many even to-day is a surgical '*noli me tangere*' of the worst kind."†

The express train of historical retrospect rushes through the great plains at a terrific pace, stopping but at the main stations. In July, 1883, we find ourselves in Guy's Hospital, where a young man of 23 was warded under Dr. F. A. Mahomed with recurrent typhlitis. This physician, who had the instincts of a surgeon, became enamoured with the thought of operative intrusion. He felt convinced that there was lurking somewhere in the cæcal region an abscess-cavity concealing a calculus in its depths, and he carefully planned the steps of the operation. The operation was performed by Mr. (now Sir) Charters J. Symonds, who successfully extricated a concretion from the much twisted appendix, which he heroically contented himself with merely straightening out. This is an early but delightful instance of that most rare and refreshing fruit of modern science, conservatism in surgery. Recovery of the patient was delayed by an obstinate fæcal fistula. This strange, eventful history ends rather lamely, though with grim humour: "When last heard of (April, 1885), the patient, though an inmate in the Barming Heath Lunatic Asylum, was quite free from his old disease." The case is reported in the *Lancet* for 1885 (i, p. 895).

Examples of deliberate interference with the liberties of the appendix now begin to multiply. Lawson Tait's heretical suggestion* soon made itself at home on the altar of surgical faith: "When the doctor is in doubt, and the patient in danger, make an exploratory incision, and deal with what you find as best you can." In 1884 (February 14th) R. U. Krönlein,† of Zurich, removed a perforated appendix. The patient survived the operation two days.

Let us next turn to an editorial entitled "Timely Operation for Appendicitis" in the *Medical News*, Philadelphia, 1892, lxi, p. 153, where we are introduced to one Thomas G. Morton, of Philadelphia, to whom "must be given the credit for having first deliberately sought out and removed an ulcerated appendix," and who introduced "what may justly be called one of the most important and most radical advances of modern surgery." The editorial suggests that this operation should be called "Morton's operation."‡ Turning now to the correspondence column for November 5th (p. 531), we find a breezy little letter from Sir Frederick Treves, in which he apologizes for his tardy reply by the fact that he lives in a remote island (*i. e.* Great Britain), and that a holiday of two months has taken him away from the haunts of books. He recalls that in 1886 he had under his care, at the London Hospital, a patient with relapsing typhlitis. After due consideration Treves proposed to "deliberately seek for and remove his appendix." The operation was performed on February 16th, 1887, during a period of apparently perfect health, and consisted in correction of an appendicular distortion, without actual excision. The victim of conservative surgery made a perfect recovery. Treves reported this case to the Royal Medical and Chirurgical Society§ on February 14th, 1888. Those were the days when, to quote Treves, "typhlitis, perityphlitis, and paratyphlitis are terms that, in the light of recent pathology, are losing no little of their original meaning. The distinctions that separated them have in great part vanished." Treves advised the treatment of selected cases of relapsing typhlitis by the deliberate removal of the offending appendix during a quiescent period. At first his suggestion met with a stepmotherly reception. "In due course, however, an exuberant reaction took place, and of late years appendices have been removed with a needless and illogical recklessness which has brought this little branch of surgery into well-merited disrepute." It is refreshing to note that Treves's patient also was in a medical ward, and that the physician in charge suggested that Treves should explore the cæcal region in the hope that the cause of the trouble might be removed. This was at a time when physicians and surgeons were not yet brethren of one honoured trade.

Like an old wife's story, the indiscreet tale of that "organic anachronism," the appendix, goes on and on. But these notes must come to an end. Let them conclude with two stories, forming as it were the α and the ω of the career of this messmate within the gates of our abdomen.

There seems to be little doubt that the following is the earliest recorded case of appendicitis:

"In the month of November 1711, as I was dissecting the body of a malefactor in the public theatre at Altdorff, I found the small guts very red and inflamed in several places, insomuch that the smallest vessels were as beautifully filled with blood, as if they had been injected with red wax, in the most skilful manner, after Ruysch's method. But when I was about to demonstrate the situation of the great guts, I found the vermiform process of the cæcum preternaturally black, adhering closer to the peritoneum than usual. As I now was about to separate it, by gently pulling it asunder, the membranes of this process broke, notwithstanding the body was quite fresh, and discharged two or three spoonfuls of matter. This instance may stand as a proof of the possibility of inflammation arising, and abscess forming, in the appendicula, as well as in other parts of the body, which I have not observed to be much noticed by other writers; and when, in practice, we meet with a burning and pain where this part is situated, we ought to give attention to it. It is probable that this person might have had some pain in this part; but of this I could get no information. In such cases, I look upon clysters prepared with emollient and discutient herbs, such as mellows, marsh-mallows, and camomile-flowers, and the like remedies against inflammations, boiled in milk, and used frequently, to be of excellent use, as they reach the part, and may resolve the inflammation, or bring the abscess to a suppuration, partly by their warmth, partly by their resolving and discutient qualities, opening the abscess, that the matter may be discharged by stool, and the patient hereby may be saved; which, when the parts in the abdomen become corroded, can scarcely happen, but death must follow."*

The writer is described on the title-page as Senior Professor of Physic and Surgery in the University of Helmstadt, first Physician and Aulic Councellor to his Serene Highness the Duke of Brunswick, Member of the Imperial Academy of Sciences, and Fellow of the Royal Societies of London and Berlin.

The most recent story told by the appendix is that of an American doctor* who, operated on for appendicitis under local anæsthesia, was able to watch the progress of the grim battle by means of mirrors cunningly arranged.

I am indebted to Dr. Archibald Malloch, Librarian of the New York Academy of Medicine, and to Mr. W. G. Spencer, O.B.E., for some of the references.

W. R. BETT.

* Ed. and transl. by Francis Adams, Sydenham Society, 1856, p. 312.

† *Verhandlungen der Deutschen Gesellschaft für Chirurgie, V Congress*, 1876–7, vols. v–vi, ii, p. 71.

* *Brit. Med. Journ.*, 1883, i, p. 304.

† *Arch. f. klin. Chir.*, 1886, xxxiii, p. 507.

‡ Morton's case is reported in *Proc. Philadelphia County Med. Soc.*, 1888, viii, p. 101.

§ *Med.-Chir. Trans.*, 1888, lxxi, p. 165; *Proc. Roy. Med.-Chir. Soc.*, 1888, N.S. ii, p. 336.

* Laurence Heister, *Medical, Chirurgical, and Anatomical Cases and Observations*, transl. from the German original by George Wirgman, London, 1755 (observation cx).

THE KING'S EVIL.

THIS subject has appealed to me for some years, and I was therefore much interested in the brief but excellent account of the healing by the Kings of England in the article by Mr. Fawcett in the February number. I would like to add some notes dealing, more particularly, with the "financial" side of the healing.

The angel, the beautiful gold coin so named, was first struck in the reign of King Edward IV, probably about 1470 (though ordered in 1465). On the obverse was the figure of the Archangel, St. Michael, piercing the dragon; while on the reverse was a ship, with E. and a rose at the sides of the mast. The legend on the reverse was: "Per. Crucem. Tua. Salva. Nos. XPC. Redempt." The legend on the reverse was altered in Queen Mary's reign to (*Englished*)—"This is the Lord's doing and it is marvellous in our eyes," and this was also adopted on Queen Elizabeth's angels, and, in an abbreviated form, on those of James I. The angel of Charles I, somewhat curiously in the light of after-events, bore the reverse legend of "Amor Populi Præsidium Regis," as quoted by Mr. Fawcett.

The British Museum *Catalogue of English Coins* states, of the angel of Charles I, "None however are known of a date later than 1634. This is the last issue of this coin for currency. After the Commonwealth the type was copied for the Touch-piece."

So long as a comparatively small number of persons afflicted with scrofula, or the King's evil, presented themselves to be "touched," the hanging of a gold angel round their necks doubtless appeared to Henry Tudor, and his forceful son, Henry VIII, as a justifiable form of insurance—linking them in some sort (in the eyes of the people) to Edward the Confessor. So, too, with James I, though probably unwilling to incur this rather costly liability! Some examples of the expense

* *Evening Standard*, March 13th, 1930.

of the "healing" may be of interest, as shown in *The Privy Purse Expences of King Henry the Eighth*, from 1529 to 1532.*

1531. "Itm the same daye paied to ij pouer women that wer heled of their siknes—xv^{s}." This represented *two* angels, then of the value of 7*s.* 6*d.* (at other times 6*s.* 8*d.*), and this sum was expended on each person healed. It is of interest to our profession to notice that the undertaking of the cure (*touch*) was always described as *healing*. Would that we could be equally confident of the result of *our* touch!

To continue the examples: "Itm the same daye paied to ij pouer folks that wer heled of ther sikness—xv^{s}."

1531. September 26th: "Item the xxvj day paied to v pouer folks the whiche the Kings grace heled—xxxvij^{s}. vj*d.*"

1531. October: "Itm the xxiij day paid to a pouer woman that the kings grace heled at Laveryng—vij^{s}. vj^{d}."

1532. December: "Itm the ij^{de} daye paied to ix pou men that the kings grace heled—iij^{li}. vij^{s}. vj^{d}."

1532. December: "Item the same daye paied to ij yong children that had the kings sikenes—xv*s.*"

These examples suffice to show that the expense of the ceremony might become troublesome to the king, and even seriously interfere with his more legitimate outlay on betting-matches at tennis, bowls, cards, or shooting!

That this was the case is shown in the *cri de cœur*, in the generally unemotional *State Papers* (Stewart, vol. ix, 1635–6), 1635: "To Warden of the Mint—Sir William Parkhurst—People troubled with the Kings Evil shall only resort to Court to be healed twice a year. . . . A great abuse has been committed by people counterfeiting the Serjeant Surgeon's tokens, to gain the gold . . . whereby the King has not only been deceived of so many angels . . . (etc.)—Edward Greene chief graver is to be ordered to make such numbers of tokens of brass. . . . (etc.)."

Evelyn, on July 6th, 1660, describes the touching by Charles II for the evil, and his putting angel gold, strung on white ribbon, about the necks of the touched. On March 28th, 1684, not long before the death of that inveterate "toucher" (not only of such disagreeable subjects as those afflicted with the King's evil), Charles II, Evelyn records: "There was so greate a concourse of people with their children to be touch'd for the Evil, that six or seven were crush'd to death by pressing at the Chirurgeon's doore for tickets." This must have been the last, or nearly the last, of touch ceremonies performed by Charles II. Pepys, on April 13th, 1661, records: "So to Whitehall again and met with my Lord above with the Duke, and after a little talk with him, I went to the Banquet-house, and there saw the King heal, the first time that ever I saw him do it; which he did with great gravity, and it seemed to me to be an ugly office and a simple one." On April 10th, 1667, he recorded: "And afterwards to see the King heal the King's Evil, wherein no pleasure, I having seen it before." Excellent though the judgment may have been, so tersely expressed by the great diarist, I, for one, would have loved to have been his companion on the occasion. Boswell, in his *Life of Samuel Johnson*, wrote: "His mother, yielding to the superstitious notion which, it is wonderful to think, prevailed so long in this country, as to the virtue of the regal touch—a notion which our Kings encouraged . . . carried him to London, where he was actually touched by Queen Anne." As Johnson was born in 1709, and the visit appears to have been made when he was thirty months of age, the last reigning Stuart was then approaching the end of her life.

As to the Stuarts in exile, their impecuniosity (and dependence on the purse of their French cousins) would have precluded the use of the time-honoured angel, or even the small touch-piece replica in gold, on any considerable scale.

Probably some magic virtue attributed to the gold, the mineral of *Sol*, played a part in the supposed efficacy of the treatment; and also the figure of the Archangel, overcoming the powers of evil in the form of the dragon. In this connection the herb *Angelica*—probably on account of its name rather than of any real value for healing—was credited with great virtues in old medicine. Dodoens, in his *Herbal* (1578, English edition), said: "If any body be infected with the Pestilence or plague, or els is poysoned, they give him straightwayes to drinke a Dram of the powder of this roote with wine in the winter" [and in the summer with various distilled waters]. "The same root taken fasting in the morning, or but only kept or holden in the mouth, doth keepe and preserve the body from the infection of the Pestilence, and from all evyll ayre and poyson." It was also good against "the bitinges of mad Dogges, Serpentes, and Vipers." Thus there was, perhaps, a *complex*, in which the royal touch, the precious mineral of *Sol*, and the figure of the angel, each played a part.

KENNETH ROGERS.

* Published by N. H. Nicolas, Esq., 1827.

STUDENTS' UNION.

ANNUAL GENERAL MEETING.

The Annual General Meeting of the Students' Union was held in the Abernethian Room on Tuesday, March 11th, the President, Sir Charles Gordon-Watson, in the chair.

A. H. Grace read the secretaries' annual report of the activities of the Union and Clubs in the past year, mentioning the visit of H.R.H. the Prince of Wales at the inauguration of the appeal, and the completion of the hard tennis courts, which had been made possible by the generosity of the Governors and Sir Charles Gordon-Watson.

Dr. Wilfred Shaw then read the Treasurers' report. The Students' Union finances were improving, and mention was made of the gift of £500 to the Union by the Catering Co. Dr. Shaw pointed out that as the annual income of the Union was largely dependent on the number of students entering the Hospital each year, it was very necessary that some reserve fund should be started in case of a reduction in that number; for this reason he intended to place some of the money in hand in deposit.

Sir Charles Gordon-Watson then proposed Dr. Barris as President of the Students' Union for the coming year: Dr. Barris was unanimously elected. A. H. Grace proposed that Dr. Wilfred Shaw and Mr. R. M. Vick be re-elected as treasurers for the coming year. This was carried unanimously. The Sailing Club was incorporated as a club of the Students' Union, as the large membership and its increasing activities made it essential for the Club to be an official club of the Union.

Permission was granted to the Rugby Club to increase the number of its vice-presidents from four to eight. K. W. D. Hartley then proposed a vote of thanks to Sir Charles Gordon-Watson for the interest he had taken in the affairs of the Union in the past two years as President. This was seconded and carried unanimously. This concluded the business of the meeting, which was then adjourned.

RUGBY FOOTBALL CLUB.

As we approach the closing stages of the season we may look back and review the successes and failures which have befallen the Club. In club matches we have an exceedingly good record, especially as such teams as Coventry, Moseley, Devonport Services, Harlequins and Rosslyn Park have been among those defeated. In cup-ties, after reaching the final, we very nearly achieved the purpose upon which we had set our hearts. We congratulate Guy's on their success hoping that next year we shall have as sporting and open a game with them.

The "A," after holding such a fine club record, succumbed to the same fate as the 1st XV, the London Hospital beating them by 5—3 in the semi-final of the Junior Cup. In conclusion it may be said that the Club has enjoyed a successful season, especially as seven teams have been turning out regularly; but in the cup-ties we have been most unfortunate.

J. M. J.

1st XV Results:

March 1st: *v.* Rosslyn Park, won 6—0.
March 4th: *v.* London Hospital, won 5—3.
March 8th: *v.* Old Paulines, won 8—6.
March 15th: *v.* London Scottish, scratched.
March 19th: *v.* Guy's (Final Cup-tie), lost 18—9.
March 22nd: *v.* Bedford, lost, 11—8.

Club Results:

XV.	Played.	Won.	Drawn.	Lost.	Points for.	Points against.	Balance.
1st	27	15	1	11	281	206	75
"A"	24	20	2	2	467	123	344
Extra "A"	22	12	1	9	254	240	14
"B"	18	12	1	5	341	112	229
"C"	18	11	0	7	239	164	75
Extra "C"	15	10	0	5	226	116	110
"D"	9	3	2	4	83	75	8
Total	133	83	7	43	1891	1036	855

ST. BARTHOLOMEW'S HOSPITAL *v.* ROSSLYN PARK.

Result: Bart.'s, 6; Rosslyn Park, 0.

March 1st, at Winchmore Hill.

Our forwards lacked the effectiveness of their opponents in scrummaging—packing much too high—but they fully held their own in the loose. Taylor had little or no chance of opening the game, but he tackled smartly and kicked to good purpose, while the three-quarters, if unable to develop an attack, defended well. Rosslyn Park had in the opening half quite a number of opportunities to kick penalty goals, but missed them all. Before the interval a clever opening by Taylor enabled Marshall to score for the Hospital, and just at the end of a hard battle Prowse put on a second try.

Team: T. J. Ryan (*back*); R. M. Marshall, T. E. Burrows, C. B. Prowse, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, V. C. Thompson, H. D. Robertson, W. M. Capper, R. N. Williams, J. R. Jenkins, B. S. Lewis, E. M. Darmady (*forwards*).

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

Result: Bart.'s, 8; Old Paulines, 0.

March 8th, at Ealing.

After ten minutes' play J. H. Salmons had to leave the field with concussion, and the Old Paulines were a man short for the rest of the game. C. B. Prowse scored the first try for the Hospital, but the kick failed. The play during the first half was rather ragged, but at half-time the Hospital held their lead of three points.

The Old Paulines started the second half strongly, and for some time the play was near the Hospital line. The Hospital then began to get more of the ball, and they started a series of short passing movements and hemmed the Old Paulines in their own "25." From one of these movements J. A. Nunn took a reverse pass to score a good try between the posts, which he converted himself. There was some even play after this, and then a free kick was given to the Old Paulines, King kicking a great goal from near the half-way line.

Team: C. W. John (*back*); R. M. Marshall, J. A. Nunn, C. B. Prowse, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, V. C. Thompson, H. D. Robertson, W. M. Capper, J. R. Jenkins, B. S. Lewis, H. G. Edwards, J. F. Knox (*forwards*).

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

SEMI-FINAL HOSPITAL CUP.

Result: Bart.'s, 5; London, 3.

March 4th, at Richmond.

After a very hard game Bart.'s managed to beat London by a goal (5 points) to a try (3 points), and thus qualified to meet Guy's in the Final.

Although the conditions were almost perfect, the game was not a good one. The unusual experience of a completely dry, hard ground and a new and lively ball was too much for the backs. Even G. V. Stephenson failed to look at all dangerous after the first quarter of an hour, and Bart.'s would have possessed no more scoring power than their opponents but for the presence of J. T. C. Taylor at the heels of the forwards. The London pack had appreciably the better of the argument at forward, but they were repeatedly beaten back by the neat picking up and kicking to touch of Taylor. It was Taylor, too, who scored our only try under cover of one of the few effective rushes developed during the first half. Capper, who converted Taylor's try, was about the best forward on the field, always doing the right thing. The Bart.'s pack were often beaten for possession, and their line-out work was not nearly so good as that of London. Each full-back had a good afternoon, John, who came in at the last moment, giving evidence of coolness, pluck and skill.

In the second half London still held their own fairly well at forward, but, on the whole, showed less promise of scoring the winning try than Bart.'s, whose pack livened up considerably. Neither side, however, played the kind of rugby that leads to other than chance tries, and only for that reason were the closing stages at all exciting to watch. The cleverest, if not the most inspiring, play came from Taylor, whose tactical kicking foiled the rather clumsy efforts of London time after time.

Teams:

Bart.'s: C. W. John (*back*); R. M. Marshall, J. A. Nunn, C. B. Prowse, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins (capt.), V. C. Thompson, H. D. Robertson, W. M. Capper, R. N. Williams, J. R. Jenkins, B. S. Lewis, E. M. Darmady (*forwards*).

London: H. R. Thompson (*back*); J. F. Brock, G. V. Stephenson, M. Snipper, J. V. O'Sullivan (*three-quarters*); R. G. Stanley, J. H. Fisher (*halves*); A. E. Kendall, E. Braithwaite, J. P. Reidy, J. K. Monro, T. F. B. Noble, L. J. Rae, A. J. P. Coetzee, A. K. Monro (*forwards*).

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

FINAL CUP-TIE.

Result: Bart.'s, 9; Guy's, 18.

March 19th, at Richmond.

After a genuinely exciting final at Richmond Guy's remained in possession of the Hospitals Cup, the score being a goal, a dropped goal, two penalty goals and a try (18 points) to a penalty goal and two tries (9 points). It will be seen from the scoring that each side crossed the other's line twice, and, quite apart from the equality of the try-getting, Guy's never, until the last fifteen or twenty minutes, had any but a shaky grasp of the game.

After claiming a slight territorial first-half advantage, Bart.'s crept up to within a point of the Guy's score—for the second time in the match—thanks to a daring interception by Powell, and it was at this period that it seemed impossible for them to lose, Guy's being pinned to their own line for five minutes, defending desperately.

Then came the anti climax. Bart.'s heeled, and Taylor, who played a heroic game all through, sent out an incredibly bad pass, and Ryan pounced on it to relieve with a run which had the Bart.'s defence in difficulties. Thereafter no such golden opportunities fell to Bart.'s, and a penalty goal and a one-man try by Lewis settled the issue.

There were one or two surprises in the game. Most marked, perhaps, was the quality of the Bart.'s passing runs. For two-thirds of the game the ball was taken at a good speed and the timing was really first-rate. Prowse, in scoring the first-half try, went through with excellent judgment, catching the defence on the wrong foot, and Nunn outwitted Morgan at least three times. Capper and Williams spared neither themselves nor their opponents, and the former placed an excellent penalty goal, though the other kicks were beyond his powers. Taylor was his usual self. Wisely, in the circumstances, he passed out regularly in the first half, acting independently later, when Guy's least expected it.

A thoroughly entertaining game, of an open character uncommon in cup finals.—Extracted from *Morning Post*.

Teams:

Bart.'s: C. W. John (*back*); R. M. Marshall, J. A. Nunn, C. B. Prowse, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, V. C. Thompson, H. D. Robertson, W. M. Capper, R. N. Williams, J. R. Jenkins, J. M. Jackson, E. M. Darmady (*forwards*).

Guy's: D. F. Ryan (*back*); T. G. Robinson, J. E. Giesen, W. G. Morgan, A. G. Johnson (*three-quarters*); W. H. Lewis, R. J. Eustace (*halves*); L. I. S. Campbell, J. P. O'Shea, G. F. Lashmore, J. S. Batchelor, C. D. Malone, T. Morgan, R. A. P. Hogbin, J. R. F. Popplewell (*forwards*).

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

Result: Bart.'s, 8; Bedford, 11.

March 22nd, at Bedford.

After a most entertaining game the Hospital were exceedingly unlucky to lose by a goal and a try (8 points) to a goal and 2 tries (11 points). The first half was keenly contested and passed favourably except for the fact that several of the Bedford forwards preferred to shove in our pack instead of their own. The offside rule, however, passed unheeded till Bart.'s, venturing to take advantage of such glorious opportunities, were penalized. Nothing resulted from the kick, and soon afterwards Kirkwood cut through the home defence to score near the posts. Nunn converted. Just before half-time Bedford replied with an unconverted try.

The second half was somewhat more boisterous, with Bart.'s displaying great skill both in the pack and among the three-quarters; Bedford, however, drew ahead with another unconverted try, which was followed closely by a most spectacular try by Powell for Bart.'s. The kick failed. From this point onwards till five minutes from "no-side," it looked certain that Bart.'s would win comfortably, but no further score resulted in spite of continual pressure upon the home defence. The climax came, however, when Bedford scored a goal after what appeared to be a most obvious knock on; the last minutes of the game produced much excitement, and the Hospital had to be content to press the home defence and keep play in the Bedford half.

Team. T. J. Ryan (*back*); W. D. Bell, J. A. Nunn, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, V. C. Thompson, H. D. Robertson, W. M. Capper, J. M. Jackson, J. R. Jenkins, E. M. Darmady, A. T. Blair

CRICKET CLUB.

The Cricket Club enjoyed a successful season in 1929, and it may confidently be hoped that the coming season will be one of the best the Club has had for several years.

It is hoped that all freshmen who play cricket will add their names to the list which will be put up in the Abernethian Room early this month.

"Honours" for 1929 have been awarded to—H. L. Hodgkinson, W. M. Capper, A. R. Boney, F. E. Wheeler, G. E. Soden, C. L. Hay-Shunker, J. T. C. Taylor, R. Shackman. J. E. A. O'C.

ASSOCIATION FOOTBALL CLUB.

United Hospitals Association Cup-Final.

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

Result: Bart.'s, 8; London Hospital, 2.

March 5th, at Crystal Palace

The colours of the two hospitals clashed, so Bart.'s, losing the toss, wore shirts of brown and white. During the first half-hour of the game it seemed there was something horribly wrong with those shirts, for their wearers were nervous and erratic, and very much inclined to keep the ball in the air. In addition to this, the London team settled down almost at once and found unsuspected holes in our defence. Their forwards, working well together, always made straight for goal. Indeed, had it not been for the alertness of Wenger, whose long throw aided him considerably, we should have found ourselves in a very serious position. Wheeler, too, made great efforts and brought off many thrilling tackles. Gilbert, among the forwards, worked hard to steady them, and was always trying to get in first-time shots. London quickly went ahead through their centre-forward, but Dransfield, although at this stage suffering from cramp, soon put us level again. Our opponents, however, were not to be denied, and scored once again. As half-time approached Bart.'s became more and more steady, but no further score resulted.

On resuming, London rearranged their side owing to an injury to their left half, who was moved to left wing, where, although obviously hurt, he did some useful work. Some fierce attacks by our men met with no success, until Langford sent in a high dropping shot which completely deceived the opposing goalkeeper. This was the turning-point of the game. Thereafter the team played in irresistible fashion and completely outplayed the harassed opposition. The understanding between halves and forwards was wellnigh perfect, while in defence McGladdery was outstanding. Roache had a happy knack of turning up at just the right moment. Quick goals were added by Dransfield and Gilbert, to be followed by one from Hunt. After this London went to pieces, and further goals were added by Shackman and Dransfield, the latter soon afterwards completing a wonderful afternoon's work by heading in his fourth goal.

Team: R. L. Wenger (*goal*); J. Shields, R. McGladdery (*backs*); F. E. Wheeler, C. A. Keane (capt.), H. J. Roache (*halves*); A. W. Langford, R. Shackman, R. G. Gilbert, C. M. Dransfield, W. Hunt (*forwards*).

The Cup now makes a welcome reappearance in the Library after an absence of five years, and the prospects of its remaining there are bright. The Club was very pleased to see so many supporters present at this memorable game, and hopes this growing enthusiasm will be fully justified in coming years.

Junior Hospital Cup Semi-final.

Result: Bart.'s, 2; U.C.H., 3.

February 25th, at Perivale.

The Hospital was below full strength for this important game, and the score reflects fairly on the run of the play. The opening exchanges were confined to midfield, until an electrifying run by the opposing left wing all but ended in a goal. Brookman, Howell and Hiscock were prominent in some excellent defensive work, but were unable to prevent the opponents from opening the score.

Hughes and Telfer hit the post with successive shots, and when Bart.'s did level up, the score remained so until half-time.

In the second half U.C.H. had much the better of the play, and following some prolonged mid-field work, went ahead with a great shot. They went still further ahead until Bart.'s took the match in hand. The halves worked really hard to get their forwards going, but no reward was forthcoming until very late in the game. McAskie made an opening which Hughes promptly seized, and gave the goalkeeper no chance. There was no further scoring, and the end came with Bart.'s making every effort to save the game.

Team: D. J. Johnson (*goal*); D. R. Howell, L. A. Hiscock (*backs*); R. E. Owlett, G. H. Brookman (capt.), H. Holinrake (*halves*); S. Barigrasser, P. Telfer, G. D. Wedd, L. McAskie, J. Hughes (*forwards*). C. A. K.

UNITED HOSPITALS HARE AND HOUNDS.

THE match against Brighton College and Thames Hare and Hounds, run at Brighton Racecourse over 5½ miles on March 1st, resulted in an easy victory for the Hospitals. Sandiford (Thomas's) was again the individual winner, with J. R. Strong (Bart.'s) close behind and J. F. Roberts (Thames) third. Time, 37 min. 6 sec.

The Inter-Hospital Race for the Kent Hughes Cup was run at Hayes on March 5th over 5½ miles instead of the usual 7¼. Six hospitals competed. Bart.'s had the distinction of having ten men running, all of whom finished. St. Thomas's kept the cup, having the first three men home. Bart.'s were second, J. R. Strong being fourth.

H. B. C. Sandiford led throughout, and is to be congratulated on his consistent form this season. Strong started slowly, and gradually worked his way up, as also did Varley, who finished fifth. The fast condition of the course, added to the fact that the race was only over 5½ miles, probably accounted for Thomas's easy lead over Bart.'s, most of whose men are better suited for slower races.

The dinner after the match was held at the Hotel Belgravia, Victoria, and proved an unqualified success. Dr. H. A. Munro was in the chair.

Team Placings.

(1) St. Thomas's: H. B. C. Sandiford (1), J. G. Billington (2), R. H. B. Snow (3), R. S. Morris (9), A. A. S. Lawson (16). Total, 31 points.

(2) St. Bartholomew's: J. R. Strong (4), J. R. Varley (5), W. J. Walter (12), H. B. Lee (15), B. C. Nicholson (18). Total, 54 pts.

(3) King's College Hospital: E. G. Somerset (8), A. Claydon (10), A. Sutton (11), R. D. Harding (14), R. G. Macbeth (21). Total, 64 pts.

(4) St. Mary's: H. C. Harley (6) T. F. P. Griffin (17), F. W. Baskervillo (20), J. H. Playne (24), G. H. M. Hempsted (27). Total, 94 pts.

(5) London Hospital: J. S. Horsley (7), G. W. May (22), J. Knight (23), W. S. L. Ladell (25), A. J. P. Brown (26). Total, 103 pts.

(6) Guy's: W. Fernando (13), R. Sykes (19), W. S. Pitt-Payne (28), S. B. Smith (29), A. Croudace (30). Total, 119 pts.

The Annual General Meeting of the Club was held at St. Thomas's House on March 17th. Dr. H. A. Munro was re-elected President, and H. B. C. Sandiford Captain. R. S. Morris was elected Secretary. J. R. Strong was elected the Bart.'s member of the Committee.

H. B. L.

CORRESPONDENCE.

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

DEAR SIR,—At this moment, when St. Bartholomew's Hospital is making so great an Appeal, it seems to me strange that she does not recall to the public the memory of her most famous student, and this omission must surely be specially painful to those who were his contemporaries. I refer, of course, to Sherlock Holmes. Only a few details of his early career are familiar to the world; they are noted in the introductory pages of that first authentic account of his work, *A Study in Scarlet*; but I suggest that a search into the records of the Medical School would certainly supply further information which could not fail to attract general interest.

Dr. Watson, it will be remembered, was also a Bart.'s man; he took his M.B.(Lond.) in 1878. He was wounded at the Battle of Maiwand in the Kandahar Campaign in 1880, a bullet grazing his subclavian artery. Watson was by no means a keen observer, and I suspect that the wound may have been more serious than he realized, and that possibly the carotid may have been involved, a small cerebral embolus resulting; otherwise it is curious that a London M.B. should have shown—only a few years after qualifying—such marked signs of mental deterioration.

It was on his return from this campaign, when he was searching for rooms, that he first met Sherlock Holmes. The date is not stated, but it must have been about 1882. Dr. Watson describes how he met "young Stanford, who had been a dresser under me at Bart.'s." It would be interesting to know to what "firm" Watson was H.S. Did he, even at that time, show signs of impaired mentality. Possibly an examination of the mortality of cases treated in out-patients or warded under his care might give some information (though clearly it would not be in the interests of the Appeal to publish that fact). But to continue, on that day he and Stanford lunched at the Holborn. Here Holmes was discussed, Stanford adding, "I believe he is well up in anatomy, and he is a first-class chemist, but as far as I know he has never taken out any systematic medical classes, and his studies are very desultory and eccentric." The Dean of that period was clearly inefficient, especially so as Watson adds that "as we went on the way to the Hospital after leaving the Holborn, Stanford said, 'He is sure to be in the Pathological Laboratory; he either avoids the place for weeks or else works there from morning to night.'"

One cannot but be relieved to know that such happenings are nowadays impossible. But I think that in any case, having regard to Holmes's well known eccentricities, a generous public would to-day forgive such past lapses in the School discipline. On the other hand, the attention of possible subscribers should be diverted from Stanford's statement that "He appears to have a passion for definite knowledge, but it may be pushed to excess, as when beating the subjects in the dissecting room with a stick to verify how far bruises may be produced after death"; even those who knew Holmes intimately must have been shocked by this, and I am surprised that the Demonstrators of those days permitted it, and still more that the Clerk to the Governors did not report the fact.

Watson goes on to relate how they entered the old Path. Lab., contained in the one room which, even in my early days, was the only accommodation for the Professor and all his demonstrators: "a lofty chamber, lined and littered with countless bottles, broad low tables scattered about, test-tubes and Bunsen lamps. There was only one student in the room" (I take it that the Professor and his Demonstrators spent longer over lunch than nowadays), "who was bending over a distant table absorbed in work. At the sound of our steps he sprang to his feet with a cry of pleasure. 'I've found it,' he shouted, running towards us with a test-tube in his hand; 'I have found a reagent which is precipitated by hæmoglobin and by nothing else.'"

This was a great discovery, and its importance could and should certainly be explained to the public; they should also be reminded that the first recorded example of Holmes's strange powers occurred a moment later when, as Watson was presented, he remarked, "How are you; you have been in Afghanistan, I presume."

This all happened in 1882, and surely, with the help of some of the Consulting Staff, further memories of Holmes and Watson could be gathered, and their portraits, together with pictures of the

Pathological Laboratories, old and new, would make a wonderful full-page Appeal in an edition of the *Times*.

In my opinion this should be arranged for at once.

Yours, etc.,

March, 1930. O. W.

P.S.—I think, perhaps, that after all the less said as to Watson being a Bart.'s man the better.

DIPHTHERIA ANTITOXIN IN SEPTIC NON-DIPHTHERITIC THROAT.

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

DEAR SIR,—The following record of cases may be of some interest. I give only the merest summary of the facts.

During the past three months I have had three cases of what seemed to be septic and ulcerative tonsillitis, one in a boy, æt. 8, the other two in young male adults. The boy's general condition, although there was no clear indication of membrane, suggested diphtheria. I was called late to the case, which was complicated by chronic throat and nose conditions. I did not regard the other two as diphtheritis, but sent a swab in all three cases to the Beck Laboratory at Swansea. In each case I gave 2000 units of diphtheria antitoxin orally on an empty stomach. In each case the bacteriological report was negative. (I may say that the proper method of administration intra-muscularly and by intravenous injection, as the diagnosis was doubtful, was not advisable for reasons that I need not detail.) But in each case the improvement within twenty-four hours was marked to a degree that I could not attribute either to the ordinary course of the disease nor to any other remedy I gave.

I should be glad to know if other practitioners have had a similar experience of the apparent benefit of diphtheria antitoxin administered orally in cases of septic non-diphtheritic throats. I certainly shall repeat the treatment in other cases of the same kind that I come across. Again, I do not suggest that the oral method is to be used when injection is not contra-indicated for any reason.

Yours truly,

EDWARD GANE.

CASTLE GREEN,
LLANSAWEL,
LLANDILO, CARM.;
March 10th, 1930.

PSITTACOSIS.

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

MY DEAR SIR.—I was much interested and perhaps a little amused on my return to England to read some of the reports, papers and letters which have appeared on the subject of this disease. I venture to send you some notes on a few cases which have come under my personal observation.

(A) It is a mistake to suppose that psittacosis or prettipolitis is of recent origin. Parrots were first introduced into Egypt about B.C. 2375 (Carter), and prettipolitis or psittacosis was endemic about the last year of the reign of Tutankhamen. In fact, his death was hastened by a mild form of dysentery which, according to Carter (vol. i, p. 897, *Life of Tutankhamen*), was known as psittiintankem. Tutu—so-called by his little Assyrian queen—was a great lover of birds. Earlier papyri describe the beauties of the gardens of Pharaoh, where "parrots of many colours sang like nightingales" (Tabouis). We read that seventy-seven thousand embalmed parrots' tongues formed part of the Queen's dowry. Tutankhamen, after his return to Thebes at the bidding of the God Amen, gave a feast in his honour. Several hundreds of jars of parrots' tongues were consumed by the concubines, two of them subsequently developing what I believe to be the first authentic cases of psittacosis or prettipolitis, or psittiintankem. Despite the attention of Pharoah's doctors (twenty-seven of these) and two hundred and forty-eight priests, the poor girls died.

"When the parrots are green,
The concubines scream"—(TABOUIS, vol. i)

instances the dread which the green parrot inspired in the highest circles. We have no record of any cure, but, when this form of epidemic arrived and devastated Egypt, every parrot was sacrificed, and any person found suffering from psittiintankem was at once placed in a tank of natron (hence the name psittiiutankem), and that was that.

To come to modern times:

(B) I was dining with a clergyman friend, a congregational minister. After dinner we were discussing home life, and I said, "No home is complete without a dog." He replied, "You mean without a parrot, surely. Parrots with the gift of speech, the power to say a prayer, are fit companions for man. Let me show you mine." We went along to his study and he uncovered a large cage wherein a beautiful green bird sleepily murmured, "Can't you leave the b——y cover alone?" I said I thought the bird was not itself, but my friend didn't hear me because he was lying on the floor in a dead faint. I took his blood pressure, but the parrot was talking so hard and the air was so blue that I couldn't read the meter. However, I secured a blood specimen and a fleck of foam for future analysis. This case was somewhat complicated as the parrot seemed in rude health. By some means it had escaped from its cage, and although I made several attempts to take its blood-pressure, I was unsuccessful; moreover, I was severely bitten abaft the beam. My friend soon recovered, and I returned home—puzzled. It was not till some days later that I developed a tense feeling. I at once took my blood-pressure. It was 220!!! I hurried round to see the minister. He said he was better. I took his blood-pressure; it was normal. I could not take the parrot's, so we now had to proceed by dead reckoning. I may say here that the specimens were negative except for marked acidity in the foam. I now took my blood-pressure again; it was normal! I took the minister's; it was 220!! He had no sign of dysentery, but I felt a distinct tendency that way. The parrot was eating an apple and cursing between mouthfuls—absolutely normal. I kept him under close observation for fifteen minutes while the minister was praying; in sixteen minutes the parrot was stone dead. I was now left with—

2 blood-pressures at 220.
2 ,, ,, normal.
1 dead parrot.
No dysentery, acidity in foam } disregard.

$$\frac{\text{B.P.} \times 220}{\text{B.P.} \times \text{normal}} \times \frac{\text{B.P.} \times \text{normal}}{\text{B.P.} \times 220.}$$

$$1 \text{ dead parrot} = \frac{1}{1 \text{ dead parrot}} = 0.$$

We finished the whisky, and as we afterwards both continued in excellent health I conclude this is a typical case of false psittacosis or prettipolitis.

I will trouble you with only one other case:

(C) In 1928 I was returning from New Zealand by direct route. At Panama I was persuaded to purchase a green parrot. The carpenter took charge of it with several other parrots *en route*, three of which died. My parrot, when I got him home, was intensely destructive, very noisy and a nuisance to everyone, but showed no signs of blood-pressure or enteric. A very old lady, eighty years of age, who had been and was a trial to her family and others, lay on a sick bed. By special request I took the parrot round to see her after it was recovering from a sudden attack of dysentery. Subsequently it died, obviously of psittiintankem or psittacosis, or even prettipolitis. The old lady, however, became more and more vigorous, and they had to call in another doctor. But her favourite cat, which rarely left her side, became tense and restless. I took its blood-pressure; it exceeded the maximum by three points! Dysentery and spasms ensued, and the cat passed away typical psittiintankem. Clearly the old lady was a *carrier* and, as she died before the cat, no one knew it! What is the position of (*a*) the doctors, (*b*) those friends and relations who were in touch with her?

I trust these very brief notes may be of some help to you. I think I am right in saying that one man's blood-pressure is another parrot's poison. Psittacosis must be watched, even hunted. I am sending you a copy of my book, *Research and Religion*, with profound regards.

I am,
Your obedient servant,
A. PERIENT, F.R.S.

REVIEWS.

ST. BARTHOLOMEW'S HOSPITAL REPORTS, VOL. LXII, 1929. (London: John Murray, 1929.) Pp. xxvi + 262. Price 21s.

This number repeats an experiment previously made in 1927, by which a series of short articles are presented dealing all with a particular aspect of medicine. The subject is, on this occasion, diet, and a brief introduction to the series has been written by Dr. Geoffrey Evans. Dr. Langdon Brown, with the lucidity one associates with his writings, presents a series of observations upon the diet in nephritis which are of great practical value; Dr. George Graham describes a case of diabetic coma of unusual type, the patient having no acetone bodies in the urine, though the breath smelt strongly of acetone, but casts and albumen were present in the urine; Dr. Geoffrey Evans describes the clinical aspect of spastic constipation; an interesting account of steatorrhœa is given by Dr. Linder; Dr. Harris presents a summary of some disorders of infancy associated with carbohydrate in the diet; and Dr. Brewer gives a valuable account of the liver treatment of pernicious anæmia.

The number also contains other articles. Diverticula of the duodenum are described by Mr. Gask, a very clear account of their possible method of origin being given. Sir Charles Gordon-Watson writes giving his experience of the radium treatment of cancer of the rectum. An article on recent work on the hæmorrhagic streptococci comes from the pen of Sir Frederick Andrewes. Dr. Wilfred Shaw's article is on the comparative physiology of the menstrual cycle; and Dr. Maxwell and Dr. Nicholson have produced a valuable study of the incidence of intrathoracic new growths. The volume is completed by an account of the meetings of the Paget Club, notes on the Museum Catalogue by Dr. T. H. G. Shore and a list of books added to the library.

ANÆSTHESIA AND ANÆSTHETICS. By F. S. ROOD, M.B., B.S., and H. N. WEBBER, M.A., B.Chir., Anæsthetists to University College Hospital, London. (London: Cassell & Co., 1930.) Pp. 292, illustrated. Price 14s.

In this, the first edition of their book, the authors cover the whole subject of anæsthesia—general, local and regional—together with the advantages and disadvantages of each method. Valuable chapters are included dealing with such subjects as choice of anæsthetics (in which the arguments for and against chloroform and ether are clearly stated), preliminary medication and cases of special difficulty. In the latter chapter the subject is taken both from the point of view of the type of patient and of the operation itself, and makes interesting reading. The use of ether by the "open method" is considered in a special chapter devoted to a typical ether case. In this the authors explain a method of induction by which the patient may be anæsthetized sufficiently rapidly to allow any operative procedure to be undertaken within about ten minutes. Not only is the induction stage described but the case followed right up to and through the stage of recovery. This chapter alone realizes the authors' endeavour to make their book useful to "anæsthetic clerks" and inexperienced qualified practitioners. Spinal analgesia, its indications and advantages, are fully described, and finally the technique of local and regional anæsthesia is carefully detailed.

THE SOYA-BEAN AND THE NEW SOYA FLOUR. By C. J. FERÉE. With a Foreword by Sir W. ARBUTHNOT LANE, Bart. (London: Heinemann, Ltd., 1929.) Pp. 79. Price 6s.

In Europe and America the oil from the soya bean was first used for technical purposes, such as soap and paint making, then for the manufacture of margarine, while the cake left after removing the oil was used as a cattle food. A remarkable constituent of the bean is the enzyme urease which hydrolyses urea. How rapidly the use of the bean has extended is shown by the fact that during the last two years the world's output has increased by 2,000,000 tons. Against its use as a food-stuff by Western nations are the bitter taste, the difficulty of cooking, and the circumstance that flour made from the bean by simple grinding soon becomes rancid.

Now the main purposes of this book are to proclaim the fact that Dr. Berczeller has devised a process, which is not disclosed, for producing a soya flour free from every objection, and to show how this flour can be used to replace in part or whole much more expensive and less nutritious foods. The following comparison of this flour with the best wheaten flour is striking:

	Water.	Protein.	Fat.	Carbohydrate.
Soya-bean	8·3	41·8	20·0	19·4
Wheat	13·4	10·2	0·9	74·7

Of the carbohydrate less than 1% is starch, and it is stated that the flour contains the vitamins A, B and D. It is claimed that this flour can replace wheat flour in bread and cakes to the extent of 20%; it can be used in soups and sauces, in chocolate up to 25%, and in many other articles of a liberal diet. The analysis shows that it would be a useful constituent in a diet for the diabetic, and examples of its use for this purpose are given, with the information that the cost of this flour is only a fifth or less than that of ordinary prepared diabetic flour and its caloric value (100 grm. = 460 cals.) is much higher.

The analysis given shows that soya-flour merits careful consideration by those whose concern it is to draw up dietaries. Exception might be taken to a use suggested by Berczeller himself; it is suitable for sausage-making, in which art it can replace 50% of the meat, and also about at least its own weight of water.

A SHORTER SURGERY. By R. J. MCNEILL LOVE, M.B., M.S.(Lond.), F.R.C.S.(Eng.). Second edition. (London: H. K. Lewis & Co., Ltd., 1930.) Pp. viii + 371. Illustrated. Price 16s. net.

The second edition of this book is enlarged by 72 pages and 31 illustrations. The first chapter on Surgical Pathology and Specific Diseases is new, and the chapters on Fractures and Dislocations wisely have been expanded in order to elucidate these admittedly difficult subjects. Many other chapters have undergone revision.

The essentials of this book are emphasis of the important points without endeavouring to cover everything, clarity of expression and conciseness. The author has skilfully achieved these aims, and in doing so has produced a volume which is a very real help towards surmounting not only the earlier, but also the higher examinations in surgery.

He must, however, beware in future editions—which are sure to come—against the temptation of adding further to the length (and concomitantly to the price) of the book. Such action would detract from its special value and utility. J.C.F.L. Williamson.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By F. HOWARD HUMPHRIS, M.D.(Brux.), F.R.C.P.(Edin.), etc. Fifth edition. (London: Humphrey Milford, Oxford Medical Publications, 1929.) Pp. xxi + 337. Illustrated. Price 10s. 6d. net.

This book has been revised and enlarged four times since its first publication in 1924, and now contains about 330 pages.

After a brief historical survey of sunlight therapy "from the birth pangs of time itself" (a queer phrase), the author gives a description of the technique of modern light treatment. This part of the book is extremely practical and includes an account of the latest types of instruments—a necessary inclusion, since, as the author states in his preface, "apparatus of a year ago is to-day obsolete." Details as to dosage are given, and stress laid on the necessity in practically every case of supplementing local treatment by the general body bath.

The chapter on the therapeutics of the ultra-violet rays is not quite as clear and up-to-date as might be, and most of the author's explanations as to the effects of the rays appear to be coloured by a somewhat unconvincing calcium complex.

The uses of artificial sunlight are dealt with enthusiastically. Its employment in diagnosis—"the rash of measles has been detected . . . 3 or 4 days before the rash was seen"—and in judging of the "cure" or otherwise of such conditions as psoriasis and pityriasis, is followed by an account of its use in the treatment of all sorts and conditions of diseases, from mumps to enlarged prostate. Such statements as "it is doubtful if any therapeutic measure effects as much good as ultra-violet therapy in diseases of the liver," and "there is no other form of treatment in surgical tuberculosis which can compare with the effect of ultra-violet rays," may sound somewhat extravagant, and illustrate a tendency towards an over-optimistic view of actino-therapy. Although the reader is made conscious of its almost universal application, yet the actual effects produced are not always clearly stated.

A few pages on the association with X rays and the use of the infra-red rays, followed by a bibliography and glossary, conclude a book which can be recommended as a good outline on a very useful and often neglected subject.

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

BROWN, W. LANGDON, M.D., F.R.C.P. "Predestination in Disease,' A British Medical Association Lecture. *British Medical Journal*, March 22nd, 1930.

CARSON, H. W., F.R.C.S. "Indigestion from a Surgeon's Standpoint." *British Medical Journal*, March 8th, 1930.

CHANDLER, F. G., M.A., M.D., F.R.C.P. "The Treatment of Pleural Effusion in Artificial Pneumothorax." *Tubercle*, March, 1930.

——— "The Treatment of Hæmoptysis." *Lancet*, March 15th, 1930.

COCHRANE, R. G., M.D., M.R.C.P., D.T.M.&H. "A Review of the Present Methods of Treatment in Leprosy." *British Journal of Dermatology and Syphilis*, March, 1930.

——— *Leprosy: Symptoms, Diagnosis, Treatment and Prevention.* Second (Revised) Edition, with a Foreword by Sir LEONARD ROGERS, M.D., F.R.C.S., F.R.S. London: British Empire Relief Association, 1930.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "Aphonia, Dysphonia and the 'Singer's Attitude.'" *British Medical Journal*, March 22nd, 1930.

ECCLES, W. MCADAM, M.S., F.R.C.S. "Arris and Gale Lecture on Anatomy, Orthodox and Heterodox, in Relation to Surgery." *British Medical Journal*, March 1st, 1930.

FLETCHER, H. MORLEY, M.D., F.R.C.P. "Pneumonia: its Prognosis and Treatment." *Practitioner*, March, 1930.

GOW, A. E., M.D., F.R.C.P. *See* Horder and Gow.

HALDIN-DAVIS, H., M.D., F.R.C.S. "The Modern Treatment of Lupus Erythematosus." *British Medical Journal*, March 8th, 1930.

HERNAMAN-JOHNSON, F., M.D.(Aberd.), D.M.R.E.(Camb.). "Excessive Menstrual Bleeding: Its Treatment by X-rays." *Practitioner*, March, 1930.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P., and GOW, A. E., M.D., F.R.C.P. "Psittacosis: a Record of Nine Cases." *Lancet*, March 1st, 1930.

JAMESON, R. W., M.R.C.S., D.P.H. "Variola Major and Minor." *Lancet*, March 8th, 1930.

KEYNES, GEOFFREY, F.R.C.S. "Hunterian Lecture on Radium Treatment of Carcinoma of the Breast." *Lancet*, March 1st, 1930.

——— *Bibliography of the Works of Jane Austen.* London: Nonesuch Press, 1929.

MOORE, R. FOSTER, O.B.E., M.A., F.R.C.S. "Glioma treated by Intra-ocular Insertion of Radium." *Proceedings Royal Society of Medicine*, February, 1930.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. (and BUXTON, STJ. D., F.R.C.S.). "Severe Rickets with (?) Dyschondroplasia." *Proceedings of the Royal Society of Medicine*, February, 1930.

STALLARD, H. B., M.B., F.R.C.S. "Some Observations on the Ætiology and Treatment of Simple Detachment of the Retina." *British Journal of Ophthalmology*, January, 1930.

——— (DUKE ELDER, W. S., D.Sc., F.R.C.S., and H. B. S.). "Leuco Sarcoma of the Iris," *ibid.*, April, 1930.

WEBER, F. PARKES, M.D., F.R.C.P. (and SCHWARZ, E., M.D., and HELLENSCHMIED, R., M.D.). "Spontaneous Inoculation of Melanotic Sarcoma from Mother to Fœtus." *British Medical Journal*, March 22nd, 1930.

WOOD, W. BURTON, M.A., M.D., M.R.C.P. (and GLOYNE, S. RODDHOUSE, M.D.). "Pulmonary Asbestosis." *Lancet*, March 1st, 1930.

EXAMINATIONS, ETC.

Royal College of Physicians and Surgeons.

The Diploma in Public Health has been granted to the following: Anderson, D. D., Chalke, H. D., Hogben, G. H., Lewys-Lloyd, R. A.

CHANGES OF ADDRESS.

BROOKE, E. B., P.O. Box 49, Randfontein, Transvaal, South Africa.
CRABTREE, J. B., Wentworth House, Ilfracombe.
DALE, W. C., Agodi, Ibadan, Nigeria.
HOGBEN, G. H., Ministry of Pensions Hospital, Birmingham.
HOWELL, H., Tudor House, Tudor Square, Tenby, Pembrokeshire.
MITCHELL, A. M., Combeleigh, Albury Road, Guildford.
SODEN, W. N., Chapel Allerton, Leeds.
WARE, A. M., 36, Evelyn Gardens, S.W. 7. (Tel. Kensington 0455.)
WATERHOUSE, R., 3, The Circus, Bath.

APPOINTMENTS.

PEARCE, C. M., M.B., B.S.(Lond.), F.R.C.S., appointed Honorary Assistant Surgeon to the Blackburn and East Lancashire Royal Infirmary.

PEARSON, L. V., F.R.C.S.(Ed.), appointed Assistant Surgeon to the Addington Hospital, Durban.

STRUTHERS, J. A., M.R.C.P., D.P.H., appointed Physician to Willesden General Hospital, N.W.

CHANGES OF TELEPHONE NUMBER.

BALL, W. GIRLING—Welbeck 6032.
BARRIS, J. D.—Welbeck 8896.

BIRTHS.

BOURNE.—On March 11th, 1930, at 16A, De Pary's Avenue, Bedford, to Joyce (*née* Postle), wife of Dr. William Bourne—a son.

BUCHLER.—On March 9th, 1930, at Woolwich, to Clara (*née* Wiselman), wife of Dr. E. Buchler, of 2, Kirkham Street, S.E. 18—a daughter.

COLLINS.—On February 12th, 1930, at British Military Hospital, Lahore Cantonment, to Vera (*née* Curson), wife of F. M. Collins, M.B., F.R.C.S., R.A.M.C.—a son.

GARSON.—On March 17th, 1930, at 66, Rodney Street, Liverpool, to Nan, wife of Philip Garson—a son.

GRIFFITHS.—On October 7th, 1929, at Dunottar House, Eaglescliffe, Co. Durham, to Irene, wife of T. L. Griffiths—a son.

POOLE.—On March 7th, 1930, at 27, Welbeck Street, W. 1, to Jean (*née* Marshall), wife of Dr. John C. C. Poole—a daughter.

SATOW.—On March 20th, 1930, at Filkins, Oxford, to Margaret, wife of Lawrence L. Satow, M.C., M.R.C.S.—another son.

TOOTH.—On February 14th, 1930, at Clare House, Lewes, Sussex, to Betty (*née* Storrs), the wife of Ronald S. Tooth—a daughter.

WARD.—On March 9th, 1930, at 27, Welbeck Street, W. 1, to Marjorie (*née* Thomas), wife of Dr. Roy Ward—a daughter.

MARRIAGES.

BUMSTED—ROBERTSON.—On February 22nd, 1930, at Trinity (Presbyterian) Church, Streatham, by the Rev. John Wright, M.A., Henry James Bumsted, M.A., M.B., B.C., to Margaret Helen, daughter of the late Sutherland Robertson and Mrs. Robertson, of 11, Norbury Crescent, Norbury, S.W. 16.

HOLMES—MCKERROW.—On March 14th, 1930, at the Cathedral, Bombay, Dr. Bernard Willoughby Holmes, of Asansol, youngest son of the late Edward Holmes, of Bocking, Essex, to Elizabeth Margaret, second daughter of Alexander McKerrow, Kinnoull, Riversdale Road, West Kirby.

PIMBLETT—WARREN.—On February 15th, 1930, at St. Georges, Church, Wilton, Taunton, Gerald William Pimblett, M.A., M.B., only son of Dr. and Mrs. Pimblett, of Ribblesdale Place, Preston, to Lois Mary, only daughter of Mr. and Mrs. Warren, of St. Georges, Taunton.

DEATH.

BURGESS.—On December 24th, 1929, at Sydney, New South Wales, Thomas William Watkins Burgess, aged 68.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: National 4444.*

St. Bartholomew's Hospital Journal.

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

VOL. XXXVII.—No. 8.] MAY 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Fri., May 2.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., ,, 3.—Cricket Match *v.* Southgate. Home.
Tennis Match *v.* St. Thomas's Hospital. Home.
Mon., ,, 5.—Special Subject: Clinical Lecture by Mr. Scott.
Tues., ,, 6.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., ,, 7.—Surgery: Clinical Lecture by Sir Holburt Waring.
Fri., ,, 9.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Dr. Hinds Howell.
Sat., ,, 10.—Cricket Match *v.* Hampstead. Home.
Mon., ,, 12.—Special Subject: Clinical Lecture by Dr. Cumberbatch.
Tues., ,, 13.—Sir Percival Hartley and Sir Holburt Waring on duty.
Wed., ,, 14.—Surgery: Clinical Lecture by Sir Holburt Waring.
View Day.
Fri., ,, 16.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Medicine: Clinical Lecture by Dr. Hinds Howell.
Sat., ,, 17.—Cricket Match *v.* Winchmore Hill. Home.
Mon., ,, 19.—Special Subject: Clinical Lecture by Mr. Just.
Last day for receiving matter for the June issue of the Journal.
Tues., ,, 20.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., ,, 21.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Thurs., ,, 22.—Cricket Match *v.* M.C.C. Home.
Fri., ,, 23.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Dr. Langdon Brown.
Sat., ,, 24.—Cricket Match *v.* Metropolitan Police. Away.
Mon., ,, 26.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., ,, 27.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 28.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri., ,, 30.—Sir Percival Hartley and Sir Holburt Waring on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Sat., ,, 31.—Cricket Match *v.* Herts Wanderers. Away.

EDITORIAL.

IT is a far cry from the noise and the London fuss of Smithfield to a Poet Laureate's house on Boar's Hill, aloofly overlooking the City of Oxford. Yet just as his active life at St. Bartholomew's left its ineffaceable mark upon Dr. Bridges, so now his death leaves here the scar of sorrow. We publish elsewhere an obituary notice. It is fitting that it should be, in effect, rather a biographical account. St. Bartholomew's was very proud of him.

* * *

DINNER TO DR. H. MORLEY FLETCHER.

On April 5th, at the Criterion Restaurant, a dinner was given to Dr. H. Morley Fletcher by his House Physicians. Of the sixty fortunate persons who had held this appointment during Dr. Fletcher's long career on the Staff at Bart.'s, twenty-five were able to be present—a very creditable number, we think, considering that those eligible are scattered world-wide, their present "habitats" ranging from Bart.'s to Chacachacare or even further!

The dinner was good, and the speeches (which were many) were better. All (except Dr. Fletcher) bore testimony to his unfailing kindness to those who have enjoyed the privilege of working under him, and to his great help to the activities of the Students' Union and the work of the Hospital at large.

After dinner the party adjourned to 98, Harley Street, where Dr. and Mrs. Fletcher entertained a cheerful company of invaders. Dr. Fletcher once more proved his proficiency at "cock-fighting" and other sports involving feet, legs and coins. There was much well-merited applause when, by a single deft twist of his leg, he sent his youngest House Physician somersaulting with the utmost grace!

A thoroughly enjoyable evening.

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The Annual Meeting of the Guild is to be held in the Great Hall on View Day, Wednesday, May 14th, at 4.15 p.m. In response to the great appeal of this year the Lord Mayor and the Lady Mayoress have promised to honour the Guild by attending, and the Guild is fortunate in having secured Mrs. Philip Snowden as the

speaker. We hope that those interested in the Hospital will make a special effort to attend and to make this a record meeting.

* * *

CROSSWORD.

We publish on p. 151 the first crossword puzzle that has ever appeared in our columns, optimistically described as No. 1. A prize of one guinea will be awarded for the first correct solution received at the Journal Office. The solution, with the names of the correct solvers (if any), will be published in the June issue.

* * *

Prof. Gask has been appointed Thomas Vicary Lecturer for 1930. The last lecturer from St. Bartholomew's was Sir D'Arcy Power, who, in 1921, spoke of "The Education of a Surgeon under Thomas Vicary." The lecture has not been given since 1928.

* * *

The third Lister Memorial Lecture will be delivered by Dr. Harvey Cushing on Wednesday, July 9th, at the Royal College of Surgeons.

* * *

Mr. R. T. Payne has been awarded a Certificate of Honourable Mention for his essay submitted for the Jacksonian Prize.

* * *

Congratulations to Mr. H. Burt-White and Dr. R. R. Armstrong, whose joint essay on "The Problem of Puerperal Sepsis" has won the Bishop-Harman Prize of the British Medical Association.

* * *

THE ABERNETHIAN SOCIETY.

The Summer Sessional Address will be delivered by Sir Archibald Garrod on Thursday, June 5th, at 8.30 p.m. His subject will be "St. Bartholomew's Fifty Years Ago."

* * *

"COUNTERFEIT PRESENTMENTS."

The passing of a good habit is ever matter for regret. Those who know the Dispensary collection of photographs of members of the Hospital Staff must often wonder why the changes in that body are not matched by any increase in the number of the pictures. Taken by an enthusiastic photographer and one time Demonstrator of Anatomy, Mr. Cahen, they hit off their subjects in a way less formal than the cabinet photographs of professional firms. Though Mr. Cahen has left the Hospital, we are not without excellent photographers. It is a pity that the custom should be allowed to lapse.

* * *

THE FILM OF THE NEW BLOCK.

The marvels of our new Surgical Block, already familiar to many thousands of visitors, are being displayed to the public this month through the medium of the cinema. Several gentlemen possessed of more or less histrionic ability have made their film *début* in this picture, which portrays the coming to life of certain of the wax figures in the New Block. These ancestors of modern surgery survey with scant approval the activities of their posterity in the new theatre. The necessary comic element is provided by Mrs. Gamp, who really looks remarkably like her original picture and is evidently quite at home with her part.

OBITUARIES.

ROBERT BRIDGES, O.M.:
POET LAUREATE.

Obiit 21 April, 1930.

ST. BARTHOLOMEW'S is mourning, in common with the whole nation, the death of Robert Bridges, O.M., the Poet Laureate, but she has a special reason to celebrate his memory, for she is proud to claim him as one of the oldest and most distinguished of her sons. He spent seven years under her influence, and she must be counted as having had definite share in the equipment of his mind and character. The relation of medicine to poetry and to literature and the arts in general has been a favourite subject for the curious, and the *Bibliotheca Osleriana* records the names of nearly thirty medical poets who lived during the nineteenth century. But it must be confessed that, though many of these may have been good doctors, few of them were good poets; only three names, indeed, emerge above the level of mediocrity—Beddoes, Keats and Bridges—and of these the greatest did not carry his medical studies beyond their early stages. Bridges is therefore to be regarded as the chief representative of the medical profession in this branch of creative art during the last hundred years.

Robert Bridges was born at Walmer on October 23rd, 1844, last but one in a family of nine, and was descended from a line of Kentish farmers. He went to Eton in 1854 and remained there for nine years, distinguishing himself in the special Eton games. He also passed through a period of religious enthusiasm, being influenced especially by a younger friend, Digby Mackworth Dolben, who combined religion with a remarkable poetical inspiration. Dolben was accidentally drowned at the age of nineteen, in 1867, and his poems were not published until 1911, when they were edited by Bridges, who also recorded his impressions of his friend in a memoir of great charm and humour. "Different as we were," he wrote, "in physical temperament, different as boys could be, we were both of us terribly serious, determined, and of artistic bent, and had come through

the same sort of home teaching to the same mental perplexity. We satisfied our natural bias towards art by poetry, but the magnitude of the religious problems which we had been led up to face was occupying our attention; it involved both our spiritual and practical interests in life. . . . We were in fact both of us Pusey-ites, and if we reacted somewhat differently to the same influences, yet neither of us at that time doubted that our *toga virilis* would be the cassock of a priest or the habit of a monk." The biographer fills the memoir with revelations of his own boyhood and literary development; it is written with a distinguished simplicity, and proves the writer to be a master of the English language, which he had, by then, so long been studying. For some months before Dolben's death the two friends had drawn somewhat apart, but both were shedding some of their religious convictions, and Bridges was tending towards science. He entered Corpus Christi College, Oxford, in 1863, but his university career was distinguished more by his prowess on the river than in the examination halls, and his degree was taken in the second class. After a long interval of travel he entered as a student at St. Bartholomew's in 1871.

He was rather older than the average student, not having entered the Hospital until he was twenty-seven, and his personality, by then fully developed, must have made itself strongly felt. In 1876 appeared a pamphlet containing a Latin poem entitled *Carmen elegiacum de Nosocomio Sti Bartolomæi Londinensi . . . Sequitur denique aliquid* περὶ πράξεως, *sive de ratione medendi Patricii Black*. The Hospital Library contains two editions of this poem (1876 and 1877), so that it must have enjoyed considerable local fame, although it is a rare "collector's item" at the present time, partly perhaps owing to the fact that its author is said to have afterwards destroyed as much of the edition as he could lay hands on. The dedication to Patrick Black, then Senior Physician to the Hospital, is dated from 52, Bedford Square, *Idibus Decemb.*, 1876. The poem, consisting of 556 elegiac lines, begins with an introduction, and then recounts the history of the foundation of the Hospital by Rahere. The Hospital as it now stands is described:*

"Quinque colosseis apparent mœnia tectis;
Quattuor hæc ratio prima habuisse docet:—
Inter quæ medio quadratâ est area formâ,
Datque frequentatum terra pavita forum.
Plurimaque inclusis umbram circumjicit arbor,
Submittitque suas fons speciosus aquas.
Fama huc invalidos, huc spes invitat egenos,
Liminis auxiliis hospitioque frui.
Ergo extra muros stat squalida turba, foresque
Personat, inque aulam nocte dieque coit.
Declavant morbos, ostentant vulnera quisque,
Pro ratione mali præmia sortis habent."

* The quotations are taken from the edition of 1877, into which many changes were introduced.

§

The next hundred lines describe the illustrious dead from Harvey to Owen, and the greater part of the remainder deals with the members of the staff as constituted at that date. Their peculiarities and interests are described, beginning with the Physicians, of whom Church was one:

Dr. Church:

"Tertius est indit cui sancta Ecclesia nomen,
Lataque procero pectora barba tegit.
Hic pede ferrato doctus percurrere summa
Flumina, cum solido stant adoperta gelu.

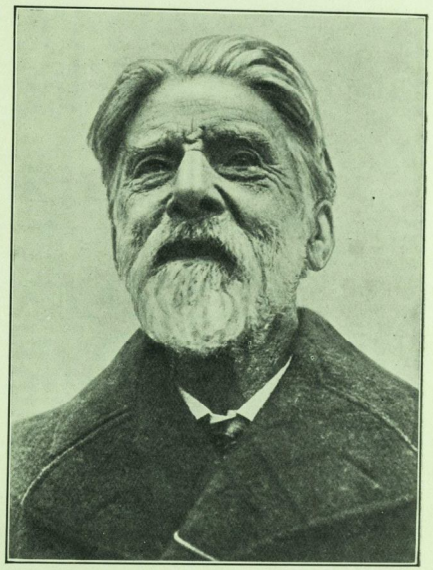


Photo: Keystone View Company.]

Mr. Willett:

"Gibbosis valgis varis Guillettius adstat:
Quo duce quisque suis induit arma malis.
Res ut verba sonent, valgi distorta videntur
Extrorsum, vari tangere crura genu."

Mr. Langton:

"Demonstratores olim Langtonius acer,
Cui fugit appositas hernia lapsa manus."

Dr. Brunton:

"Hunc bene consequitur ranis Bruntonius hostis,
Promptus aberrantes vivisecare canes.
Nec mea rem referens horrescit Musa; malorum
Ortus in humanos non potis arte trahi.
GALVANI RANAM, EST OPERÆ, COGNOSCITE CIVES!
Galvanoscopicæ crura notate feræ."

The poem ends with a description of the author's examination for the membership of the College of Physicians, and reflections on his studies. The poem as a whole is of great parochial interest, but it can be understood that the Laureate did not later regard it as one of his *opera majora*.

After qualifying and serving as House Physician, Bridges was appointed Casualty Physician at St. Bartholomew's for the year 1877–8, and his well-known "Account of the Casualty Department" was published in vol. xiv of the *Hospital Reports* for 1878. In this article he analysed the work done by the casualty officers, and sought to expose some of the abuses of a system which resulted in his having seen in a year 30,940 patients, an average of 1·28 minutes being given to each case, and having ordered over 200,000 doses of medicine containing iron. His description of the process of "filtration of patients" is worth quoting:

> "It might perhaps be thought that the virtue of a casualty physician was distributive justice. In a better world no doubt it would be; as things are, there are several considerations which override strict justice. He has, for instance, to weigh the inconvenience of overcrowding the Hospital dispensary against the lesser, or at least less visible, inconvenience of treating a number of different complaints with the same medicine; but what stands most in his way is no doubt his want of time. How much time he has, I should rather say how little, I will show later on. At present, I will merely state that it is not unusual for a casualty physician to see 150 patients in less than two hours; and I shall not be using extravagant language if I call this quick work, and say that very great accuracy cannot be arrived at in such hasty proceedings. Indeed, it is not easy to see what he can be supposed to do except work miracles, considering that if he had only to take down the patients' names and addresses he would be over-occupied; and yet his duties are very distinctly understood. A metaphor is usually employed to define them. If a casualty physician were to complain of the number of cases he has to see, he would probably be told that he is not supposed to attend to them or prescribe for them very much; that the surgery is the filter of the hospital, or that he himself is the filter. It is in vain to point out that filtering is of necessity a process slow in proportion to its efficacy, while the quick filtering of patients is almost unintelligible. Making bricks without straw cannot be compared to it; that is done every day, but filtering quickly is a contradiction in terms. And yet filter he must, and filter quickly too; and be prepared to hear his quick filtrate shamefully ill-spoken of in the wards and in the out-patient rooms. But this theory of a system, which breaks down as soon as it is seriously examined, and has only one ground of defence, which I will examine later, vanishes like smoke when a physician finds himself face to face with some 200 paupers, who are many of them seriously ill, some mortally, many but slightly, but nearly all with considerable bodily inconvenience or pain, which, unless disease be a joke, and this the whole constitution of our Hospital forbids us to suppose, entitles them to his patient attention and investigation, and demands his skill and advice. He will decide at once that what he has to do is the best that can be done for every individual case under the circumstances, and he will make the best of a bad business, and take it patiently, even when his filtrate comes bubbling back into the surgery from the steward's office because there is no vacant bed, or from the out-patient room because it was not filtered before eleven a.m."

The whole paper is an amusing and trenchant piece of writing, and effectually disposes of any idea that a poet is necessarily unpractical. He had previously contributed one paper to the *Reports* on "A Severe Case of Rheumatic Fever Treated with Splints." The patient was under his care in Hope Ward in May, 1876, and he mentions that, although the method of treating acute rheumatic joints was now new, he had never, during five years at the Hospital, seen it put in practice, nor even heard it mentioned.

Except for these three publications, little record remains of his seven years at St. Bartholomew's. After finishing his appointment there he became Assistant Physician at the Great Northern (now Royal Northern) Hospital, and at the Great Ormond Street Hospital for Sick Children, but it is stated that he did not intend to remain indefinitely in professional life, and had fixed the age of forty for retirement. Actually he retired at the age of thirty-seven, resigning his hospital appointments after having had pneumonia in 1881. His medical career extended therefore over ten years, and these were probably far from being his least fruitful period for absorbing the impressions of life and humanity, which ultimately found expression in the supreme achievement of his life, his last poem, "The Testament of Beauty." Even here still linger the traces of his early training, for in describing the conflicting ideas of the human mind he turns naturally to a medical analogy:

> Yet we discredit not all Medicine because
> ther be incurable maladies that end in death,—
> nor yet because the leech, when he is call'd in to heal
> an indigestiv stomach, can hav no dealing
> directly with the embroil'd co-ordinating cells,—
> and, for the lack of any intelligent knowledge
> of their intimat bickerings, wil hav recourse
> to palliativs and sentimental assurances
> of favourable conditions, exercise and air,
> hoping thus to entice them to a better behaviour,—
> or observing some chemical excess in their chyme
> wil deftly neutralize it with a pinch of salt.

After retiring from professional life Bridges went to live at the Manor House of Yattendon in Berkshire, and two years later in 1884 he married the daughter of Alfred Waterhouse, R.A., who bore him a son and two daughters. He lived at Yattendon for twenty years more, and then, after an interval of two years, built a house at Boar's Hill, near Oxford, where he lived until his death on April 21st, 1930.

Bridges possessed a magnificent physique, and in his later years was as handsome an old man as anyone could wish to see. With his shock of white hair, piercing eyes, picturesque clothing and abrupt manners, he may have appeared to the casual visitor to have been "playing up" to the *rôle* of Laureate, somewhat after the Tennysonian model; but those who knew him seem never to have doubted his perfect sincerity—even his affectations were honest and lovable.

From 1881 he devoted himself chiefly to literature and the cultivation of a fine sense of the beauty of words. As he confesses in his memoir of Dolben, his own boyish Muse had been active from his Eton days. Yet his first book was not published until 1873, a thin volume of

125 pages, with the imprint of R. M. Pickering, containing short poems mostly written in the year 1872–3. Other instalments of the *Shorter Poems* appeared at intervals during the next twenty years, and it was these poems which remained until recently the most widely read of his productions. Eight plays were published in 1890, none of which were performed until the "Humours of the Court" was produced at Oxford this year. Other longer poems were published at intervals, and the *Collected Poems* were published in six volumes in 1904. He also wrote a number of prose pamphlets on questions of spelling and pronunciation, a subject which he had so much at heart that he became an adviser to the B.B.C., and delivered the first of the national lectures in March, 1929, on "Poetry." He was also one of the founders of the Society for Pure English, and in one of the Society's tracts collaborated with Dr. Cuthbert Morton in directing an attack on the proposed use of an international Latin terminology in British anatomical teaching.

Bridges never appeared to court popularity in his writings. His poetry, though it possesses a clear-cut beauty, has also a certain academic flavour, almost an aridity, which does not attract the many, though highly appreciated by the few. Some people may also have been too much repelled by his obvious preoccupation with the technique of his art, his experiments with metre, his unusual views on spelling, his general air of innovation and peculiarity. Nevertheless his real merits were being widely perceived, though there may have been surprise in some quarters when he was appointed Poet Laureate in 1913. The holder of this office receives an honorarium of £75 a year with an additional £27 in lieu of a butt of sack. Mercenarily-minded persons might hold, therefore, that not much would be expected of so ill-paid an official; and in fact Bridges limited his output so strictly that he incurred some criticism, and was unjustly dubbed "Our Dumb Laureate." He refused indeed to pander to any popular demand that the Laureate should churn out an ode on every suitable or unsuitable occasion, and yet, pleasing only his own fastidious taste, he published eighteen war poems in the *Times*, which were collected in 1920. He found himself unable, however, to contribute a poem to the Octocentenary Celebrations at St. Bartholomew's in 1923, though this must not be attributed to any lack of loyalty to his second *alma mater*, but to his unwillingness to "write to order." It is stated that, in truth, he cared very much about obtaining popular sympathy, though he could never bring himself to set about deliberately courting it. It was therefore the more remarkable that at the end of his long life he should have eventually achieved the recognition for which he wished, and in a degree which must have surprised him. His greatest and longest poem, "The Testament of Beauty," was published in 1929, on his eighty-fifth birthday, soon after he had received the Order of Merit, and it was instantly acclaimed on all sides as a masterpiece. None would have predicted that a long and sometimes difficult philosophical poem, written in a peculiar, almost prosaic, metre and diversified with "simplified spelling," would have sold many thousand copies within a few weeks of publication. The success of this book was not merely a fashion, but was assuredly genuine, for into it was packed the accumulated wisdom and beauty of the mind of a great man, a mind which during a long life had explored art, science, and human experience to their depths, and which was capable of expressing itself with humour and dignity, and with an extraordinary feeling for the proper use of the English tongue. The poem can only be compared in its content with Wordsworth's "Prelude," and it places the two Laureates together on one of the highest pinnacles of poetical fame.

ST. D.

SISTER MARY.

We deeply regret to report the death of Miss Kennedy (Sister Mary), on Friday, April 4th, after a long and painful illness.

She came to St. Bartholomew's Hospital in February, 1910, and obtained her certificate in April, 1914. In August of that year she was appointed Night Superintendent, and was promoted to be Sister of Paget Ward in the following April, when the East Block was given over to the nursing of soldiers. In February, 1918, she became Sister of Mary Ward, a position which offered ample scope for her special abilities. But this post did not complete the tale of her activities, for she was Honorary Secretary of the Benevolent Fund League of St. Bartholomew's Hospital Nurses, and a Councillor of the British College of Nurses.

Hers was a striking and vivid personality, coloured by strong feeling. This was fully displayed in the management of her ward, and it was remarkable to see the control she obtained over nervous, highly-strung patients, and the way they were prepared to confide in her. Long after patients left the ward she kept in touch with them and continued her interest in them. She might have expected to look forward to years of active work when the blow fell. That death should come in the prime of life to one who lived so intensely is both sad and strange. Her courage through a terribly

painful illness was indomitable, and she submitted to treatment after treatment in a way which was really heroic.

The funeral service took place in the Hospital Church on Monday, April 7th. It was largely attended, and there was every sign that her loss was deeply mourned on all sides.

MORE MEDICAL NOTES.

By SIR THOMAS HORDER, Bt.

ON HIGH BLOOD-PRESSURE.

(1) Speaking generally, the highest pressures found in routine medical practice occur in women and not in men.

(2) Contrary to what is generally held, cerebral hæmorrhage is not so frequently met with as a complication, or terminal event, in patients who show very high pressures as in patients whose pressures are but moderately high. The diseased vessel-wall is a more important factor in the rupture of the vessel than is the arterial pressure.

(3) There probably exist families possessed of a tendency to high arterial pressure independently of a tendency to arterio-sclerosis.

(4) Pubescence is sometimes marked by a physiological hyperpiesis, just as it is sometimes marked by a physiological ventricular hypertrophy.

(5) An epochal hyperpiesis is one of the most common expressions of the menopausal state. The systolic pressure is raised out of proportion to the rise in the diastolic pressure. The prognostic importance of this latter fact is very important.

(6) When, in arterio-sclerosis ("granular kidney"), the myocardial sufficiency is as yet good, and the systolic pressure is higher than 200 mm. Hg., the diastolic pressure is found with great frequency to be about, or exactly, half the systolic figure. Should the diastolic pressure be greater than this the myocardium has probably begun to fail.

(7) Signs of myocardial failure give an indication for the use of digitalis despite the existence of hypertension. Indeed, the pressures are not infrequently found to fall during the exhibition of digitalis in these circumstances.

(8) It is easy to lower arterial tension by the use of drugs which depress the myocardial tone; it is difficult to attain this result in any other way by the direct use of hypotensive drugs.

(9) Indirect methods of lowering arterial tension are more satisfactory than direct methods. One of the best of the indirect methods is portal depletion. The best agents by which to attain this end are a meagre diet, salines and mercurials.

(10) Hustle and prolonged emotional strain are very common factors in the production of hypertension. To encourage leisure and equanimity is then the therapeutic indication—a notoriously difficult prescription to follow.

(11) Concern about high blood-pressure is one of the chief factors in maintaining it, and this holds good whether the concern be on the patient's part or upon the part of his doctor.

TRADITION AND EXPERIMENT IN MODERN MEDICINE.

By ORMUZD.*

DISTRESSING as it is to be forced by circumstances to sacrifice the principles of one's youth, family or trades union in order to earn a living, a gradual declension or (euphemistically) an adaptation to environment has perforce to occur in the lives of all but those who are strong enough and clever enough to start a new principle and mould others into conformity. This long sentence is intended to lead by a sprightly transition of reasoning to an explanation for the smart change of front which occurs when a man who has been blessed with a thorough scientific training is suddenly confronted with non-scientific individuals who think they are ill and insist upon value for money. That composite and important figure, the Physicist, Chemist, Biologist, the Anatomist and Physiologist, the Pathologist, Clinician, Surgeon and Specialist in the various faculties who has lately emerged with bright new wings from his seven years' chrysalis, that paragon of the home circle—is suddenly taken aback. Unless he has been taught by his mother how to make conversation under difficultics, encouraged to deal faithfully with questions that appear to him futile, in short, well versed in how to behave at a Party among people with whom he has nothing in common, he will only be able to frown in perplexity, to stammer out that he is sure there is nothing serious the matter, and to prescribe some mixture (often in the chaos of the moment incompatible) which he has learnt to administer to the organic disease which least faintly resembles this particular jumble of symptoms. How happy if in the nick of time he can recall some childhood nostrum such as "Feed a cold and starve a fever." How jubilant if the patient suffers from a complaint which he has seen treated first hand by his family doctor so that he can reproduce the genial atmosphere and the tactfully induced hint of self-importance by which he himself was so quickly cured.

Two aspects of Tradition have, I hope, been suggested to you by the above—the Tradition of the Science, and the Tradition of the Art of Medicine. The fashion of this age and the comparative youth and novelty of the Scientific Tradition in its current aspect (glittering like all new toys) have tended to swamp the facilities for the learning of the technique of Medicine as an Art—the art of discussing health matters "with patients who, nominally educated, are not only ignorant of the rudiments of science, but who are often incapable of clear thinking or clear expression."* Our artistic failure is probably a legitimate ground for the accusations of Arrogance and Ignorance which are levelled at the Profession by the public. The first few months of practice are devoted to a hasty collection of useful prescriptions, an adequate Professional Manner, and a knowledge of how to spot with certainty that uncommon bird the patient who requires immediate and drastic treatment, so that we can send him to someone else who is good at curing that sort of thing. Owing to our lack of experience in the limits of the normal, our mistakes will be at first almost entirely in the imputing of organic disease where none exists. After blighting a certain number of lives we shall have profited sufficiently to err on the other side by ceasing to be alive to the unusual.

This sore subject has been much fomented lately and is probably about to point—only as a recurrence, however, for multiple subinfections of this nature have always been visible upon the Body Medical. The present method of approach was suggested by the idle reading of a series of lectures delivered at the City Literary Institute on "Tradition and Experiment in Present-day Literature,"* by various writers whose works are familiar to everyone.

The Novel, Poetry, Drama, Biography and Criticism are successively dealt with, each by two writers, the first on Tradition, the second on Experiment; and in my present article I shall discuss what we may learn from those who speak in favour of Tradition. Let it be remembered that they may teach us both about the Tradition of Medical Thought and about that of Medical Writing considered as Literature.

I. TRADITION.

With Mr. Mottram you look at the novels on a railway bookstall and "feel as though you were gazing at a sea of treacle clogged with those little pink and green sweets called 'hundreds and thousands'"—the modern quasi-adventure stories which copy Stevenson, who copied Defoe. In a medical library the sea of treacle becomes more viscous and there oozes along wave after wave of papers and tomes, each reproducing the other, and some entirely oblivious of the waves that have gone before. One wave in a thousand reaches a height above its fellows and forms sufficient spray to be seen by the next generation.

Mr. Edmund Blunden—though "Tradition in the eyes of many talented moderns is what the comedian called 'so most antimacassar'"—shows that she is chiefly of use in forming a standard by which we may judge the value of succeeding works. If we had no Thomas Browne, no Osler, no Clifford Allbutt to read, our present efforts in composition would be more ragged than they are, even though our problems are perhaps a little different. He aims for a beautiful conciseness in writing, and I cannot resist the temptation to quote part of his example from Thomas Pennant:

> "The cat, a useful but deceitful domestic: when pleased purrs and moves its tail: when angry spits, hisses, strikes with its foot: in walking, draws in its claws: drinks little: is fond of fish: the female very salacious; a piteous, jarring, squalling lover: the natural enemy of mice."

Mr. Ashley Dukes hits the nail on the head by remarking that in her guise of impersonal, even arbitrary authority, Tradition is liable to have a long nose pulled at her by every artistic urchin, "yet properly considered Tradition is no more than the fruit of successful experiment." In medical research the proof that a given experiment is successful is long and arduous always, often not even a matter for a single generation to assess. It remains to be seen whether the medical curriculum in the light of modern developments when judged by this canon has proved a success, or whether it is not

* Whose namesake was to be congratulated upon his defeat of the 99,999 diseases created by the Evil Eye with the use of only 10,000 healing herbs.

* "Arrogance and Ignorance in Medicine," by Sir Farquhar Buzzard, Bart., K.C.V.O., M.D., *Lancet*, October 5th, 1929.

* 1929, Oxford University Press.

advisable to experiment with it in accordance with suggestions that have recently been put forward, and which I will later discuss.

"English Biography," says Mr. A. J. A. Symons, "has failed in beauty as it has in truth; in beauty, for what biography could be re-read for the pleasure of its form alone? And in truth, for biography is still a form of panegyric." For "Biography" read rather "English Medical Writing." I confess to having read *De Motu Cordis* at least twice for sheer pleasure as well as some of Browne, John Hunter, Abernethy, Osler, Dr. Gee and, of course, a number of moderns whom it would be invidious to particularize; the rest, if I needs must do so, I read again rapidly in order to commit hard facts to memory. In the matter of the Panegyric—commemorative orations such as the Harveian being examples—we appear almost to specialize; and I thought that Sir Wilmot Herringham recently took a fine and rather novel line when he calmly confined himself to unbiased facts about Harvey's life and work, acquired as the result of much patient research.

Mr. Symons's other test can be with interest applied to Medicine; "What well-read person, not a trained expert in the subject, could write down from memory the names of fifteen English biographies that are not only in the first rank of their kind, but possess positive value in themselves as literature? Half a dozen medical writings spring to the mind of a not over "well-read person," excluding contemporary works which must be filled in by the reader: (1) Sydenham's *Medical Observations Concerning the History and Cure of Acute Diseases*, (2) William Cullen's *Elements of Practical Medicine*, (3) John Hunter's *Lectures on the Principles of Surgery*, (4) Abernethy's *On the Composition of Animal Matter*, and the works of John Brown of the "Brunonian Theory," and of Erasmus Darwin. The "well-trained expert" will, of course, name several more, but even he will find a difficulty over one to equal Trousseau. And an example of the great influence exerted by a medical writer on contemporary literature to compare with that of Claude Bernard upon Zola and the Realist School in France, in England is still to seek.

The last speaker for Tradition, Miss Rebecca West, skips lightly over literary criticism down the ages from Aristotle to Proust. However sincere my flattery I could not imitate her by so full a catalogue, and can only draw an occasional analogy from its history with the present Tradition of Medicine.

Historical traditions.—While the Middle Ages brought Gothic architecture, gunpowder, the clock, the printing press and the magnetic needle, it "inflicted medicine with theological chemistry, the belief in the stars, sorcery and demoniacal influences." The twentieth century has made enormous strides in mechanical invention, in the volume if not the quality of literature and the arts, and in scientific methods of slaughter on a large scale; its hygiene has assisted materially in keeping us alive; in therapeutics, however, it is very far behind. It has given us Diphtheritic Serum, N.A.B. (and its hepatitis), Digitalis and Thyroid Medication, but it has, on the whole, merely succeeded in exchanging for the simple and often potent remedies of our forefathers a commercialized empiricism on a most expensive scale. It is interesting to note that even insulin apparently has not reduced the death-rate from Diabetes; it has only shifted it towards later middle-age.* Perish Paracelsus Organotherapeuticus!

The only other reference I wish to make here is to the influence of the rival Traditions of Cos and Cnidos on Modern Medicine, itself probably only a Traditional rivalry, but one which may be twisted to illustrate almost any point. There is bound to be strong feeling on the part of informed opinion here, and I anticipate strong criticism on what is admittedly only a superficial view of this part of Greek medical history. While I have admitted deep admiration for Thomas Sydenham as a clinical observer and as a describer of disease entities, it is evident that he lacked something which made men like Harvey and John Hunter produce more epoch-making advances.

As Dr. Crookshank wrote in 1926, "The fact is that the false systematization in terms of definite 'diseases' with special signs, symptoms, ætiology and morbid anatomy, so dear to the physicians of last century, shows everywhere evidence of breaking down under the self-imposed strain, whilst a reaction towards Hippocratic methods of diagnosis and description is once more clearly marked. . . . The whole history of Occidental Medicine may indeed be almost indifferently pictured as a swaying struggle between Nominalism and Realism, or between Aristotelianism and Platonism, or between the natural followers of Hippocrates and those of Galen; but most faithfully perhaps, as between Hippocratic Cos and antagonistic Cnidos. At Cos men studied the organism, or *whole individual* in health and in disease; at Cnidos, the *part* or organ: the disease and the type if not the *name*."

The remarkable conclusions reached by the Hippocratic method of thinking—not the least modern of which are the conception of air-borne infection, the description of puerperal fever and tetanus, and the treatment of intracranial suppuration by trephining—are extensively quoted in any history of medicine. I will therefore proceed to praise it by damning Cnidos in the person of Asclepiades, Founder of the Empiric School.

* Annotation, *Lancet*, February 9th, 1929.

Cnidos.—The basis of this happy doctrine was that in Medicine reasoning was useless and experience alone was necessary, this being of three kinds:

(*a*) The result of mere chance.
(*b*) That obtained on purpose.
(*c*) That repeated and verified by reproducing what chance or intention has demonstrated.

The last was called "observation" or "autopsy" and was considered the basis of medical art.

When the doctor had to act immediately without previous experience of the particular condition, it was considered proper to proceed by analogy—for instance, "in affections of the upper limbs they resorted to treatment which had been found effectual in affections of the lower limbs." How similar this is to the present system in some quarters one may easily determine by reading the "testimonials from doctors" provided in circulars on iodine preparations or organotherapy.

But look to what monstrosities was Asclepiades led by his experience and by wishing to explain everything and simplify everything. He did not believe that diseases had a regular evolution, and he maintained that "time—meaning a given number of days for a disease to undergo its evolution—had no power in itself nor had the will of the gods; it was the physician who by his skill and address should make himself master of the situation" and intervene energetically. Thus he would carry out his three principal means of cure—gestation, friction and wine from the very outset of an illness, because his maxim was to cure fever by fever and by exhausting the patient's strength. He treated dropsy by friction, filled his insane patients with wine to the point of drunkenness in order to produce sleep, and attacked cases of lethargy with wine and strong odours like those of vinegar, castoreum and rue. As to food, he allowed his patients to eat freely after he had thoroughly exhausted them, and as soon as the temperature showed a tendency to drop.

He would have been the first to apply active treatment with diathermy, cupping, purging and injections in lobar pneumonia when experience shows that in this country at least such patients largely recover if they are helped to rest and to breathe.

In Diagnosis he stands corrected even by the Shakespearian doctor in that much-quoted passage in Henry IV:

Falstaff: Sirrah, you giant, what says the doctor to my water?
Page: He said, Sir, the water itself was a good healthy water; but, for the party that owed it, he might have more diseases than he knew for.

To quote Dr. Crookshank again, "We recognize Coans to-day amongst our wisest and best-loved physicians; those whom we consult ourselves as we would Hippocrates or Heberden. But our Cnidians and our Galens are amongst our most successful and renowned teachers; they are the eminent Consultants, whose utterances, to borrow a delightful trans-Atlantic phrase, have such 'news value.'"

The point I wish to make is that for the high calling of General Practitioner the whole individual, healthy and ill, must be studied after the manner of Hippocrates or Hunter, leaving Cnidos and Sydenham for the Specialist and the Research Worker in their early Training. The medical curriculum should provide more for the former, who form the vast majority of those it trains.

I must conclude by expressing my indebtedness to Dr. Cumston's *Introduction to the History of Medicine*. The length of some of my sentences and the rambling nature of this essay as a whole are purely in deference to Tradition. Something more of Joyce or Aldington may be expected in my dealings with Experiment.

AN UNUSUAL NEOPLASM OF THE EPIGLOTTIS.

PRIMARY neoplasm of the epiglottis is a rare disease, especially when it is limited to that portion of the larynx. Brindel, quoted by E. Mayer (1), compares and contrasts the incidence of neoplasms with tuberculosis (in all its forms) of the epiglottis. He concludes that tuberculosis occurs with predilection in the epiglottis, whilst malignant neoplasms are rare; when they do occur, epithelioma is most frequent. This disease has the appearance of lupus, hence the likelihood of wrong diagnosis. Sarcoma is rarer than epithelioma, and may attain to considerable dimensions before attention is drawn to it.

This case is of interest both from the clinical and pathological view-points:

P. W—, æt. 30, valet, was admitted under the care of Mr. Bedford Russell with a history of recurrent attacks of "sore throat" extending over the past five years. During the past four years the pitch of his voice has become lower and the quality husky. Slight cough occasionally present. No dyspnœa or other abnormalities complained of. His past health, save for acute appendicitis, has been good.

On examination the patient looked a healthy man, below average size. Eyes normal. Mucous membranes not pale. Nose normal. Teeth—many missing, remainder good; denture worn in upper jaw. Tongue normal. Fauces hyperæmic. Tonsils not visible.

Larynx (by indirect laryngoscopy): Attached to the lingual surface of the epiglottis was a round swelling about 2 in. transversely and 1 in. vertically. Dusky red in colour, nodular surface. The appearances to the examining eye suggested a solid neoplasm.

Neck.—No tenderness. Larynx not displaced. Small deep cervical lymph-gland palpable on the left side.

Chest and *abdomen* normal.

Diagnosis.—Solid neoplasm of epiglottis. ? Primary chondroma; ? primary epithelioma; ? primary sarcoma; ? aberrant thyroid gland.

Operation.—Patient was anæsthetized with nitrous oxide and oxygen, followed by ether and chloroform. This proved to be a difficult proceeding, as the patient stopped breathing several times. Finally it was possible to pass two endotracheal tubes past the epiglottis, through which nitrous oxide, oxygen and ether were administered. After this no further difficulty with anæsthesia was experienced.

A Davis gag inserted in the mouth produced a good view of the neoplasm. This was firmly fixed to the lingual surface of the epiglottis; the mucous membrane covering it was freely mobile everywhere. The mucous membrane was incised in the mid-vertical plane and the left half of the swelling removed by means of dissection and a cold wire snare. Hæmorrhage was negligible. The right lateral half of the swelling was removed in a similar manner.

One of the endotracheal tubes was left in the trachea for twenty-four hours, as reactionary œdema of the epiglottis and upper part of the larynx was expected.

The patient stood operation satisfactorily. During the subsequent twenty four hours his temperature rose to 101·6°; pulse-rate 124, respiratory rate 30.

His recovery was uninterrupted. Seven days after operation a course of deep radiotherapy was commenced to the upper extremity of the larynx. Six applications of 29 minutes' duration were given in various planes, and finally two of 39 minutes' duration.

Patient was discharged feeling quite well. The quality of his voice was better. No dyspnœa; no dysphagia. He is to be kept under observation as an out-patient.

Pathological report by Prof. Kettle:

"The tumour is atypical. It consists of a basis of pseudo-cartilage which has in places become calcified. Interspersed with this are loosely parallel masses of cells of the epithelial type, though they are undifferentiated. The appearances are much more like those of the parotid or salivary gland tumour than anything else."

Discussion.

The symptoms of neoplastic disease are few, and are apt to be dyspnœa, dysphagia, modifications in the timbre of the voice, excessive salivation and fœtid breath.

As regards treatment various methods may be employed. Mayer treated a case of epithelioma by exposing the epiglottis with the suspension laryngoscope, seizing the epiglottis and amputating it with a long-handled knife, cutting alternatively from right to left and left to right. Vacher, quoted by Mayer, advocates ablation of the epiglottis with punch scissors and the heated wire snare. He states that hæmorrhage may occur in spite of the use of adrenalin and cocaine.

Helot and Payenneville, quoted by Mayer, treated one case of epithelioma of the epiglottis by X-rays with the tube in the patient's mouth under cocaine anæsthesia; course of treatment extended for eight months. Trotter (2) records a case of advanced carcinoma of the epiglottis with involvement of lymph-glands in the right anterior triangle of neck—very hard and fixed.

The glands were removed by dissection. At a later date longitudinal transthyroid pharyngotomy with local excision of the epiglottis, part of tongue and the anterior and lateral walls of the larynx as far down as the vocal cords was performed.

Trotter stresses the point that if the involved cervical lymph-glands remain hard and well defined the disease can almost always be cured by operation; on the other hand, if the involved lymph-glands are soft and ill-defined and surrounded by brawny induration, no operation can cure.

Result of extirpation of epiglottis.—The act of deglutition is unaffected. Experiments on animals showed that when the epiglottis was held up by a thread, they swallowed perfectly well and there was no movement of epiglottis; the movements of the rest of the larynx were normal.

Various functions have been ascribed to the epiglottis:

(1) The taste-buds are very abundant and anatomically perfect over the posterior aspect of the epiglottis, so that the smallest trace of food or liquid passing over its surface immediately results in reflex closure of the respiratory tract.

(2) In the child, drinking and respiration may proceed simultaneously. In the mammalia the epiglottis passes upwards posteriorly to the soft palate, so that it is possible for liquid to pass along the sides of the epiglottis into the œsophagus while respiration is unimpeded.

(3) The epiglottis acts as a gutter to direct the mucus which drops from the palate on to the base of the tongue and the saliva which flows over the base of the tongue to the sides of the pharynx, thus guiding it round the entrance to the larynx. When the epiglottis is absent sudden attacks of choking may occur.

In conclusion I wish to thank Mr. Bedford Russell for his kind permission to publish the notes of the case, and Prof. Kettle for the pathological report.

References.

(1) Mayer, E.—*Trans. Am. Laryngol. Soc.*, 1913, xxxv, pp. 213–221.

(2) Trotter, W.—*Proc. Roy. Soc. Med.*, 1912–13, vi, Clin. Sect., p. 32.

R. W. Raven.

FROM "THE SMITHFIELD CAD."

(*With apologies to Mr. Housman.*)

WHERE Tyburn stood, stands Marble Arch.
No more the Cart you'll see
Nor flowers thrown upon the march
From Bailey to the Tree.

No gallows stay the traffic's hum,
No children stop to play
And swing that lazy pendulum
To pass the time away.

But still there's sport: for John and Sandy
'Mid the well-stocked bottles walk
Joyous, while the grown men bandy
Their zinc-lined table talk.

W.

THE PAULIN MARTIN LIBRARY.

I. A GENTLEMAN'S RECREATION.

A taste for books is the pleasure and glory of my life. It is a taste which I would not exchange for the wealth of the Indies. The miseries of a vacant life are never known to a man whose hours are insufficient for the inexhaustible pleasure of study.—*Gibbon.*

THERE appeared in this Journal a few months ago an account of Mr. Paulin Martin and his life at Abingdon amidst his books and antiquities; and it seems fitting to give some details of his library, not only for the excellence of works contained therein, but also as a form of memorial to a type of man which is fast disappearing—the medical antiquarian.

When I looked on the books lying uncomfortably on Sotheby's loveless shelves it seemed that it was not the library of an old nineteenth century G.P., but rather of a seventeenth century country squire with a liking for literature which had been added to by succeeding generations, and throughout the years the books had been well read and well thumbed.

It was not a handsome library; there were no Mearnes or Chapmans, but for the most part good homely calf with corners rubbed and many a cover loose; nor a 'collector's' library. Many a folio lacked its title-page or last blank leaf, and it was for this reason that the books fetched a relatively small sum (£1044). There are many rich men now as there were in the days of Henry Peacham, who wrote in *The Compleat Gentleman* (1634)—

Affect not as some doe, that bookish Ambition, to be stored with bookes and have well furnished Libraries, yet keepe their heads empty of knowledge: to desire to have many bookes and never to use them, is like a child that will have candle burning by him, all the while he is sleeping.

Yet it was a reader's library; there were most of the Elizabethan authors in original editions, a fine collection of Shakespeareana and early Bibles, and many books on country contentments; it is these last which will be discussed now and the literary works will be dealt with at a later date.

There were but four medical books in his collection: *The Compleat Midwives Practice Enlarged*, 1680; John Hall's *Select Observation on English Bodies*, 1683; Thomas Willis's *London Practice of Physick*, 1685; and William Cowper's *Myotomia Reformata*, 1694.

John Hall will be considered with the Shakespeareana, and *The Compleat Midwife* is a compilation by Nick Culpepper the astrologer and others, but the latter two works are of some interest.

Thomas Willis, an Oxford man and one of the most successful physicians of his time, is remembered nowadays by the arterial network at the base of the brain which bears his name. He wrote many books, which, though full of original work and sound clinical observations, yet are clogged with metaphysical whimsies which have obscured his clinical acumen.

The London Practice was published posthumously, and contains only the practical part of his works, in order, as the Editor says, 'to form a portative manual to direct one on all occasions.' Amongst those conditions which Willis first described is myasthenia gravis, and these are his words from the *London Practice*:

but those who being troubled with a scarcity of Spirits are able at their first rising in the morning to walk, move their arms this way and that, or to lift up a weight with strength; but before Noon, the store of the Spirits which influenc'd the muscles being almost spent, they are scarce able to move Hand or Foot. I have now a prudent and honest woman in cure, who for many years has been obnoxious to this kind of bastard Palsey not only in the Limbs, but likewise in her tongue; this Person for some times speaks freely and readily enough, but after long, hasty, or laborious speaking, presently she becomes as mute as a fish, and cannot bring forth a word, nay and does not recover the use of her voice till after an hour or two.

William Cowper's *Myotomia* was his first published work, and was reprinted at the expense of Dr. Mead in 1724. Cowper described the urethral glands in 1702, but he is best remembered for the altercation which took place over the plates in his *Anatomy of Human Bodies*, 1698. Govert Bidloo, a Dutch anatomist, accused him of plagiarism in a pamphlet entitled *Gulielmus Cowper, criminis literarii citatus*, from his *Anatomia*, 1685, a gorgeous folio of elephantine dimensions with magnificent plates engraved by de Laresse. Naturally Cowper replied and the quarrel continued for some time, but it is clear that Bidloo was in the right.

There was also a copy of Thomas Phayer's translation of Virgil's *Æneid*, 1584. Phayer was an Oxford physician, who not only wrote some books on law, but also the first book on pediatrics in English.

Of Herbals there were three—Dodoens', Gerarde's and Parkinson's *Paradisi in Sole*

Rembert Dodoens was Professor of Medicine at Leyden, and his herbal was translated into many languages. The English edition was printed in Holland in 1578 with the original blocks; the translator was another Oxford man, Henry Lyte. In the British Museum is Lyte's own copy of the French edition, which has on the title-page the curious inscription, 'Henry Lyte taught me to Speake Englishe.' This book is of particular interest to us at this hospital, as it contains some commendatory verses by William Clowes:

If all Dame Envyes hatefull broode hereat should hap to prye
Or Momus in his cankred spight, should scowle with scoyning eye.
Yet Mawgre them this worthy worke the Authors name shal rayse,
And payne full toyle so wel employd: shal reape renowmed prayse.
Not only he whose learned skyll and watchfull payne first pende it,
And did with honor greete (in Douche) to Countrie his commende it:
But also he whose tender love to this his native soyle,
For us his friendes hath first to take almost as great a toyle,
A Travell meete for Gentlemen and wightes of worthy fame:
Whereby great Princes heretofore have got immortall name.
As Gentius, Lysimachus, and also Mythridates
With Juba, Evax, Attalus and Dioscorides.
And many noble wightes besydes, and great renowmed Kinges.
Have so bewrayde their skyll in this (besides all other thinges)
By registring their names in Herbes, as though thereby they ment,
To testifye to all degrees their toyle and travell spent
In such a noble facultie, was not a slavish thinge:
But fyt for worthy Gentlemen and for a noble King.
For if by herbes both health be had and sickness put to flight:
If Health be that, without the which there can be no delight:
Who dare envye these worthy men, that have employde their payne,
To helpe the sore, to heale the sicke, to rayse the weake agayne.
No fye of that, but Dodoneus aye shall have his dewe,
Whose learned skyll hath offered first, this worthy worke to vewe.
And Lyte whose toyle hath not been light to dye it in this grayne
Deserves no light regarde of us: but thankes and thankes agayne.
And sure I am, all English hartes that lyke of Physickes lore,
Wyll also lyke this Gentleman: and thanke hym muche therefore.

John Gerarde's Herbal was first published in 1597 and is certainly the most famous of all the English Herbals; it is mostly drawn from Dodoens, but it is Gerarde's admirable English that makes the work so pleasing. Gerarde had his garden in Fetter Lane and grew many rarities, from the white thyme to the double-flowered peach. The Herbal contains much contemporary folk-lore, and amongst others he gives an account of the barnacle geese. It was said that certain trees growing near the sea produced fruit like apples, each containing the embryo of a goose, which, when the fruit were ripe, fell into the water and flew away. These geese caused much consternation as to whether they were flesh or fish. Pope Innocent III took the view that they were flesh, for he prohibited the eating of them during Lent. Rabbi Izaak of Corbeil forbade them altogether to Jews on the grounds that they were neither fish nor flesh!

Gerarde gives us many pleasant pictures of wild flower life in Elizabethan London. Thus he speaks of the wild bugloss growing 'in the drie ditch bankes about Piccadilla,' of marsh-mallows 'very plentifully in the marshes by Tilbury docks,' and of the pimpernel rose 'in a pasture as you goe from a village hard by London called Knightsbridge unto Fulham, a village thereby.'

John Parkinson's *Paradisus* is strictly not a herbal, but a gardening book, and gives a clear insight into Elizabethan horticulture. It is full of the loveliness, colour and scent of damask, musk and many other roses; of lilies innumerable—the Crown Imperial, the

FRONTISPIECE OF PARADISI IN SOLE.

Persian Lily, the blush Martagon and the bright red Martagon of Hungary; of fritillaries which are now scarce to be found anywhere save in the water meadows of the Isis. Then there were the asphodels, lupins, mallows, and the gillyflowers with their many varieties; 'The Red Hulo, Master Bradshowe his daintie Ladie and the most beautiful that ever I did see was with Master Ralph Tuggie of Westminster, which I must needes therefore call Master Tuggies' Princesse.' He goes on to describe the orchard, the boughs weighed down

with all manner of apples, pears, medlars, apricockes and nectarines; the kitchen garden luxuriant with vegetables and pot herbs for simples and salads.

Dr. Martin had an interesting copy of John Evelyn's *Acetaria: A Discourse of Sallets*. 1699. On the inner front cover it has written 'Ex dono auctoris 21 Octobris 1699,' and on the inside of the back cover a pentacle has been drawn, which was the sign Evelyn used to mark his own books. Mr. Keynes tells me that he thinks it reasonable to accept this evidence, particularly as the gold tooling on the back of the copy resembles that of a special presentation edition printed on fine paper and bound in full morocco; of which he has his two fine copies. Apart from the fact that Evelyn's list of sallet-making materials comprised many not seen in the salad-bowl of to-day (which he recommends to be of 'porcelaine or of the Hollande delft-ware'), the book is of considerable interest as a reflection of the gastronomy of the age. Thus mustard was made with vinegar instead of water like the so-called 'French' mustard. In Evelyn's time Tewkesbury was famous for its mustard, and when the mustard powder had been mixed with vinegar in which horse-radish had been steeped, the pap was put into a small earthen vessel on a bed of finely-minced onions that gradually flavoured the whole compound, which was kept closely corked till it was wanted for the table.

Amongst other books on husbandry there were Gervase Markham's *Farewell to Husbandry*, 1625; Butler's *The Feminine Monarchie: or The Historie of Bees*, 1623; and Sir Hugh Plat's *Garden of Eden*, 1653. Plat, who was a great agriculturist and inventor, died in 1611. Amongst other devices he invented coal-balls, mixing coal-dust and clay; 'The matter wherewith the sea cole is both multiplied and sweetened is very plentifull, and cannot faile or grow deare, by the great expence thereof, if such care be taken therein as the author will discover.' In the *Garden of Eden* (which was first issued as *Floreas Paradisæ* in 1608) he gives an account of wine made from grapes grown at Bethnal Green; he offers to let anyone taste it—

that profess any true skill in the judgement of high country wines; although for their better credit herein, I could bring in the French Embassador who gave this sentence upon them: that he never drank any better new wine in France. And Sir Francis Vere, that martiall mirrour of our times assured me the same—

and he promises to expand his views on English viniculture in a volume to be called *Secreta dei pampinei*.

There was a pleasant selection of books on sport. George Turberville's *Noble Arte of Venerie*, 1611; Latham's *The Faulcon or The Faulcon's Lure and Cure*, 1615; two editions of Walton's *Compleat Angler*, the fourth, 1668, and the fifth, 1676; and Robert Bowlker's *The Art of Angling Improved*, 1746.

Turberville's *Noble Arte* is little more than a translation of *La Vénerie de Jacques du Fouilloux*, but it was the leading work of the time and gives considerable insight into the methods of the Elizabethans, not only from the text, but also from the many pleasing woodcuts it contains.

Simon Latham's *Faulcon* is probably the best book on that subject in English; he was a practical man, who unlike some of his predecessors did not depend on 'the best authorities,' but wrote from wealth of his own knowledge. The first part deals in general with the taking, training and flying of the various types of hawks, the gerfaulcon, lanner, merlin, hobby, bawrel, castrell, goshawk, and the sparrow-hawk. The second part is mainly devoted to the training of the goshawk. A trainer of goshawks was looked on as quite a different person from a falconer, and was termed an 'astringer.' The goshawk, like the sparrow-hawk, is one of the short-winged hawks. She is used in wooded country, and is flown from the fist at the quarry; further, the method of killing is different in the two classes: the short-winged hawk grasps its quarry and kills with the beak on the ground; the long-winged kills it in flight with a stroke of the sharp hind talon.

Of the *Compleat Angler* it is scarcely necessary to speak. Possibly no single volume except the Bible is so well known by name, and few are more widely esteemed. True, it contains nothing original on fishing, but it is not as a writer on angling that Walton is read, for he is an idyllist, a moralist, an observer of nature and a master of a prose style which lives because it is individual. The fifth edition, which Dr. Martin had, is of importance because it incorporated the writing of two other men, *The Experienc'd Angler*, by Colonel Robert Venables, and *Instructions how to Angle for a Trout or Grayling in a clear Stream*, by Charles Cotton. Venables introduced for the first time the question of fishing upstream for trout; his decision against fishing up except in small brooks was dictated by the discomfort of going into the water without waders, although he was well acquainted with the dangers of being seen by a trout from below and of lining the trout in upstream casting. Charles Cotton acknowledges Walton to be his father in angling, but Izaak was a southerner versed in 'more general rules for all sorts of angling,' and Cotton, a Derbyshire man who specialized in fly-fishing in the clear water of the Dove. Cotton's work occupies but a quarter of the space of Walton's, but it contains the foundation of fishing fine, a superb description of upstream clear-water worming, and so much more besides that can only be enjoyed to the full by reading the book itself.

Robert Bowlker's *Art of Angling* is the only important

work on fishing in the eighteenth century, and is the forerunner of Stewart and Halford on entomology and flydressing. He gives a list of twenty-nine flies, all easily recognizable; and what is more important he definitely rejects 'many other Flyes taken notice of in Treatises of Angling,' among them most of our old friends which date from Dame Berner's *Treatise of Fishing with an Angle*. The book was extremely popular and went through some sixteen editions, the last appearing in 1854.

There is only one book on heraldry in the Martin Library, and though a typical product of the Elizabethans, is not an authoritative classic like John Guillim's *Display of Heraldrie*. It is Gerard Legh's *Accidens of Armourie*, 1576. It is a fanciful and pedantic work, and his chief concern is to translate heraldry into a tongue not to be understood by the vulgar, to overlay it with strange conceits, and to read from it mysterious symbolisms. Further, Legh wrote in high hopes of catching the patron's eye. He suggests glorious ancestries for the lawyers and statesmen who are in the front of affairs. Thus Legh gives a shield of the form used of that valiant Captain Antoninus, a *brown* man of colour and very hardy, who 'married with the famous Cleopatra, of Egypt, Queen,' and one is mildly surprised to find that Marcus Antoninus, the 'brown man,' bore the arms of Chief Justice Anthony Browne!

Thus we have the squire, taking pleasure in his gardens, and his bees; his hounds and his hawks; fishing on the Ock and Thames for coarse fish, and over to the Colne at Fairford and the Windrush at Burford for the delicate trout, then home to his library to read of the works of the giants of English literature.

(*To be concluded.*)

ALASTAIR ROBB-SMITH.

THE BIG FIGHT AT MIAMI.*

WE arrived at Miami on February 24th and got into touch with Scott very soon. He could not get drink over there, so came on board every evening about 5.30 p.m. for his *one* glass, which was all he was allowed. He's a very good fellow, quiet and unassuming and all that. I saw him training on two occasions, and he was as fit and as hard as nails, and full of confidence. As a result of arranging his beer I got a ring-side seat given me (5 guineas) and had an excellent view of the fight. The large open-air stadium could seat 50,000, and I should say 42,000 were present. Arrangements were excellent, and there was no crowding on entering and leaving.

Well, now for the fight. The decision was iniquitous. I saw Scott fouled three times, and the referee was obviously "framed" before the fight.

Round 1.—Sharkey left his corner as if shot from a catapult, but Scott stopped him well. Then a few exchanges and a good bit of holding. In a rough and tumble Scott tripped in Sharkey's corner, and got up leisurely after about 6 seconds. But when on hands and knees Sharkey hit him (foul 1). Sharkey was warned for this (and in all was warned three times in 2½ rounds). Round 1 was a draw in my opinion, though a good many people gave it to Scott.

Round 2 was Scott's easily. He got in some beauties to Sharkey's head and face and shook him properly. At end of round Sharkey was purely on defensive. Scott was hardly hit, though was down for a few seconds as in Round 1.

Round 3.—Sharkey was very cautious and Scott was scoring slowly but steadily. Then came a really low blow in his groin, which curled him up, and he rolled about in pain. He was carried to his corner and a sort of confab was held to decide whether he had been hit low or not. His manager and trainer, etc., wanted to claim the foul, but Scott insisted on going on. No attempt was made to count him out. Sharkey in his corner was being restrained by his seconds, etc., and three police, and acting tears, and jumping with rage and so on. Scott went on though he could hardly walk and promptly got another in the same place and could not go on. Even then he was not counted out! The referee merely said he saw no foul blow and awarded the fight to Sharkey on a "technical knock-out."

Every paper I saw next day said Scott was fouled, and anybody could see he was. I was only a few rows away and was using glasses in addition—proper field-glasses too. Further, every decent American and most of the public all said the same. Again, I saw Scott next day, in bed and in much pain. He had a large bruise about 4 in. in diameter and 1½ in. below middle of Poupart's ligament. I got in, too, for the private cinema show, which I thought—and was told later by someone in the know—had been cut. The whole show was scandalous and thoroughly unsatisfactory. The other fights that night were excellent, notably Risko *v.* Campolo and Loughran *v.* Charles Pierre. Incidentally one of Risko's seconds confirmed practically everything I have written. It's bad luck on Scott though. He was using his left beautifully all the time. What I want to know now is how much the referee—Magnolia—made over it.

CHARLES SAVORY.

* This account of the Scott-Sharkey fight was sent to a member of the Senior Staff by an old Bart.'s man, whose ship was stationed at Miama during the time of the fight. It reflects an attitude that contrasts strangely with the accounts in the American Press.—ED.

CROSSWORD: No. 1.—HIPPOCAMPUS.

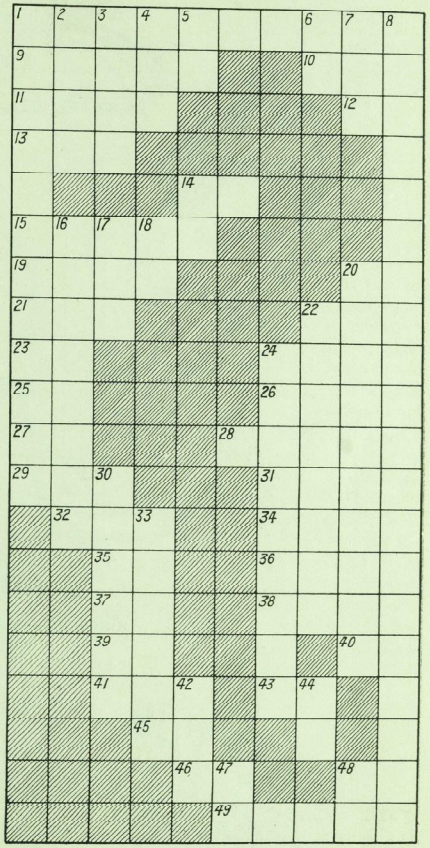
(By INQUISITOR.)

ACROSS.

1 rev. This may tuck you up at the start, though printed on one side only.
9. Misplaced mirth.
11 and 14 (down) and 25. Scarring medicament.
12 and 48. Not even in Scotland.
13. *See* 2 or 17.
14. Same as 6.
15, 27 and 29. Though I am an affection (I have fittingly lost my heart) and have no connection whatever with politics, correctly to allocate blame for me you must, it seems, go to the poll.
19. If you know your Kinglake, this will soon dawn on you.
20. For years I have maintained hospitals by virtue of a single manuscript.
21 and 23. Humless hives.
22. *See* 18.
23. I may be done with 47 and a lance.
24 rev. "No matter."
26 rev. and 10. The King's evil.
28. I bore apples till I lost my head.
31. Following 37 I am at least half a pound, and yet obviously within the capacity of any old mouth.
32. Divorced.
34. A yellow flower (to Peter it was nothing more) dies when this and forsaken.
36. Fragments of the Piltdown skull.
37. You'll get but little credit for solving this.
38. I can sound like what's wrong with harrassing Burridan's ass.
39 and 49. Cracked.
40. I often share an underground cell with 37. It fits us to a T.
41. Minced chicken.
43 and 35. Hall.
45 and 48 (down). "Any venerable person," though not customarily applied to consultant physicians in this country.
46 and 6 (down). Austere fruit.

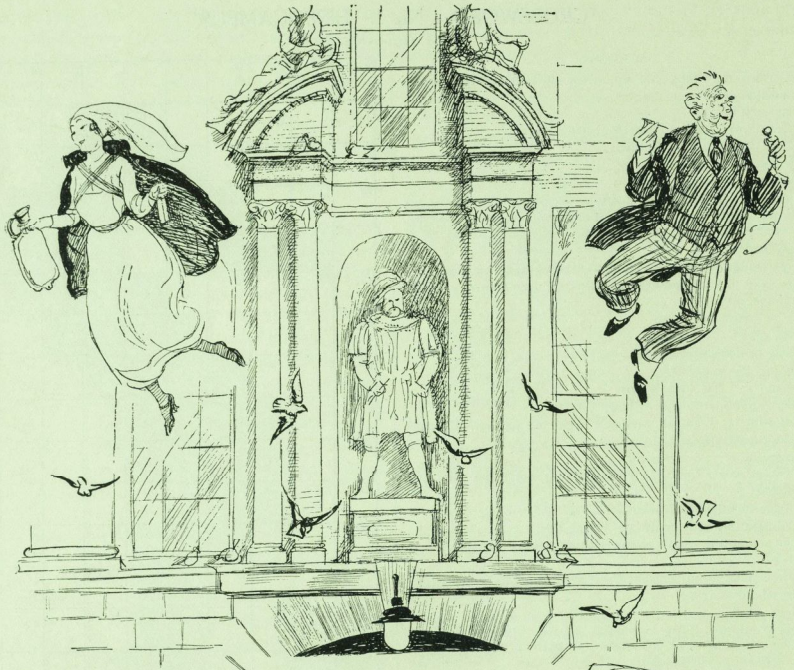
DOWN.

1. Though unable to help my own artist who is suffering from a few apparently French twitchings, I am concerned with the reverse of 3.
2 and 13 (across). The cry of a bird
Should give you the word.
3. Toby would be here but for a great bowler's absence.
4 and 44. Depression.
5 and 8. My end a shoal within a shoal;
Guess that and you will guess the whole.
6. *See* 46.
7. A physician who might easily have been a gipsy, but took the right turning and now lives indoors.
14. *See* 11.
16. Kate was, and the middle of 24 (down) is.
17 and 13 (across). Much of this puzzle is appropriately this.
18. A bent nail holds 22 (across) in me.
20. The question whether this canal, begun by Fatima's husband, has an analogue in Mars is a matter of dispute.
22. An abacus in smithereens.
24. It would be foolish to attend a Guildhall banquet with me.
30 rev. This part of a Church, this half of a book,
When alongside a cake, can be made by a cook.
33. Of me 'twas sung, "Oh, never star
Was lost here but it rose afar!
In Vishnu-land what Avatar?"
42. With attendant musicians I am merely a prudent manager of affairs, but the king-bee maketh of me a festive gathering.
47. *See* 23.
48. *See* 45.



ACKNOWLEDGMENTS.

The British Journal of Nursing—The Broadway—Bulletin de l'Hôpital Saint-Michel—Bulletin of the New York Academy of Medicine—Caduceus—Charing Cross Hospital Gazette—The Clinical Journal—L'Echo Médical du Nord—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—Leprosy Review—Long Island Medical Journal—Magazine of the London Royal Free Hospital School of Medicine for Women—The Medical Journal of Australia—New Troy—The Nursing Times—The Post-Graduate Medical Journal—Revue de Médecine—The Speculum—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—Sydney University Medical Journal—University College Hospital Magazine.



KINGS AND QUEENS OF LONDON.

KING HARRY.

(*HENRY THE EIGHTH at St. Bartholomew's Hospital.*)

BUTCHER HARRY EIGHT
Straddles o'er the gate
  Looking down on Smithfield,
Where the Martyrs' flame
Blackened Tudor fame,
  Blood-bespattered Smithfield;
Where his bitter daughter
In her work of slaughter
But maintained the fire
Kindled by her sire.
Is he therefore set
  Most appropriate
In this place where yet
  Butchers congregate?
  "No, not so,"
Cry the pigeons wheeling
Round the house of healing.

"On KING HARRY'S hat,
Which is round and flat,"
  Cry the birds of Smithfield,
"We have built a nest
Where our young may rest,
  Looking down on Smithfield;
We that still are near him
Hate him not nor fear him;
Doctor, nurse and matron
Know him for their patron.
Therefore is he set
  Sprawling o'er the gate
Lest they should forget
  Kindly HARRY EIGHT—
  Lo, 'tis so,
At this house of healing,"
Cry the pigeons, wheeling.

Ernest H. Shepard

[*Reproduced by kind permission of the proprietors of 'Punch.'*]

ABERNETHIAN SOCIETY.

THE Mid-Sessional Address was delivered on Thursday, February 6th, by Prof. Barcroft, the President, Mr. Hutchinson in the chair. The title of the address was "La fixité du milieu intérieur est la condition de la vie libre."

Prof. Barcroft commenced his address by a discussion of the benefits derived by an organism from constancy of structure. The "*milieu intérieur*" blood in warm-blooded animals is maintained at an increasingly constant composition physically and chemically up the animal scale to man.

With regard, first, to the temperature constancy in mammals, do our reactions accelerate on increase of temperature to the same extent as do chemical reactions? On warming a frog's heart it was found to follow exactly the law of chemical velocities up to a point where it suddenly deviated from this line, a biochemical subterfuge of Nature having supervened to prevent too great a speed being attained. Injection of atropine made no difference to this result.

Experimenting on mammals under light anæsthesia it was found that on cooling to a certain degree the heart beat faster—a reaction against cold of nervous origin.

On the human, cooling was found to cause first a decrease, rapidly followed by a rise in pulse accompanied by violent shivering (the reaction), and finally followed by fall, during which period the man felt warm and comfortable, his skin was flushed, and he evinced a desire to sleep ("he basked in the cold"). This condition is analogous to the plights of Antarctic explorers, who so often want to lie in the snow and sleep peacefully. It is a sign that the fight against the cold is over, the vasomotor system is entirely deranged, the skin vessels dilated, giving sensation of warmth. Similarly, with regard to respiration, the cold-blooded animal reacts, on cooling, comparably to a chemical reaction, decreasing the frequency; whereas a man on cooling responds by giving deep gasps to increase oxidation, and thus his temperature, until he comes to the basking stage—a nervous phenomenon.

It will be noticed that whereas the frog deviates from the purely chemical response imperfectly and by biochemical reactions, the mammal, especially man, responds by nervous phenomena.

Secondly, a comparison may be made of the methods adopted by cold and warm-blooded animals to combat changes in acidity of the blood. The former, again, respond by altering the amount of "buffer" solutions in their blood. This is their only method, whereas the latter react by chemical and nervous means, *e.g.* respiration. The respiratory centre consists of three parts—the gasping, the apneustic and the pneumotoxic centres in order of their evolutionary development. It is found that if the pneumotoxic centre (the highest developed) is cut off there is no respiratory response to change in PH—another point showing the highly developed nervous sensitivity and control of the constancy in H ion concentration.

The benefits of this constancy are shown by the following fact: In cold-blooded animals the temperature coefficients have to agree, otherwise there would be a gain, with consequent bad functioning. Thus the coefficients rise as the temperature rises. This restricts the number of reactions possible. But in man, since the temperature is constant, the temperature coefficients don't have to alter—he obtains more variety of action.

As regards H ion concentration in man it is found he is sensitive infinitely more than other mammals. The mechanism is nervous, for if this H ion concentration is altered all the resultant symptoms are nervous—coma, tetany, etc. Man is thus very sensitive to PH water content, Na ion and Ca.

Thus *la vie libre* which we have acquired is a *milieu* in which the nervous system is highly developed in activity. As we rise in the mammalian scale there is more fixity of the *milieu* and more sensitivity of nervous system—our position at the head of the evolutionary scale is due to the fixity of the *milieu intérieur*.

The vote of thanks was proposed by Dr. HILTON and seconded by Mr. E. G. C. DARKE.

The Annual General Meeting of the Abernethian Society was held in the Committee Room on March 27th, 1930, at 12 noon, the President, Mr. A. P. M. Page, in the chair.

The minutes of the last meeting were read and confirmed.

The following gentlemen were then duly elected as officers for the ensuing year:

Presidents: Mr A. W. Franklin, Mr. K. D. Keele.
Vice-Presidents: Mr. C. B. Prowse, Mr. J. S. MacVine.
Secretaries: Mr. R. E. M. Fawcett, Mr. L. P. Jameson-Evans.
Extra Committeemen: Mr. J. M. Jackson, Mr. Kersley.

No further business being brought forward the meeting was adjourned.

On June 5th the Summer Sessional Address of the Society will be delivered by Sir Archibald Garrod, on "St. Bartholomew's Fifty Years Ago."

STUDENTS' UNION.

ASSOCIATION FOOTBALL CLUB.

Annual Charity Match. Aldwych Theatre Cup.

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

Result: Bart.'s, 1; Centels, 0.

March 26th, at Chiswick.

The Annual Charity Match for the Aldwych Theatre Cup again evoked great enthusiasm, and coming as it did after our previous success in the Hospital Cup, everyone was keen to bring off a great double. Centels fielded four reserves and Bart.'s five. At 4 p.m. Mrs. J. Stuart-Jones kicked off. Almost immediately Bart.'s set up a prolonged onslaught, but weak finishing and a hard ground spoiled many movements. Then came the Centels. Their centre-forward, a heavy back put there to hustle our defence, did his work admirably. In fact, for a quarter of an hour he led his line with such dash that Bart.'s were forced to defend desperately, while our own forwards were able to make only an occasional attack. After that the game was more even. Gilbert led his line well and Langford and Clark were fast and resourceful wingers. Still, neither side made any impression, and half-time arrived without any score.

On resuming, the surprise of the day was the astounding form of our five reserves. Brookman at left half was a tower of strength, while Clark at left wing was also in great form. Ably supported by McAskie, the winger made ground time and again, and from one of his centres came the deciding goal. It was rather a curious goal, every forward having a share. Clark centres, McAskie nodded it further towards goal and Gilbert shot. The goalkeeper saved, but before he could clear he was tackled by Telfer and Langford, the last-named finally pushing the ball over the line. For the remainder of the game Bart.'s showed decided superiority, and although the halves were in constant touch with forwards, of whom Langford was conspicuous, no further score resulted. In the closing minutes Shields and Howell were prominent in some good defensive work.

Team: R. L. Wenger (*goal*); J. Shields, R. McGladdery (*backs*); D. R. Howell, C. A. Keane (capt.), G. H. Brookman (*halves*); A. W. Langford, P. Telfer, R. G. Gilbert, L. McAskie, A. Clark (*forwards*).

For the first time in seven years the Cup was presented to Bart.'s by Mr. J. Stuart-Jones. Bart.'s called loudly for cheers for the Centels, who responded in appropriate manner. The Club takes pleasure in announcing that as a result of the match, £15 will be handed over to the Secretary of the Bart.'s Appeal Fund.

C. A. KEANE.

RUGBY CLUB.

ANNUAL GENERAL MEETING.

The Annual General Meeting of the Rugby Club was held in the Committee Room on April 3rd, 1930, at 5.30 p.m. A large number of the members of the Club attended and Dr. Barris took the chair. The Secretary read the minutes of the last meeting, which were approved, after a slight alteration, and signed. The election of officers for the coming season (1930–31) then took place. The results were as follows:

President: Dr. J. Barris was unanimously re-elected. *Vice-Presidents:* Mr. W. Girling Ball, Mr. H. E. G. Boyle, Mr. F. C. Capps, Mr. J. P. Hosford, Prof. E. H. Kettle, Dr. Wilfred Shaw, Mr. R. M. Vick, Sir Charles Gordon-Watson. *Captain:* J. T. C. Taylor was elected after balloting, C. B. Prowse and W. M. Capper being proposed also. *Vice-Captain:* W. M. Capper. *Hon. Treasurer:* V. C. Thompson was re-elected. *Hon. Secretary:* B. S. Lewis was

elected by ballot; J. A. Nunn and E. M. Darmady also proposed. *Committee:* C. B. Prowse and H. D. Robertson. *Captain "A" XV:* C. W. John. *Hon. Sec. "A":* K. J. Harvey. *Hon. Sec. "Extra A":* R. H. Carpenter. *Hon. Sec. "B":* C. L. Norsworthy. *Hon. Sec. "Extra B":* G. H. Ellis. *Hon. Sec. "C":* G. A. Ransome. *Hon. Sec. "Extra C":* J. Rees.

C. R. JENKINS (for V. C. THOMPSON) then gave a brief account of the financial state of the Club, and said that we were now in a position to repay the sum of £75 which had been borrowed from the Students' Union; the financial state of the Club was entirely satisfactory.

It was proposed by J. M. JACKSON and seconded by G. H. ELLIS that in future there should be an "Extra B" XV, and that all the Junior Clubs below should correspondingly move up, thus doing away with the existing "D" XV. It was pointed out that better fixtures would be obtained for the teams concerned. This was carried unanimously.

C. R. JENKINS then proposed a vote of thanks to Dr. Barris for his great services to the Club during the past season; the meeting was then adjourned.

It was unfortunate that the tour in Devon clashed with so many exams., but those who were fortunate enough to go brought back news of a most pleasant week-end. The hospitality of Devon was lavished upon them. We were especially grateful to W. F. Gaisford for turning out and putting up such a fine performance.

Results: Saturday, March 29th, *v.* Plymouth Albion, lost 8–30.
Monday, March 31st, *v.* Redruth, lost 0–18.
Tuesday, April 1st, *v.* St. Ives, won 15–11.

RESULTS FOR 1929–30.

	Played.	Won.	Drawn.	Lost.	Points. For.	Points. Against.
1st XV	30	16	1	13	306	275
"A"	26	20	2	4	474	155
"Extra A".	24	13	1	10	279	265
"B"	18	12	1	5	341	112
"C"	19	12	0	7	260	175
"Extra C".	15	10	0	5	226	116
"D"	9	3	2	4	83	75
Total	141	86	7	48	1969	1173

Although we have arrived at the finale of the season with no cups to our credit, yet it has been one of the most enjoyable character. The standard of the football has been high, and the financial aspect has been turned from debt into credit. Our home games have been especially successful and our gate receipts have greatly increased. The junior sides have turned out enthusiastically, and have always ably filled the vacancies caused either by injuries or county games in the 1st XV and the "A." Their secretaries deserve a vote of thanks for the hard work they have done in organizing the various games.

On drawing the final curtain across the season we wish the Club every success when it resumes its activities.

RIFLE CLUB.

The miniature range has been well supported during the past few months. The Club's rifles are being renewed as funds permit; this policy is already bearing fruit. Scores are higher; matches have been arranged. The Hospital won the first, on March 27th, against the "B" team of Imperial Chemical Industries by two points.

Scores.—St. Bart.'s:

F. T. J. Hobday	94
D. O. Davies	94
B. C. Nicholson	92
R. C. Walsh	92
J. S. Bailey	91
J. B. Tracey	91
R. Shackman	89
P. G. F. Harvey	86
	729
Imperial Chemical Industries "B"	727

It is hoped to arrange a good programme of matches for next season, including fixtures with other hospitals.

Weekly practice on the open ranges at Bisley began on April 30th. The Inter-Hospital Armitage Cup will be competed for as usual in June; the number of shoots has been reduced to three this year.

Anybody wanting information as to Bisley shooting is asked to apply at once to F. T. J. Hobday or B. C. Nicholson.

LAWN TENNIS CLUB.

After trial games at the end of April our season opens on May 3rd with a 1st VI match at home against St. Thomas's Hospital. Our fixture list this year includes matches against R.M.A. Woolwich, Trinity College, Cambridge, University College, Oxford, R.N.C. Greenwich, Staff College, Bank of England, Royal Artillery, Woolwich, and R.M.C. Camberley, and the Past *v.* Present, which is arranged for Saturday, June 14th. We have been lucky to draw a bye in the first round of the Inter-Hospital Cup, our first opponents being London Hospital, whom we meet on June 11th.

It is hoped that members of the Club will make every effort to play regularly, so that we may have a well-established team before the Cup-ties begin. F. J. Beilby is our captain, and with most of last year's VI still with us and the 2nd VI that was so successful in the Junior Cup, we look forward to a very successful season.

J. H. HUNT.

SAILING CLUB.

The Club's dinghies are now in commission at Burnham. "Osprey" has been allotted to Bart.'s. Members wishing to use this boat or the 18-ft. half-decker for the week-end should notify the Hospital Secretary not later than the Thursday before. The Club boatman is Mr. Pettigrew.

A list of races arranged for this season is posted in the Abernethian Room. Any persons willing to take part in these should give in their names to me.

The yearly subscription of 5*s.* is now due.

W. F. RICHARDS.

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY.

Arrangements are being made for the Summer Meeting to be held at Wentworth Club, Virginia Water, Surrey, on Wednesday, June 11th.

Members are asked to make a note of the date, and any Bart.'s man who is a golfer and has not already joined the Society can be made a Life Member by sending five shillings to one of the Secretaries.

(*Signed*) G. GRAHAM, R. S. CORBETT } *Hon. Secs.*

CORRESPONDENCE.

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

DEAR SIR,—The following unamended quotation from a respectable daily paper should, I feel, be brought again before the public notice through your own columns.

The layman may feel assured that he may view the strange creatures referred to with safety and without discomfort.

Yours, etc.,
CONSTANT READER.

April 26th, 1930.

THE NEW "BART.'S."

". . . while accommodation for students' observation has been made with particular care. A glass screen in front of the gallery gives an uninterrupted view, while the breath of the occupants is instantaneously removed by powerful fans."

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

DEAR SIR,—I have been reading of the marvels of the new operating theatres, and, with special interest, of the arrangements for administering anæsthetics.

Will your anæsthetists forgive me if I venture to express the hope that, in the midst of this luxurious equipment, they will still teach something of the old-fashioned "rag and bottle" methods which so many of their students will be obliged to adopt after they have left the Hospital?

Yours etc.,
C. B. DALE.

Birmingham,
April 23rd, 1930.

REVIEWS.

A TEXTBOOK OF THE PRACTICE OF MEDICINE. By Various Authors. Edited by F. W. PRICE, M.D., F.R.S.(Edin.). Third edition. (Oxford Medical Publications, Humphrey Milford, 1929.) Pp. xxxviii + 1871. Price 36*s.* net.

"I am not greatly affected to new books," wrote Montaigne; and those of us who agree with him rejoice when some old favourite puts on the glorious raiment of a new edition. For in the seven years which have elapsed since "Price" first came into our libraries it has become an old favourite. Half-way between a text-book and a system, it has the advantages, if also the drawbacks, of each. No single author can write as fully or with such authority as a twenty-six-strong chorus. But if comparison of one voice with another is not always happy, that is the fault rather of unfair excellence than of mediocrity.

The sections that have been rewritten and the new matter included cover the whole of medicine, and for a list we must refer the reader, pausing on the brink of purchase, to the Preface. That the book, which is truly a credit to the London School of Medicine, should contain articles by five members of our Staff is a flattering recognition of the virtues of our teachers, and should be a great inducement to the acquisitiveness of our students and practitioners.

PLANT BIOLOGY. By H. GODWIN, M.A., Ph.D. (Cambridge University Press, 1930.) Pp. ix + 265. 67 figs. Price 8*s.* 6*d.*

With the alteration of the syllabus for the Cambridge first M.B. Examination, a modified course of botany for first-year medical students has been instituted. This book is intended primarily for the use of such students, but we cordially welcome it as a valuable introduction to plant biology treated on modern physiological lines.

It is perhaps open to question whether the present tendency in biology to emphasize the physiological point of view is not being carried too far, but it cannot be denied that the physiological aspect of botany is the one deserving stress for the student of medicine.

We have, in this volume, an excellent account of the physiology of the living plant, both green and non-green, while yeasts, bacteria and fungi are dealt with in considerable detail, as becomes their importance to the student in his subsequent studies. A series of green algæ, *Fucus* and *Funaria*, lead up to the higher types. The structural features of the flowering plant are only briefly dealt with, but sufficient histological detail is included to make a perfectly intelligible account of this group also.

The author may be congratulated on having produced so clear and readable a work while keeping within the limits of a somewhat curtailed syllabus.

The print is good, and the illustrations are well chosen and ample for their purpose. The price we regard as strictly reasonable.

RADIUM IN GENERAL PRACTICE. By A. JAMES LARKIN, B.Sc., M.D., D.N.B. (New York: Paul B. Hoeber, Inc., 1930.) Pp. xiv + 304. Illustrated. Price $6.

The general practitioner is expected to-day to be able to tell his patients all about the relative merits of radium therapy and surgery, and this book pretends to help him. No statistics are shown from which he could quote, but methods of application are given at length, to guide the novice in doing that which must be done in a special institution, if any further progress is to be made.

As a statement of the author's conception of the present position of radium therapy there are some regrettable omissions; the dosage is given in terms of milligramme-hours, and it is difficult to be certain of the individual figures, though twenty hours appear to be the average period of irradiation; radium and radon are used indiscriminately, and no attempt is made to compare their value; the time factor is not discussed.

Operable carcinoma of the rectum is treated by radium bougies which are said to be well suited to destroy this growth, giving months of relative comfort in the majority of cases; the ultimate prognosis by this method is not stated. There has been no attempt to evaluate the various methods of treatment, and the book as a whole lacks the stamp of individuality.

A very important point is made, however, in detailing the post-operative appearances and the after-care of these cases, and the general practitioner will do well to familiarize himself with this aspect of the treatment, which must be thorough to produce the best results, and in order that he may calm both himself and the patient about the slow rate of disappearance of the growth.

THE IMPROVED PROPHYLACTIC METHOD IN THE TREATMENT OF ECLAMPSIA. By Prof. W. STROGANOFF. Third edition (first English edition). (Edinburgh: E. & S. Livingstone, 1930.) Pp. vii + 154. 10*s.* 6*d.* net.

The appearance of this book cannot fail to excite a hearty welcome in this country, for although English obstetricians have been more than familiar with the general outline of Stroganoff's treatment, the exact details have been far from obvious. The author is to be congratulated on mastering so difficult a language as ours in the last six years, and at a period in his life when the brain is not so receptive as formerly. This work is a rich record on a unique clinical experience, and includes a full account of the various methods of treating eclampsia. There is now no excuse for pleading ignorance of the author's method of treatment, and his results should convince his most severe critics. The importance of reading this book with care is appreciated when one considers that the author has treated 320 cases of eclampsia with a mortality of 2·6%.

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

ANDERSON, D. DRYSDALE, M.R.C.S., L.R.C.P. *The Ready Reference Medicine and Surgery Monograph on Malaria.* Atlanta, Georgia: S. J. Pridgen Co., 1930.

ANDREWES, C. H., M.D., and CARMICHAEL, E. A., M.D., M.R.C.P. "The Presence of Antibodies to Herpes Virus in Post-Encephalitic and other Human Sera." *Lancet*, April 19th, 1930.

CARMICHAEL, E. ARNOLD, M.D., M.R.C.P.(Lond.), F.R.C.P.(Edin.). *See* ANDREWES and CARMICHAEL.

DOUGLAS, S. R., M.R.C.S., F.R.S. "Some Recent Researches on Virus Diseases." *Proceedings of the Royal Society of Medicine*, March, 1930.

——— (and SMITH, WILSON). "A Study of Vaccinal Immunity in Rabbits by means of *in vitro* Methods." *British Journal of Experimental Pathology*, April, 1930.

EDRIDGE-GREEN, F. W., C.B.E., M.D., F.R.C.S. "Demonstration of the Theory of Vision." *Proceedings of the Royal Society of Medicine*, March, 1930.

HANNAN, JOHN H., M.A., M.D., B.Ch. "Anterior Pituitary Body in the Urine as an Aid to the Diagnosis of Pregnancy." *Proceedings of the Royal Society of Medicine*, March, 1930.

HARRISON, G. A., B.A., M.D. *Chemical Methods in Clinical Medicine.* London: J. & A. Churchill, 1930.

HAYNES, FREDERIC H., M.D., F.R.C.P. "Syphilis and Cancer." *Medical Press*, February 26th, 1930.

HUDSON, BERNARD, M.D., M.R.C.P. *The Surgical Treatment of Pulmonary Tuberculosis.* London: Jonathan Cape, 1930.

JUST, T. H., M.B., B.Ch., F.R.C.S. "Some Notes on the Diagnosis of Acoustic Tumours." *Proceedings of the Royal Society of Medicine*, March, 1930.

MAXWELL, J. PRESTON, M.D., F.R.C.S., J.L.(Lin.). "Further Studies in Osteomalacia." *Proceedings of the Royal Society of Medicine*, March, 1930.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Two Cases of Thrombocytopenic Purpura Hæmorrhagica." *Proceedings of the Royal Society of Medicine*, March, 1930.

——— "Purpura." *Proceedings of the Royal Society of Medicine*, March, 1930.

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WALKER, KENNETH, F.R.C.S. "Pathology of Coliform Infection of the Urinary Tract." *Lancet*, March 29th, 1930.
——— *Male Disorders of Sex.* London: Jonathan Cape, 1930.
WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. (KENNETH HERITAGE, M.B., B.S., F.R.C.S., and R. O. W.). "Excretion Urography." *British Medical Journal*, April 19th, 1930.
WHALE, H. LAWSON, M.D., F.R.C.S. *Modern Treatment of Diseases of the Throat, Nose and Ear.* London: Jonathan Cape, 1930.

EXAMINATIONS, ETC.

University of Cambridge.

The following Degree has been conferred:

M.B., B.Chir.—Windeyer, R. M.

University of London.

Second Examination for Medical Degrees, March, 1930.

Part I.—Bintcliffe, E. W., Blomfield, D. M., Carpenter, R., Danino, E. A., David, J. E. A., Edwards, D. G. ff., Hopkins, I. J. V., Jones, F. A., Kanaar, A. C., Kingdon, J. R., Knight, F. D. W., Latter, K. A., Osen, H. E., Purnell, R. H., Rees, J. H., Sheehan, D. J., Stephens, K. F., Weiner, B.

Part II.—Barasi, G., Cates, B., Franklin, C. B., Gale, H. E. D., Harrie, R. V., Harvey, P. G. F., Higginson, H. C. H., Hill, J. R., Hosford, M. D. C., Lawn, J. A. E., Lewis, B. S., McOwan, B. M., Morrison, R. J. G., Norsworthy, L. R., Shackman, R., Snell, V. C., Thomas, D. M. E., Thomson, D. M., Weddell, A. G. McD., Woodham, C. W. B.

Conjoint Examination Board.

Pre-Medical Examination, March, 1930.

Chemistry and Physics.—Paget, W. O. G.
Chemistry.—Lloyd, G. M.
Physics.—McAvoy, J. C.
Biology.—Hughes, T. E.

First Examination, March, 1930.

Anatomy and Physiology. Bennett, R., Bentley, J. G., Boney, A. R., Furber, L. B., Harvey, K. J., Langenberg, F. R., Ransome, G. A., Sabline, N. S., Swain, V. A. J., Tooth, G. C., Trubshaw, W. H. D., Wheeler, F. E., Woodforde, A. R.

Anatomy.—Darmady, E. M., Ford, A. R., Hamilton, G. J., Pirie, A. H.

Physiology.—Epstein, M., Morris, D. S., Palmer, T. I.

Materia Medica and Pharmacology.—Bateman, C. H., Fear, R. G., Jackson, J. M., Mansi, R. I., Young, P. L.

L.M.S.S.A.

The Diploma of the Society has been granted to the following: Soromenho, L. J. P.

Royal College of Physicians.

The following candidates have been admitted *Members* of the College: Clark, A., Clifford, R. C., Hosford, B. B.

Royal College of Physicians and Surgeons.

D.T.M. & H.

The Diploma has been conferred upon: Okell, C. C.

CHANGES OF ADDRESS.

CAPPS, F. C. W., 99, Harley Street, W. 1. (Tel. Welbeck 7507.)
CLEGG, H. A., 18, Craven Street, W.C. 2.
CUTCLIFFE, M., Mapledene, Rawlyn Road, Chelston, Torquay.
HODGE, B. L., Gloucester House, Malmesbury, Wilts. (Tel. Malmesbury 37.)
HOWELL, B. WHITCHURCH, 123, Harley Street, W. 1. (Tel. Welbeck 1377 and 9363.)
KAYNE, G. GREGORY, Ladywell Sanatorium, Eccles New Road, Salford.
LONGSTAFF, E. R. C., 5, Lancaster Road, W. Norwood, S.E. 27. (Tel. Streatham 8732.)
MARRIOTT, A. W., Green Hill House, Haxey, near Doncaster.
MÉTIVIER, V. M., Hotel-de-Paris, Port of Spain, Trinidad, British West Indies.
MILES, A. A., 3, Weymouth Mews, New Cavendish Street, W. 1. (Tel. Langham 3369.)
MILNER, S. W., The Firs, Bere Alston, Devon.

APPOINTMENTS.

CLEGG, H. A., M.B., B.Chir.(Cantab.), M.R.C.P., appointed Medical Registrar to Charing Cross Hospital, W.C. 2.
HODGE, B. L., M.R.C.S., L.R.C.P., appointed Hon. Surgeon to Malmesbury and District Hospital.
WEST, R. G. RANYARD, M.D.(Lond.), M.R.C.P., appointed Physician with Charge of Out-patients, The Dreadnought Hospital, Greenwich.

BIRTHS.

BALFOUR.—On March 15th, 1930, at Downholm, Ringmer, Sussex, to Constance (*née* Campion), wife of Ivor H. C. Balfour, M.R.C.S.—a daughter.
CARMICHAEL.—On March 29th, 1930, at 19, East Heath Road, Hampstead, to Dr. and Mrs. E. Arnold Carmichael—a son.
DAHNE.—On March 28th, 1930, at Lima House, Reading, to Dr. and Mrs. S. F. Logan Dahne—a daughter.
FORD.—On April 11th, 1930, at 1, The Goffs, Eastbourne, to Audrey and Dr. J. N. C. Ford—a daughter.
HEWER.—On March 29th, 1930, at 32, Park Village East, Regent's Park, to Phœbe (*née* Champney), wife of C. Langton Hewer, M.B.—a son.
SHIELDS.—On April 15th, 1930, to Dr. and Mrs. D. G. Shields, Wroxham, Norwich—a daughter.

MARRIAGES.

BATHO—GARRETT.—On April 2nd, 1930, at the Parish Church, Eastleigh, Hants, Edgar Richard Batho, M.C., M.R.C.S.(Eng.), L.R.C.P.(Lond.), only surviving son of Mr. and Mrs. Batho, of Luxemburg Gardens, London, to Marion Josephine, only child of Dr. and Mrs. R. Reynolds Garrett, of Eastleigh.
MILES—DAHL.—On April 8th, 1930, at the Church of St. Bartholomew-the-Great, Smithfield, by the Rev. J. A. Mayo, the Rector of Whitechapel, Arnold Ashley, only son of Mr. and Mrs. Harry Miles, of Clifton, York, to Ellen Marguerite, only daughter of the late Mr. and Mrs. Harold Dahl, of Cardiff.
PAGE—SPENCER.—On March 20th, 1930, at Hampstead, Leonard Gilbert Millar, eldest son of Dr. and Mrs. Walter Page, of Ashbourne House, Lordship Road, London, to Dorothy Hillier, daughter of Dr. and Mrs. Walter Spencer, of "La Noria," Harrow.

DEATHS.

BERGIN.—On March 31st, 1930, William M. Bergin, M.B., B.S., F.R.C.S.(Edin.), of 8, Hanbury Road, Clifton, Bristol, Director of Ashley Down Orphan Homes.
BRIDGES.—On April 21st, 1930, at Chilswell, near Oxford, after a short illness, Robert Seymour Bridges, O.M., Poet Laureate, son of the late I. T. Bridges, of Walmer and S. Nicholas Court, Kent, aged 85.
CAZALY.—On April 10th, 1930, at Earl Soham, Suffolk, Lieut.-Col. W. H. Cazaly, B.A., M.B., B.S., D.P.H., Indian Medical Service (retired), aged 56.
CORRIE.—On March 28th, 1930, at 27, Torrington Place, Plymouth, Fleet-Surgeon Alfred Thomas Corrie, R.N., retired.
HEATH.—On April 30th, 1930, at 34, Devonshire Place, W. 1, after a long illness, Agnes Fridzwede, wife of Charles J. Heath, F.R.C.S.
ILOTT.—On April 3rd, 1930, at Midhurst, Sussex, Herbert James Ilott, M.D., late of Bromley, Kent, aged 77.
WOODFORDE.—On March 31st, 1930, at 1, Wolverton Mansions, Ealing Common, Alfred Pownall Woodforde, M.R.C.S., aged 78.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.*

St. Bartholomew's Hospital Journal.

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

VOL. XXXVII.—No. 9.] JUNE 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Mon., June 2.—Special Subject: Clinical Lecture by Mr. Russell.
Tues., ,, 3.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Wed., ,, 4.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Thurs., ,, 5.—**Abernethian Society: Summer Sessional Address by Sir Archibald Garrod at 8.30 p.m.**
Fri., ,, 6.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., ,, 7. Cricket Match *v.* Old Leysians. Home.
Tennis Match *v.* University College, Oxford. Away.
Mon., ,, 9.—**Bank Holiday.**
Cricket Match *v.* Croydon. Home.
Tues., ,, 10.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., ,, 11.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Tennis Match *v.* Second Round Inter-Hospital Cup.
Fri., ,, 13.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Sat., ,, 14.—Cricket Match *v.* "Past." Home.
Tennis Match: "Past" *v.* "Present." Home.
Mon., ,, 16.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., ,, 17.—Sir Percival Hartley and Sir Holburt Waring on duty.
Wed., ,, 18.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Thurs., ,, 19.—**Last day for receiving matter for the July issue of the Journal.**
Fri., ,, 20.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Medicine: Clinical Lecture by Dr. Langdon Brown.
Sat., ,, 21.—Cricket Match *v.* Guy's Hospital. Away.
Tennis Match *v.* Bank of England. Home.
Mon., ,, 23.—Special Subject: Clinical Lecture by Mr. Rose.
Tues., ,, 24.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., ,, 25.—Tennis Match *v.* Third Round Inter-Hospital Cup.
Fri., ,, 27.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., ,, 28.—Cricket Match *v.* Reading University. Home.
Tennis Match *v.* Staff College. Away.
Mon., ,, 30.—Special Subject: Clinical Lecture by Mr. Elmslie.

EDITORIAL.

BART.'S MORE THAN FIFTY YEARS AGO.

The publication of Dr. Bridges' obituary in the last issue and the prospect of Sir Archibald Garrod's Summer Sessional Address on June 5th have stimulated the memory and the pen of one of the oldest Bart.'s men, Mr. C. B. Gabb, who entered the School in 1873. In the correspondence columns we publish a letter, written in his own hand, containing intimate and informing reflections upon his teachers.

It is difficult to realize that to go back only another fifty years would take us to the great days of Abernethy himself. MacIlwain, in his two-volume biography, gives a sincere appreciation of the labours and the achievements of the Founder of the Medical School. Abernethy's influence upon his contemporaries cannot be assessed to-day; so it is always with those "noble minds who pay more with what they are than with what they do." Yet the two objects for which he most sincerely fought—the glory of his school and the furtherance of the Hunterian tradition—shed by their success immortal light upon his name.

On April 30th, 1831, ninety-nine years ago, Abernethy died. Upon that day next year, we understand, Sir Arthur Keith is to address the Abernethian Society in honour of its Patron Saint and Founder.

* * *

THE NEW SURGICAL BLOCK.

On Monday, June 16th, the Surgical Professorial Unit will move its beds from Stanley and Lawrence to the new Percival Pott and Lawrence. The Unit pathologists have been comfortably settled in the new block since April, and it is hoped that by the end of June the migration of surgeons from round the Fountain to under the revolving light will have been accomplished.

Below is appended a list of the names of new wards and

theatres. While we, like everyone else, are in sympathy with the motives of the nomenclators, we foresee the occurrence of certain misunderstandings until the names become familiar. The news that a patient is in "Fleet Street" may moderately surprise an inquiring relative, but what shall be said of the surgeon who not only allows, but actually encourages his male patients to go to "Pott"?

* * *

The new wards and the operation theatres will be named as follows:

Floor.	Male.	Female.	Theatres.
Ground	Bowlby	*Heath Harrison	*Merchant Taylors.
1	Abernethy	Waring	*Heath Harrison.
2	*Rees-Mogg	Paget	(*Not yet named*).
3	*Fleet Street	*Geraldine Mary Harmsworth	*Fleet Street.
4	Percival Pott	Lawrence	*Milsom Rees.

The surgeons in charge will be—

Ground Floor	Mr. Harold Wilson.
First Floor	Sir Holburt Waring.
Second Floor	Mr. L. B. Rawling.
Third Floor	Sir Charles Gordon Watson.
Fourth Floor	Professor Gask.

NOTE.—The wards and theatres marked with an asterisk have been named in respect of donations towards the Reconstruction Fund.

* * *

VISIT OF THE BUDAPEST MALE CHOIR.

This famous choir, accompanied by the Burgomaster of Budapest, visited the Hospital on Friday, May 9th. The Lord Mayor of London and Lord Stanmore were present on this occasion, and the Square was quickly crowded when the news was spread that the choir was going to sing. They concluded a performance which seemed all too brief to the listeners by singing "God Save the King," and few of us realized that most of them relied upon phonetics for the pronunciation of our language. The choir has now visited every capital in Europe, their object being to introduce Hungarian music and to draw attention to the ancient culture of their country. They are amateurs, and they devote the proceeds of their concerts to charity. As a result of the great success of their second concert in London, a sum of over £100 has been given to our Appeal Fund.

* * *

RETIREMENT OF MISS E. M. D. PRYCE.

Last month witnessed the retirement of Miss Pryce (Sister Sitwell) from the active life of the Hospital, after 29 years of almost continuous service. Miss Pryce had the happy knack of getting on with everyone, and she has enjoyed for many years a well-deserved and almost unique popularity, together with the reputation for a very high degree of sisterly efficiency—a truly great achievement. She will be gratefully remembered by her patients as well as by her nurses and dressers, who owe so much to her advice and teaching. Our best wishes go with her.

* * *

EPSOM COLLEGE FOUNDATION.

The attention of all Bart.'s men who are Governors of Epsom College is called to the fact that the sons of two Bart.'s men are seeking election to Foundation Scholarships. William Michael Brian Strangeways is the son of the late Dr. T. S. P. Strangeways who was responsible for conceiving and establishing the Research Hospital near Cambridge, and whose death in 1926 ended a career of devotion to medical research. Hugh Frederick Steele-Smith, is the son of W. Steele-Smith, who was educated at Bristol and St. Bartholomew's, and after being in practice in Kent and in Manchester, was compelled to give up in 1916 owing to ill-health.

* * *

EIGHTH DECENNIAL CLUB DINNER.

The Dinner of the Eighth Decennial Contemporary Club is to be held at the Langham Hotel on Wednesday, July 2nd, at 7.15 for 7.30 p.m. Sq.-Leader T. Valerie, O.B.E., will be in the chair.

Should any old Bart.'s man (1885–1895) not have received a notice, he should write to either of the Secretaries, Sir Holburt Waring or Dr. Morley Fletcher. It is hoped to have a large meeting this year.

* * *

NINTH DECENNIAL DINNER.

The Dinner of the Ninth Decennial Contemporary Club will be held at the Langham Hotel on Wednesday, July 2nd, at 7.30 for 8 o'clock. Dr. R. J. Morris, C.B.E., of Harrogate, will be in the chair. The secretaries of the Club are Mr. R. C. Elmslie and Dr. C. M. Hinds Howell.

* * *

Congratulations to Mr. T. P. Dunhill, who has been appointed one of His Majesty's Honorary Surgeons in succession to the late Sir Alfred Fripp.

* * *

Congratulations to Prof. Hugh Cabot, Perpetual Student of the Hospital, who has been appointed Senior Consultant at the Mayo Clinic, Rochester, from June 1st next. Prof. Cabot has been Professor of Surgery at the University of Michigan since 1919, and Dean of the Medical School since 1921.

THE GREEK PLAY AT CAMBRIDGE.

GREATLY daring, the Greek Play Committee at Cambridge recently produced the "Bacchæ" of Euripides; and for one who is not a classical scholar to discuss it is still more daring. But since classical scholars cannot agree as to Euripides' meaning, it may perhaps be permitted to others to try their hand in interpreting it, or at least to recall the impressions aroused by a highly interesting performance.

The cult of Bacchus or Dionysus sprang from the threshing-floor. His history is a good illustration of the process of god-making. He was a god of the indigenous inhabitants of Greece, while the gods of Olympus were those of the invading northerners, the men of the Iron Age which overwhelmed the Age of Bronze. We can imagine a parallel condition if the Normans had brought their own gods into England, while the Saxons went on worshipping a local tutelary deity. Gradually Dionysus was elevated to Olympus, and all the steps in his apotheosis are shown in the reliefs which support the stage of his theatre at Athens. This apotheosis really symbolizes the complete fusion of conqueror with conquered. From the fusion of races the great movements of the world have come.

The god who died and rose again is a world-wide symbol. Such is Osiris, such is Balder the Beautiful, the prototype of innumerable San Sebastians. Such, too, was Adonis, "the type of transient loveliness and swift decay." Even to-day in Palermo the Gethsemane Gardens set up on Good Friday exactly reproduce the Gardens of Adonis of pre-Christian days. It was not the beauty of the changing seasons, however, but their influence on the food supply which impressed primitive man. To us a bad harvest may be an inconvenience, but where the ordinary supply falls short, food can be obtained from other lands. Not so primitive man: a bad harvest was a calamity which brought actual starvation in its train. Then the decay of the year spelt death. Small wonder that the anxious anticipation of the Spring, with all its hopes of renewal of the fruits of the earth, was a time of excitement. Small wonder that the harvest festival assumed a religious significance, which it still retains. The tense excitement found its relief in dancing round the threshing-floor. A leader of the dance was chosen each year from among the young men, and as time went on and there was a succession of beautiful youths to look back on, at length reaching far back beyond the memory of the oldest inhabitant, it seemed to them that these youths were the earthly representatives of someone in the misty past, a youthful god filled with the wine of life, by whose aid these good things came. And thus Dionysus was born, thus his cult arose. The god sprang from the cult, not the cult from the god. In front of his theatre in Athens still stands the threshing-floor, too sacred in the eyes of the Greeks to be destroyed when the cult assumed a more dramatic guise—the threshing-floor where these dances took place amid the sound of the flails and the glad rejoicing that plenty had conquered want.

The cult assumed a more dramatic form, out of which the Greek Drama, as we know it, arose. The orchestra literally means the dancing place, and on the hillside above the people sat to look on and to enter into the spirit of the scene—from the theatron, the seeing place. The leaders were first distinguished merely by the high buskin which raised them above the level of the rest of the chorus, but it was not till later that these leaders were placed more conveniently on a raised platform, the stage. The chorus, which seems to us a rather unmeaning convention was therefore, in fact, the very origin and kernel of the drama. Æschylus was the first man to introduce two principals in the drama; Sophocles made use of three. These apparently simple steps were striking innovations in their time, but both Æschylus and Sophocles faithfully interpreted the ways of God to man, according to the orthodox belief of the day. Euripides was the rationalist, the questioner of the accepted order, the sympathizer with the underdog. He saw Athens in peril of change. And then came Aristophanes, the disillusioned mocker, disillusioned by the Peloponnesian war. Small wonder, as a writer in the *Times* pointed out, that Æschylus and Sophocles appealed to the Victorians, while the next generation were led by Prof. Gilbert Murray to appreciate the extraordinary modernity of Euripides. But now Aristophanes has more appeal. He "was a post-war writer. He wrote for a public suffering from ills which are familiar to us all—an excess of government in all its forms, a contraction of personal liberty, monstrous taxation, a systematic oppression of the middle classes, the supremacy of the *arriviste*, a profound distrust of the democratic experiment." Galsworthy in one direction, Bernard Shaw in another, fill the place of Euripides, while our Aristophanes is Noel Coward. Here, indeed, history is repeating itself, and for similar reasons. Standing in the beautiful theatre of Dionysus, we who have lived through the last sixteen years can join hands in spirit with the Greeks of the fifth century B.C. We, too, have watched accepted standards questioned, crumble and dissolve, and the theatre resounds with the mocking laughter of Aristophanes. Yet while the theatre mocked, Socrates, Plato and Aristotle were laying new foundations—a hopeful omen for to-day.

§

in 1453 liberating stores of classical learning to spread over Europe. But this cannot apply to the artistic side of that revival; Donatello had lived and died before it happened, and no one can deny that he is essentially of the Renaissance. It did, however, enormously stimulate an interest in the Classics, and mythological subjects largely replaced sacred ones. The old gods came to life once more and inspired some of Botticelli's most beautiful pictures. The obsession of sin weakened and man's spirit rose. Even in sacred pictures the note changed; the emphasis was different. You can trace it in the representations of the Madonna. The early pictures follow the stiff, hieratic tradition and the next lay stress on the virginity; but now the emphasis is laid on maternity. This, they seem to say, is akin to the miracle that may happen in any home. Compare Raphael's Madonnas with Lippo Lippi's if you doubt this. Of Raphael it may be said that it is necessary to pass through three phases to appreciate him. At first one accepts him on tradition as a very great painter, and then passes on to agree with those who consider that he painted extremely well in the manner in which any common-place individual would like to paint. Only after passing through this stage can one realize the greatness of the man. True, he fixed the style, and his followers killed it, but we must forget the imitators and realize his matchless construction and design, his flowing rhythms and his soaring imagination. If we find him conventional, we must remember that he created the convention.

Whether the Crusader's sack of Constantinople initiated the rise of Italian painting or no, the sack of Rome in 1527 by Charles V indubitably ended it. Only in remote Venice did it linger on. Titian, Palma Vecchio and Giorgione started together, and it is usually thought that the last named was the dominant influence at first. To Giorgione the formation of their distinctive style is usually attributed. It is at any rate probable that he introduced the psychological note which Titian elaborated. This is well seen in "The Tempest." Art critics complain that this picture has no central point of interest. But it portrays tempest without and tempest within, and the central point is the flash of lightning that divides the picture obliquely, separating the figure of the man from that of the woman and child. The parable is clear, and is emphasized by the two broken columns on the fountain. At Burlington House this picture severely suffers from the raspberry-coloured walls against which it unfortunately hangs. Titian survived Giorgione by nearly half a century, and developed their methods to great heights of glowing colour and emotional significance. It is interesting to find that in a letter to Philip II of Spain he spoke of being engaged on "two new poesies." Clearly, then, we are justified in assuming that his pictures were intended to express something more than merely "significant form," which some modern critics assure us is all that we should look for. He continued to paint until his hundredth year, though towards the end his pictures acquired a grimness that is foreign to the rest. There is a similar macabre note in Franz Hals's last picture, now hanging where he died in Haarlem.

After Titian, Venetian art still continued, though it gradually changed its form as Venice came to merit the description of "the Monte Carlo of its day." But in the rest of Italy art died with Michael Angelo, who, indeed, despite his genius, was the father of the baroque. The Eclectic Schools of Rome and Bologna followed the method of compilation. They selected the colour of one master, the design of another and the technique of a third, expecting in this way to resume the excellencies of all. Unfortunately they left out the essential ingredient—the genius that inspired each.

Is there not a similar danger to-day? I was recently assured by a well-known critic that the principles of art were now known and scientifically defined. But genius is indefinable. There is a tendency to intellectualize all the arts and rigidly to exclude emotion. They must be made incomprehensible except to the expert. To the onlooker art is in a chaotic state, seeking its inspiration anywhere and everywhere except in the classic forms. Whether this is believed to mark the end of an epoch or the dawn of a new one depends on the temperament, and largely on the age of the individual. Yet however much my æsthetic susceptibilities may be outraged by the art of to-day, my reason bids me hope. The horizon of man's mind has been widened enormously, not so much by the material achievements of science, as by the stimulus it is giving to his imagination. Even physics has become metaphysical. From such quickening a new art may yet be born, as from the quickening of men's minds at the Renaissance. Hope is of things as yet unseen.

W. LANGDON BROWN.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Charing Cross Hospital Gazette—The Chiropodist—The Clinical Journal—La Documentation Médicale—L'Echo Médicale du Nord—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital Gazette—The Kenya and East African Medical Journal—Medical College Magazine (Calcutta)—The Medical Journal of Australia—The Middlesex Hospital Journal—New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—St. Mary's Hospital Gazette—The Student—St. Thomas's Hospital Gazette—University College Hospital Magazine—University of Toronto Medical Journal.

SUBACUTE TOXIC HEPATITIS.

SUBACUTE toxic hepatitis resulting from poisoning by certain known agents such as tetrachlorethane, the arseno-benzols, and perhaps syphilis, is a well-recognized condition. This form of hepatitis occurring with no apparent ætiological factor is, however, seldom described. It is for this reason that these three cases are recorded.

Each appears to be part of one morbid entity, and is characterized by recurrent attacks of jaundice terminating fatally. In none was a cause discovered. The clinical course of the disease in each case seems to differ only in time, and the pathological changes only in degree. Diagnosis, in life, is a matter of some difficulty. The post-mortem findings are degeneration, atrophy, fibrosis and regeneration of the liver tissue—rather similar to the morbid changes seen in poisoning by T.N.T. (1).

It is generally agreed that all degrees of degenerative change may occur in the liver, from acute yellow atrophy at one end of the scale to portal cirrhosis at the other. Miller and Rutherford (2) classified toxic hepatitis into three types—the acute, the subacute, and the multiple nodular hyperplastic. The latter differs from portal cirrhosis only in the greater rapidity of the initial destruction of the liver substance and in the greater softness and vascularity of the fibrous tissue.

According to this classification, the first two of these cases fall into the subacute, the third into the multiple nodular hyperplastic group.

CASE I.—L. K—, a boy, æt. 15, an electrical engineer, was first admitted to St. Bartholomew's Hospital under the care of Sir Thomas Horder on August 24th, 1927, complaining of "yellowness" and "swelling of the belly."

He had been well until 23 *weeks before admission*, when, following an electric shock, he felt tired. He improved after a week in bed and was fairly well for the next two weeks.

20 *weeks before admission* he became jaundiced, the urine dark, the stools pale. There was no pain. The boy remained in bed for ten weeks, during which time he had intermittent bleeding from the nose and gums. The jaundice gradually cleared.

Three weeks later, 7 *weeks before admission*, the jaundice recurred and the upper part of the belly began to swell. The jaundice persisted but the swelling decreased. The bleedings continued and he was constipated.

1 *week before admission* he vomited. He had had no pain and no loss of weight.

Past history.—"Jaundice" twelve years ago. Measles when a child.

Family history.—None of jaundice.

On examination (August 24th, 1927), temperature 99°, pulse 92, respirations 25; weight 7 st. 11 lb. The patient was jaundiced, but not deeply. The abdomen was distended. A "mass" was felt in the right upper quadrant, which extended down three fingers' breadths below the costal margin in the mid-clavicular line. It was smooth, regular and insensitive, and appeared to be part of the liver. The spleen was just palpable.

Urine.—Bile-pigments +, bile-salts 0, albumen 0, urobilin ++.
Fæces.—Well formed and clay coloured.
Blood.—

	Red blood-cells per c.mm.	Hæmoglobin.	White blood-cells per c.mm.
Aug. 24	3,080,000	58%	6000 (lymphocytes 3520)
Sept. 5	2,650,000	50%	4000
,, 12	4,110,000	64%	7400
,, 20	4,230,000	66%	8200

Van den Bergh reaction: Direct—biphasic reaction. Bilirubin units 6·2. Indirect—bilirubin units 7·0.
Wassermann and Sigma reactions: Negative.
Oxygen inflation of abdomen by Mr. Roberts, and X-ray: "The anterior border of the liver is more rounded than usual, and there is a further opacity in the mid-part of the liver which may be due to an enlargement or tumour on its under-surface."

The patient left Hospital at the end of four weeks, greatly improved. His weight was 8 st. 6 lb. (9 lb. gain) and the jaundice had disappeared. He was, however, still anæmic and the size of the abdominal swelling remained the same. He maintained good health for four weeks, when the recurrence of jaundice brought about his readmission to Hospital on October 27th, 1927.

On examination.—Temperature 99°, pulse 120, respirations 25. The swelling in the region of the liver was larger as a whole (four fingers' breadths), but the "mass" less definite than before.

Urine.—Bile-pigments +.
Blood.—

	Red blood-cells per c.mm.	Hæmoglobin.	White blood-cells per c.mm.
Nov. 4	3,700,000	45%	8,800
,, 10	2,890,000	42%	7,800
,, 14	2,600,000	35%	6,400
,, 21	2,760,000	33%	19,400

Platelet count: Within normal limits (122,000 per c.mm.).
Bleeding and coagulation times: Within normal limits.
Fragility of corpuscles: Slightly decreased (no hæmolysis at 0·4% saline).
Van den Bergh reaction: Direct—biphasic. Indirect—bilirubin 12 units.

The patient was in Hospital for four weeks, during which time he became progressively more ill. The jaundice deepened, the anæmia became more marked, and there were frequent hæmorrhages from the nose and gums. Finally ascites and œdema of the legs appeared, and he died on November 23rd, 1927.

case, where there seems little doubt that the husband was infected from the wife, in whom infection of the average virulence appears to have exhibited only a low grade virulence when growing in an open wound.

I am indebted to Dr. E. T. Fison for his kind permission to publish the notes of this case.

C. B. V. TAIT.

AN UNUSUAL CASE OF AORTIC REGURGITATION.

J. E—, æt. 37, a motor driver, was sent up from the country in March, 1930, by an insurance company for examination, because of a claim on his employers for the effects of an accident on his heart. On October 8th, 1929, a chain caught round a coat button and he was taken up 30 ft. into a malt-house, where he was caught between two flaps of a trapdoor, compressing his chest below the armpits, the only relief being the space for the chain-hole.

He was taken out, had some pain in the chest and back muscles, but worked for a week, then stopped work for a week and worked again until January 29th; he has done none since.

His doctor sent a note with him saying he had double mitral disease. His past history showed he had had rheumatic fever at the age of 20, when he was laid up for seventeen months. Six examinations for the army; rejected each time.

Examination showed healed abrasions over the left second rib and the right posterior axillary fold. Pulse of waterhammer type and blood-pressure 80–180 mm. Hg.; not very rapid, 80–100. The apex-beat was in the sixth interspace in the anterior axillary line, a loud diastolic murmur at the base and ensiform cartilage, with a reduplicated second sound in the carotid artery in the neck and some irregular murmurs at the apex.

His reflexes were normal; his urine contained a cloud of albumen. The second heart-sound heard in the carotid in the neck was so unusual that I sent him to a colleague, who confirmed my findings. He also complained of complete impotence coming on a month after the accident.

COMMENTS.

The presence of a definite second sound in the carotid in the neck in aortic regurgitation is very unusual. Sir Archibald Garrod used to teach the importance of its absence in making a diagnosis.

I don't know what condition of the valve-flaps can allow sufficient regurgitation to put enough strain on the heart for such great enlargement to occur and yet close sufficiently to produce a second sound in the carotid.

The relation of his present condition to his accident is also interesting. His chest was severely compressed between the flaps, most of his body-weight of 11 st. 3 lb. being below the pressure ring; he struggled hard, but found this wedged him tighter. The immediate effects were slight as he did not stop work for a week. Did it act by general strain and forcible heart action, or did it cause some fresh lesion in the valve?

He also complained of complete impotence coming on a month after the accident, but his reflexes were normal. Is this functional, or did he have some lesion in his cord? The time interval is against the latter.

W. E. LEE.

A CASE OF BILATERAL STRANGULATED INGUINAL HERNIA.

On May 4th, 1930, E. E—, a dairyman, æt. 44, was sent by his doctor to the Out-Patient Department with a letter to the effect that he had a strangulated inguinal hernia.

History of present condition.—The man had had a rupture on the left side for eight years and on the right side for sixteen years. Both were reducible, and with a double truss he was able to control them and lead an active life. On the few occasions on which they had "come down" he had been able to reduce them without difficulty.

Two days previously the hernia on the left side had come down and the patient had been unable to reduce it. He went to his doctor the next day, who also met with no success, and on the succeeding day he came to hospital.

On examination he was a bright little man, not in any great pain. The bowels had not been open for two days; there was no vomiting and no distension, and the general condition was good.

In the left groin was an irreducible swelling, which was diagnosed as a strangulated inguinal hernia. The swelling was tender but not painful, and did not enter the scrotum. On the right side there was an impulse over the external abdominal ring on coughing, but no hernia came down.

At *operation* the diagnosis was confirmed. The sac contained a loop of small intestine, which was dark in colour, but became pink when the constricting band was released. The gut was returned to the abdomen, the sac removed and the operation completed.

On removing the towels at the end of the operation it was found that the hernia on the right side had come down. Attempts at reduction failed. The patient was returned to the ward, the foot of the bed was raised and ice packs applied, but without avail. An hour later the swelling had increased and the patient was once more taken to the theatre.

At operation a loop of small intestine was found to occupy the sac. The bowel was quite black, but the colour slowly returned on releasing the constriction and applying hot packs. The gut was returned to the abdomen, the sac removed and the operation completed.

The patient has made an uninterrupted recovery.

I have to thank Prof. Gask for permission to publish notes on this case.

A. PHILPS.

LETTERS FROM A DOCTOR: 1772.

"When man a dangerous disease did 'scape
Of old, they gave a cock to Æsculape;
Let me give two, that doubly am got free;
From my disease's danger, and from thee."
—DEN JONSON.

The original letters from which this correspondence has been copied came into my possession by a casual purchase. There is no reason to doubt their authenticity, and they appear to be a claim for his fees made to a peer 150 years ago by his doctor. Although the identity of "My Lord" remains unknown, the letters are all signed with the name of the doctor. Naturally, however, this name has been deleted from this copy.

The letters are of interest in their elaborate flourish and humility, but one notices in their tone a distinct tightening of the screw when payment seems more remote. Contrasted with the modern method of presenting an account, this correspondence seems a little absurd and fantastic, but this, perhaps, may be explained by the disinterest in money matters of the medical profession of to-day and the promptitude with which accounts are now settled.

MY LORD,

It is with inexpressible concern I behold the time so nigh approaching which will deprive me of the honor of your Excellcy's Countenance and Protection; This makes me view the Ground you may be pleased to leave me on with some degree of apprehension, as a late failure of my Brother in law at Edinburgh has deprived my little family of their all, and has thrown my mind into such agitation as to induce me thus to open it to your Excell's be the event what it will.

I have been eye wittness my Lord how much you have on severall occassion's sympathised with the distressed, I hope, yea I do belive, I shall not be the single instance of the reverse.

I divest myself of every other claim but what I may find in the tender feelings of your own heart:—I will not here endeavour to state a train of services rendered to you and your family, they were the offspring of an affectionate heart, which has ever in private attention, and publick conversation, honestly declared its' dictates of you, as the best, and most honorable of men.

I hope My Lord as far as I might be esteemed usefull to you in my Proffesion that you have found in me a person, who in prefferance to all other considerations, viewed you as my greatest Good for since you first honored me with being employed about you, provided I could render my services effectuall. I deemed my health, my family, friends, or other bussiness, as nothing in the acco't for whether I succeeded or not, I at least endeavoured to merit success; so far My Lord I was warranted to do justice to the Notice and Confidence your Excell'y honored me with, and your Lordship's generous and unsolicited assurance of patronage and protection made me at Leixleys, I have ever esteemed as a sufficient barier between me and absolute dependance:—It made me my Lord, despise the cavills or illiberal remarks of Numbers either in publick or in private, and has untill this near view of your Excellcy's departure, been the rock and stay to all my hopes; It is this alone that has forced me to solicite to know you Excellcy's intentions towards me, for altho' under the most pressing exigences I have always avoided to make one in the long Cattologue of Soliciters, the most of whom may pretend to claims, my peculiar situation deprives me of any, but what will be ever found in the hearts' best wishes of

My Lord—Y' Excellency's
most faithfull & devoted Serv't,
26th Aug't 1772. A. C—.

MY LORD,

If anything could add to the distress of mind I have had, since I was honored with your Excellcy's letter of the 30th of Aug't it is the information Mr. L— now gives me that your lordship should have been told that I said in the Coffee house your Lordship owed me 1500 guineas and that I was to write a pamphlet against you, My Lord you well know how bussie imppertinent tunges are in speaking of your Lordship and every body who has the honor to be about you, and that I have many Ennemy's, even from my attachment to your Lordship I make no doubt, who would be happy in ruining me, but I most solemnly declare it is absolutely false I never spoke of your Excell's in my life but with that respect became me, and ever expressed the sentiments of a heart strongly attached to your Excell's.

Some officers in the Coffee house indeed told me they understood R— had demanded 500 G's and I had demmanded 1800 Some others told me they knew I had been a fool in doing so for they knew I was to have three hundred a year, but my lord coffee house conversations, and sermons I alwice despised, and ever was guarded what I said my self, however malicious desinging people may turn the most innocent to the most improper conversation.

I therefore hope my Lord you will not suffer such vague lying reports to hurt me in your Lordships esteem and thereby add to the affliction of a heart already almost broke by your Excell's coolness to me.

I am with great truth and sincerity,
Y' Excell's very Devoted & ob't Serv't,
A'. C—.

My Lord my distraction of mind is at present such as I scarce know what I write.

Sept 7th, 1772.

MY LORD,

Two days ago I received a verbal message by Mr. L— from your Excell's importing that as I had already received 316 guineas, you thought my present demmand too high.

Altho' My Lord this is the first instance in which I ever found it necessary to have a difference upon any charge of mine, nevertheless with the utmost pleasure I shall agree to one, as thereby I shall not only establish my claim in justice and not of favour, but shall likewise clear my conduct to the publick, which is of all things what I would choose, since as matters now stand, the only favour I would either ask or accept off from your Lordship, is, an immediate settlement of this affair, the only return I can make my family for the injury I have done them by my desertion of the publick service, and my wanton attachment to your Excell's.

As my Lord every man's claim if disputed is according to established rule to be tryed by his Peers, the propriety of which I am convinced your Excell's will admitt, I propose (by the advice of my friends) that this affair should be settled by two of the most eminent surgeons in town, as they are the only competent judges of my service, Who if any differeuce should arise may have a power to call on a third, I shall then either upon my honor or by my oath, (as is most agreeable to your Excell's) give them an account of my services, and the particular nature of each, and shall with infinite pleasure abide by their determination.

I must likewise observe to your Excell's, that of the money I have already received, 200 G's was upon a very particular occassion at Leixleys:—The nature of my trouble and attendance at that time I do not chose to mention to your Excell's, but I belive what I then

got, will appear to any impartial person, who hears the circumstances very dearly earned :—One hundred more was for attendance on your horses given Antecedent to my receiving the money, (and from what now happens) I must suppose upon full conviction I then deserved it; how much greater my trouble with them has since been your Excellʸ well knows, tho' now unattended to: from which circumstances I think it impossible any person whatever can conceive there is the smallest conection betwixt those and my present demmand, one penny of which I shall never relinquish but by such arbeation—I shall expect your Lordships answer; & am with due respect My Lord—

Yʳ Excellyˢ very obᵗ Servᵗ,

30th Sepr 1772. Aʳ. C—.

My Lord,

It is impossible for me to describe the anxiety of mind I have felt from the conversation your Excellency honored me with on Saturday last.

Your telling me I was the worst ennemy you ever had meet with since you came to Ireland shocked me so much, that I scarcely know what I said, and your Excellency might easily have discovered my confusion, as both my heart and eyes filled so much that it was with difficulty I could refrain from shedding tears.

Good God, was all the zeal with which I ever served your Excellʸ, all the attention I paid your family on every occassion of distress, all the abuse I have received on your account, and the many disagreeable altercations I have had even with some of those who were formerly my warmest friends, in support of your character and measures any proof of my want of attachment to your Excellʸ or of an intention to be your ennemy. No My Lord I can safely appeal to God and my own conscience that even now after all thats happened, there are few persons about you more attached both to your person and honor than I am, and few more willing to give every prooff of it in my power. My Lord I will frankly acckoneldge that at a time when my hopes of some provision for life was raised to the highest pinacle of expectation, at a time when I apprehended the completion of those hopes were at hand, to be dashed into despair, and that without the least appearance of regret but rather with coldness and severity, by one whom I realy loved, and whom I had long accustomed my mind to consider as my best and surest friend, raised such a tumult in my breast, that I neither know what I said or wrote, but I conjure you my Lord to belive, if either my lips utter'd or my hand wrote, one sylable disrespectfull to your Excellʸ, they basely belied my heart, which if I may be allowed the liberty of saying so, ever loved and honored your Excellʸ.

And now my Lord that you have promised to give me an order for my money; and I have nothing more to desire or expect, and as perhaps I may never again have the happiness of seeing your Excellency, I can have no view or intrest in making this declaration, was it not that I should be extreamly unhappy to be considered in an improper light by one of your Excellency's worth and honor, and who not-withstanding your Excellʸ has thought fit to reject and throw me off, must ever retain the worn-out affection and personal regard for your Excellʸ.

I flatter myself my Lord when you cooly consider this matter with your wanted humanity, you will view my conduct as well as my charge in a more favourable light, and will belive, that the receipt of the money however necessary to the situation and circumstances of my family, gives me much less pleasure, than the coldness and indifference (I apprehended) your Excellʸ showed me in your letter gave me distress; as I can with truth affirm that for sevᵗ days after I received it I could niether eat or sleep in peace.

According to your Excellency's desire I have divided my charge into two Articles.

I have the honor to be with good truth and respect My Lord Your Excellency's

Very faithfull & devoted Servᵗ,

Aʳ. C—.

For my attendance on your Excellyˢ family, Servᵗˢ and horses, at the rate I should be paid by any indifferent person for ordinary attendance .	600 guineas.
To extraordinary services in attendance on your Excellency including my extraordinary loss of time and of employment, thereby, together with extraordinary expenses arising from such attendance	400 guineas.
Total	1000 guineas.

October 11th. 1772.

E. R. CULLINAN.

AND THE CHILDREN'S TEETH.

" . . . and I will take away his blood out of his mouth, and his abominations from between his teeth."—Zechariah, IX. 7.

THE recent publication* by the Medical Research Council of Mrs. Mellanby's indefatigable work on one of the most urgent problems of modern civilization once again brings home to the profession the startling truth that, while so many diseases, once thought impregnable, have one by one yielded their vital secret before the triumphant onslaught of ardent research, dental caries still remains the pathological Sphinx. From the cradle-days of humanity this she-monster has baited the children of man with her cunning riddle, cruelly sapping the strength of those unable to solve it.

Deeply thinking members of the medical and dental professions have been sorely perplexed in vain endeavour to solve the alluring enigma of this relentless foe. Far back in the groping days of medicine Hippocrates taught that dental decay was caused by the circulation and subsequent stagnation of depraved juices in the jaws and teeth, aggravated by the accumulation of food *débris*. The Hippocratic humours swayed and coloured the mediæval imagination. The centuries rolled by. The teeth of the ungodly continued to be broken, while the intellect of man groped in the night. In the fourteenth century the eye of Guy de Chauliac, hypnotized perhaps by the precocious allegories of the Arabs, saw little worms wriggling about in the tissues, grimly determined to make the teeth fall out.

What a weariness of the flesh even to enumerate the divers theories, serious or frivolous, scientific or speculative, learned or ingenious, that have from time immemorial been displayed in the market-place before our incredulous eyes. Like an immense flood, the literature on the ætiology of caries has come upon us, inexorably drowning those who cannot swim. How tempting to play the *rôle* of a modern Œdipus, majestically to stalk the stage, and amid the deafening applause of an enraptured audience to force the Sphinx to commit suicide. While our ears are filled with the pathetic cry, "Back to the Esquimaux," our minds so reel in a maze of seductive generalizations, of loose thinking, and of incompletely digested experience, that at times we forget to examine the credentials of the various writers. The curses of civilization are painted in lurid colours; we feel almost ashamed of the centuries of luxury, of good cooking, that have deprived our teeth of their proper exercise and have predisposed them to decay. Sweets for children, toothache among the ancients, happy lands, far, far away, where "teeth are like a flock of sheep that are even shorn, which came up from the washing: whereof everyone bear twins, and none is barren among them"; the dangers of candy, the lure of chocolate, the misuse of mercury, legitimate or otherwise; the foolish indulgence in soft food and in sour milk; the zero-hour of pregnancy, which sternly demands a tooth for every child; the voice of discussion waxes stronger and stronger. The son of David knew of the evil effects of acids upon the teeth (Proverbs, x. 26); but endocrinology had not yet tickled his fancy.

The story is told* of a young woman who suffered grievously from dental pain and ulceration at her menses, which were deficient in quantity. Several of her molar teeth in both jaws were decayed. Their extraction relieved the patient of her monthly dental katamenia, and ever after her periods were orthodox and regular.

The writer, having spent a few months in inhaling the dust of the London libraries and successfully getting most of the dust in his eyes, has come to the following conclusion: Live a sober life before you are born; be circumspect in the choice of your parents; avoid champagne and burgundy like the plague, but drink freely of gin and claret, which are good for the soul and the teeth; eat a raw carrot three times a day like a tame rabbit, and spend the rest of the day gnawing bones; and you will be saved from the deadly heritage of caries. For everywhere we are surrounded by the foxes, the little foxes, that spoil the vines; for our vines have tender grapes.

Foxes are notoriously sly creatures. Furthermore, the colour of one's hair is said to determine one's susceptibility to caries. The fault, dear Brutus . . .

W. R. B.

* *Diet and the Teeth: An Experimental Study. Part I: Dental Structure in Dogs.* By May Mellanby. Medical Research Council. Special Report Series, No. 140. H.M. Stationery Office. 17s. 6d.

* *Dental Cosmos*, 1864, v, p. 6.

THE DOCTORS' HOSPITAL, NEW YORK.

THE new Doctors' Hospital of New York—America's latest hospital—was formally opened on February 9th, and is the last word in luxury and equipment. The hospital was built at a cost of £800,000, and is situated on the block between 87th and 88th Streets, overlooking the East River and Long Island Sound. The building has 15 floors and 2 basement floors.

One hundred and eighty-two doctors are on the medical board, and also own stock in the holding company that owns the site and building. The governing board consists of eleven stock holders, partly medical and partly laymen.

The hospital facilities, which include 264 private rooms and complete general hospital equipment, will be open to the general public as well as to the patients of doctors on the medical board.

An unusual feature of this hospital is the floor devoted to thirty-two guest rooms, each with a bath, and operated as a hotel for relatives and friends who may wish to be near a patient during a severe illness or crisis. There is a private restaurant, presided over by a French chef.

The building also houses such hotel auxiliaries as barber shop, tailor, florist, public stenographer, telegraph office, newspaper and magazine stand, druggist shop, gymnasium, special lounge for guests and patients, library and private reception rooms. The patients have an enclosed solarium and an open roof garden.

The purpose behind its planning has been to produce a complete unit, contained in the one building, in which all sorts of medical services will be available.

Two floors of thirty-two rooms each, with four delivery rooms and two nurseries, make up the obstetrical phase alone.

The X-ray department is equipped for all types of examination and treatment. A modern physio-therapy department offers hydro-therapy, electro-therapy, ultra-violet and gymnastic treatments.

There is an excellent pathological department, a metabolism room and an electro-cardiograph room. Eight operating theatres take up one entire floor, with their auxiliary rooms, and have facilities for general and special surgical work.

The nursing staff consists of graduate nurses only, there being no nursing school attached to the hospital; likewise there is no medical school.

The minimum priced rooms in the hospital are £3 per day and the maximum £10 per day. This sum includes general nursing, board and service. The doctor's fee is made by arrangement between patient and doctor. Special nursing is also extra.

The first patient to "book-in" at the hospital was a well-known knight from London.

E. F. D. OWEN.

ACKNOWLEDGMENTS.

Acta Pædiatrica—The British Journal of Nursing—The British Journal of Venereal Diseases—Charing Cross Hospital Gazette—The Clinical Journal—L'Echo Médical du Nord—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital—The Kenya and East Africa Medical Journal—The London Hospital Gazette—The Medical Journal of Australia—New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—Revista Española de Tuberculosis—Revista del Instituto Medico Sucre—St. Mary's Hospital Gazette—The Student—University of Toronto Medical Journal.

GREEK MEDICINE.

The attention of a distinguished authority on Greek medicine was drawn to certain expressions in the article by "Ormuzd," published on p. 142. The result, editorially foreseen, was the letter which, with Ormuzd's consent, we print below.

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

SIR,—In his interesting paper on "Tradition and Experiment in Modern Medicine," your contributor Ormuzd writes, referring to his discussion of the work of some Greek physicians, that "he anticipates a strong criticism of what is admittedly only a superficial view of this part of Greek medical history." As, therefore, he admits himself that the view of Greek medicine is only superficial, my letter would be unnecessary, but as unfortunately this "superficial view" is based on what is being written in some text-books of History of Medicine, and spoken in many academical discourses, I should like to point out the errors of these views, particularly as it is absolutely necessary in our days to have an accurate idea of ancient Greek Medicine, because the whole modern evolution of medical thought is based on the re-introduction of Greek principles.

(1) Your collaborator remains faithful to the "traditional" error regarding the opposition of the School of Cos and of the School of Cnidos. This error has arisen from a very superficial reading of the texts, and from the lack of knowledge of the psychology of the Greeks. There has never existed any opposition regarding the medical principles of Cos and Cnidos. It is not true that at Cos "men studied the organism or whole individual, and that at Cnidos, the part and organ, the disease and type." At Cnidos, as at Cos, the physicians studied the whole individual, and it is in fact to the chief of the School of Cnidos, to Eurypbon, that is due the first conception of general metabolic disturbances as being the basis of, and in fact as preceding an organic localization. The physicians of Cnidos introduced, it is true, into medicine the classification of morbid phenomena in "diseases," but this introduction of the notion of disease was simply a method of classification of medical knowledge, and the Cnidians have never taken their "diseases" as realities. The physicians of Cnidos, as the physicians of Cos, studied diseases; they classified their knowledge in terms of nosography, but *they diagnosed and treated individuals.* No Greek physician has ever had as his sole object the simple labelling of a patient! It is only in the late eighteenth century and in the early nineteenth century of our era that we find amongst certain clinicians the "botanical spirit."

(2) The same traditional error is made regarding Galen, because Galen is also unfortunately the goal of the oratoric shafts of medical theorists. Those who will give themselves the trouble of reading the clinical observations of Galen will easily realize that this last of the great Greek physicians was as careful an individual diagnostician and therapeute as Hippocrates. It is true that he introduced into medicine the experimental method—(is that a great crime?)—and thus he had the tendency to express his knowledge and experience in the form of a rigid system of general pathology. But this system did not interfere with his clinical work—in the same manner as the real clinician of to-day knows well how to control the knowledge of diseases based on the experimental method with the clinical observation. Poor Galen! when he was saying, "I write only for the Greeks," he was not simply expressing his overbearing Hellenic intellectual pride, but he probably had a foreboding that his doctrine would fall into the hands of men who would not understand it. The so-called Galenic medicine of the Middle Ages bears no more relation to the teaching of Galen than the tortures of the Holy Inquisition bear any relation to the teaching of Christ!

(3) Your contributor confuses the Empiric School with the School of Cnidos. What he indicates as constituting the principles of the Cnidians is the famous tripod of the Empirics as codified by Glaucias of Taras in the second century of our era. It would take too long for me to discuss these principles which are not accurately set down by Ormuzd, but I should like to point out that the Empirics, far from teaching that "reasoning was useless in medicine," have really laid down the most precise logical principles of clinical and experimental reasoning.

(4) Asclepiades is also violently handled by Ormuzd. In the first place he was not the first founder of the Empiric School (this was founded by Philinos of Cos in the third century B.C.), and had really nothing to do with the Empiric School. The pupils of Asclepiades founded what is called the Methodist School, and if Asclepiades has to be attached to any School at all, it is to this last. But in reality Asclepiades was a completely independent thinker, and a very great thinker. His principles of treatment, which are not those that Ormuzd indicates, are those of a very careful and well-balanced clinician.

What principally characterizes Greek medicine during the whole of its creative period, which embraces nine centuries, is its unity. From the days of the first creators of medicine, the Ionian physiologists of the seventh century B.C., and the physicians of the Italo-Sicilian Greek colonies, the Greek physicians had always as their sole object the knowledge of the individual as a whole, and the active treatment of this individual patient. They based themselves on accurate clinical observation, and had as a sort of guiding star physiological conceptions, to which they had reached by accurate observation, and, since the days of the Alexandrians, by experiment.

The perfect harmony of the Greek spirit never allowed the Greeks to take a one-sided and narrow view of medicine. The Greek physicians studied carefully the organs, but specialists of one organ existed, as Herodotus says, only amongst the barbarians, and were not found among the Greeks. The Cnidians introduced the nosographical classification, but they never took their diseases for realities, as it has occurred with many physicians of the late eighteenth and the early nineteenth centuries. The Methodists, Themison of Laodicea and Thesalos of Tralles, had a narrow dogmatic conception of the origin of disease, but at the same time they were good clinical teachers, and introduced into therapeutics the metasyncritic methods, which, under the name of "shock methods," play a great *rôle* in our contemporary medicine. The Alexandrians and Galen, carried away by their experimental researches, introduced physiopathology as basis of medicine, but they never allowed their physio-pathological conceptions to dominate their practice as that has occurred among many physicians of the late nineteenth century, and as, unfortunately, it very often occurs to-day. The Empirics rejected all deep physio-pathological theories, and developed the study of clinical symptoms, but without falling into the exaggerations of many homeopaths. Μηδὲν ἄγαν is the great principle of Greek civilization, and therefore of Greek medicine.

The preceding notes show that we cannot identify the general practitioner with the School of Hippocrates, nor the specialist with Cnidos or Galen. There is a great confusion regarding the term "specialist." The specialist who has only a narrow knowledge (even if it is at the same time deep) of one organ is a bad specialist, and his type cannot be found in Greek medicine, but in the pre-Hellenic or barbaric period of medicine. The really good specialist, at all events in medicine, is the physician who takes a wide view of the whole patient, and has at the same time a deep knowledge of the general processes of the body. Examples of such real specialists, "internists," are found in the history of Greek medicine, in Cos as well as in Cnidos.

May I express the wish, as a conclusion to this rather long letter, for the physicians of the younger generation to be more precisely acquainted with the principles of Greek medicine, and to follow the historical movement, which is concentrated in this country in two bodies (whose Patron Saint is Sir William Osler)—the Historical Section of the Royal Society of Medicine, founded thanks to the efforts of Osler himself, and the young and active Osler Club, founded under the influence of his writings? For those who, in general, aspire to intellectual pre-eminence, the study of Greek in indispensable. For those physicians who wish to get away from the narrow-mindedness, the dilettantism, the therapeutical nihilism, the ultra-mechanization which is threatening to transform Medicine, the noblest of all arts, into a low craftsmanship the study of Greek medicine is equally indispensable. Not only did Osler, but nearly all the great contemporary clinicians, turn to Greek medicine for inspiration.

I am, Sir,

Yours faithfully,

A. P. CAWADIAS, O.B.E., M.D., M.R.C.P.

52, Wimpole Street,
W. 1.

THE ADVENTURE OF THE BAVARIAN BODY-SNATCHER.

(With apologies to Sir A. Conan Doyle.)

NEVER, in the whole of the criminological career of Sherlock Holmes, was his mind more active or his work more fruitful than in the few years preceding his entry into hospital as a medical student. The time of which I write was before my own marriage, when I was as yet unfettered by domestic ties and lived for long periods with my friend in his Baker Street flat. I was then engaged upon a research into the pathology of appendicitis in the adult female, and Holmes no doubt already felt a leaning towards medicine, for he took the keenest interest in my research, and even accompanied me to the dissecting-room, when his labours permitted, to watch my work. It was on the occasion of one of these visits that he hit upon the beginning of the remarkable case of the Bavarian Body-Snatcher, an affair which for its bizarre nature and unusual sequel is perhaps unparalleled in the whole of the records of my friend's activities.

The angel of death had but recently laid a heavy hand on the Hospital, and carried off the head of the department, Dr. William, a young professor of brilliant promise. He had just completed the details of a new operation of tonsillectomy which he was to demonstrate by invitation of the President before a distinguished gathering of medical men at the Royal Society. The main difficulty was that of demonstrating an operation in so small a field before a crowded theatre; but in the course of his work as consulting anatomist to the Zoo, the young professor found the solution, for a hippopotamus with a sore throat, huge tonsils and enlarged cervical glands provided an ideal patient, and Dr. William arranged to operate in a large darkened lecture theatre, whilst flood-lights, shining into the beast's mouth, gave an

uninterrupted view to all. At first all went with the precision of a text-book narrative. The only disturbance occurred during the induction of anæsthesia, because the nurse had forgotten to clothe the beast's legs in the regulation theatre stockings, and these had to be applied. Prolonged applause was mistaken by the anæsthetist to be intended for himself, and his attention was distracted by repeatedly bowing his acknowledgments to all corners of the house. And so it happened that just as the surgeon was dexterously separating the last piece of tonsil from the base of the tongue the animal began to struggle, the gag slipped and William was severely bitten. Septicæmia developed, and in forty-eight hours there passed away a brilliant pioneer, already destined to take a place in the forefront of contemporary surgery.

His *locum*, pending the election of his successor, was a Bavarian, huge in stature, with a dark shaggy beard and a booming voice, forbidding in aspect and of a fiery nature.

The body on which I was working at the time was in particularly good condition and showed no obvious signs of disease. I commented casually upon this to Holmes, and immediately I saw his interest was aroused, as the papers were even then full of the activities of a gang of murderers and body-snatchers operating in southern Ireland. It was in vain that I answered him that our methods of obtaining bodies were above reproach. He leapt up, and ran upstairs to ascertain from the hot-headed professor himself the exact source of his supply of bodies.

The interview was short. I heard a bellow of rage from the professor, a short scuffle, and Holmes shot down the stairs in a heap to land on all fours at the bottom.

That evening as I sat at supper with him I knew that his anger was aroused; he sat looking moodily into space, and munched his food with an indifferent, sullen face, his eyes flashing now and then as he answered my remarks with impatient monosyllables.

"It is curious, my dear Watson," he began as he lit his pipe, "how men of intellect and talent will stoop to the basest and most sordid of crimes. Here we have an anatomist of the first order whom I am convinced is a body-snatcher of the worst kind."

"But," I protested, "surely a man of his eminence, with his presence and ascetic appearance, cannot be so debased?"

"After working with me all these years," said Holmes a little testily, "you should by now know the value of appearances. For instance the popular imagination gives the medical man a clever face, thoughtful and intellectual, firm and decisive, with humanity written on every feature. How often do you meet it? Your own face, if you will forgive me for saying so, is so far removed from the ideal as to be definitely ugly, a mere cartoon, the very antithesis of what it should be. I should never have taken you for a medico were it not for the blood on your collar and the perpetual odour of the post-mortem room which accompanies you. This anatomist of yours is none other than the notorious Professor Larkin, the head of Europe's most dangerous gang of thieves, coiners, forgers, murderers and body-snatchers."

"A versatile crowd," I remarked; "if they would only add French polishing and piano-tuning to their accomplishments they could take a foremost place in continental commerce."

"To-night is the occasion of your nurses' dance," said Holmes, ignoring my remark, "I will go with you; let us start at once."

He had never danced before, but I was too accustomed to his whims to say anything. He believes that the essence of dancing lies in its spontaneity, and ridicules the orthodox steps, maintaining that each ought to interpret the music in his own way. The scene that night was a brilliant and memorable one. Holmes seized a partner and danced with a vigour and originality which proved the sensation of the evening. He danced with an abandon yet with an intensity which proved that the music spoke to his very soul, for I saw his lean figure crouching on the ground as the bassoon reached its lowest notes, and leaping high in the air as the climax approached.

But more notable still, and a circumstance which for private reasons of my own gave me the greatest annoyance, was the fact that he fell in love that night with a nurse, Debora Willis, of Killarney, a girl of outstanding beauty and wit, possessed of a charm and grace of personality which eclipsed all others.

I went home early and alone that night. Holmes left a little later, and was followed to his door by a crowd of admiring guests. Next morning at breakfast he announced his intention of a trip to Killarney.

"Why Killarney?" I asked.

Holmes turned a trifle pink and coughed. "It is near there that the recent plundering of graves has been so prevalent. The Professor has gone away this morning to replenish his stock of bodies and I hope to catch him red-handed."

"Splendid!" I remarked, "I am, as you know, remarkably fond of birds, and nothing delights me more than to follow them and study them in their natural surroundings. Killarney is noted for one in which I am particularly interested—it is found nowhere else. I shall be delighted to accompany you and we can track Larkin together."

"You may come with pleasure, Watson, but I have sworn to catch Larkin single-handed. We will travel together, I to hunt the criminal, you your bird; may we both be successful."

We left at about 2.30 p.m. on Friday; the crossing was delightful, and all the more enjoyable because on board I met a friend of my younger days who had recently married. We slept on the boat and arrived at Killarney at 12.30 p.m. on the Saturday. Holmes had arranged for us to stay at a small cottage within view of the beautiful ruin of Muckross Abbey. That afternoon we went for a long walk. Holmes strode along, silent and brooding, regardless of all around, whilst the beauties of the Pass of Dunloe and its Serpent Lake, the rugged mass of Ross Castle and the romantic Meeting of the Waters brought frequent exclamations of delight to my lips. From the great height of Eagle's Nest we gazed around, and Holmes spent a long time looking intently with his powerful binoculars at a tiny cottage far below us.

In the evening as we stood on the Brickeen Bridge watching the sun go down with that majesty which is seen only in Ireland, Holmes expounded his plan.

"This afternoon," he began, "in watching that cottage I observed a man lurking around whom I recognized as Larkin. It is there that I must proceed to-night. I propose to arrest him and hand him over to you at our lodgings. I shall depend on you to escort him to Scotland Yard to-morrow, for I have other business of a private nature in Killarney which will detain me a few days," and again he appeared to turn pink, although it may have been the sunset reflected from his eager face. I wrung his hand, speechless with emotion at the trust and responsibility he placed in me. We talked until darkness fell, and the full moon began to illumine the countryside with a fairy radiance. A few minutes' walking brought us to a country road hedged on both sides, along which we walked till we stopped beside a tall tree.

"A quarter of a mile further on is the cottage," said Holmes. "I hope in an hour to hand over Larkin to you, alive or dead," and he showed me a heavy club which he had concealed in his jacket. "It is an ideal night for your bird hunt; I wish you a pleasant evening's enjoyment, Watson," and with a wave of his hand he was gone.

A small iron shed beside the tree gave me the means of climbing up where I could follow his movements. I clambered up, my feelings too poignant to describe as I heard his footsteps grow fainter and finally die down. This fine courage was typical of him in going alone to arrest a savage villain from amidst his desperate accomplices. The moon was now at its full and I could see Holmes's athletic figure as he left the road and crossed the intervening space to the cottage. I saw him peep for a moment through the window dimly lit by candle-light; the scene inside apparently confirmed his suspicions, for he pushed open the door and went in.

Immediately there came a squeal, followed in a few seconds by a shot and a yell of pain from some victim; a second shot was followed by one of the most unearthly screams that I have ever heard; a figure leapt out and tore down the road yelling "Murder!" pursued by a fearsome white beast whose periodic screams made my blood run cold. As they drew nearer I realized to my horror that the man was Holmes.

In approaching the cottage he had seen a group of men and women around a coffin containing a recent corpse, and engaged as he thought upon some nefarious work. Unfortunately he had mistaken a country wake for a body-snatchers' meeting. Secondly he had forgotten the custom still prevailing in some parts, of allowing the domestic animals to wander in and out of the house. In entering the house in the darkness he had trodden on a large pig which lay sleeping behind the door and whose squeal was the first I heard. This roused the wake, who all came out, and one seizing a double-barrelled gun let fly at Holmes with some effect. My friend, unprepared for this rude welcome, made for the door; the second barrel, fired with a wilder aim, found its berth in the pig, who, seeing the wisdom of Holmes's retreat and unwilling to be further trodden on or shot at, followed him down the road at great speed. As they drew near I saw the nature of Holmes's pursuer. He, on the other hand, hurtled down the road with flying footsteps, not daring to look behind, whilst every scream of pain from the terrified pig spurred him on to an extra effort, so that had the Devil himself been at his heels he could not have increased his pace. The wake had apparently mobilized their forces, for now they sallied forth in organized pursuit, raising the night with their outcry.

As my friend drew abreast of me, yelling for aid at the top of his voice and I saw his mistake, I could not restrain a yell of laughter, and this coming apparently from thin air must have proved the last straw to Holmes, bringing to his mind the tales of banshees and leprechauns which our landlord assured us abounded in this part. With a final scream he leapt over the hedge and landed with a tremendous splash in a ditch on the other side. The crowd, following hard on the track of the pig, swept on and left him there. Presently he crawled out, and no doubt with the idea of finding his bearings began, to my consternation, to climb up my tree. I preferred to meet him elsewhere and at a more opportune time, and though it cost me an effort my course of action was clear. I watched him as he clambered up, and when he

came within reach I thrust my foot through the branches on to his chest and kicked hard backwards. He landed on the iron roof of the shed with a noise like the Last Trump and slid down to land on the ground with a thud. Picking himself up he departed at a run towards the station.

By this time dawn was breaking and I slowly went back to our lodgings; as Holmes had not yet returned I went to look for him. I found the station in an uproar, the platform filled with country yokels armed with shillelaghs, spades, pick-axes and scythes, besieging the waiting-room, in which Holmes had barricaded himself.

"Begorrah!" said the station-master, as he wrung his hands, "what has the gintleman been doing? Sure he'll be murthered in a minute!"

They drew back as I approached, and knocked on the door, calling Holmes by his name; he opened the door a few inches and admitted me.

"I have come for Larkin," I explained.

Holmes consigned Larkin to the nether regions.

"The whole place seems to be up in arms for some reason," he said, "something to do with a pig, as far as I can gather. At any rate it is perfectly clear that I shall be lynched before long."

"You will either be lynched for shooting the pig, or arrested for house-breaking," I remarked, "and perhaps arrest is the better way."

Holmes has a peculiar contempt for the official police, and this was a bitter pill for him to swallow.

"Wait a moment," I cried, "I have a better idea. Lunacy, my dear Holmes, is, I believe, one of the few subjects upon which you have not already written a monograph; allow me to quote a passage from Dr. Brend's book on Forensic Medicine: 'Any person who is deemed to be a lunatic and wandering at large may be apprehended, and taken before a justice: if he thinks the lunacy proved, and the medical practitioner signs a certificate, he may direct the lunatic to be detained in an institution.' You must be a wandering lunatic; you shall be certified, and once the legal formalities are completed there is no escape, but as soon as your sanity is proved you will be released. You will thus escape being lynched or arrested, and Larkin, put off his guard, will be an easy prey when you come out."

"Excellent, Watson, hurry up!" said Holmes, and then as the siege began again with increased violence, I went out, and climbing on a seat addressed the mob:

"I am a doctor," I began, and held up a copy of the *British Medical Weekly* in one hand and displayed my stethoscope hooked in my waistcoat arm-hole with the other.

"Faith, look at 'is red braces!"

"Shure, who shot Sheenan's pig at all?"

"Murther the divil!"

"Shut up bedad, it's the docther!"

"Silence!" I shouted. "The poor gentleman in there is a lunatic. You can tell by looking at his ugly, cadaverous face."

Holmes was anxiously listening through a broken window-pane, and I heard him snort with excitement. My last remark was greeted with shouts of approval.

"Shure, he's got a mug like a sarpint."

"He looks as though he had drink taken."

"Begorrah, that's what frightened Sheenan's pig."

"I want a magistrate," I said.

A huge bronzed farmer, the local J.P., stepped out of the crowd and we went in, followed by cheers and warnings to brain him if he turned nasty. In a few moments the certificates were signed. There is a large asylum at Dublin to which I suggested Holmes should be taken. Our train arrived about two hours later, and the J.P. and I escorted him to a carriage through a guard of honour of about fifty local worthies. We entered with a sigh of relief, but our trials were not ended when the train left, for our friends decided to accompany us part of the way, and as the train was a slow one they all left their seats at every station and came to look at us. Moreover they increased in numbers at each stage, and Holmes (who, owing to the lead shot which he still carried, preferred to stand) was sweating with embarrassment. The climax was reached when after a scrambling on the roof the ventilator was removed and a crowd of grinning faces surveyed him from above; one daring spirit put forth a dirty hand and tweaked his nose.

At the next station, just as the train was about to leave, I got out.

"I am afraid I must leave you, Holmes"; I said, "the magistrate has your papers and I could not leave you in safer hands. I must return to my bird-hunting. I don't expect you will be in longer than a couple of months."

The engine gave a warning whistle and began to move. "As regards your other private business in Killarney," I continued, "I will attend to that; you can leave it to me—I know the address." I saw my friend attempt to leap out of the window; his body and one leg were already out when the powerful arm of the country J.P. shot round his neck like a lasso, and he disappeared backwards into the carriage with a yell, and a cheer from the delighted spectators.

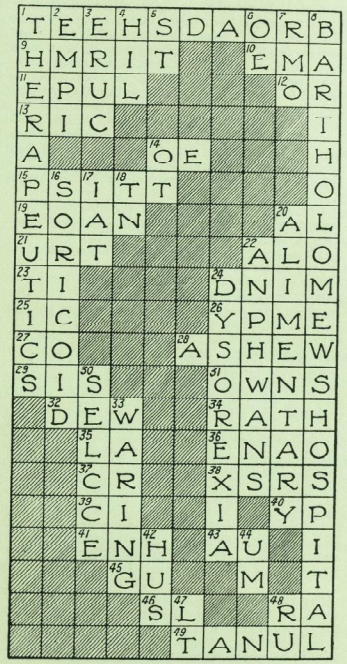
* * *

I settled Holmes's business and my own bird-hunt in Killarney most satisfactorily—how satisfactorily may be judged by the fact that an entry in the marriage register of Killarney church bears witness that on January 24th, 19.., Debora Willis and I were joined together in the bonds of Holy Matrimony.

Holmes was unfortunately unable to be best man at the wedding. The medical superintendent said it was against the rules. Owing to his eccentricities he was detained a few months longer than we anticipated, but in each of his letters he has promised to come and see us as soon as he is discharged. My wife, I hope, will be at home to receive him, but there is an epidemic of psittacosis which is keeping me very busy at present, and I rather fear I shall be out when he calls.

F. W. J. W.

SOLUTION OF CROSSWORD NO. 1.



NOTES.

Across.—15, 27 and 29—psitt(a)cosis; 20—al(ms); 21 and 25—urtic(aria); 28—(c)ashew; 32—wed, reversed; 36—coan(thropus); 38—excess r's; 39 and 49—lunatic, turned round; 40—crypt.

Down.—2 and 13 (across)—quack; 3—Sir Toby Belch, Maurice Tate; 5 and 8—sho(spit)al; 7—rom, a gipsy; 16—Taming of the Shrew; 18—t(alo)n; 22—shwanpan; 33—Browning's "Waring"; 42—hus(band) and hus(king-bee).

PRIZE.

The first correct solution received was from Mr. Mark Bates, O.B.E., F.R.C.S., The Tything, Worcester. Congratulations and a cheque for one guinea have been sent to him. The only other correct solver was Surg.-Cmdr. F. C. Wright, R.N., The Terrace, R.N. Hospital, Haslar.

STUDENTS' UNION.

SWIMMING CLUB.

The prospects for the season are good, as most of last year's team will again be available for the inter-hospital matches. The Club has been considerably strengthened and encouraged by a large number of fresh members. One practice game of water polo has been held and others will be announced later; they are mainly for the benefit of those who have had little or no experience of the game.

In the two matches already played we suffered considerably from the unavoidable absence of several of our first team. We were easily beaten by St. Paul's School in swimming and polo, and lost to the Old Stortfordians by 4 goals to 1, our defeat being partly due to slack marking. The team consisted of J. Lloyd Williamson, C. K. Vartan, J. H. West, H. T. Halper, A. C. Kanaar, E. M. Darmady and G. Jenkins.

CRICKET CLUB.

The opening of the cricket season at the Hospital has been very satisfactory. The membership of the Club is greater than it has been for many years. Practically all those who played last year are doing so again this year, and there is much excellent material among the Freshmen. It seems certain that the two teams at present in the process of evolution will give excellent accounts of themselves in both club matches and cup-ties.

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

Result: Lost by 25 runs.

April 30th, 1930, at Winchmore Hill.

The season opened with our annual match against the Wanderers, who won the toss and batted first. Before lunch none of the bowlers was able to find an accurate length, and 110 runs were on the board before the second wicket fell. Hay-Shunker then had a very successful spell (taking altogether 7 wickets for 47 runs), and the Wanderer's innings closed for 172, Whitehead having made 66.

Of the Hospital batsmen, Wheeler (43) and Gilbert (42) and to a lesser extent Anderson (18), alone played confidently, and the side was dismissed for 147.

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

Result: Won by 137 runs.

May 3rd, 1930, at Winchmore Hill.

The Hospital won the toss and took first innings. The score had reached 204 for 6 wickets when Capper declared. The chief scorers were Gabb (44), Wheeler (34), Wedd (21) and Anderson (21). On a wicket which did not seem to have rendered the Southgate bowlers any assistance our opponents were dismissed for 67. Wedd's medium-paced left arm spin bowling puzzled all the batsmen, and he had the excellent figures of 5 for 24. Gabb finished off the innings by taking 3 wickets for no runs.

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

Result: Draw.

May 10th, 1930, at Winchmore Hill.

The Hospital batted first on a soft wicket. The first wicket soon fell, but Nunn, receiving good support from Gilbert, batted confidently and made runs quickly in spite of the slow condition of the outfield. Having contributed 30 out of the first 40 he had the misfortune to tread on his wicket. Gilbert and Wedd added 33 runs between them, but after this the batting went to pieces on a wicket which had now definitely begun to assist the bowlers, and the innings closed for the small total of 95.

The Hampstead innings opened disastrously, and 5 wickets fell with only 20 runs on the board. Mackie and Gray carried the score to 34 without further loss, when the rain put an end to an interesting situation.

ST. BARTHOLOMEW'S HOSPITAL *v.* WINCHMORE HILL C.C.

Result: Won by 134 runs.

May 19th, 1930, at Winchmore Hill.

The Hospital again batted first, and in spite of losing the first wicket with only one run scored, the total reached 208. Nunn and Gilbert both batted delightfully and contributed 51 and 57 respectively. Wedd hit up 51 runs in 35 minutes, and Gabb made 26. Winchmore Hill had 4 wickets down with 8 runs on the board, and had only carried their score to 74 when the tenth wicket fell. Gabb was mainly responsible for this collapse, taking 5 wickets for 18 runs. Hay-Shunker took 3 for 7.

PAST *v.* PRESENT.

The Past *v.* Present Cricket Match will take place at Winchmore Hill on Saturday, June 14th. Will those members of the "Past" wishing to play please communicate with Dr. Geoffrey Bourne, 25, Harley Street?

ATHLETIC CLUB.

ATHLETIC MATCH *v.* ST. THOMAS'S HOSPITAL *v.* BARCLAY'S BANK.

Held at Norbury on Wednesday, May 14th.

The weather conditions were excellent, though owing to the recent rain the track was a little dead.

The feature of the evening was the splendid running by the Bart.'s men, who showed promising form for so early in the season.

We were successful in winning all the track events and the weight, only being beaten in the high and long jumps.

Unfortunately we were without a representative in the high jump.

There is every prospect of our winning the Inter-Hospital Sports at Stamford Bridge on June 5th. Though we have always been in the running for the championship, we have not been successful on the last few occasions.

Result: St. Bartholomew's, 19½ pts.; St. Thomas's, 14½ pts.; Barclay's Bank, 13 pts.

110 Yards Relay (J. H. Pierre, J. J. Youngman, H. W. Rodgers, J. R. Hill): won.

880 Yards Relay (C. E. D. Goodhart, A. Papert, W. D. Coltart): won.

440 Yards Relay (W. F. Jopling, A. W. Langford, C. E. D. Goodhart): won

One Mile Team (J. R. Strong, 1; H. B. Lee, 4; C. O. Barnes, 8): won.

Long Jump (H. W. Rodgers, J. H. Pierre): lost.

High Jump (did not compete): lost.

Weight (G. W. Wedd, 1; J. H. Pierre, 2; J. Shields, 3): won.

One Mile Medley Race (J. R. Strong, W. D. Coltart, J. R. Hill, H. B. Lee): won.

J. R. STRONG, A. W. LANGFORD } *Hon. Secs.*

CORRESPONDENCE.

BART.'S MORE THAN FIFTY YEARS AGO.

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

DEAR SIR,—Three months ago I received a letter from a non-professional friend in New York asking me if I could gain admission to our hospital for a young man on his way from the States, as he had a throat trouble which had greatly interested, and indeed puzzled, surgeons at hospitals in that city. They had been keen to operate, but the young man (late of the R.F.A.) wisely much preferred the hands and skill of an English surgeon. Thanks to the kindness of the Hospital Steward, the man on his arrival in London was quickly handed over to the proper Hospital department. Mr. Raven on p. 143 of your May issue tells part of the story of this unusual case. This week I have heard that P. W. is back in the U.S.A., and he is full of delight and praise at all the attention he received at the Hospital, and at the great kindness of those in "Abernethy," in which ward he was three times an in-patient. All along the man was not a little proud and pleased that his case over here also caused a good deal of interest and discussion, both surgical and pathological. No one would wish to deny him that satisfaction.

Now I should not have troubled you with the above note had I not wished to ask for permission to make a few running comments upon the very illuminating and erudite article you also publish in May, signed "St. D.," concerning the late Dr. Robert Bridges, O.M. and Poet Laureate, a former student of our Hospital, a copy of which number my cousin has thoughtfully sent me, knowing of my full interest in P. W. and his case.

Mr. Editor, I am open to correction, but I fully believe that I remain the only man alive (I claim no merit for that fact) who can say that he worked on the Staff of our Hospital alongside of Dr. Robert Bridges. When I became, on October 1st, 1878, H.S., Dr. Bridges was a Casualty Physician, and for some weeks at any rate we constantly rubbed shoulders of a morning in the Surgery, which was then at the east corner of the Hospital in Smithfield, near to the entrance to St. Bartholomew's-the-Great, now I believe used as the nurses' dining-hall, etc. His tall upstanding personality was easily remarked, and his fine face not to be forgotten. I can recall no one else of that time in the Surgery. I suppose his amusing article much mentioned by "St. D." as in the Hospital *Reports* (1878) may have stamped him on my mind; it certainly caused some lifting of eyebrows, and maybe pained surprise to Sir Sydney Waterlow the Treasurer and to the Almoners, and others who then ran the Hospital, as a plain statement of fact will do all the world over.

In the year 1878–79 there were (as had long been the case) four House Surgeons, who admirably did the full work, which it now takes ten gentlemen to do, I dare say equally well. Dr. Bridges must have constantly seen them all, even if he did not write Latin hymns on us—worthy of it though we undoubtedly were.

Mr. Luther Holden's H.S. was Mr. Allen Dingley, who later married a sister, and worked in the Bloomsbury district, where he joined his father. Mr. Savory's (Sir William; he was not the Sunday-school teacher kind of man as seen in his portrait in the Great Hall—far from that) H.S. was Mr. Bruce Clark, affectionately remembered, and rightly so, by many on the Staff and in the School. Mr. George Callender, F.R.S., was my full surgeon, to whom I owe very much; he paid a long visit that year to the U.S.A. and died at sea on the way back, so I had much (and happy) dealings with Mr. Alfred Willett. Mr. Stacey Burn (he anon practising at Richmond, Surrey) was H.S. to Mr. Tom (Sir Thomas) Smith. We four men hung together the whole of the twelve months, and that was a quite unusual state of affairs, and we all lived happily to tell the tale.

In an article in the 1880 volume of the Hospital *Reports* I wrote of the surgical work done that year in Mr. Callender's wards, on his special line of antiseptics. I expect that many were surprised that "the beetle also lifted up its leg," and that I was so bold as to write in that classic publication, which *Reports* I suppose still continue?

"St. D." tells us that Dr. Bridges dedicated a Latin poem to Dr. Patrick Black, who, as Senior Physician in those days, lectured to us on medicine. On one such occasion he told us that Cambridge had once been visited by a bad attack of mumps, and that it was reported that there was not a sound testicle in the whole University—on hearing that we wept. Dr. Church (he has a stanza) I often met in the wards; he must have been assistant physician to Dr. Southey, for whom I clerked. He became Sir William, and was held in very high esteem (P.R.C.P.), but he did not overmuch scintillate to us mere students. For Mr. Willett (ditto) everyone must have had a great regard; he was most kind to me when he was my chief those months; he had great stirling worth even if he had not much power to teach. Mr. John Langton (ditto) I heard give his first lecture on anatomy. Mr. Tom Smith had given the set before Christmas (1873–4), and had told us in the first lecture I ever heard at the Hospital "that public billiards were the devil." That is the only anatomical fact which I still recall. It was real sound advice for a first year's student, especially as there were at that time many decoys hanging round the Medical School—chronics, year after year. Soon after that time they were rounded up and got rid of, to the great advantage of all—"perpetual students" of the very worst type.

Dr. Brunton (Sir Lauder—a Scot, much loved) also has a Latin verse quoted by "St. D." He is said once to have taken a teaspoonful of croton oil in tea as he had been assured that in that cheerful cup all drastic effects were at least much mitigated. He did live to tell the tale, but I have in my excellent memory no details. Dr. Brunton revelled in materia medica and wrote a great book, much of which Mr. Tom Smith said to us was as useful as to know how to make a surgeon's knife. Sir Thomas (also quite unlike his picture in the Great Hall) had an ever-ready wit of his own and to the point, and a great cheer on "life's hard highway" round the wards and in the theatre. I dressed for him for three months, Mr. Mark Vernon, of Horsham (Sussex) being my H.S.; he was real good at his job, which, as a born Sussex man, was natural. I greatly fear that he has (like all the others I have mentioned) passed on to the higher and fuller life, to our great loss.

I lived in college my first year, and the much-esteemed Mr. Morrant Baker was Warden. Later Dr. Norman Moore (Sir Norman, Bart., President also of the College of Physicians) was Warden, my great and good and most valued dear friend, the Historian, and devout lover of our Hospital and of Cambridge.

"St. D." has, by his article, awakened many memories long asleep. I ask to be allowed to tell one more. Sir Thomas Smith took me (I suppose when I was his dresser) to help Sir James Paget at what was to be his final operation. This took place in a very ordinary smallish back bedroom in the Russell Square district, and a man was cut for stone and just replaced in the bed. I linked up with the two famous surgeons at 1, Harwood Place, Hanover Square, where Sir James Paget lived, and we three went in his carriage and pair to the patient's house. *En route* Sir James had his luncheon, a cut up partridge in a covered silver dish: he ate it with his fingers and threw the bones out of the window into Oxford Street as we drove along. I cannot recall if hands were washed before or after the operation, nor did I ever hear how the patient fared. I did not receive a fee, but I did feel then (and especially since) greatly honoured by the compliment paid me, as Sir James Paget had the reputation all the world over as the greatest surgeon of his day and generation. Sir Thomas (of blessed memory) was always real good to me, and helpful. From these two famous men in our profession, as from many scores of Bart.'s men, on the Staff and not on the Staff, all over the land for years I received many acts of great friendliness and kindness after, when in October, 1879, I joined my father in his large practice at Hastings, and for the years I worked hard there up to 1907. Some who read these lines may even recall the famous "Bart.'s Teas" at Hastings, when for seven or eight years running (you always fully reported the fact) the Hospital soccer team came to play the Hastings and St. Leonards Amateur Football Club, of which I was for nine years the President. The other Bart.'s men of the town and district all joined in joyfully entertaining the two teams and others at a great spread, at which there was much high spirits and song and general excellent good fellowship, to the comfort and happiness of everyone there. With compliments and apologies for the length of my epistle, written with my own hand,

I am,

Yours very truly,

C. B. GABB.

The Royal Societies' Club, S.W. 1;
May 16th, 1930.

ARISTARCHOS OR ZOÏLOS?

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

SIR,

"And the Gods of the East made mouths at me."

We are warned in a recent play that if everyone shouted his troubles from the housetops, we would not be able to hear the traffic.

To well-bred individuals it should be a matter of supreme indifference whether or not a necrology be adorned with a photograph. For in either case there are sure to be people who will be disappointed. But the "likeness" which you, Sir, boldly introduce in the May issue of the JOURNAL is a quaint companion of a tribute, at once graceful and gracious, to one who had been a stranger to the Hospital for many long years. Perhaps I am too sensitive to intellectual shocks. Perhaps I am old-fashioned. But your illustration, Sir, is abominable, and of a sort unlikely to quiet the troubled heart. There are those who would have treasured a pleasing photograph of the Poet Laureate. How difficult it is for them to comprehend the mysterious motives underlying the selection of a photograph! Perhaps the Tuscan proverb may be made to cover a multitude of sins: In buying horses and in taking a wife, shut your eyes tight and commend yourself to God.

It is amusing, Sir, to cut down your choice cedars and to cast them into the fire. But I do not profess to be an iconoclast. For iconoclasm I have much inclination but little talent. Your editorial on "Counterfeit Presentments" has appeared at an opportune moment, and I hope your suggestion will bear fruit. It is, perhaps, not generally known that copies of the photographs in the Dispensary may be obtained there for eighteen-pence each. Even in this century there are inarticulate hero-worshippers who may be glad of the opportunity of obtaining these mementoes of those that taught them the Art.

Mr. Cahen, their photographer, was Demonstrator of Chemistry at the Hospital, not of Anatomy.

I am, Sir,

Yours faithfully,

W. R. BETT.

St. Bartholomew's Hospital;
May 11th, 1930.

REVIEWS.

CHEMICAL METHODS IN CLINICAL MEDICINE. By G. A. HARRISON, M.D., B.Ch. (London: J. & A. Churchill.) Pp. ix + 534. 63 Illustrations and 2 colour plates. Price 18*s*.

The application of bio-chemistry to the study of disease has increased rapidly in recent years, and chemical methods have been employed in numerous researches that throw light on problems in clinical medicine. Articles reporting these researches, some of direct significance to clinical work, others of problematical value, appear in medical journals, and the practitioner of medicine, unless he has received a special training in bio-chemistry, is unable to decide what the new methods really determine, and if they are improvements for his purposes on the older methods of examination. Those who have care of patients are frequently uncertain that they have employed every method of investigation that can throw light on the condition of their patients and aid them in their therapeutic endeavours; and this uncertainty is at present especially concerned with chemical methods. Dr. Harrison has written a book that tells of these chemical methods, and he has written it so that the clinician need no longer be worried by these doubts and uncertainties. The title he has chosen shows that he has tried to do this, and it should alone be sufficient to induce many to read the book. The qualitative examination of the urine with which every medical man is familiar is the starting-point, and the chapters develop naturally as the more recent knowledge has extended the older methods in the direction of finer distinctions and of accurate quantitations. It frequently happens that the changes in the urine found in disease cannot be correctly gauged or clearly comprehended unless the presence in the blood of the substances concerned be ascertained or their concentrations determined. Chapters describing the methods of chemical examination of the blood and their interpretations follow naturally after the chapters on the examination of the urine. The final chapters deal with the cerebro-spinal fluid, gastric and duodenal contents, fæces and estimations of metabolism. If many of the methods are beyond the skill and equipment of most clinical workers they are all methods that they will ask their bio-chemical colleagues to perform for them, and if the details of technical methods and of calculations are in many instances of little value to the average clinician, those portions of the chapters that deal with interpretation are of great value to all. In each chapter the author has sketched the physiological significance of the substance under discussion, the variations that occur in health and in disease, the methods to be employed in qualitative and quantitative analysis and the interpretation of the results. Throughout the book Dr. Harrison has indicated that the burden of diagnosis lies with the clinician, that bio-chemistry can help him by providing certain facts, but that the clinician must know something more than he has hitherto if he is to make use of the facts that chemistry provides. There is never any implication that the laboratory of the chemical pathologist can provide short cuts to diagnosis and treatment; on the contrary the book is a stimulus to the clinician that he should know more, so that he may make use of the facts which are available, but useless to him unless he knows how to interpret them. Although "largely based on the writer's own scheme of lectures and practical classes" there is nothing didactic about it; evidence is critically examined and references to other authors are adequate.

The value of a book on a technical subject depends to a large extent on the table of "contents" and the "index." The headings and the sub-headings in the "Contents" give a poor indication of the scope of the chapters, but the "Index" is a good one. The type is large, the illustrations are good, and the formulæ and the tables are well printed; the book has been worthily produced. It deserves a large body of readers and a wide sale; medical students will find it more helpful for their purposes than any other availableon the subject, for laboratory workers it will save much searching in many books and papers, and all who have care of patients will find in it a useful book of reference and a real aid in times of doubt and uncertainty.

THE PRINCIPLES OF BACTERIOLOGY AND IMMUNITY. By W. W. C. TOPLEY, M.A., M.D., M.Sc., F.R.C.P., and G. S. WILSON, M.D., M.R.C.P., D.P.H. In two volumes. (London: Edward Arnold & Co., 1929.) Pp. 1300. Illustrated. Price 50*s*. net.

There has long been a need for a text-book of bacteriology which would deal adequately with the various aspects of the science both for the medical man and the bacteriologist proper. Too often are

the wants of only the former considered, and the latter assumed to be the handmaid of the diagnostician. The *Principles of Bacteriology and Immunity* attempts to make good this deficiency, and though some aspects must necessarily suffer from condensation in a work of this size, it succeeds admirably.

The work is planned in four sections:

Part I: Bacteria as organisms; their morphology, physiology, relation to culture media and disinfectants; and an excellent *résumé* of the serum reactions.

Part II: Systematic bacteriology, which contains summaries of the characters of the families, tribes and genera, in addition to general discussions of the bacterial groups.

The earlier American classification is for the most part adhered to. There is a short summary of our knowledge of the filterable viruses.

Part III consists of a critical review of the views on the phenomena of infection and resistance, one of the best of its length we have read.

The applications of bacteriology to the pathology and epidemiology of disease in man and animals is fully treated in Part IV. It includes a description of the diseases due to spirochætes and filterable viruses, and concludes with chapters on the normal flora of the human body, and the bacteriology of soil, water and food-stuffs.

The work is intended for students, and should prove of value to those who wish for more knowledge of bacteriology than a medical education can give them, and to those working for diplomas in public health, hygiene, tropical medicine and bacteriology. Not only is it valuable as an exposition of a wide field, but as an example of the critical method of approaching a subject as yet in the process of being co-ordinated into a science.

The bibliography is full, and the references to it in the text enough to enable the reader to pursue any particular point he wishes. There is an index to *both* volumes.

A TEXT-BOOK OF HYGIENE. By J. R. CURRIE, M.D., D.P.H., M.R.C.P., Professor of Public Health, University of Glasgow. (Edinburgh: E. & S. Livingstone, 1930.) Pp. xviii + 844. 110 Illustrations. Price 27*s*. net.

It is claimed for this newcomer that it is designed "to present an account of present-day hygiene which will meet the requirements of students of medicine studying hygiene or public health under the medical curriculum, and will at the same time be of service to candidates for Parts I and II of the examination for the Diploma in Public Health or degrees in Sanitary Science."

So far as it is possible to achieve such an object Prof. Currie may be said to have succeeded, but it must be obvious to all experienced teachers that the possibilities of success are extremely limited. All students in medicine, especially those reading under the personal direction and advice of a teacher, would find in this book an excellent and interesting survey of the subject. The book is beautifully printed and well illustrated, and generally speaking, the essential facts are presented in an attractive and thoroughly lucid fashion. Candidates for the D.P.H. also are provided in these 831 pages with a very large proportion of their requirements set out in a manner which is far above the average.

The legal matter is usefully broken up and presented in association with the subject to which it relates.

Criticisms even of such an admirable production as this are inevitable. It may be hoped that in future editions the death-rate among infants will be described as "infant" and not "infantile" mortality. The index needs revision. Even such an important subject as goitre (which is dealt with in an excellent summary occupying some four pages) is entirely omitted from the index. From an attractive section on foods and diets it must have been an accident which led to the omission of any reference to infant feeding. In connection with the control or prevention of puerperal sepsis the important part likely to be played in the future in the discovery and elimination of the "carrier" is omitted, although reference is made to the subject when discussing the causes of the infection.

In his useful section upon air and ventilation Prof. Currie is to be congratulated specially upon his retention of the indicator value of CO_2 in determining the sufficiency of ventilation from a health point of view. The part played by heat exchange in producing the immediate ill-effects of bad ventilation is not the whole of the story. The necessary physical standards can be maintained without having any effect upon the spray borne infection which floats in the atmosphere of badly ventilated rooms. This danger can only be removed by displacing the foul air and replacing it with fresh. Although the presence of the excess CO_2 does not itself cause the immediate discomforts produced by bad ventilation, yet its presence above the permissible limit indicates danger, and calls for improved methods of ventilation.

CLINICAL ATLAS OF BLOOD DISEASES. By A. PINEY, M.D., M.R.C.P., and STANLEY WYARD, M.D., M.R.C.P. (London: J. & A. Churchill, 1930.) Pp. xv + 98. Plates 36. Price 7*s*. 6*d*.

This "Clinical Atlas" satisfies a long-felt want in short and reasonably priced monographs. The scheme of the book is to render in list and picture short accounts of the main signs and symptoms which constitute the different blood diseases. Such a shorthand method has its limitations, for even blood diseases, each apparently sealed with the seal of its own peculiar blood-film, have a way of eluding simple and definite classification. One of the authors has already contributed to the "Recent Advances" series a stimulating account of hæmatology; his opinion upon the genesis of the cellular constituents of blood are there expressed in full detail. The user of this Atlas would be well advised to refer to the fuller work, for Dr. Piney's opinions, though they are not acceptable to all workers in this field, merit the greatest respect. The way of progress is through definition of opinion, and Dr. Piney states his opinion in a clear and understandable way.

The descriptions in this book are terse, the pictures show clearly the salient features of the different blood-films, and the glossary of hæmatological terms is, in these days, almost a necessity. An extremely useful book.

SYNOPSIS OF SURGERY. By E. W. HEY-GROVES, M.S., B.Sc., F.R.C.S.(Eng.). Ninth edition, revised. (Bristol: John Wright & Sons, 1930.) Pp. x + 676. Price 17*s*. 6*d*.

The compilation of a book which covers the whole field of surgery in a concise form and yet is not merely a "cram"-book is a difficult matter, but the fact that this synopsis has run through nine editions since its appearance in 1908 is a sufficient recommendation of its merits.

This edition, which has been completely revised and brought up-to-date, maintains the arrangement of the previous ones. It may be useful to describe the lay-out for those unfamiliar with the book. The subjects are arranged in an orderly manner (following the method of Rose and Carless, which may well be used as a companion text-book), and the use of type of various sizes assists in the tabulated form; near the end is a method for the differential diagnosis of an inguino-scrotal swelling, and the work concludes with a very full index and some excellent pages on surgical anatomy, though it is a pity that a list of centres of ossification is not added.

It will only be necessary to describe the additional matter in this edition. The use of radium in the treatment of malignant disease is discussed, though it is not mentioned in carcinoma of the rectum. The tannic acid treatment of burns and the injection treatment of varicose veins is described. The chapter on anæsthesia has been rewritten, and contains excellent descriptions of infiltration and spinal anæsthesia and such recent methods as "Avertin." There are many other additions, and the book may be thoroughly recommended for the purposes of revision in the last few months prior to meeting the examiners. The only point which calls for serious criticism is the illustrations. Those which are purely diagrammatic are excellent, but there are many drawings of pathological specimens which serve no useful purpose, and a much reduced block of a normal pyelogram might equally well be a photograph of the Albert Memorial in a dense fog!

AIDS TO ORTHOPÆDIC SURGERY. By ERIC A. CROOK, M.Ch., F.R.C.S. (London: Baillière, Tindall & Cox, 1929.) (Students' Aids Series.) Pp. viii + 232. Price 3*s*. 6*d*.

This little book, one of the Students' Aids Series, is clearly written. The commoner lesions of orthopædic surgery are amply described and many rarities are briefly dealt with.

The teaching is dogmatic, but an author who gives so much information in so little space must, of necessity, be dogmatic.

The section on Injuries is particularly concisely and methodically set out, but the information in the chapter on Ossification of Epiphyses would have been more appropriately given with the anatomical discussion of each fracture. The notes on First Aid in Fractures are very useful. The last chapter on Orthpædic Apparatus is a good addition, which might with advantage have been lengthened.

ANATOMY, DESCRIPTIVE AND APPLIED. By HENRY GRAY, F.R.S., F.R.C.S., formerly Lecturer in Anatomy at St. George's Hospital Medical School, London. Twenty-fourth edition. Edited by T. B. JOHNSTON, M.D., Ch.B., Professor of Anatomy in Guy's Hospital Medical School, University of London. (London: Longmans Green & Co., 1930.) Pp. xvi + 1466. 1301 illustrations, of which 607 are coloured. Price 42*s*.

It is now seventy-two years since Gray's *Anatomy* first appeared, consisting of 750 pages. The twenty-fourth edition has nearly doubled the original size and quadrupled the number of illustrations. The book has become world-famous, and it still more than holds its own among the standard text-books of anatomy. This edition has been thoroughly revised and brought up to date by Prof. Johnston, who has re written the section dealing with the central nervous system. Acknowledgment is made in the preface to Prof. G. Elliott Smith, whose work and views have so profoundly influenced neurology in recent years. The value of this section has been still further enhanced by the criticisms and suggestions of Prof. W. E. le Gros Clark. The embryology section also has been re-written. Over a hundred new illustrations have been added. Specially valuable are the four full-page plates which show the relations of the peritoneum. Several of the paragraphs devoted to applied anatomy have been curtailed. Apart from these changes the book is practically unaltered. The index has been revised by Mr. C. R. E. PIGGOTT.

THE ESSENTIALS OF HISTOLOGY. By Sir E. SHARPEY-SCHAFER and H. M. CARLETON. Twelfth edition. (London: Longmans, Green & Co., 1929.) Pp. x + 628. 755 illustrations. Price 15*s*. net.

In preparing the twelfth edition of this book the author has had the aid of Dr. H. M. Carleton, Lecturer on Histology in the University of Oxford. The book fully maintains its reputation as a classic in normal histology, and the illustrations throughout are frequent and clear. The various tissues of the body are discussed in turn; that on the blood contains details as to blood-counting, and also embodies the recent work on hæmapoiesis. An appendix contains a most useful account of methods used in histology. The book is invaluable to the student of the subject in the pre-clinical years, and is also a standard reference for normal histology during later pathological studies.

THE PHYSIOLOGICAL PRINCIPLES OF HYDROLOGY. By R. G. GORDON, M.D., D.Sc., F.R.C.P.(Edin.), and F. G. THOMSON, M.A., M.D., F.R.C.P. (London: Jonathan Cape, Ltd., The Modern Treatment Series, 1930.) Pp. 131. Price 5*s*.

"Our Sister Water," said St. Francis, "is very serviceable unto us," and this book provides abundant evidence of one aspect of the truth of his statement. The principles of hydrology are presented in a concise and unbiassed manner, and the indications and contra-indications for the various types of hydrotherapy discussed from first principles.

Perhaps, considering the size and purpose of the book, the authors devote too much space to pure pathology (which, we think, tends to become impure when that vague phrase "toxic absorption" occurs too frequently), but this, after all, is a small error. Moreover, the book possesses two relatively rare assets for a medical publication—its production is pleasing, and its contents sprinkled with a refreshing sense of humour. Why must most medical books have such unprepossessing exteriors and such insipid contents?

We must congratulate both the authors and the publishers on this production.

THE PHYSICS OF X-RAY THERAPY. By W. V. MAYNEORD, M.Sc. (London: J. & A. Churchill, 1929.) Pp. viii + 177. 106 illustrations. Price 10*s*. 6*d*.

In this short book the author has concerned himself mainly with the physical aspects and practical application of the measurements of X-ray dosage. From the wide field of theoretical physics he has gathered the facts and theories likely to be of value and interest to the radiologist, or to students of the subject.

The purely physical portions have been reduced to a bare minimum, and are introduced to lead up to the consideration of practical X-ray measurement in therapy. This has been done extremely well, and could hardly be bettered. The explanations are lucid and brief, and the condensation is not at all noticeable whilst reading the book. A volume of this type can hardly be expected to "read like a novel," but the style is refreshing and attractive, and the analogies used to help with the more abstruse considerations do a good deal towards allaying one's fears of modern physics.

Many diagrams and graphs are included to illustrate the various points that the author wishes to make, and a full index is provided.

This is a book that can be recommended as likely to be of help and interest to anyone concerned with X-ray treatment.

FEVERS AND FEVER NURSING. By EVELYN C. PEARCE. (London: Faber and Faber, Ltd.) Price 5*s*.

This little book of under two hundred pages is intended by its writer for the use of nurses working for their finals, but it is worthier of a wider public than that. Every student should realize that in after life, particularly if he becomes a general practitioner, he will be called upon to give advice to his patients on matters of nursing, and his reputation will suffer if he is unable to do so.

No student, be he qualified or not, would be wasting his time if he read this book and stored in his memory the practical points outlined therein.

The book's chief merit lies in the eminently practical way in which it is written. Details of nursing are given fully, and many little tips known only to a good, experienced nurse crop up page after page. Among many good things is the emphasis laid on the place of sleep in the treatment of fevers; the importance of the care of the mouth and tongue is also insisted on. The treatment of fevers in the open air is commended highly; surely this is a path which might be more fully explored than it has been up to the present. The nursing of a fever case at home is dealt with at some length and cannot but be of the greatest use to nurses and doctors alike.

A DICTIONARY OF DENTAL DISEASES AND TREATMENT. By I. FLEMING MCASH, L.D.S., L.R.C.P., L.R.C.S. (London: A. & C. Black, Ltd., 1930.) Pp. 285. Price 7*s*. 6*d*.

This is a small reference book, and consists of short articles arranged in alphabetical order of subjects. Although it is intended primarily for dental students and practising dentists, there is much in it of interest to medical practitioners, such, for instance, as the diagnosis of the cause of pain in the face or neck. It is concisely and pleasantly written and is an excellent little book for its purpose.

HANDBOOK FOR RECENTLY QUALIFIED MEDICAL PRACTITIONERS. Published by the British Medical Association. Pp. 168 + xvi. Price 3*s*. 6*d*.

Every Bart.'s man will eventually have to decide what he is going to do when he leaves the Hospital. The answer to this question needs to be well thought out, and some aid may be required in coming to a decision. This little volume, issued by the British Medical Association, is extremely helpful, and can be obtained gratis by those attending the meetings of welcome given by the local branch of the Association to senior students and recently qualified men, or direct on application to the Financial Secretary at the House, Tavistock Square, W.C. 1, price as quoted above.

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

BACH, FRANCIS, M.D. "On the Clinical Significance of Right Branch Bundle Block." *Quarterly Journal of Medicine*, April, 1930.

BROCKMAN, R. STLEGER, M.Chir., F.R.C.S. "Aneurysm of the Splenic Artery." *British Journal of Surgery*, April, 1930.

BROWN, W. LANGDON, M.D., F.R.C.P., with the Collaboration of R. HILTON, M.A., M.B., M.R.C.P. *Physiological Principles in Treatment*, 6th edition. London: Baillière, Tindall & Cox, 1930.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Chronic Hypoglycæmia." *British Medical Journal*, May 3rd, 1930.

CAPPS, F. C. W., F.R.C.S. "Swellings in Larynx attributed to Gas Poisoning." *Proceedings of the Royal Society of Medicine*, April, 1930.

——— "Syphiloma of Larynx." *Proceedings of the Royal Society of Medicine*, April, 1930.

CARMICHAEL, E. ARNOLD, M.D., M.R.C.P.(Lond.), F.R.C.P.(Edin.). *See* WELLS and CARMICHAEL.

CHOPRA, R. N., M.A., M.D., I.M.S. (and DUTT, A. T.). "Seasonal Variations in the Alkaloidal Content of Indian Ephedra." *Indian Journal of Medical Research*, January, 1930.

COCHRANE, R. G., M.D., M.R.C.P., D.T.M.&H. "Prognosis in Leprosy." *Leprosy Review*, January, 1930.

——— "The Choice of Hydnocarpus Preparation." *Leprosy Review*, April, 1930.

EVANS, FRANKIS T., M.B., B.S. "Discussion on Anæsthesia in Thoracic Surgery." *Proceedings of the Royal Society of Medicine*, April, 1930.

GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "The Radium Problem." *Clinical Journal*, April 9th, 1930.

GORDON, MERVYN, C.M.G., D.M., F.R.S. "Discussion on Actinomycosis Common to Man and Animals." *Proceedings of the Royal Society of Medicine*, April, 1930.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "The Treatment of Carcinoma of the Rectum with Radium; with an Introduction on the Spread of Cancer of the Rectum." *British Journal of Surgery*, April, 1930.

HADFIELD, GEOFFREY, M.D., M.R.C.P. "Fat Necrosis of the Breast." *British Journal of Surgery*, April, 1930.

HALES, H. W., M.D. "Discussion on Bath Reactions in Spa Treatment." *Proceedings of the Royal Society of Medicine*, April, 1930.

EXAMINATIONS, ETC.

University of Oxford.

The following degrees have been conferred:
D.M.—Walsh, R. A.
B.M.—Pearson, M. G.

University of Cambridge.

The following degrees have been conferred:
M.D.—Chadwick, N. E., Struthers, J. A.
D.Chir.—Wright, B.

Royal College of Physicians.

The following has been admitted a *Member*: Posel, M. M.

The following have been elected *Fellows*: Crowley, R. H., Abrahams, A.

Royal College of Physicians of Edinburgh.

The following has been elected to the *Fellowship*: Gray, A. O.

Conjoint Examination Board.

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

Beattie, D. A., Church, W. F., Coorland, H., Fawcett, R. E. M., Frederick, E. V., Hay, D., Kendall, N. F., Leaver, R. H., Little, G. S. R., Mandelstam, M., Morgan, J. B. S., Oxley, P. M., Risk, R. S., Robb-Smith, A. H. T., Roberton, H. E. W., Ross, K. M.

CHANGES OF ADDRESS.

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SHANNON, H., 194, Wattletree Road, Malvern, S.E. 4, Victoria, Australia.
SIMMONS, H. C., Karreebosch, P.O. Kromdraai, South Africa.
SLOT, G. M., 26, Harley Street, W. 1. (Tel. Langham 2252.)
SOLTAU, H. K. V., Craigmillar, Crofts Lea Park, Ilfracombe.
WALSH, R. A., Stucley House, Great West Road, Lampton, Middlesex.
WILLOUGHBY, H. M., "Kowloon," Old Road West, Gravesend. (Tel. Gravesend 626.)

APPOINTMENTS.

DAVIES, J. LLEWELLYN, M.B., B.Ch.(Cantab.), F.R.C.S., appointed Honorary Assistant Surgeon, The Children's Hospital, Nottingham.

JEAFFRESON, B. L., M.D.(Lond.), F.R.C.S., appointed Tutor in Obstetrics and Gynæcology, University of Leeds.

ROTH, E. J. H., M.R.C.S., L.R.C.P., D.M.R.E.(Cantab.), appointed Radiologist to the Freemasons Hospital, London.

SHANNON, H., M.D.(Lond.), D.P.H.(Oxon.), appointed Senior Assistant, Alfred Hospital, and Honorary Physician, Austin Hospital, Melbourne.

SKEGGS, B. LYNDON, M.R.C.S., L.R.C.P., appointed Honorary Anæsthetist to North Hertfordshire and South Bedfordshire Hospital.

BIRTHS.

ALLCHIN.—On Easter Day, 1930, at 48, Birch Grove, Acton, to Louise Maude, wife of F. M. Allchin, M.B.(Lond.)—a son.

CHAVE COX.—On Saturday, May 17th, 1930, to Dr. and Mrs. Chave Cox, of 137, Hornsey Lane, N. 6—the gift of a daughter.

COCHRANE.—On May 1st, 1930, to Dr. Robert G. and Mrs. Cochrane, Orpington—a son.

DILLON.—On April 21st, 1930, at Stonefield, Blackheath, to Mai, wife of Dr. John Dillon a son.

MAURICE-SMITH.—On May 4th, 1930, at Etheldreda House, Ely, Cambs, the wife of Dr. K. S. Maurice-Smith, of a son.

PIDCOCK. On May 8th, 1930, at The Friary, Winchester, to Margaret (*née* Griffith), wife of B. Henzell Pidcock, M.B., B.S., F.R.C.S.—twin sons.

RUSSELL. On April 20th, 1930, to Lilian May (*née* Longmore-Maviue), wife of H. G. Bedford Russell, F.R.C.S., 86, Harley Street—a son.

MARRIAGE.

WALK—LUCAS.—On April 23rd, 1930, in London, Alexander Walk, M.D., to Barbara Valentine Lucas, M.D.

SILVER WEDDING.

HINDS-HOWELL—GULLAND.—On April 25th, 1905, at St. John's Church, Edinburgh, Conrad Meredyth Hinds-Howell to Mabel Dalton Gulland. Present address: 145, Harley Street, London, W. 1.

DEATHS.

AGNEW.—On May 18th, 1930, at Bishops Stortford, Dr. Edward Dalton Agnew, youngest son of the late Major-General Agnew, Bengal Staff Corps, aged 72.

ARMIT.—On March 12th, 1930, at Sydney, New South Wales, Henry William Armit, aged 59.

BALDOCK.—On May 10th, 1930, at 272, Earl's Court Road, Alfred Baldock, M.B., son of the late John and Lavinia Baldock, aged 80.

BRIDGMAN.—On May 10th, 1930, at Broomfield, Dawlish, Henry Edward Bridgman, M.R.C.S., L.R.C.P., formerly of Burton-on-Trent, aged 80.

CAPELL.—On Sunday, April 13th, 1930, suddenly, at 34, High Street, Abertridwr, South Wales, John Capell, M.B., B.S.(Lond.), late of Blackheath and Edgware Road.

GARDNER.—On April 29th, 1930, William Thomas Gardner, M.D., of Woodend, Lymington, aged 72, son of the late William and Rebecca Gardner, of Heddon, Bournemouth.

HARPER.—On May 9th, 1930, at 11, Arlington Road, Eastbourne, Alexander Harper, M.D., beloved husband of Evelyn Harper, aged 69.

MOORE. On April 27th, 1930, at 21, De Montfort Street, Leicester, Charles Arthur Moore, M.D., aged 78.

SANDILANDS. On May 8th, 1930, suddenly, at 4, Gayton Crescent, Hampstead, John Edward Sandilands, M.C., M.D.

STURMER.—On May 14th, 1930, at 7, Beaufort Road, Clifton, Bristol, Arthur James Sturmer, Lieut.-Col. I.M.S. (retired), aged 79.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Tues., July 1.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 2.—Cricket Match *v.* University College. Away.
Tennis Match *v.* Royal Naval College. Home.
Fri., ,, 4.—Sir Percival Hartley and Sir Holburt Waring on duty.
Sat., ,, 5.—Tennis Match *v.* Campden Hill L.T.C. Away.
Tues., ,, 8.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Wed., ,, 9.—Cricket Match *v.* St. Anne's. Away.
Tennis Match *v.* Royal Artillery (Woolwich). Away.
Fri., ,, 11.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., ,, 12.—Cricket Match *v.* Hornsey. Home.
Tennis Match *v.* Staff College. Home.
Tues., ,, 15.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Swimming Match. Inter-Hospital Cup Final.
Wed., ,, 16.—Tennis Match *v.* Royal Naval College. Away.
Fri., ,, 18.—Prof. Fraser and Prof. Gask on duty.
Sat., ,, 19.—**Last day for receiving matter for the August issue of the Journal.**
Cricket Match *v.* R.A.F. (Halton). Away.
Tues., ,, 22.—Sir Percival Hartley and Sir Holburt Waring on duty.
Fri., ,, 25.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Sat., ,, 26.—Tennis Match *v.* Winchmore Hill. Home.
Tues., ,, 29.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

EDITORIAL.

DR. T. W. SHORE.

THE retirement of the Dean, although it was expected, comes with none the less of a shock. The first glimpse of St. Bartholomew's has been intimately bound up with his figure and his personality for so many generations of students, and he so admirably played his part, that it seems impossible to think of the School without him.

What he has done for the Medical School is little known by the present generation—not many know even how he worked with Sir Anthony Bowlby to secure the ground at Winchmore Hill—but, when the next chapter in the history of the Hospital comes to be written, his influence and the great work which he accomplished will receive the full honour that is their due.

We publish elsewhere a short appreciation of his services, and we wish him all happiness in his retirement.

* * *

THE FIRST OPERATION IN THE NEW BLOCK.

Sir Holburt Waring performed the first operation in the new Surgical Block on Tuesday, June 17th, 1930. He was assisted by Mr. Girling Ball. The gallery in Heath-Harrison Theatre was full one hour before the operation was due to begin. Mr. Girling Ball, in an excellent speech, pointed out how all the credit for obtaining the new Surgical Block and theatres was due to Sir Holburt, who had worked hard for years on behalf of his colleagues. The surgeons had been working at a great disadvantage for the past twenty years, being forced to use what were put up originally as temporary theatres. Sir Holburt, in reply, said that the new Surgical Block was unique, there being no similar arrangement of wards and theatres in the world.

The operation list was representative of modern surgery, and the actual first operation, a favourite with Sir Holburt, was that for the cure of a clicking jaw. The first anæsthetic was given by Dr. Frankiss Evans, with the new anæsthetic installation.

The theatre staff deserves congratulation on the efficiency with which it worked in the new surroundings. The only sad note was struck by the dressers, who watched the proceedings from the confines of a pen,

instead of enjoying that freedom of the theatre which has always been prized and respected by their predecessors.

Among the many spectators were Prof. de Quervain and Lord Moynihan.

* * *

Congratulations to Dr. A. E. Gow on his appointment as Physician to the Hospital.

* * *

Mr. Girling Ball has been elected Dean of the Medical College. We extend to him our congratulations and a hearty welcome, more than tinged with admiration. The cares of a large and growing private practice, and of a hospital practice, combined with those of the Deanship, will assuredly keep him busy.

* * *

FINAL FELLOWSHIP.

The Final Fellowship results maintain the traditionally high percentage of successful Bart.'s candidates. Eighteen of the forty-three who are entitled now to the Diploma of Fellow attended the special course at Bart.'s.

* * *

On Friday, June 20th, the Clinical Applied Physiology lecture was delivered by Prof. Van Slyke on the "Chemistry of Nephritis."

* * *

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

C.B.—Sir Harold D. Gillies, F.R.C.S.

M.V.O.—C. V. Braimbridge, F.R.C.S.

Kaisar-i-Hind Medal.—J. E. Sandilands (recently deceased).

ACKNOWLEDGMENTS.

Acta Ophthalmologica (Copenhagen)—The British Journal of Nursing—The Bulletin of the American Hospital Association—Bulletin de l'Hôpital Saint-Michel—Bulletins et Mémoires de la Société de Médecine de Paris—Caduceus—Cambridge University Medical Society Magazine—The Clinical Journal—L'Echo Médical du Nord—Les Echos de la Médecine—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital—The Kenya and East Africa Medical Journal—King's College Hospital Gazette—The London Hospital Gazette—Long Island Medical Journal—Medical College Magazine (Calcutta)—The Medical Journal of Australia—The Middlesex Hospital Journal—New Troy—The Nursing Times—The Post-Graduate Medical Journal—St. George's Hospital Gazette—St. Mary's Hospital Gazette—The St. Thomas's Hospital Gazette—Rivista di Scienze Applicate all'Educazione Fisicae Giovanile—The Student—The University of Toronto Medical Journal.

T. W. SHORE:
YEARS OF SERVICE, 1879–1930.

THE Dean has retired!

After full fifty years of unbroken work at Bart.'s he is surely entitled to his rest, though his resignation will leave a gap in the ranks difficult to fill.

In the last fifty years the Dean has seen the rise and development of modern medical education, and the gradual but steady change from the Hospital as it was made by Gibbs to what it is now. He has seen the Library completed following the demolition of the old Giltspur Street Gate; he has seen the Dissecting Room built, the Lecture Theatres, the Biological Laboratory, the Out-Patient Department, the Pathological Block, the Nurses' Home and the new Surgical Block.

This is a wonderful record—wonderful because it is a record in stone and buildings of the rapidity of the development of modern medicine, to find a parallel to which one must go back to Ancient Greece. Buildings are important, but are as nothing compared with the men who work in them, and in this last fifty years Bart.'s has passed through a period of transition during which its Medical School has evolved from a system of apprenticeship to a high position in the medical educational world.

T. W. Shore has been in the midst of this movement—in fact it may be said that in large measure it is due to his work that our Medical College stands where it does.

Sir Wilmot Herringham summed up his views in a pithy sentence when he said, "The reign of Shore has been a great one." And so it has. He came here in 1879 after gaining the Entrance Scholarship in Science; he won many scholarships during his student's life and qualified in 1883. Dr. Gee took him as his House Physician, and immediately after he was appointed Lecturer on Comparative Anatomy. In 1891 he was appointed Warden of the Residential College, occupying the house to which Paget brought his bride, and in which the Matron is now living. In 1891 the Warden was the Secretary of the Medical School, and thus the chief executive officer from the educational side. It was in this capacity that Shore began to show his ability as an educationalist and administrator, powers which grew and grew as he matured. In 1892 the medical curriculum was changed and became a five-years course, and then the Lectureship on Comparative Anatomy was changed, and Shore became Lecturer on Biology.

As a lecturer he was pre-eminent. Though not using the powers of oratory beloved by Savory and Paget, T. W. Shore was most persuasive with his chalk. His lectures are still vivid in the minds of those who heard them. They still remember how on the blackboard he used to make a cell divide and re-divide, assume the morula stage, develop the body-cavity or cœlom, and so to the adult stage. Nothing like it has been shown at Bart.'s until Dr. Canti's film demonstrated how a living cell grows and has its being. Shore's diagrams on the blackboard were slower, but a good deal more useful to the student. The College signalized his services by electing him Emeritus Lecturer in Biology in 1923.

In 1906, owing to the increase and complexity of medical education, the organization of the Medical School was changed, and T. W. Shore was elected its Dean; and later, when the Medical School became a College incorporated under Royal Charter, he followed on, and retained this position until his retirement.

His policy has always been to secure for the students a broad liberal education on sure foundations. Through many times of difficulty this has been his guiding star, and it has served him well.

He retires now full of years and honours, and he takes with him the goodwill of hundreds and thousands of old Bart.'s men for whom he has laboured, and the knowledge that he has done a fine piece of creative work.

G. E. G.

ST. BARTHOLOMEW'S FIFTY YEARS AGO.

Summer Sessional Address delivered to the Abernethian Society, Thursday, June 5, 1930.

By Sir ARCHIBALD GARROD, K.C.M.G., D.M., LL.D., F.R.S.,

Consulting Physician to St. Bartholomew's Hospital.

MR. PRESIDENT, LADIES AND GENTLEMEN,—When you did me the honour of asking me to address you this evening, it seemed to me that, as I entered as a student here just fifty years ago, some account of the Hospital as it then was, and of the work carried on within its walls, would form a fitting subject for my discourse.

Half a century is not a very long period in the life of an institution which has celebrated its eighth centenary; but it might be thought that no previous fifty years in the history of St. Bartholomew's could have witnessed changes so profound and so far reaching as those between 1880 and 1930. Yet, if you refer to the *Hospital Journal* of July, 1912, you will find in it an address, with almost the same title, delivered by the late Sir William Church, which tells of sweeping changes between 1860 and 1880, including a complete revolution

§

in the nursing services, and in the system for admission of patients.

Nor must we forget how many vicissitudes our Hospital has passed through, and how closely in touch it has been with the making of history. Twice has it been rebuilt from its foundations. It has looked out upon Wat Tyler's mob in Smithfield, and upon the burning of martyrs. The flames of the Great Fire of London almost licked its walls. It has survived the suppression of the parent Priory, and its own refoundation by King Henry VIII. In recent times it has resisted successfully an intensive newspaper campaign to move it into the country, because, as it was urged, the ground on which it stands is too valuable for a hospital site. Still more recently its windows have been smashed and its gate scarred by bombs dropped by hostile aircraft, and it carried on through the war with a greatly reduced staff, whilst its sons served their country alike at home and abroad.

There is not really any breach of continuity between the days of Rahere and the present time. Every day, from then to now, the sun has risen upon this place, and every day before it set something had been learnt and something done for the relief of human suffering; until, by the accumulation of knowledge acquired here, and in other centres of medical work, medicine and surgery as we know them have been built up to their present stature. Yet it would be hard to match the changes wrought by the last half century, not in medicine only, but in all aspects of life.

Indeed the world was very different in 1880. Picture to yourselves, you students of to-day, a world in which there were no telephones, no electric lights, save an occasional arc lamp, no motor cars, and very few fixed baths, not to mention such innovations as aeroplanes and wireless transmission. It was a world of horse vehicles in which, when a member of the Staff was wanted at night, a porter was sent in a hansom cab to fetch him; a world in which the noise of the traffic was quite different, although the sound of iron tyres upon granite blocks had no advantage over the noises of to-day. Yet, having no conception of such things we did not hanker for them, and one may be allowed to doubt whether the invention of the petrol engine has made any addition to human happiness comparable to the increase in the death-roll which it has brought about. The hansom cab was a pleasant vehicle to ride in, so long as the horse did not fall and throw one against the glass.

So, too, when I let my thought go back to my student days in this place, I realize that not only have new buildings been erected and old ones pulled down within the precincts of the Hospital, that not only has the Staff

increased in size, and the members of the Staff of those days have all passed away, but also that the subjects taught here, and the methods employed for the diagnosis and treatment of disease have changed beyond recognition. The medicine and surgery which we learned have been transformed by the acquisition of different outlooks upon the problems of pathology, different methods and sometimes different aims of treatment.

If one of the physicians to this Hospital in 1880 had fallen asleep, as Rip van Winkle did, and wakened into the wards of to-day, he would be wholly unable to understand what his successors are talking about, unless perhaps his early training, in days when Greek was still compulsory, should enable him to interpret some of the terms in use. Just as to him such words as carburettor and petrol, wireless and broadcasting, fuselage and hangar would have no meaning, the same would be true of leucopænia, auricular fibrillation, X-rays, anaphylaxis and allergy, to mention only a few of the medical terms in common use among you. But never forget that he did his bit, and those who followed him did their bits in helping to build up that new knowledge which is presented to you ready made.

One of the most striking differences between 1880 and now is the great increase in the size of the Staffs of the Hospital and School, but I would point out that the number of students was as great then as it now is: the entry of full students in 1880 was over 140.

There were four full and four assistant physicians, a corresponding number of surgeons, two obstetric physicians and two ophthalmic surgeons. These twenty men constituted the Hospital Staff. The various special departments were under members of that Staff, and also the chief lecturerships. An assistant surgeon, Mr. Morrant Baker, lectured on physiology, with the help of Dr. Klein, who had been recently appointed to teach histology. Only the lecturers on chemistry and botany were not medical men. Dr. Norman Moore, Warden of the residential college, lectured on biology and demonstrated in morbid anatomy. The lecturer on pathology was Dr. Wickham Legg, an assistant physician.

A demonstratorship in anatomy was the natural stepping-stone to the surgical staff, and one in physiology to the medical staff. There were medical and surgical registrars and a medical tutor.

There were four house physicians and four house surgeons (who were each appointed for a whole year), an obstetric assistant and an ophthalmic house surgeon. The medical and surgical resident posts were thus much fewer and were much sought after. To be in the wards for a full year gave splendid opportunities of gaining knowledge and experience, but to come into office as I did, in the middle of a full-duty week, without any previous experience, was rather alarming. Each firm was on duty one full week in every four, and, as there were no assistant house physicians, the man on duty never left the Hospital precincts during his duty week. The house physician on duty had to see all casualty patients except those who attended between the hours of 9 and 10 in the morning. To hold a resident post of that kind was undoubtedly a great privilege, but it was obviously desirable that the advantages should be extended to larger numbers, and the preliminary training in the junior post is likely to make a man a more efficient officer when he attains to senior standing.

Of the physicians and surgeons to the Hospital in those days, a large proportion had attained, or afterwards attained, to leading positions in the profession. Amongst the sixteen of them were one future President of the Royal College of Physicians, and two who became Presidents of the sister college; and one, Mr. Howard Marsh, who became Master of Downing College, Cambridge. Upon no less than six of them baronetcies were conferred. You will see portraits of several of them in the Great Hall, and the names of some at least must be familiar to you all.

Doubtless you will be more interested by an account of the Hospital as it was, and of the work which went on in it, than of men whom you never saw and whose voices you never heard. Yet these were the men who were shaping our minds and influencing our outlooks, and even determining our careers, and the outcome of whose experience is being handed down to you by those whom they taught. I could easily speak of them for the rest of the time at my disposal, but what I do say shall be brief.

For each one of us some personalities of our early days stand out with special clearness, but these are not the same for all of us.

My earliest steps in clinical medicine were guided by Dr. James Andrew, but partly, too, by the Sister Mark of that day, Miss Greenstreet, of whom I always think with gratitude. Dr. Andrew, formerly a Fellow of Wadham College, Oxford, was a most wise and prudent physician, not a man of many words: one who wrote little, but taught us much by precept and example. There is an admirable portrait of him by Collier in the Hall, with wooden stethoscope in hand, and in his coat lapel his favourite black-headed pin, which he was reputed to have gone to Bournemouth to fetch between sittings to the artist. A clerk once asked him, in my hearing, what is good for chorea. "Six weeks" was the reply.

Dr. Gee was an outstanding teacher at the bedside, a modern Hippocrates, who, like his precursor, spoke in aphorisms. More than one malady was first described by him. He inspired the greatest admiration for his abilities in all who worked under him. He could be formidable at times, as to one whom we will call Jones: "Well, Jones, what is the cause of this?" "I am sorry, sir; I *did* know, but I have forgotten." "That is a pity, Jones, for now no one knows."

Dr. Church—for I refer to them by the names by which we knew them then—an Harrovian and student of Christ Church, was destined to reach the headship of the profession. He was wise in council, an excellent man of business, and by tastes and inheritance a country gentleman.

Mr. Savory, for whom I dressed, was an orator who approached Paget in felicity of phrase; a good surgeon, a man of incisive and sarcastic speech, but who sometimes met his match. It is told of him that meeting in the Square Dr. Klein, then a recent addition to the teaching staff, he inquired, "Well, Dr. Klein, is there anything new about the red corpuscles of the blood?" "No, Mr. Savory," was the reply, "except that they are not corpuscles and not red." Savory was the protagonist amongst the opponents of Listerism, and his opposition to the use of antiseptics was vocal and emphatic: "You had better shut that door lest one of Mr. Lister's germs should come in." He was ready to acknowledge the improvement which Lister was bringing about by his example and teaching, but maintained that cleanliness and not carbolic acid was the proper means of abolishing surgical sepsis. Yet a modern surgeon would consider Savory's notion of asepsis nothing short of grotesque.

Mr. Thomas Smith, universally known as "Tom Smith," a beloved surgeon, one of the most popular and wittiest men of his generation, was a man of keen mind and deft fingers, whose rapid and skilful operations attracted many onlookers. He was the first to operate for cleft palate in young children, and the instruments which he invented for that purpose go by his name. Not a few of his witty sayings were treasured by his colleagues and pupils.

Of the younger man, it was Dr. Lauder Brunton who first gave nitrite of amyl for the relief of angina pectoris. He was one of the kindest of men, an inveterate researcher, but sometimes too easily convinced. In a small laboratory up near the Museum, he and his helpers carried out pharmacological investigations. The application of pure science to medical problems was his ideal. From my old chief, Dr. Duckworth, one of the most careful of physicians, I gained a sound grounding in clinical methods and the use of remedies by watching his practice during my house-physiciancy. Another to whom I look back with reverence and affection was Mr. Butlin, a man of slight physique and boundless energy, keen alike in his public work for the profession, in his practice and in pathological research on malignant growths. To him modern laryngology owes much. Yet he was never too busy to help a student. To him also must be assigned a place among St. Bartholomew's orators. He, like Savory, became President of the Royal College of Surgeons.

The then Warden of the Residential College was Dr. Norman Moore, a man of great learning, with a gift of presenting the facts which he acquired in a most interesting way, destined to attain to the Presidency of the College of Physicians. His history of the Hospital is a monumental piece of historical research.

One of the outstanding figures in that day was that great obstetric physician, Dr. Matthews Duncan, who came to us from Edinburgh. He was a great teacher and a founder of modern gynæcology.

Amongst the House-men were Anthony Bowlby and C. B. Lockwood, who already gave promise of their future achievements.

But I must not linger to speak further of persons, and can only name some other leading figures: Sir Sidney Waterlow who lived as Treasurer in his official house; Mark Morris, the Steward, the very embodiment of efficiency without friction, whose portrait by Ouliss hangs in the Steward's Office. Many other figures have places in the memory picture of Bart.'s in 1880—Beadles of Herculean strength, and many others who served the School in various capacities. Nor can I omit to mention how much in those days, as at all times, the efficiency of the work of the Hospital depended upon that of the members of the nursing staff.

Let me now try to give you an impression of what the Hospital was like when I entered as a student, but taking you for a sort of personally conducted tour. Let us suppose that we have dropped off a horse 'bus at the bottom of Giltspur Street (one could drop off 'buses without undue risk in those days), and as we walked towards the gate we had the buildings of Christ's Hospital (the Blue Coat School) on our right abutting upon the new Medical School Building, the Library Block opened in the previous year. Between the school and King Henry VIII Gate was a row of shops, Arnold's and Ferguson's, and also a bunshop, which helped to make very inadequate provision for the inner man of the student. He could, indeed, get lunch in the College Hall, but usually preferred not to do so.

King Henry's Gate is unchanged. On passing through it one saw on the right, about where the gun now is, a building of one floor with a skylight, which was originally built for the weekly ceremony of admission of in-patients, but had been converted into an anatomy theatre. Later, this same building became the first

Electrical Department, and later still the Inquest Room, and was finally demolished when the Pathological Block was built.

As one passed through the archway the Square looked much as it does now, save that there were no shelters. In his *Carmen Elegiacum* the late Poet Laureate, Robert Bridges, spoke of its shady trees, its well-trodden ground which served as a forum, and its splashing fountain, in first-class Latin verse. How very many confabulations has that fountain seen, or rather heard? ! How many have sat around its edge, and, in days when coats had tails, how many got them wet!

At half-past one, as now, you would have seen the gathering of the house-men, clerks and dressers, all waiting for their chiefs, but there were no white coats among them. Presently a brougham drawn by a pair of grey horses would drive into the Square to the entrance of one of the blocks, and from it would alight Dr. Gee, small and alert, wearing the orthodox frock-coat and tall hat of the Victorian Consultant. Then perhaps his private hansom would bring Mr. Tom Smith, and others would arrive in turn. Then students and residents would sort themselves out into groups, following their respective chiefs.

Let us suppose that we have attached ourselvesto the physician on duty, and have followed him first to the post-mortem room, a small triangular place tucked away in the south-west corner of the square, and then have gone with him to his ward, up the stairs—perhaps all three flights, for there were no lifts as yet, and no such ample sisters' rooms, the provision of which essentials greatly spoiled the handsome sweep of the staircases.

The ward itself would have looked much as it does now, but there were no fixed basins. An ample coal fire burned on the spacious hearth, and the poker of brobdingnagian size could form a formidable weapon in the hands of a maniacal patient.

Perhaps "the round" would scarcely have begun when a more or less breathless porter would announce to the house physician that there was a case in a cab in the Square, and he, with permission from his chief, would go down to see it; and this might recur several times in an afternoon.

The reorganization of the nursing staff was by that date almost complete, and the dress but not the cap of the nurses was as now, and no longer the sombre brown of which Sir William Church spoke in his address.

In almost all medical wards there were a few cases of typhoid fever, nursed, of course, with all due precautions, and often a case of diphtheria in a cot. The only isolation ward was Radcliffe, which was devoted to patients who developed scarlet fever in hospital, and occasionally contained typhus cases. Doubtless the removal of typhoid cases to isolation hospitals was a right move, but the loss to clinical teaching in general hospitals is very great. No malady offers so great opportunities for clinical teaching throughout its course, and the student who watched the patients day by day, who saw the methods of nursing employed, who observed the temperature, pulse and heart-sounds of the patients, and the treatment employed in the various emergencies which may arise, learned priceless lessons.

If I am not mistaken, there was only a single board above each bed, which carried notes, prescriptions and temperature charts, held in place by overtaxed drawing-pins. The chart was a rather new addition, for only ten years or so previously had the clinical thermometer come into general use in hospital wards, and ten years before that it had not been invented, in any portable form. There were no coloured slips with laboratory reports, for there were no laboratories to furnish them.

The student had to learn more of the niceties of clinical examination by methods dependent upon his own senses, for he had to rely upon these without such aids as leucocyte counts, Widals and the like. But nevertheless I must admit that the physician of to-day is more skilled in the recognition of the earliest signs of pulmonary tuberculosis—partly no doubt because he has been able to check his observations by the detection of the tubercle bacillus in the sputum.

As to treatment, much more attention was paid to the writing of prescriptions, now becoming a lost art, and there was much more belief in drugs.

(To be concluded.)

ON CLINICAL PSYCHOLOGY.*

ON entering this familiar theatre to lecture for the last time as a member of the active staff, my thoughts not unnaturally go back to the first time I heard a lecture within its walls thirty-six years ago. It was by Sir James Paget.

Now there have been two great changes in medicine since those days; first, the rise of clinical pathology, and then what we may term clinical psychology. Lest we should be unduly puffed up, it is useful to remember that Sir James Paget, although a surgeon, advocated a psychological approach to medicine. The medicine of those days is often labelled materialistic, but no Paget could be merely a materialist. Listen to this letter he wrote to Sir Henry Acland in 1886:

> "This clever, charming and widely-known lady will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear or forget all the turbulences of her nervous system."

Or these extracts from his lectures on nervous mimicry:

> "Be clear that these patients are not all silly or fraudulent. . . . The probability of mimic rather than real disease will be much increased if the symptoms seemed to follow any great or prolonged mental tension. . . . Egotism has its keenest life at and about the supposed seat of disease. . . . The neuro-mimetics will talk of their agonies with calm and smiling faces, or with half-closed quivering eyelids; some seem proud in the immensity of their ailments; in some there seems to be an unbounded capacity for the enjoyment of suffering."

And then his well-known aphorism, "The patient says 'I cannot'; it looks like 'I will not'; but it is 'I cannot will.'"

But it must be admitted that such an attitude was the exception rather than the rule. Even to-day the study of the patient as an individual rather than as a case is often neglected. In hospital that is almost inevitable, since we see the patient detached from his environment. We are satisfied if we can exclude organic disease, but even organic diseases have a penumbra of functional symptoms. On going into practice you are presented with an entirely different aspect, for which we can do but little to prepare you here—the problem of the patient's environment. The treatment of the patient's relations is often more difficult than the treatment of the patient himself. You have to consider him as an individual with contacts and interactions with other individuals who may have profoundly influenced him for good or ill, and can continue to influence him now. You will see him for a limited time each day, but the environment is always with him. What a profound difference it must make to the success of your treatment if his entourage is enthusiastically supporting you, or if the recurrent *motif* is "I suppose Dr. So-and-So is very clever, but I wonder if ———."

The fallacy of treating the patient merely as a case has been pilloried by Dr. Crookshank in this somewhat caustic manner:

> "It has recently been said by Biot of Lyons that there are only two orthodox schools of medical thought—the Necrological and the Veterinary! Of these the first, which may be called the post-mortem or Mortuary School, is now a little *démodé*. It arose first in France more than a century and a quarter ago, and owed its juvenile activity to opportunities afforded by war and the guillotine during the age of Reason and Liberty. In England, a little later, several London hospitals became, as it were, chapels-of-ease for the propagation of the new and lugubrious creed, being directed to this end by several eminent necrologists whose names we still commemorate in the diseases they invented."

Physicians of the veterinary or analogical school do at least admit the advisablity of studying life in living objects. "But holding all things 'subjective' and therefore contemptible that are not revealed at the scalpel's point or by the scratching of a needle on a smoked drum, they are not prepared to allow 'what the patient says' to be heard in evidence. They will not allow that the making of a statement, whether true or false, by any patient is a datum at least as 'objective' and as worthy of interpretation as the making of a noise, whether systolic or diastolic, by any heart. On the contrary, they choose to reason analogically from a rabbit or a rat rather than to observe directly at the bedside, or to discuss analytically in the consulting room."

This is an amusing over-statement, which contains more than a grain of truth. Particularly is it the fact that the patient's statements, even if demonstrably false, are important. They throw a flood of light on his whole mental attitude to his disease. They may even show that his mental attitude *is* his disease.

To-day I want to urge a clinical, a biological approach to the neuroses. The Freudian is so occupied with the drains that he can hardly spare time to consider the physical state of his patient, while Jung is apt to retreat into the clouds of mysticism. To the practising physician, who is constantly seeing patients troubled in mind, body or estate, either singly or simultaneously, the more realistic psychology of Adler has an increasing appeal.

The most striking thing about protoplasm is its incessant urge to assert itself as strongly as its environment will permit. This is the real struggle for existence. In isolated culture media, embryonic kidney-cells assume a growth that is positively malignant. Put some embryonic connective tissue into the culture and the kidney-cells promptly conform to type and make normal tubules. The whole story of multicellular organisms is one of mutual adjustments between the different tissues, each trying to do the best for itself within the limits of those adjustments. And similarly the individual composed of such tissues struggles to achieve the best it can within its environment, or to change into a more favourable one. The dipnoid fish, gasping for breath on the mud-flats and struggling with its spiky fins to reach the land, was, no doubt, actuated by the need to escape from the competition of life in the sea towards the abundant food supply on the land. From

* A clinical lecture delivered at the Hospital on June 20th, 1930.

that successful struggle all the land vertebrates and ultimately man himself arose. The power motive is, therefore, inherent in every cell of our body and is inherited from our remotest ancestors.

Sigand has well said that disease is not an "entity," but a dissociation of the functional unity of the individual. Clearly such dissociation may be physical, psychical or both. Congenital defects, whether structural or inborn errors of metabolism, may hamper development by an organ inferiority. An atrophy of one structure may lead to a compensatory hypertrophy of another—thus a contracted kidney will cause hypertrophy of the heart. It was on such facts that Adler formulated his doctrine of the development of the neuroses and psychoneuroses in connection with organ inferiorities. Just as a deformity can alter the posture of the body, so an organ-inferiority can alter the attitude of the mind.

Now the mental attitude, or what Adler calls the *style of life*, is founded in the first four or five years of childhood. From this time onwards the answers to the questions put by life are dictated by an almost automatic response based upon this style. The power motive will express itself quite differently in an only child, the eldest child, the second child or the youngest child. It is a profound mistake to think that children of the same parents living in the same home have the same environment any more than they have an identical germ-plasm. The style of life then formed has later on to adapt itself to three great questions—Society, Occupation, Sex—which we may call the S.O.S. of each individual. Only if he can make suitable adaptations to these three can he be happy and fit. If he is hampered by any structural or functional inferiority in making any of these adaptations there are three possibilities. The result is either (1) overcoming—success, or even the triumph of genius, (2) neurosis, psychoneurosis or psychosis itself, or (3) disease, degeneration and decay. As Crookshank puts it, "For body as for soul, there is the effort that overcomes weakness and leads to strength, the hesitation and *compromise* that means evasion of difficulty and leads to neurosis; and the despairing *retreat* that entails frank disaster."

The particular aspect I want to stress to-day is the way in which that compromise or retreat almost invariably takes the form of phantasy-thinking—the escape into a dream world to compensate for the difficulties of the real one. I should like to illustrate it by one of H. G. Wells's earliest stories, *The Door in the Wall*.

You may remember that story of an outwardly successful man who had something hidden in his life, a haunting and beautiful memory which made all the interests of worldly life seem dull and tedious to him. His mother died when he was two; his father was a stern, preoccupied lawyer, who gave him little attention, but expected great things of him. One day, when he was five years old, he wandered off among some roads in West Kensington. Suddenly in a quiet street a white wall and a green door stood out quite distinctly. He hesitated because he had the clearest conviction that either it was unwise or it was wrong of him, he could not tell which, to yield to this attraction. "Then he had a gust of emotion. He made a run for it lest hesitation should grip him again; he went plump with outstretched hands through the green door and let it slam behind him. And so in a trice he came into the garden that has haunted him all his life." It was an enchanted garden, that stretched far and wide, with hills in the distance. "Heaven knows where West Kensington had suddenly got to. And somehow it was like coming home. . . . There was no amazement, but only an impression of delightful rightness, of being reminded of happy things that had in some strange way been overlooked. . . ." Then presently came a sombre dark woman who showed him a book, in the living pages of which he saw himself and all the things that had ever happened to him since he was born, up to the time that he saw himself hovering and hesitating outside the green door in the long white wall, and felt again the conflict and the fear. "And next—next," he insisted and struggled to turn over the page. And as he turned the page he found himself in the long grey street in West Kensington in that chill hour of the afternoon before the lamps are lit.

Again and again he tried to find that door, but the significant thing is that he was never able to find it when he searched. But several times in various crises of his life he unexpectedly saw the door, but could not stop to enter. Thus, when he was driving to Paddington to catch a train for Oxford for a scholarship examination he saw it, dared not stop, and won the scholarship. He said: "My grip was fixing now upon the world. I saw another door opening, the door of my career." While life went successfully and its rewards were adequate he did not see that door. But when he had achieved and become disillusioned by success he found that door and walked through.

Let me tell you the end of the story in the author's own words. "They found his body . . . in a deep excavation near East Kensington Station. It is one of two shafts that have been made in connection with an extension of the railway southward. It is protected by a hoarding, in which a small doorway has been cut for the convenience of the workmen. . . . Did the pale electric lights cheat the rough planking into a semblance of white? Did the fatal unfastened door awaken some memory?

"I am more than half convinced that he had a sense that, in the guise of wall and door, offered him an outlet, a secret and peculiar passage of escape into another and altogether more beautiful world. At any rate, you will say, it betrayed him in the end. But did it betray him? There you touch the inmost mystery of these dreamers, these men of vision and imagination. We see our world fair and common, the hoarding and the pit. By our daylight standard he walked out of security into darkness, danger and death. But did he see like that?"

To me one of the most interesting things about this parable is that it was written just before the present century, when our ideas on such subjects had hardly taken shape. The boy was a lonely and unhappy child; his first definite step into fantasy took place when he was five, that is to say when his style of life was just formed. It is the unhappy child who is most the prey of fantasy, as a means of escape. The garden symbolizes such an escape, and you will note that his entrance into it was heralded by a sense of conflict and fear—as all neuroses are. When he tried to turn over the page of that book of life to read the future, fantasy failed him, as it always does, and he was thrown back into real life. The story particularly insists of the temptation to retreat into fantasy whenever some difficulty presented itself or when some special effort was called for. But when worldly success was attained fantasy had less fascination for him, until that success was found unsatisfying. The final retreat into fantasy was such a gross departure from reality that it brought what seems to us disaster, but was for him an escape. The author's meaning is clear, though the power of his imagination had outrun the then state of our knowledge.

Fantasy, then, represents a retreat, expressing a desire for attainment without effort. Consciously followed for purposes of artistic expression, it may add to the beauty and enjoyment of life. Unconsciously or subconsciously adopted as a means of achievement of a desire without effort, it always does harm and may lead to serious neuroses. It is quite natural for a child to indulge in fantasy, but unfortunately the attitude adopted towards children in the past, and to a lesser extent even to-day, fosters the carrying of fantasy thinking into adult life. The attitude I refer to is one of implying that all the inevitable limitations and restrictions of childhood will cease when the child is grown up, and at the same time telling him that childhood is the happiest time of life. These statements are glaringly inconsistent, and when their untruth becomes obvious, the disillusionment drives those who are not fairly tough-minded to seek a way of escape. The child must be treated as a reasonable being and a potential adult. Life must be presented to him in terms of reasonable expectation, in language of a kind suited to his stage of development.

Of course, to some extent we all live in a world of fantasy. Life would be hardly endurable if our friends treated us with the same frank criticism to our faces that they habitually indulge in behind our backs. We have got to live with ourselves for a long time, and it is therefore necessary that we should find ourselves more interesting and charming than others need, who do not see so much of us. We cannot escape from ourselves, but others can and do find respite in our absence.

The clinical importance of fantasy thinking is that it accounts for the undue optimism of some patients and for the imaginary ills of others. The man who tells you that fortunately he has a good constitution when you have found him suffering from a hypertrophied heart, arterio-sclerosis and granular kidney is merely deceiving himself, but it may enable him to bear his ills more hopefully. But don't forget that he is sometimes merely whistling to keep his courage up. To take a simple instance of this method leading to imaginary ills: A lady, aged about 40, told me a short time ago that when she was sent to boarding-school she loathed it. An only child and not a happy one, she hated the communal life. So she developed a sick headache, and continued to have it until at the end of three weeks she was allowed to go home, never to return to school. The lesson was learned—sick headaches were a way out from things you did not want to do. She has continued to invoke their aid, but has apparently forgotten their unreality: indeed, her handbag is an amusing compendium of remedies. On the very morning she told me this story of her schooldays she had a luncheon engagement which she frankly expected to bore her. I was not surprised that about noon she developed a prostrating headache, which quite incapacitated her from going to that lunch, and she seemed quite unaware that she had, by telling me that story, given herself away completely. I was, further, not at all surprised that later in the day an invitation to dinner and a dance in more agreeable company completely relieved the headache. The power motive, the getting her own way, was achieved without effort by a retreat.

This power motive, if its normal, healthy expression is barred, may assert itself through weakness. In a former lecture I instanced a woman who, having devoted all her energies to the bringing up of her children, found herself without an interest in the world when they had grown up and left the home. Then she had an illness and all the family rushed back to her bedside.

Once again the household revolved around her. Now she knew how to keep her children, and she began "to enjoy bad health"—a significant phrase. A woman can also satisfy her power motive by making her husband realize that though he is something in the city, he is nothing much at home!

A girl in the early twenties was admitted to Mary Ward suffering from various neurotic symptoms and maintaining that she could not see. There was nothing to be found wrong with her eyes. She had been in business and was very happy in her work. One day more help was required in the office, and she recommended her younger sister, who was given the work. This younger sister proved herself so much abler than the elder that she was soon promoted over her head and given a larger salary. From that the failure of eyesight dated. The implication of the power motive clearly was, "I was only beaten by my younger sister because my eyesight failed," and ultimately by seeming to be blind she became the centre of interest. She was quite cured by psychotherapy, and I was recently told by her doctor that she remained quite well.

Sometimes the neurosis has a more vindictive origin. It is well to note who is being most inconvenienced by the patient's neurotic symptoms. A little further investigation will reveal that the patient has a concealed hostility to this individual. Here there is a real desire to hurt.

A neglected child will generally develop fantasy thinking as a compensation. Thus a girl aged 13, with a father who suffered from a nervous breakdown, which was cured by Christian Science, so that there was a neuropathic inheritance to start with. Both parents adopted the view that children must be allowed to develop themselves without any interference. But that was merely a cloak for a lack of interest in this child, for the mother was passionately devoted to the younger child, aged three, who was certainly not allowed to develop without interference. The thirteen-year-old sought importance among her schoolfellows by constantly giving them presents. How she did this out of her pocket-money of 6*d*. a week was rather dubious, but there was reason to suspect her honesty. One day she told a friend she had lost her purse containing 14*s*. The next day the purse, now empty, was returned to her through the post. Apparently she had spent the money in some way she did not wish to admit, and posted the empty purse back to herself. All the games she played centred around herself. Once she called together as many of her schoolfellows as she could muster, promising them a wonderful treat. She then produced a toy sixpenny aeroplane, which she managed to flutter feebly about while she spun fantastic yarns concerning it. In all this the craving for power and for the limelight is clearly manifested.

The neuroses of the eldest child start from the time when he is dethroned by the arrival of the second. As Adler says, "He uses all the means by which he has hitherto attracted notice. Of course he would like to go the best way about it, to be beloved for his goodness; but this is apt to pass unnoticed when everyone is busied with the newcomer; and he is then likely to change his tactics. . . . Antagonism, disobedience, attacks on the baby compel the parents to reconsider his existence. He must have the spotlight on himself. . . . If he finds he can win in a fight, he will become a fighting child; if fighting does not pay, he may lose hope, become depressed and score a success by worrying and frightening his parents, after which he will resort to even more subtle uses of misfortune to gain his end." And we may add that the type of neurosis thus developed is apt to express itself in one of these ways throughout life. But the eldest child, "partly because he often finds himself acting as representative of the parental authority, is normally a great believer in power and the laws." At his public school he is the typical prefect. For the second child life from the first is more or less of a race: the first child sets the pace and the second tries to surpass him. It was well expressed by a little boy of four who cried out, weeping, "I'm so unhappy because I can *never* be as old as my brother."

Adler maintains that in later development the second child is rarely able to endure the leadership of others or to accept the idea of "eternal laws." He will be much more inclined to believe that there is no power in the world which cannot be overthrown. Beware of his revolutionary subleties. For though it is possible to endanger a ruling power with slander, there are more insidious ways—for instance, by means of excessive praise: you may idealize a man or a method until the reality cannot stand up to it. Both methods are employed in Mark Antony's oration in "Julius Cæsar."

The youngest child is apt to be over-indulged or overstimulated, or both. Adler points out that he is apt to look for a field of activity remote from that of other members of the family, which may be a sign of hidden cowardice. But youngest children tend to be the most successful.* If they are not successful in reality, they take care to become so in fantasy. Thus in fairy tales it is always the youngest son who grows rich and marries the princess.

The only child retains the centre of the stage without effort. From the extraordinary care which is lavished upon him he is apt to grow up very cautious. Only children may develop charming manners because from the first they have found this to have a successful appeal. But from the lack of companionship of children of their own age they easily become self-important and precociously adult. Indeed, their frequent inability to make satisfactory contacts with their own generation is one of their besetting difficulties. If pampered they may become tyrannical until the time comes when indulgence can go no further, and then there is open warfare with the parents.

* The strain of achieving such success is shown, however, by Hadfield's experience that the largest percentage of nervous breakdowns in his practice is among youngest sons.

But of all children the adopted child is most prone to fantasy-thinking, once he knows the fact. Usually the truth is not revealed to him until his style of life is more or less established. In my experience, his first reaction to being told that he has been adopted is one of unreasoning anger. All the care and devotion he has had go for nothing compared with the feeling that he has been deceived. This is, also, more often than not quite a severe pain-anger; he had parents and they had no need of him. Why? Hence the exaltation to compensate for the doubts and fears which would tend to a feeling of inferiority. For this reason I am in favour of letting the child realize as soon as possible that he was adopted. The next reaction is fantastic speculation and day-dreaming about his real origin. He usually speedily convinces himself that his parents have been people of great distinction—fantasy spreads and grows. This particular form of fantasy is apt to occur even apart from the mystery engendered by adoption. For Alexander the Great even Philip of Macedon was not great enough for a father: egged on by his mother he at last came to believe that he must be the son of the god Ammon-Ra.

I recently saw a striking example of fantasy-thinking in a girl, æt. 17, who was an adopted child. When told at about the age of ten that she was adopted she developed the exalted parentage fantasy, and she tried to walk with a very light step, skimming the ground, because she felt that she was "unlike other people" and rather above the common clay. There was a phase of very emotional dreams at about twelve, and the writing of much poetry, for which she showed some aptitude. She also wrote passionate letters (which she did not send) about her love for and visualizing of life with certain sports heroes and film stars. A maternal longing was also evident, as the closing chapter was usually that of the hero-husband tip-toeing into her room for the brief moment allowed by stern doctors and nurses that she might show him the small son nestling in the crook of her arm.

She had great difficulties at school; she was not good at games or lessons, and did not get on with the other girls. She fluctuated between exaltation and self-abasement, and finally after the holidays refused to return to school on the ground of ill-health. This excuse was also used a great deal to avoid anything she did not want to do. A baby boy was then adopted also and she was very happy in helping to look after him, but soon began to speak of him as "my little son, John." Later this boy was found to be unsuitable and other arrangements were made for him. This produced more emotional, and now melancholy, verse. Before long she developed definite fantasies of pregnancy.

Fantasy-thinking, then, springs from the conflict arising from the difficulty that the individual has in harmonizing his desires with his chances of achievement. I do not think that either Freud, Adler or Jung's theories are completely satisfactory in explaining the extraordinary reactions which may arise from such conflict. It is unfortunate, even if inevitable, that there should be hostile camps in such matters, for it is clear that each of these schools has some aspect of the truth, and that ultimately portions of each theory will be built into the edifice of sound psycho-therapy.

Freud's view that infantile sexuality is the basis of all these subterranean conflicts of the mind will almost certainly have to be modified. The conception of the œdipus-complex has been greatly over-stressed, but it remains true that the child's relations to his mother and father are among the most powerful causes of repressions and conflicts later on. His view that the unconscious thinks in symbols is very likely true, but his claim, which has been exaggerated by his followers, that these symbols are the same for everyone is not likely to stand. His insistence on *ambivalence, i. e.* that complexes have a double quality of simultaneous attraction and repulsion, has resulted in a very helpful addition to our knowledge. To take a simple instance, a boy may love and respect his father. "But the father is the source of punishment, and the boy is frightened of his anger and galled by his authority. He loves, fears, admires and dislikes all in one." The mingling of fear and devotion is obvious in most religions.

Adler's view that unsatisfied self-assertion is the main cause of psycho-neuroses is also probably true, but does not cover all the facts. But his claim is a sound one that a neurosis is very often adopted as an explanation for lack of success, both to the outside world and to the patient himself. If it were not for this crippling symptom I should have achieved my ambition, is the patient's defence. Look how bravely I bear this incapacity, is his bid for sympathy and admiration.

Jung's classification of extraverts and introverts has also been very helpful, but its weakness is that it has led to others trying to force individual patients into one

or other of these two categories, whereas the truth is that the vast majority of people are a bit of both. But I regard as most valuable his conception that "it is the general urge of life rather than the particular urge of sex or self-assertion which drives us on towards finer adaptations and fuller satisfactions" (Wells and Huxley). I like his forwardly directed gaze. Let us not look too exclusively at the patient's past but set his mind in the right direction for the future is the essence of his therapy. And though his idea of a collective unconscious is, in the present state of our knowledge, rather mystical, it is full of suggestion for the future. Briefly, he maintains there is a racial as well as an individual unconscious, a store of racial memories laid up in the course of generations, which form the basis of dream-symbolism and of mythology as well. This explains why primitive races, children and psychoneurotics have a similar mentality. You may say that it would also fit in with Freud's claim that the symbols have the same meaning in everyone. But the conception of a group mind, as McDougall called it, is an illuminating one. For is it not clear that there are waves of human thought which arise, one knows not where, but which spread far and wide? Sometimes they can be traced to some powerful individual agency, but more often not. "Who is this Bob, who makes all the girls cut their hair?" asked an old lady a few years ago. She might well ask, for that "Bob" was a true time spirit. The death of so many young men in the war led to a rapid spread of masculinization among girls, to be followed a few years later by a similar but less extreme compensatory feminization among young men. Now there is a return to a more normal orientation. We speak of the Victorian Age as if it were a national phase, but a very little study of the history of other nations will show that there was a very similar state of affairs in them at that time. Like-minded people begin to decorate their rooms in the same style and to admire the same artists and authors at the same time, and that often without any deliberate imitation.

The problem for the psychoneurotic is the same problem which besets us all, but it gives him more difficulty. We all have to adapt the need for self expression and self-development to the increasing demands of the community in which we live. The same problem confronted unicellular organisms when they became multicellular. The social insects adapted themselves to the needs of the hive or nest by purely instinctive reaction to what Maeterlinck called the spirit of the hive. But for man, with his strongly marked individuality, this is not the road to happiness. His is a far more difficult task, to reconcile his individual needs to the needs of the community. He will find it easier, however, if he realizes that there is no prospect for perfection within his lifetime either in his own career or in the civilization of which he forms a part. For we are such a recent and untried development. I like Jeans's simile: Take a column the height of Cleopatra's Needle as representing the duration of life on the earth; then a penny laid on the top would represent on the same scale the time that prehistoric man has existed, while a postage stamp on the top of the penny would represent the duration of historic times. Increase the column to the height of Mont Blanc and it would represent the time that astronomers can give us for the total duration of life on the earth.

We are living in the first century that has had any knowledge of the enormous scale on which Nature works. It might be thought that this would have a depressing effect on individual activity. But as a matter of fact we do not find, as a rule, that a depressed outlook and a retreat to fantasy-thinking is common among those who most appreciate this vast scale. Rather is it among those who centre their attention on themselves and neglect the community. One of the first things we have to help the psycho-neurotic to do, after unearthing the cause of his trouble, is to get him to feel that it is worth while to work in the common interest. By doing so, as William Brown says, he may lose some individuality, but he will gain in personality. William James put it finely when he said, "For my own part I do not know what the sweat and blood and tragedy of this life mean, if they mean anything short of this. If this life be not a real fight, in which something is eternally gained for the universe by success, it is no better than a game of private theatricals, from which one may withdraw at will. But it *feels* like a real fight—as if there were something really wild in the universe which we, with all our idealities and faithfulnesses, are needed to redeem; and first of all to redeem our own hearts from atheisms and fears. . . . Be not afraid of life. Believe that life *is* worth living, and your belief will help create the fact."

In conclusion, may I repeat what I said here in an Abernethian Address four years ago?

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

For myself, it will always be a pleasure and a pride to have shared in that task, now that the time has come for me to say, "The life to which I belong uses me and will pass on beyond me, and I am content."

W. LANGDON BROWN.

A VISIT TO DR. BÖHLER'S FRACTURE CLINIC.

THE Vienna Accident Hospital was started about five years ago, and since its beginning Dr. Lorenz Böhler has been the chief surgeon and director. A large workman's insurance organization, believing that a hospital run for and entirely devoted to the treatment of accidents would also bring about a much more rapid return to work and diminish the degree of permanent disability, started and financed such a hospital, and their expectations have been more than fully realized.

The hospital has 100 beds and the wards are small—the largest having ten beds, several only four, and some with but two beds. Cases of a similar type were grouped together—four fractured femur cases were together in one small ward, while in another room there were three men with cerebral concussion. This is a good arrangement, for in the one instance there will be an atmosphere of prolonged recumbency, while in the other there will be a quietness not disturbed by patients with injuries less severe than concussion.

Being an accident hospital fractures naturally form the majority of the cases, though a number of cases of lacerations of soft tissues without fractures are admitted, as well as a few cases of concussion, and also some of abdominal injuries and burns. It is possible to admit many cases there which could not be treated as in-patients in most London general hospitals on account of the shortage of beds.

For the really successful treatment of fractures it is essential that the whole fracture clinic shall be well organized and compactly and conveniently arranged.

Apart from the wards all the work at the Vienna Accident Hospital is centred in three rooms which are adjacent, and have doors opening from the middle one into the other two. When patients are brought to the hospital they are first taken into the receiving and plaster-room; if they have any open wounds they are taken through to the operating theatre which is on the right and the wound is excised and sutured. If after examination they are suspected of having a fracture, they are at once taken into the X-ray room, which is on the left. A small dark-room opens off this, and the films are quickly developed and handed to the surgeon at work in the plaster-room. If a fracture is seen in the skiagram the patient returns to the plaster-room, where the fracture is at once reduced and immobilized either by plaster or by some form of extension.

If the case is a severe or even moderately severe one, the patient is then, and only then in most cases, taken to the ward, where he remains as an in-patient; less severe cases, of course, go home as soon as the plaster cast is hard. All the plaster work, re-setting of fractures, re-application of extension apparatus, etc., on both out-patients and in-patients is done in the same plaster-room and operating theatre, except in the case of patients who cannot easily be moved. This greatly facilitates the work, since everything is always to hand, and has not to be collected from various parts of the hospital to the ward or some different room or theatre.

Dr. Böhler was away when I recently visited the hospital in Vienna, but his assistant, Dr. Fritz Schnek, who was in charge, and who has been with him since the hospital was opened, demonstrated all their methods and showed me every kindness. One was greatly impressed by their attention to detail, and their reason for every detail and step in their manipulations, bandaging, etc. The application of every plaster, the turn of every bandage and the tying of every knot are standardized, and have been worked out so that they are the best; and it certainly was impressive to see Dr. Schnek and those under him doing the same thing in exactly the same way—a thing very rarely seen in surgery.

Work begins at 8 a.m. On alternate mornings all the skiagrams of the previous 48 hours are examined. The chiefs and all the house surgeons and any visitors gather together around a viewing screen; in any doubtful or difficult case the X-ray appearances are discussed and the treatment that has been carried out is mentioned. The skiagrams seen are those of all new patients, and of the old patients who have had new plaster casts or reapplication of extension in the last 48 hours. During the first few weeks in hospital every fracture is X-rayed weekly.

About 9.30 a.m. a round of the wards is made. All the house surgeons go round with the chief to all the wards daily so that everyone sees and knows all the cases in the hospital; all the extensions and splints are inspected and adjustments made where necessary. There is no undue hurry and unusual cases are discussed.

About 11 a.m., after the ward round, we returned to the plaster- and receiving-room and work on new cases and some old cases and on in-patients was carried out. The room is divided up by curtains and several patients can be treated at the same time. While this is going on other new cases with open wounds are being treated in the adjoining room—the operating theatre—before being X-rayed and the fracture set. In nearly all below-knee fractures of whatever bone plaster-of-paris is used as the method of splintage. Elbow, forearm and carpal fractures are also splinted with plaster after reduction, so that plaster plays a prominent part in the treatment of fractures. All the plaster bandages are made by a plaster-room attendant, who looks after all the splints and attends and helps with fractures in the plaster-room. The plaster bandages used are all of a standard size—15 centimetres wide and 5 metres long. The bandage material used is somewhat lighter and less stiff than that often used in this country, it is a fairly narrow-meshed gauze bandage. The plaster is rubbed into the bandages by hand by the plaster-room attendant, who makes them extraordinarily rapidly and well.

No wool or other padding is used under the plaster casts. By using the plaster directly next to the skin and by moulding it carefully over all bony prominences and into all depressions, the plaster casing or splint fits accurately and so does not move about and cause plaster sores. Plaster casts thus applied have, of course, to be made very carefully, otherwise serious trouble will result. The plaster work at the Vienna Accident Hospital was of a very high standard. If such a plaster cast is being used in a case where much swelling is likely to occur the cast is immediately cut down one side—anteriorly in the case of the lower extremity and along the radial side in the case of the forearm, but the cast is not removed, and so can still act as a most efficient splint.

One would expect to find a large and active massage department attached to a hospital which deals exclusively with accidents; but the thing which most surprises a visitor to Dr. Böhler's fracture clinic is that there is no massage department. The reason for this may best be summed up by quoting Dr. Böhler: "If we reduce exactly a broken joint and continuously hold it in a good position until union takes place, and at the same time allow the use of the fractured extremity we obtain a movable joint, while on the other hand, if we apply massage and passive movements in the first days after the fracture, the joint becomes stiff." With the fractured part absolutely immobilized, as it is in an unpadded plaster-cast, there is no pain on moving the parts of the limb which are not immobilized. As there is no pain and no cumbersome splint the patient is able to exercise and use the fractured limb actively. With the ankle and foot completely fixed in plaster and a suitable appliance for walking fitted a patient can walk from the first few days after the fracture; if a patient is walking, although several joints may be immobilized, nevertheless the muscles will all be acting although they are acting between two fixed points. Atrophy of muscles does not then occur nor does bone atrophy come on, since the limb is being used and is weight-bearing. Persistent swelling does not occur, since the circulation is good in a limb which is being actively used during a considerable part of the day. Splints of whatever kind are kept on until the bones have firmly united in Dr. Bohler's clinic, and there is no question at all of taking splints off in a fortnight for massage and passive movements.

In the case of lower extremity fractures after the plaster cast has finally been removed a zinc-gelatine dressing is applied. This supports the limb and prevents swelling occurring, but at the same time allows free movements at all the joints. This is unnecessary in the case of upper extremity injuries.

Comparatively few open operations on fractures are performed at the Vienna Accident Hospital. In those cases where a small fragment of bone is fractured and is displaced in a joint and disability is likely to result an open operation is performed. Such fractures as both bones of the forearm at the same level or fractures of the shaft of the tibia with much displacement, which are often operated upon at other fracture centres, do not require operation in Dr. Böhler's clinic, because a combination of plaster and extension is used which in almost every case gives a satisfactory position of the fragments. If an open operation is necessary neither plates, bands nor intramedullary pegs are used; the fragments are approximated and held together if necessary by wire, and the alignment obtained by suitable external splinting with plaster. For fractures of the olecranon and patella open operation is performed; in the former case wire is used to hold the fragments in apposition, whereas in the latter case only the aponeurosis anteriorly and at the sides of the patella is sutured.

In cases of fracture of the femoral shaft apposition of fragments is obtained by traction by means of a pin passed through the tuberosity of the tibia. This is kept in for three weeks, and then replaced by skin extension on the thigh obtained by fixing gauze strips by means of a zinc-gelatine dressing; knee movements are then commenced.

The treatment of open wounds, whether associated with a fracture or not, is the same. At the Vienna Accident Hospital they do not believe in extensive cleansing and rubbing of the surrounding skin. The lacerated skin edges are carefully excised and the wound opened widely and inspected; all soiled tissues are excised and perfect hæmostasis obtained, and the skin sutured. Antiseptics are used very little. No drainage is used in the wound. The limb is then immobilized—in the case of the forearm and calf by a plaster cast, and a window is cut so that the wound is exposed. Absolute immobilization is stressed as rest is so important for the repair of tissues. The wounds are then left open to the air and protected from any pressure by a simple case made from Cramer wire and fixed to the plaster cast. By this absolute immobilization and open-air treatment it is claimed that better healing takes place in such wounds. The cases, of which a number were seen, appeared to do very well with this treatment.

The impression formed after a week at the Vienna Accident Hospital was that the treatment of fractures was of a high standard, and that both temporary and permanent disability had been reduced to a minimum. The success may be attributed to three factors: Firstly, the concentration of one branch of surgery in a hospital under one man so that methods were standardized and thus simplified for all taking part in the work. Secondly, the simple planning of the fracture clinic and the good organization; and lastly, the common sense and close attention to general principles, regardless of any old or orthodox teaching where the latter might seem to be in error.

JOHN P. HOSFORD.

BLOOD-CLOT CULTURES IN RHEUMATIC FEVER.

THE view is generally held that bacteria appear in the blood-stream with considerable frequency in the early stages of many acute infections. Typhoid fever may be cited as an example; severe pneumonia affords another. It is possible, although not proven, that in many other conditions a few organisms pass into the blood-stream but fail to multiply there and are soon destroyed. Absence of a particular organism from the blood has been considered a characteristic feature in some diseases and one of the diagnostic points by which rheumatic fever is differentiated from bacterial endocarditis is the failure to demonstrate streptococci in the blood in the former condition.

But to paraphrase Charles Kingsley in the *Water Babies*, it is not so much the absence of streptococci as the fact that these organisms have been seldom found in the blood-stream, which has been accepted as evidence that rheumatic fever is not due to streptococcal infection.

Recent experiments seem to indicate fairly clearly that the blood in early acute rheumatic fever is not sterile, and that streptococci can be frequently found, given care, prolonged culture and sufficiently large samples of blood. Cultures should be taken before the administration of salicylate. The purpose of this article is to afford a brief summary of the experimental evidence bearing on this point.

Swift and Kinsella in 1917 studied a group of cases of rheumatic fever in the acute stage, at periods varying from a few hours to several days from the appearance of acute arthritis. They took 5 to 10 c.c. of blood, either laked in distilled water and centrifuged or as whole blood, and cultivated for some days. 58 patients were tested; streptococci were found in 7 cases—8·3%. Later in the illness cultures were invariably negative.

Clawson, in 1925, took 50 c.c. of blood, which was allowed to clot. The supernatant serum was pipetted off with the idea of removing antibodies, possibly present, which might inhibit growth. The clot was broken up in broth and cultivated for periods up to a month, the average time of culture being ten days. Clawson does not report the number of cases examined by him, but all were in the acute stage of rheumatic fever with arthritis, temperatures up to 102° F., and in most cases evidence of endocarditis. Streptococci were found in the blood in 13 cases.

Nye and Séegal, in 1928, took from 10 to 40 c.c of blood and likewise separated and cultivated the clot for periods of a month. Clinically typical cases were selected. Cultures from 25 cases and 25 normal "controls" were alike sterile.

Lazarus Barlow, in 1928, cultivated the clot from 20 c.c. of blood for a month in cases of acute rheumatic fever. He failed to obtain any positive culture but does not state the number of cases examined.

Cecil, Nicholls and Stainsby in 1928–9 also cultivated the broken-up clot from 20 c.c. of blood for periods ranging up to six weeks; the average time in which growth appeared was seventeen days. Twenty-nine acute cases were tested by them in 1928 and from 9 streptococci were cultivated. Thirty-one cases tested the following year yielded 26 positives, this result being attributed to improvements of technique with increasing experience. Sixty-six controls, the majority cases of myositis or fibrositis, were all negative, with the exception of one man who was suffering from a form of rheumatism with pyrexia, clinically dissimilar from rheumatic fever. The published description of these experiments bears every evidence of care. Particular attention is drawn to the fact that blood-cultures were made twice on 9 of

the patients with rheumatic fever, that 8 of the early cultures yielded streptococci, but 2 only were positive later in the illness.

The results of Swift and of Cecil contrast with those of Nye and of Barlow. The possible streptococcal ætiology of rheumatic fever remains therefore a debatable point.

So much may turn on a right understanding of the cause of rheumatic fever that further study of this problem is fully justified. It is obvious that clear proof of a streptococcal origin of rheumatic fever would open the door to specific treatment.

The publicity afforded by the columns of this Journal has tempted us to submit this review in the hope that the interest of the Visiting and Resident Staff may be kindled and facilities afforded us for prosecution of an inquiry in the Hospital.

We are unhappily aware that our article lacks the lightness of tone and sprightly grace of treatment which customarily decorates these columns. We tender apologies for our dullness therefore but submit that the subject could not be treated otherwise than seriously.

R. R. ARMSTRONG.
R. S. JOHNSON.

INTER-HOSPITAL ATHLETIC SPORTS.

Held at Stamford Bridge, June 5th.

From the first, as had been anticipated, the meeting resolved itself into a struggle between Bart.'s and St. Thomas's, Guy's, the holders, never being in the picture.

St. Thomas's quickly established a lead by gaining first places in the Mile, 3 Miles, 120 Yards Hurdles, High Jump and Pole Jump, the latter event being won by L. T. Bond, the International and British Native Record Holder; while J. F. Bloss, with a following breeze, created a new record of 16 sec. in the 120 Yards Hurdles.

Bart.'s, however, began to compile points pretty steadily. The Quarter Mile finished with two Bart.'s men, C. E. D. H. Goodhart and W. F. Jopling, in front, the former winning in 54 sec. Six more second places were rapidly secured—Goodhart in the Half Mile; J. J. Youngman in the 100 Yards and Long Jump; C. B. Prowse in the High Jump, clearing 5 ft. 7 in.; J. Shields in the Pole Jump, clearing 10 ft.; and G. D. Wedd in the Weight, putting 34 ft. 8 in. Finally Bart.'s (W. F. Jopling, C. E. D. H. Goodhart, H. W. Rodgers, J. R. Strong) won the Relay Race, for the eighth consecutive year, in 2 sec. outside record time. Our take-overs were nearly perfect. It was an exciting finish to an exciting afternoon. Other points were scored for Bart.'s in 100 Yards—J. R. Hill, 4th; One Mile—J. R. Strong, 3rd, H. B. Lee, 4th; 3 Miles—J. R. Strong, 4th; 120 Yards Hurdles—H. W. Rodgers, 3rd; Weight—T. Shields, 4th.

Final Results.—St. Thomas's, 48 pts.; Bart.'s, 38½ pts.; Guy's, 28 pts. Charing Cross, King's, Middlesex, St. Mary's, London, also ran.

Very surprising were J. J. Youngman's performances. A man who, with next to no training, can run 100 yards in 10⅘ sec. and jump just under 21 ft. has considerable prospects of being a star.

The same applies to W. F. Jopling, who, at the Bart.'s sports, it will be recalled, ran a quarter mile well inside 53 sec.

C. B. Prowse is to be congratulated on his 5 ft. 7 in. effort in the High Jump. Every year he clears at least 5 ft. 6 in., and is one of our most consistent athletes.

We were unlucky to lose. Had T. R. Hill not been "crocked," had we been able to turn out a trained tug-of-war team, and with a representative in the 220 yards final, we would have won quite comfortably.

On glancing over the results, it is evident that, while St. Thomas's "stars" were better than ours, yet Bart.'s must take first place for all-round strength. We were placed in every event except the 220 Yards, 440 Yards Hurdles and the Tug-of-War.

If three men per event were entered from each hospital, instead of two, we would most likely have come out on top. Or again, if the relay system were adopted even in a few track events, our relative positions would probably have been reversed. This system is becoming increasingly popular in modern athletics, and it is hoped will be introduced into the Inter-Hospitals Sports.

In conclusion we wish to congratulate St. Thomas's on their splendid performance, and we hope to be able to give them an even keener fight for the Shield next year.

J. R. S.
A. W. L.

THE ANNUAL HOSPITAL SPORTS.

Of recent years the Annual Sports have not been favoured with good weather, and May 31st was awaited by those in charge of the arrangements with some anxiety. However, Fortune's frowns were only occasional during the course of the afternoon, and the sunshine, which generally prevailed, more than compensated the one or two showers that fell.

It had been decided to hold the Sports on a Saturday this year in the hope that a greater number of supporters would be able to be present than on a Wednesday. While the number of spectators was larger than usual, the Club still views with intense regret the apathy of the great mass of Hospital students towards sports. One is led to wonder how the seven hundred students in the Hospital spend their Saturday afternoons, and to wish that at least once a year they might be attracted by the sylvan surroundings of Winchmore Hill.

The afternoon provided some excellent sport and some fine performances. Hill, as usual, ran a very fast 100 yards, and again gave the impression that if suitably trained he is capable of doing "evens." Prowse's jumping was again watched with the keenest interest. Strong showed himself a much improved runner, possessed of both admirable technique and the "will to win." It was extremely pleasing also to see other runners, such as Coltart and Lee, greatly improving on previous performances. But undoubtedly the most popular feature of the day was the running of our captain, C. E. D. H. Goodhart; in winning the 220 yards and the quarter mile he captivated the spectators by his graceful running and facile speed.

A very pleasant afternoon's sport was concluded by the presentation of cups and medals. This was done by the Matron, and we have to thank her for a duty kindly undertaken and graciously performed. The support of the Nursing Staff was also much appreciated, and incidentally it was noticed that Dr. Morley Fletcher's reference, in his vote of thanks to the Matron, to the possibility of the nurses having a sports meeting of their own was received with undisguised pleasure by many would-be Atalantas.

The Athletic Club has much cause for encouragement. The number of spectators was said to have been the best for five years. The success of younger runners shows that the future, which lies with them, is secure. And the general high standard of the performances compared favourably with that of any other year. *Sursum corda!* We lift up our hearts, confident that Bart.'s athletes, though linked to great traditions, are fully competent to carry out the great undertakings to which those traditions pledge them.

RESULTS.

100 Yards: 1, J. R. Hill; 2, J. J. Youngman. Time, 10⅘ sec.

220 Yards: 1, C. E. D. H. Goodhart; 2, W. D. Coltart. Time, 23⅘ sec.

440 Yards: 1, C. E. D. H. Goodhart; 2, W. F. Jopling. Time, 52⅘ sec.

1 Mile: 1, J. R. Strong; 2, H. B. Lee. Time, 4 min. 55 sec.

3 Miles: 1, J. R. Strong; 2, J. F. Varley. Time, 16 min. 25 sec.

880 Yards Handicap: 1, J. R. Strong (20 yds.); 2, A. Papert (15 yds.). Time, 2 min. 5 sec.

120 Yards Handicap: 1, L. H. Buckland (4 yds.); 2, C. M. Dransfield (1 yd.).

120 Yards Hurdles: 1, H. W. Rodgers; 2, C. B. Prowse. Time, 17⅘ sec.

Long Jump: 1, C. B. Prowse; 2, A. Papert. Distance, 19 ft. 10½ in.

High Jump: 1, C. B. Prowse; 2, C. M. Dransfield. Height, 5 ft. 6 in.

Putting the Weight: 1, W. Wedd; 2, J. Shields. Distance, 32 ft. 10 in.

Throwing the Hammer: 1, W. Wedd; 2, J. Shields.

Inter-Club Relay Race: 1, Association Football Club.

Inter-Firm Tug-of-War: 1, Mr. Harold Wilson's Firm.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* METROPOLITAN POLICE.

Result: Lost by 6 wickets.

May 24th, at Imber Court.

Winning the toss the Hospital batted first on a slow wicket. Against quite ordinary bowling only Boney (29) and Fulton (27, not out) shaped confidently, and the innings totalled only 90 runs. The Metropolitan Police obtained these runs for the loss of 4 wickets—MacLaren (35) batting well.

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

FIRST ROUND INTER-HOSPITAL CUP.

Result: Won by 37 runs.

May 27th, at North Wembley.

Capper won the toss and chose to bat first on an extremely wet wicket. At the fall of the second wicket only 23 runs were on the board, but Wedd and Boney carried the score to 68, when the former was out, having contributed a valuable 29. Shortly after this Boney was caught at second slip for a carefully compiled 32. Helped by a not-out innings of 30 by Wheeler the score reached 130.

Middlesex never looked as though they were going to get the runs and were dismissed for 93 (Hay-Shunker 6 for 46).

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

Result: Draw.

June 7th, at Winchmore Hill.

The Hospital batted first on a perfect wicket, and had made 185 for 9 wickets when the innings was declared closed. Gilbert batted very well for 68, and while most of the team made runs, he received especially valuable support from Boney (33) and Shackman (23).

Given just under two hours in which to get the runs, the Old Leysians' batting was rather unenterprising, and at the close they had only scored 99 for the loss of 4 wickets.

ST. BARTHOLOMEW'S HOSPITAL *v.* CROYDON C.C.

Result: Won by 167 runs.

June 9th, at Winchmore Hill.

Batting first on a fast wicket the Hospital made 215. For this total they were largely indebted to Capper and Wheeler. Capper, whose ability was well known to the older members of the Club, delighted everyone by his return to form—as demonstrated by a very hard-hit 89. Wheeler, who has been showing excellent form, made 67.

Against excellent bowling by Anderson and Wedd, Croydon could only make 48 (Anderson 5 for 17, Wedd 5 for 23).

PAST *v.* PRESENT.

June 14th.

Our annual Past *v.* Present match was played in glorious weather before a good attendance.

The Present batted first, and on a fast and easy wicket runs came quickly. Gilbert played an excellent innings of 68, and Capper, again hitting very hard, was unlucky to miss his century by 4 runs. (In the Past *v.* Present match last year he also reached the "nineties.") Wedd rapidly hit up 34, and the innings was declared closed at a total of 248 for 6. Maley bowled well, taking 4 for 74.

Anderson again demonstrated his welcome return to form by an excellent spell of bowling. Bowling very fast and an excellent length, he dismissed the first seven batsmen, breaking a stump on one occasion.

Anderson 7 for 16, Gabb 3 for 8.

Of the "Past" batsmen Gaisford, Bourne and Blair alone offered any resistance.

It would be a great help in organizing future "Past" teams if members of the 1st and 2nd teams wishing to play would, on becoming ineligible for the "Present," send their names to Dr. Geoffrey Bourne, 25, Harley Street, W. 1.

From the results it will be seen that a strong 1st XI is being evolved, and there is every reason to hope that we shall be successful in our 2nd Round Cup-tie with University College Hospital on Friday, June 20th.

The 2nd XI has been giving an excellent account of itself, and should win in the 2nd Round Cup-tie with London Hospital on Monday, June 23rd.

J. E. A. O'C.

THE BOAT CLUB.

The Boat Club can look back on a successful year, and the main object of all the clubs, victory in the Inter-Hospital Competition, was attained.

In an early fixture against Westminster School 2nd VIII bow was ill, and against a good crew Bart.'s did not row their best. Westminster got away to a good start, and, rowing a faster stroke, gained ⅔ length in about a minute. From there Bart.'s steadily improved, but were unable to overtake their opponents, being beaten by ¼ length.

The VIII for the Inter-Hospital Boat Race was coached by A. MacCulloch, who won the Diamond Sculls in 1908. He took us out with the Westminster Bank crew, and the side-by-side practice combined with sound advice to "use your legs" proved very beneficial.

The United Hospitals Boat Race was held on May 30th, and the races were rowed from Putney to Hammersmith in the case of the VIII's and from Putney to the Mile Post in the IV's. No entry was made for the Clinker IV's.

The VIII's started rather late, and as a result the best water was missed, a cross wind making the water particularly unpleasant near Harrod's. The crews, from the Middlesex Station, were: London, Bart.'s, Guy's and St. Thomas's.

For the first 200 yards London led the rest by about ½ length, but a strong "10" from Bart.'s then put them ahead. From here they forged steadily ahead, until, at Harrod's, they were just clear of St. Thomas's, who were several lengths ahead of London and Guy's. St. Thomas's improved their position slightly before the finish, but the Bart.'s crew, who rowed a long, rather slow stroke, with plenty of power, were not rattled, and passed the post ⅔ length ahead, with London and Guy's dead-heating for third place, several lengths behind.

After this the heavens opened, and the rain descended in torrents for the remainder of the regatta. Dr. Donaldson (President of the United Hospitals B.C.) was not worried by this, and stuck to his seat on the launch throughout.

In the light IV's St. Thomas's were our only opponents, and they chose the Surrey side. The race was a ding-dong all the way, each crew leading in turn, but never by more than a few feet. The steering of both crews in the rough water was somewhat erratic, but J. Beresford, sen., who umpired, prevented any disasters. After a thrilling race Bart.'s proved the victors by the narrow margin of 3 ft.

Bart.'s have much for which to thank Mr. MacCulloch, who coached them with great keenness, and we must also congratulate him on having coached B.N.C., who stayed Head of the River at Oxford in Eight's Week.

We were glad to see several members of the Hospital at Putney to support us, and much regretted the unavoidable absence of our President, Mr. Rawling.

The dinner afterwards at L.R.C. was well attended, and was very successful.

The crews were:—

VIII: Bow, H. F. Stephens; 2, R. Bennet; 3, E. Radcliffe; 4, R. H. H. Williams; 5, W. Wilson; 6, O. S. Tubbs; 7, R. G. Orr; stroke, G. Wynne-Thomas; cox, R. H. Knox.

IV: Bow, E. Radcliffe; 2, R. H. H. Williams; 3, W. Wilson; stroke, O. S. Tubbs.

G. W.-T.

SWIMMING CLUB.

In the matches swum so far this season we have suffered very heavily from examinations, chiefly 2nd M.B. and Primary. Owing to these rival attractions we have not yet been able to float our full team.

The Final of the Inter-Hospitals Water Polo Cup and Swimming Cup, and also the Nurses' Swimming Cup, will be held at the Bath Club on Tuesday, July 1st.

In the Polo Cup we have almost as good a prospect of winning this year as we had last year, when we did so, though our lack of practice together may undo us.

Last year we were second in the Swimming Cup to Guy's; our prospects of winning the Cup are better this year, but it should be a close thing. University College Hospital, with Gilruth, who last year broke the 'Varsity quarter-mile record, are also to be feared.

On Tuesday, May 27th, we lost to the Old Citizens by one goal to nothing.

This was one of the best games we have had this season. Our passing was distinctly good, though the effect was cancelled by our uniformly bad shooting. F. A. Edwards played an outstanding game and saved the side on several occasions.

Team.—J. F. Fisher, F. A. Edwards, J. C. Lloyd Williamson, J. H. West, H. T. Halper, A. C. Kanaar, and R. R. Race.

On Tuesday, June 3rd, we lost to the Old Owens by 4 goals to 2. We lost the toss and defended the shallow end. At half-time we were leading by 2 goals to 1, both our goals being scored by Vartan with excellent shots. Early in the second half our opponents scored another goal and we were level until the last two minutes of the game, during which they added two more goals to their score.

Team.—C. K. Vartan, J. H. West, H. T. Halper, A. C. Kanaar, R. G. Gilbert, G. Jenkins and R. R. Race.

Water Polo Team (for the Inter-Hospital Cup-tie).

Goal, J. C. F. Lloyd Williamson; *R. back*, J. F. Fisher (captain); *L. back*, F. A. Edwards; *half*, R. J. C. Sutton; *L. forward*, J. H. West; *centre*, C. K. Vartan; *R. forward*, R. R. Race.

Swimming Team.—50 Yards: R. J. C. Sutton, A. C. Kanaar. 100 Yards: R. J. C. Sutton, C. K. Vartan. 200 Yards: C. K. Vartan, R. Sugden.

Diving.—R. G. Gilbert, G. Jenkins.

Team Race.—R. J. C. Sutton, C. K. Vartan, A. C. Kanaar, R. Sugden, F. A. Edwards, G. Jenkins. R. R. R.

SAILING CLUB.

Bart.'s are leading by quite a healthy margin on points for the Harvey Cup, presented by the Royal Corinthian Yacht Club, and the Bourne Cup, presented by Dr. Bourne of St. Mary's.

In the four races already held for the former Cup—

C. F. Watts with F. A. Richards scored a win on Easter Monday.

W. F. Richards and A. C. Fraser secured a second place on May 10th.

W. F. Richards and W. Cartwright obtained a second and a first at the two races held during the Whitsun week-end.

Two races only have been sailed so far for the Bourne Cup; Bart.'s securing first place in both of them.

W. F. Richards, with A. C. Fraser as crew, represented the United Hospitals in a team of three helmsmen and three crews against the Ranelagh Club at Putney. The Bart.'s boat secured a second place, the other Hospital boats unfortunately coming in last and last but one.

On Sunday the U.H.S.C. were entertained by the Rickmansworth S.C.—a perfect day only spoilt by the poorness of the placing of the Hospital boats, which came in the last two places in each race.

W. F. C.

BRITISH MEDICAL ASSOCIATION.

NINETY-EIGHTH ANNUAL MEETING, WINNIPEG, AUGUST 27–29, 1930.

The following St. Bartholomew's men are holding office or taking part in the proceedings of the Winnipeg meeting:

Section of Surgery.—Mr. H. W. CARSON is a Vice-President. Sir CHARLES GORDON-WATSON will open a Symposium of the Uses of Radium in Surgery.

Obstetrics and Gynæcology.—Dr. MALCOLM DONALDSON will speak on the Treatment of Lymphatic Glands in Carcinoma of the Cervix

Mental Diseases and Neurology.—Dr. C. C. WORSTER-DROUGHT is an Honorary Secretary.

Preventive Medicine.—Dr. W. G. WILLOUGHBY is a Vice-President, and will speak on the Laboratory in a Scheme of Preventive Medicine and Dr. C. T. MAITLAND an Honorary Secretary.

Tuberculosis.—Sir HENRY GAUVAIN is a Vice-President.

Radiology.—Dr. MALCOLM DONALDSON is a Vice-President and will speak on Radium in the Treatment of Menorrhagia and Irregular Hæmorrhage.

Orthopædics.—Mr. E. LAMING EVANS is the President.

Medical Sociology and History of Medicine.—Sir HUMPHRY ROLLESTON is President.

REVIEWS.

MALE DISORDERS OF SEX. By KENNETH M. WALKER, F.R.C.S. (Jonathan Cape.) Pp. 191. Price 5s. net.

One of Messrs. Cape's "Modern Treatment Series," edited by Dr. Crookshank. This book succeeds well in achieving the common aim—that is, to keep the general practitioner abreast of all the latest developments in a specialized field. There are few men who could have been chosen to deal fairly by this important and rather neglected subject, and it is fortunate that this author's widely practical knowledge of physiology and psychology enables him to provide more than the purely surgical account, which might run the risk of overlapping a companion volume, *Surgical Diseases of the Genito-Urinary System*, by Ralph Coyte.

The physiology of sex is dealt with on almost conventional lines, and then the evidence in favour of a sexual cycle in man is discussed at some length and a weekly rhythm postulated, with, of course, its seasonal variation (see the poets). The next five chapters are devoted to the varieties of impotence, their treatment and relation to marriage. It is, perhaps, here that Mr. Facingbothways, the surgeon-psychologist, has a very powerful advantage. "Rightly or wrongly," he says, "the practitioner is apt to look upon the expert psychologist with suspicion. The psychologist, in common with other experts, looks at a patient from his own particular angle, and at times he forgets that a three-dimensional world is a world of many angles." But though he is "armed only with the experience of the consulting-room" the self-deprecatory term "non-expert" cannot be applied to a man who can as soon look at your verumontanum as your soul, to find one or both of them unduly turgid. The possible treatments mentioned are numerous, and a heap of literature is very fairly sifted. Under "Surgical Treatment" the author is a guarded appraiser of testicular grafting, though he describes very remarkable results in at least two cases in which he gives full case-histories. The effects of vaso-ligature he finds capricious, increase of bodily and mental vigour rather than of sexual power being seen at any rate in the elderly men on whom the operation is usually performed. This is, we think, in accordance with the general findings other than those of Lichtenstern himself. In our opinion the operation appears to be losing its *raison d'être*, owing to the doubt which is now being cast upon the classical function of the interstitial cells.

Homosexuality cannot as yet be cured by either grafting or psycho-analysis, nor (in all but Lichtenstern's remarkable case) by endocrine therapy: hopes are expressed both that a combination of physical and psychical treatment will in future lead to results, and also that the Law and Society may some day alter their attitude towards the invert. Sadism, Masochism and Fetichism are dealt with summarily, as they deserve.

The swing of the pendulum has recently led to the comfortable illusion that the treatment of masturbation is a hearty reassurance and a pat on the back. Mr. Walker sounds two notes of warning: first that it is criminal negligence to fail to find the physical lesion which so frequently underlies excessive masturbation, and secondly that its effects are never identical with those of coitus, since it carries with it a risk of excess and of mental conflict. Advice to be given to this common type of case is not the least valuable contribution of this book. The above-mentioned pendulum has also swung "coitus interruptus" into a state of universal condemnation, so that it is good to be reminded of the number of people who must use it without ill-effects.

The consideration of "Pollutions" (Chapter IX) involves the differential diagnosis of prostatorrhœa, nocturnal and diurnal

pollution, spermatorrhœa, etc., and is, with the next chapter on "Priapism," necessarily rather technical, so that it is perhaps with some relief that we are carried to the end of Part I on a wave of broad and benign philosophy entitled "Continence," which contains matter we have a great desire to forward in large type to our more prudish acquaintance.

Part II consists of some forty pages on Sterility, and is as complete and authoritative as we should expect of a Hunterian professor dealing with a pet subject. One of many practical points is the simple description of a technique for the spermatozoa count, which modern science demands in any case suggesting the condition of oligozoospermia and even in cases of repeated miscarriage (when the presence of feebly moving and abnormal types of spermatozoa in the semen would give a clue to the defective partner).

This attempt at a critical account does not err on the side of completeness, but rather hopes to hint at the wide sphere of usefulness compassed by these 185 pages. Its style and its quiet humour mark it off from the rather sticky works extant on the subject. We can confidently recommend it to the practitioner both as mental tonic and *vade mecum*; very possibly this may prove for him to be the most valuable member of this series. Our own criticism is the absence of a bibliography; the literature on this subject is choked with poor matter which the author has carefully sifted; even the shortest list of references would be of great assistance to the many who are sure to be stimulated to read of experimental work at first hand.

PHYSIOLOGICAL PRINCIPLES IN TREATMENT. By W. LANGDON BROWN, M.A., M.D.(Cantab.), F.R.C.P., and R. HILTON, M.A., M.B.(Cantab.), M.R.C.P. (London: Baillière, Tindall & Cox, 1930.) Pp. viii + 464. Price 10s. 6d.

Nothing could be more mutually beneficial than the increasing co-operation between medicine and physiology. A modern course of lectures on metabolism necessarily includes references to such conditions as hypoglycæmia, tetany and polyneuritis, and to such methods of treatment as ketogenesis or sympathetic ganglionectomy. The books which deal with this borderland between the two subjects are therefore of special interest at the present time, not only to the physician and the physiologist, but to the students of both subjects. Particular note should therefore be made of the book under review, a new and enlarged edition of which has just been published.

To us the book was most interesting and full of ideas. Many neat physiological applications and many clever points of treatment were to be found in it. Now according to custom the differences between this edition and the previous one should be pointed out. We give, instead, a brief summary of the contents of the new edition, feeling that the prospective reader would find that the more useful.

The contents of the book are, very briefly, as follows:

Chapter 1, on hormones, deals with Graves's disease, tetany, Addison's disease, pituitrin, the ovary and testis, the thymus and the liver.

Chapter 2, on gastric digestion, refers to the nervous and mechanical factors in secretion, hypo- and hyperchlorhydria, pyrosis, gastric ulcer, rectal feeding, Lenhartz diet and test-meal.

Chapter 3, on movements of stomach and intestines, deals with hour-glass constriction and dilated stomach, pyloric stenosis, intestinal stasis, adhesions and kinks.

Chapter 4, on work of the pancreas, deals with pancreatic failure in various forms.

Chapter 5, on the work of the liver, deals with pernicious anæmia, jaundice, cholæmia and pruritus.

Chapter 6, on uric acid and the purins, deals with gout and its various treatments.

Chapter 7, on the urine, deals with oxalate, phosphate and cystin excretion.

Chapter 8, on nephritis, deals with albuminuria, diet in nephritis, diaphoretics, uræmia.

Chapter 9, on diabetes, deals with grade of glycosuria, insulin and diets for diabetics.

Chapter 10, on ketosis and acidæmia, deals with diabetes, pregnancy, anæsthetics.

Chapter 11, on intestinal intoxication, deals with putrefaction, "louping ill," microbic cyanosis, sulphæmoglobinæmia, hæmatoporphyrinuria, lactic acid organisms, Plombières douches.

Chapter 12, on the heart, deals with disturbed cardiac rhythm, extra systoles, heart-block and compensation.

Chapter 13, on the vasomotor system, deals with the cerebral circulation, pulmonary œdema, high blood-pressure.

Chapter 14, on respiration, deals with toxic cyanosis, erythræmia, secondary cyanosis and dyspnœa and its treatment.

Chapter 15, on asthma, deals with the nervous and hormonal influence, anaphylaxis and treatment.

Chapter 16, on calcium, magnesium, etc., deals with coagulation of blood, clotting of milk, chilblains and headache.

Chapter 17, on the vitamins, deals with rickets, dental caries, beri beri and scurvy.

The authors are to be congratulated on the style and interesting matter of the book, while the publishers have worthily attended to their side of its production.

THE ELEMENTS OF MEDICAL HIGH FREQUENCY AND DIATHERMY: FOR NURSES AND ASSISTANTS. By W. CLAUGHTON DOUGLAS, M.C., M.R.C.S., D.M.R.E. (London: H. K. Lewis & Co., 1930.) Pp. viii + 136. Illustrated. Price 6s.

Many valuable text-books on this technical subject contain more than the nurse requires. This little book deserves praise for its conciseness and simplicity. It is explicity written, and illustrated by 65 diagrams of arrangement of apparatus.

The first chapters are on magnetism and electricity, and the various methods of obtaining the A.C. current from mains, ordinary cell or battery. A thorough understanding of these first principles is essential.

The rest of the book contains a valuable account of the methods of applying high-frequency currents and diathermy and a summary of the uses of this treatment. Placed last is a useful appendix of fuses and fuse-wires.

THE EXTRA PHARMACOPŒIA OF MARTINDALE AND WESTCOTT. Revised by W. HARRISON MARTINDALE, Ph.D., F.C.S. Volume II. 19th edition. (London: H. K. Lewis & Co., Ltd., 1929.) Pp. xxxviii + 759. Price 22s. 6d.

This is the second volume of the nineteenth edition of a work, which has been noteworthy for its completeness and for the way in which it has been frequently revised and brought up to date. Volume I of this work deals mainly with treatment by drugs. Volume II is concerned with analysis and assay of drugs and foods and contains sections on bacteriology and radiology. It may be said to act as an appendix to the more important Volume I, but has its own excellence: the extent of its subject-matter gives it a high place in works dealing with therapeutics; and as an addition to Volume I it is invaluable.

A MANUAL OF DISEASES OF THE EYE. By CHAS. H. MAY, M.D., and CLAUD WORTH, F.R.C.S. Sixth edition. (London: Baillière, Tindall & Cox, 1930.) Pp. viii + 475. 337 figures and 22 coloured plates. Price 15s.

This is the sixth edition of a manual which has been always justly popular. The manual has been designed for the student and for the general practitioner. Fundamental facts are discussed in full. Rare diseases are mentioned and dismissed briefly. Stress is laid on those conditions which the general practitioner is likely to have to recognize and treat, and on those manifestations which should warn him of the necessity of calling in the specialist. Rarer conditions are seen in their true perspective and a proper sense of values is established. An excellent feature is the brief anatomical and physiological survey which heads each chapter. The section on errors of refraction is clear and sufficient. Two chapters are devoted to ocular therapeutics and to pre-operative treatment. Post-operative treatment is discussed with the descriptions of the operations themselves. The illustrations are plentiful and clear. The coloured illustrations of external appearances are good and well selected. There is a sufficiently complete atlas of pathological fundus changes. This edition has been fully revised, and there is an important addition in a chapter contributed by Mr. T. Harrison-Butler, on the use of the slit-lamp. The manual ends with a copy of the regulations of the visual requirements of the British and Indian public services. The selection of material, the clear presentation of it and the balance obtained should make this sixth edition as popular as its predecessors.

DISEASES OF WOMEN. By TEN TEACHERS. Edited by COMYNS BERKELEY, M.D., F.R.C.P., F.R.C.S., H. RUSSELL ANDREWES, M.D., B.S., F.R.C.P., and J. S. FAIRBAIRN, M.B., F.R.C.P., F.R.C.S. Fourth edition. Illustrated. (London: Edw. Arnold & Co., 1930.) Pp. xii + 558. Price 18s.

The new edition of this well-known gynæcological text-book will be welcomed by both students and practitioners. While the general arrangement of the various sections remains practically unaltered, the subject-matter has been thoroughly revised and brought up to date. In particular the sections on anatomy and physiology have been recast and brought into accordance with recent investigations and put before the reader in a very comprehensible manner. The all too short account of the various methods of treating carcinoma of the cervix by radium therapy is an addition. It would have been improved, however, if, despite the difficulty in correlating the results obtained by different methods, some figures and account of the results obtained by radium were given.

The illustrations and plates are of a high standard, and the volume can be confidently recommended both to practitioners and to students about to take their final examination.

HYGIENE FOR NURSES. By JOHN GUY and G. J. I. LINKLATER. (Edinburgh: E. & S. Livingstone, 1930.) Price 3s. 6d.

A book that combines the matter necessary for an examination syllabus with a fund of information which can be referred to while engaged in practical work is one among many. This volume appears to have attained such a standard.

It is refreshing to read a book on hygiene in which less attention is paid to the differences between "long and short hoppers," and more to matters of more general utility, such as personal hygiene. A long chapter (one-sixth of the book) is devoted to the care of patients at various times of life, and closes with the words: "The breaking, in old age, of the associations of a lifetime usually accelerates death." This short quotation will give some indication of the quality of the wisdom contained.

The ground is thoroughly but concisely covered, and at the end of the volume there are several useful appendices and a good index.

CORRESPONDENCE.

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

DEAR SIR,—Now that another of our *illuminati* has passed away in the person of the late Poet Laureate, and the tomb of the great Harvey is to be sheltered from the winds and weather at Hampstead Church, Essex, would not it be a suitable occasion to commence commemorating them in our great Parthenon—Rahere's St. Bartholomew's the Great—so near and dear to the hearts of all *alumni* of their *Alma Mater*?

I am,
Yours, etc.,
ANDREW ELLIS WYNTER.

11, Oakfield Road,
Clifton, Bristol,
May 17th, 1930.

EXAMINATIONS, ETC.

University of Cambridge.

The following degrees have been conferred:

M.D.—Fiddian, J. V., Firman-Edwards, L. P. L., Hilton, R.

M.B.—Poole, J. C. C.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1930.

Pass.—Baker, E. F. D., Beattie, D. A., Bell, A. C. H., Huss, C. B., Price, R. K., Scott, J. M., Watkin, J. H.

Supplementary Pass List.

Group I.—Barnes, F. G. L., Claxton, E. E., Risk, R. S., Stanley Jones, D.

Group II.—Caplan, A., Page, A. P. M., Price, D. C.

Royal College of Surgeons.

The Diploma of *Fellow* has been conferred on the following: Ashmawi, M. I., Bell, A. C. H., Bennett, L. A., Cawthorne, T. E., Currie, D. W., Formby, M. L., Giblin, T., Grainger, R., Kindersley, C. E. Livingstone, G. H., Macdonald, E. I. A., Maxwell, R. J. C., Metha, S. J., Milner, J. G., Sandrey, J. G., Srinivasan, V., Stewart, H. H., Taylor, H.

CHANGES OF ADDRESS.

BALLINGER, O. D., 2, Dallam Road, Shipley, Yorks. (Tel. Shipley 1373.)

BARRIS, J. D., 10, Cornwall Terrace, Regents Park, N.W. 1.

CLARK, B. M., Mufulira, Northern Rhodesia.

GRIFFIN, F. W. W., 38, Brunswick Square, W.C. 1.

HAYNES, G. S., The Corner House, 1, Trumpington Street, Cambridge. (Tel. Cambridge 222.)

APPOINTMENTS.

BETT, W. R., M.R.C.S., L.R.C.P., appointed House Surgeon to the East London Hospital for Children, Shadwell, E. 1.

CLARK, B. M., M.R.C.P.(Lond.), appointed Chief Medical Officer to the Mufulira Copper Mines, Ltd.

HISCOCKS, H. P., M.B., B.S.(Lond.), appointed Honorary Anæsthetist to the Victoria Hospital, Southend.

LEGGE, Sir THOMAS M., C.B.E., M.D.(Oxon.), appointed Medical Adviser and Consultant to the Social Insurance Branch of the Trades Union Council.

SELBOURNE, H., M.B., B.S.(Lond.), appointed Resident Surgical Officer to St. Bartholomew's Hospital, Rochester.

WEST, R. G. R., M.D., M.R.C.P., appointed Medical Registrar to the Hospital for Nervous Diseases, Maida Vale, W. 9.

BIRTHS.

HOLMES.—On May 21st, 1930, at 76, Herbert Road, Plumstead, to Madeleine (*née* Cullinan), wife of Dr. Laurence Holmes—a son.

SMITH.—On May 26th, 1930, at the Elms, Ford, Salisbury, to May, wife of Flight lieutenant S. B. S. Smith, Royal Air Force Medical Service—a daughter.

MARRIAGES.

CHURCH—TRACEY.—On May 19th, 1930, at the Cathedral, Kampala, Uganda, by Rev. Canon E. S. Daniell, John Edward Church, M.R.C.S., L.R.C.P., eldest son of Canon E. and Mrs. Church, Cambridge, to Decima Mary Tracey, M.B., B.S., youngest daughter of the late H. Eugene Tracey and of Mrs. Tracey, Willand, Devon.

CLARK—BELL-JOHN.—On February 28th, 1930, at St. Mark's Church, Yeoville, Johannesburg, Bernard Maule Clark, M.R.C.P., second son of Mr. and Mrs. W. H. Clark, of Johannesburg, to Phillis Lyne Bell-John, M.Sc., eldest daughter of Mr. and Mrs. H. Bell-John, of Pretoria.

THWAITES.—MOORE.—On June 21st, 1930, at St. Mary Magdalene's, Wandsworth Common, by the Rev. N. C. Moore, brother of the bride, assisted by the Rev. E. Crawford, Vicar, Percy Thwaites, M.B., B.S., of Streatham, to Hilda May, daughter of Mr. and Mrs. Moore, of Wandsworth Common.

DEATHS.

BURNSHAW.—On June 5th, 1930, after a short illness, Dr. Max Burnshaw, formerly Bernstein.

DINGLE.—On June 15th, 1930, at "Strathmore," Ilfracombe, Devon, Frances Amelia, wife of Dr. W. A. Dingle, formerly of Finsbury Square, E.C., aged 80.

WOOLDRIDGE.—On June 6th, 1930, at Camberley, Arthur Tylee Wooldridge, M.R.C.S., L.R.C.P., L.S.A.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.*1. *Telephone: National* 4444.

St. Bartholomew's Hospital Journal.

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

VOL. XXXVII. No. 11.] AUGUST 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Fri., Aug. 1.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.

Mon., ,, 4.—**Bank Holiday.**

Tues., ,, 5.—Prof. Fraser and Prof. Gask on duty.

Fri., ,, 8.—Sir Percival Hartley and Sir Holburt Waring on duty.

Tues., ,, 12.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.

Fri., ,, 15.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.

Tues., ,, 19.—Dr. Gow and Mr. Harold Wilson on duty.

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

Fri., ,, 22.—Prof. Fraser and Prof. Gask on duty.

Tues., ,, 26.—Sir Percival Hartley and Sir Holburt Waring on duty.

Fri., ,, 29.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.

EDITORIAL.

THE NEW SURGICAL BLOCK.

THE dedication and the formal opening of the new Surgical Block took place on Friday, July 4th. The ceremony, which was held in Paget Ward, was attended by a few guests of the Treasurer and the Governors. The Bishop of Chester, after dedicating the building, spoke of the long and intimate association of his family with the Hospital. Of his own father, Sir James Paget, he said that he, who had been brought up in the days of the old surgery, had been granted a Pisgah-sight of the kind of surgery that would be practised in this new building.

Lord Stanmore said that the new block represented the second stage in the reconstruction of the Hospital. The medical wards, now two hundred years old, would be dealt with next. The urgent needs of the moment were a radiological institute, extension of the maternity wards and a pavilion for paying patients. In his speech the Treasurer paid tribute especially to the work of Sir Holburt Waring, of Mr. Lodge, the architect, and of Mr. Alderman and Sheriff Neal.

The Lord Mayor, in declaring the building open, said that its completion marked a step forward in the scheme of reconstruction. The new surgical block disclosed the thoroughness with which the Governors, assisted by the medical staff and with the co-operation of the architect, had accomplished their task down to the last detail. The block, from the point of view of modern medical and surgical science, was as up-to-date as such a building could be. Money was still needed; but the bankers and merchants of the City, and its ancient guilds, whose history was so intimately associated with the history of the Hospital, would, he believed, see that it was forthcoming.

* * *

TRIBUTES TO THE MEMORY OF SIR ANTHONY BOWLBY.

A portrait of Sir Anthony Bowlby has been presented to the Royal College of Surgeons by the Medical Staff of the Hospital. This portrait is a copy by Mr. Dornofield Hardy of the one painted by Sir William Llewellyn, which hangs in the Great Hall. The presentation to the President and the Council of the Royal College of Surgeons in session was made on behalf of the Staff by Mr. L. Bathe Rawling, who was accompanied by Marie, Lady Bowlby, Sir Anthony Bowlby, Bart., and Miss Bowlby. The picture has been hung in the Hall of the College. Underneath it has been placed the memorial tablet erected by the Medical Officers of the American Expeditionary Force, of which an account is printed elsewhere in this issue.

TWO MEDALS.

We congratulate Sir Wilmot P. Herringham and Dr. R. Hilton upon the distinctions recounted in the two ensuing paragraphs.

* * *

THE OSLER MEMORIAL MEDAL.

The Osler Memorial Medal for 1930 has been awarded to Sir Wilmot P. Herringham, K.C.M.G., C.B., D.M., F.R.C.P. This bronze medal is awarded every five years to the Oxford graduate who has, in the opinion of the Board of Awarders, made the most valuable contribution to the science, art, or literature of medicine, and who has not previously received the medal. The first award went in 1925 to Sir Archibald Garrod.

* * *

THE COPEMAN MEDAL.

The Master and Fellows of Corpus Christi College, Cambridge, have awarded the Copeman Medal for research in medical and biological sciences to Dr. R. Hilton. This is the first award of the medal presented by Dr. S. Monckton Copeman, F.R.S., formerly a scholar of the College. It was designed by Mr. T. H. Paget, and struck by the Royal Mint.

* * *

Congratulations to Mr. Bedford Russell on being appointed Surgeon for Diseases of the Throat and Nose, and to Dr. Geoffrey Bourne, who has been appointed Assistant Physician.

* * *

We announce, with apologies to Sir Harold Gillies, that our editorial note in the July number in regard to the honour (C.B.) conferred on him was incorrect.

* * *

The Inter-Hospital Cricket Cup has at last come back to us after a long absence of nearly a quarter of a century. Capper's magnificent 98, scored in spite of an injured back, formed a fitting climax to a very successful season. It is rumoured that he is to play for his county. We congratulate him and his men on their splendid achievement.

* * *

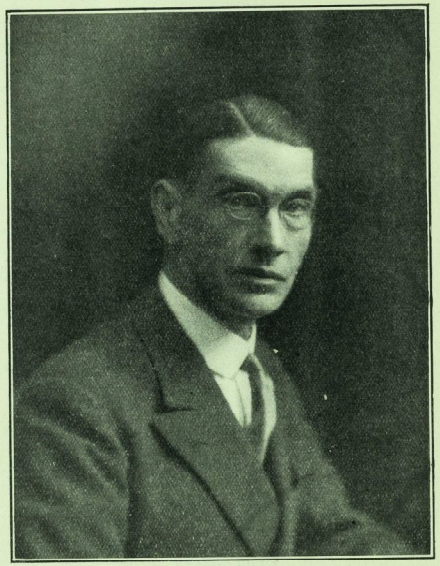
MR. FRANK ROSE.

Many of our readers will have been surprised to learn of Mr. Frank Rose's retirement from the post of Surgeon to the Throat and Nose Department.

It was characteristic of him that he should pass thus quietly and unostentatiously out of the active life of the Hospital, after thirty years of almost unbroken service.

Born in 1873, he came down to Bart.'s from Cambridge, qualified in 1899, and in 1900 was appointed House Surgeon to Sir Henry Butlin. In 1901 he was appointed Intern Midwifery Assistant.

After one year of resident appointments at the Metropolitan Hospital he returned to Bart.'s, and was, in 1904, appointed Assistant in the Throat and Nose Department.



MR. FRANK ROSE.

In 1907 he joined the Honorary Staff as Assistant Throat Surgeon, and in 1912 he was appointed Surgeon for Diseases of the Throat and Nose with Charge of Out-Patients, which post he held until 1929, when, on the retirement of Mr. Harmer, he became Surgeon to the Throat Department.

Thus he has played a prominent part in building up, from its modest beginnings, the very large and efficient Department which we know to-day.

As a teacher and clinician he will be remembered and respected by countless past and present students.

Essentially conservative, and indeed often rather pessimistic in his outlook, he is never carried away by over-enthusiasm for novel and unproved methods of treatment.

On his operative technique we need not enlarge here—it is always a pleasure to see with what a gentle touch and with what infinite patience he does his work.

He has a keen sense of humour, which is often in evidence in the Operation Theatre.

How he delights to "pull the leg" of some more than usually irritating visitor—with only the faintest twinkle in the eye and an almost imperceptible raising of the eyebrows to betray him.

And how solemnly impressive he was when relating how his œsophagoscope had been lent to a general surgeon and returned bent!

But there was no vindictiveness in his nature, and it can truly be said that he was loved by all with whom he came in contact.

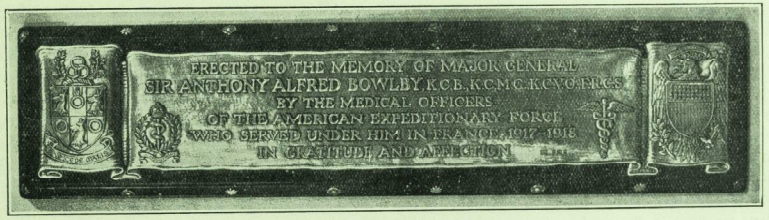
Apart from his work he has many and varied outside interests. He is an exceptionally fine golfer, and during the past few years has taken up ski-ing — no mean achievement for a man of his age.

In leaving us he will find time to fulfil the duties of his new post as President of the Laryngological Section of the Royal Society of Medicine.

We offer him our warmest congratulations on his election, and only hope that his new work will not prevent him visiting his many friends where he has laboured so long and faithfully.

"Sir Anthony Bowlby carved for himself a notable career. His father had died in tragic circumstances in China, leaving him a mere child; but by dint of perseverance, native ability and character he made his way into the profession he came to adorn. As a young surgeon at St. Bartholomew's, by arduous study he acquired that clinico-pathological acumen and judgment that made him rank high among his professional fellows. His service in the South African War gave him the experience which led to the high position he held from the first with your Expeditionary Force in the late war. His knowledge of every detail of the army medical organization, unusual for a civilian, was distributed lavishly upon those of us who came unduly late into the struggle.

"But it is not of his capacity for work, his ability as an organizer, his instinctive good judgment of men and affairs that I would speak. Nor of his record as soldier, as citizen, or as surgeon—a one-time most worthy President of this College. It is not to recall these facts that we have asked the privilege of placing this modest tablet here. It is to recall something far more personal. It is to recall those rare qualities of unfailing cheerfulness, unfailing consideration of others, unfailing sympathy for the ill and the wounded, that made so great an impression on the American medical officers whose good fortune in being apportioned to the British forces in Flanders brought them in contact with him."



AN AMERICAN TRIBUTE TO SIR ANTHONY BOWLBY.

A MEMORIAL tablet to Sir Anthony Bowlby has been presented to the Royal College of Surgeons of England by the American medical officers who served under him in the war.

Dr. Harvey Cushing, Perpetual Student of St. Bartholomew's Hospital, when he unveiled the tablet at the College on Wednesday, July 9th, said:

The President of the College, Lord Moynihan, in a speech of characteristic charm accepted the tablet on behalf of the College. This ceremony formed an introduction to the delivery of Dr. Cushing's Lister Oration (*vide Lancet*, July 19th and 26th, 1930).

The tablet, of which we publish a photograph, was made by Omar Ramsden, the silversmith.

ST. BARTHOLOMEW'S FIFTY YEARS AGO.

Summer Sessional Address delivered to the Abernethian Society, Thursday, June 5, 1930.

By Sir ARCHIBALD GARROD, K.C.M.G., D.M., LL.D., F.R.S.,

Consulting Physician to St. Bartholomew's Hospital.

(*Concluded from p.* 182.)

Let me now try to describe to you another scene of fifty years ago, namely the old Surgery at 9.30 in the morning.

I visited the old Surgery the other day. It has outlived the activities of its youth, and enjoys a peaceful and dignified old age as the dining-hall of sisters and nurses. As I looked at it many memories passed through my mind, some pathetic and some even humorous. A poor blind old woman whose son had thrown a plate at her, and had cut open her scalp; a young woman fresh from a sermon by a popular preacher of that day, convinced that she was possessed by devils which yielded satisfactorily to the Faradic current. I recalled, too, my feelings when as a tired house physician on duty I was called from my bed at three in the morning to see a patient with tabes of the most chronic type.

The dimensions of the old Surgery were 90 ft. by 30, and in those days, before the Insurance Act, the number of casualty patients was very great.

A broad flight of steps led down to Smithfield, near the Martyrs' Memorial, and at the main entrance porters controlled the crowd which thronged the steps, admitting the patients one by one through doors held only slightly ajar, directing them to their places and giving a zinc ticket to each. In smaller rooms opening out of the Surgery, and in boxes, formed by fixed screens covered with American cloth, the medical officers coped with the crowd. On the medical side were two casualty physicians, helped, until ten o'clock, by the junior assistant physician. There were no assistant house physicians to share in the work. On the surgical side the patients, much fewer in number, were seen by the house surgeons and dressers, together with the junior assistant surgeon.

The scene has been graphically described by Robert Bridges in an article in the Hospital *Reports*, which you all should read. He wrote: "No description could do justice to the strange hubbub in which auscultation had to be carried on. The rattle of carts in the street, the hum of voices inside, the slamming of doors, the noise of people walking about, the coughings of all kinds, the crying of babies, the scraping of impatient feet, the stamping of cold ones, the clinking of bottles and zinc tickets; and after eleven o'clock, the hammering of and tinkering of the carpenters and blacksmiths who came not unfrequently at that hour to set things generally to rights." Add to this that the single wooden stethoscope was in general use, and it is not wonderful that beginners were often led astray by what we used to call "the surgery murmur."

The binaural stethoscope was regarded as an innovation and with suspicion. Those who had grown up in the use of the wooden one could naturally hear more with it, and their pupils were apt to follow their leaders. And indeed, the original binaural was a clumsy thing, consisting of two parts, for each of which a pocket was needed. The earpieces were drawn together by a spiral spring which had a murmur of *its* own, and the india-rubber tubes were covered with webbing, which had a murmur of *its* own. But the battle of the stethoscopes is a thing of the past, the binaural is in universal use, and let us not forget that it was a Bart.'s physician, Dr. Samuel West, who reduced it to its present handy form.

The casualty physicians, three in number, and each on duty four days in the week, were, as Bridges called them, "filtrators," who could only devote a minute or two to each patient, who sent a few into the wards, sent those who needed further investigation across to the out-patient room and treated the great majority with stock mixtures. These were obtained, on presentation of printed cards bearing mysterious initials, from a branch dispensary at the back of the Surgery, which was presided over by two or three nurses of the old school, wearing the old brown dresses, the chief of whom was a plump lady, of strong character, known as "The Fairy."

The work of the casualty physicians was hard, and on one Monday morning, at the women's end, I saw three hundred patients at a continuous sitting from 9 a.m. to 2 p.m. And yet the system worked somehow, and I can recall no serious mishap or complaint of the inefficiency of the method, except that of Robert Bridges. Yet I feel sure that each casualty physician, when his term of office ended, breathed a sigh of relief that he had gone through it unscathed, with no one seriously the worse, with the credit of the Hospital undamaged and his own career unwrecked.

Save as a training in quick facial diagnosis, the less useful because the diagnoses were for the most part unchecked, the experience gained was not of much value to the Casualty Physician. He could not feel any satisfaction in his job, but it was better than that of the Apothecary, his predecessor, who was in the habit of sorting the patients by telling all who had some particular complaint to stand up. Bridges gave some interesting estimates of the cost to the Hospital per patient. For example, the cost of providing 30,000 patients each with a pint of that familiar mixture H.M.S. cum M.S. was £106 14*s.* 8*d.*, of which no less that £78 2*s.* 6d. was for the syrup of poppies with which it was coloured and flavoured.

The cost of Dr. Lauder Brunton's opinion in each case seen by him in the Surgery was estimated at one halfpenny.

If you followed the patients to the out-patient rooms you would have found them small and inconvenient. They stood in the south-west portion of the Square, and their last vestiges are the foundations, now being demolished, of the former Dunn Laboratory building.

In those days when a medical out-patient clerk had finished his notes of a case the assistant physician went over it with him, and the method of demonstration which, if I remember right, had been in use for some time on the surgical side, was only introduced some years later, by Drs. Moore and West.

There was only one general operation theatre, the present No. 1, but now greatly changed, as surgery itself has changed, but the Listerian transformation was well on its way. Ovariotomies were performed only in the Martha Theatre. Naturally operations were very much fewer than now, and were restricted to a much narrower field. On a Wednesday on Saturday, the regular operating days, there might be three or four operations for such things as necrosis of bone, scirrhus mammæ, cleft palate, or perhaps a lithotomy.

In the new Medical School opened in 1879 there were, in addition to the museum and library, two laboratories occupying the first floor, one for physiology, and the smaller one, now the practical surgery-class room, for pathology. But in those days pathology was practically synonymous with morbid anatomy, and the laboratory was not used. In after years it became a seat of great activity as the first laboratory of clinical pathology established in any London Hospital. Practical physiology, as far as the student was concerned, was histology, and only later did he begin to do his own nerve-muscle experiments and the like. But the English students began to do such work for themselves, and not only to see demonstrations, long before their Continental brethren.

Botany lectures were part of the regular curriculum, and much time was devoted to materia medica, the recognition of cascarilla bark, dill seeds and the like. Greatly though the range of his work has been increased, the student of to-day has been relieved of some burdens.

The special departments were in an embryonic stage, and were, for the most part, carried on in the Surgery and its offshoots. Their housing, staffing and equipment and the scope of the subjects with which they deal have grown out of all knowledge.

No such department except the ophthalmic (which was well established with wards under two distinguished ophthalmic surgeons, Messrs. Henry Power and Bowater Vernon) was presided over by a specialist in the subject; indeed specialism in the profession at large had not developed to anything approaching the extent that it has to-day.

Even after Mr. Cumberbatch became Aural Surgeon the Ear Department had to carry on in an American cloth pen in the old Surgery.

There was, as yet, no Electrical Department, and the X-rays were not then discovered.

Adjacent to the Surgery, in the buildings which face Duke Street, were the Junior Staff Quarters, and beyond them the Warden's (now the Matron's) house and the residential College. The closing of the College owing to requirement of space for other purposes was a serious loss to the School. Students resident therein had many opportunities of seeing emergency operations and of gaining knowledge in various ways, because they were living on the spot.

I have tried to give you a picture of the Hospital when I entered it, and of those who constituted its Staff. But in order that you may form an adequate picture of that past time I must try to tell you how the outlooks on medicine and surgery, including their various branches, have altered.

It is hardly possible for anyone who has not lived through the last half century, and difficult enough for anyone who has, to realize the changes which it has brought about both in medicine and surgery. In 1880 two years had yet to pass before the discovery of the tubercle bacillus by Robert Koch—a discovery which marked the opening of a new era. That bacteria played important parts in connection with disease had been shown by Pasteur, and in consequence of Pasteur's discoveries Lister was able to carry out his own great work and to revolutionize surgery. But in the tubercle bacillus there was found a specific micro-organism responsible for one of the most fatal of human maladies, and in the course of his work Koch was able to lay the firm foundations of bacteriology and its methods. Picture to yourselves to-day a medicine without bacteriology, and a time when it was not known that tuberculosis is an infective disease. It is true that even to-day there are infectious maladies the micro-organisms of which are unknown, and a doubt is even finding voice whether the ultra-microscopic viruses are actually living organisms.

The effect of the coming of bacteriology has not merely been the recognition of the organisms associated with particular diseases, but also the conception that the clinical picture which we call an infective disease

represents the effort made by the body to defeat the invaders, and to neutralize their toxic products. Up to then the pathology of what are now known to be infective maladies was hidden behind a veil as opaque as that which still hides from us the nature of cancer of the leukæmias.

The pathogeny of malaria was equally obscure; the plasmodium was still undiscovered, and there was no idea of the *rôle* of the *anopheles*, nor of insect carriers of other diseases.

It follows that half a century ago we were without any of those aids to diagnosis or treatment which depend upon the work of the bacteriologists. There were no reports of cultures, and agglutination tests, like leucocyte counts, were to be unlooked for gifts of the future, as also were sera and vaccines.

Yet you must not imagine that the physicians of the time were so severely handicapped as might be supposed. They were highly trained in the refinements of physical examination of patients, and as in the case of the blind, their *tactus eruditus* may have been more erudite than ours. The enlargement of the spleen, upon which much stress was laid in cases of typhoid fever, appears to be unknown to many examination candidates to-day. I doubt if many cases of that disease slipped through their hands unrecognized, but naturally the paratyphoids, if they were then with us, were unrecognized.

The concepts of bacteriology and protozoology have become so interwoven with the fabric of modern medicine that it is difficult to picture a pathology in which they had no place. But lest any student of to-day should be puffed up by the knowledge which he has acquired, let him remember that the knowledge of one generation is largely due to the work of the preceding generation, and that the men who saw the light and followed it, who laid the firm foundations of the pathology of to-day—Pasteur, Lister, Koch, Laveran, Marchiafava, Manson and Ross—were living and working fifty years ago.

To turn to another immense revolution in thought which the past fifty years have seen, in 1880 the functions of the endocrine glands were quite unknown, although Addison had pointed the way years before, and Caleb Parry, Graves and Basedow had described the malady called by their names. There was a very general belief that the symptoms of Addison's disease were due rather to damage to the semilunar ganglia than to the adrenals, and the primary fault in exophthalmic goitre was laid at the door of the sympathetic system. There was no notion that myxœdema, which Gull had described, was due to thyroid defect. Think to what an extent modern medicine is permeated by the conception of the endocrine balance, of the shares taken by the various ductless glands in controlling the height and development of the human body, the phenomena of growth and puberty, and even the mental development! Think of what is now known of the mechanism of that control, of the hormones, some of which are now known as definite chemical compounds of ascertained composition, and have even been built up by synthesis!

This is an important part of that modern biochemistry which has proceeded very far from the spirit lamp, and a few test-tubes and reagents which were part of the equipment of every medical man. In 1880, beyond the common tests applied to urines in the wards the only chemical method in use was that for estimation of urea in urine, by the hypobromite method, using a simple form of apparatus devised in this Hospital by Russell and West. For estimation of sugar the fermentation test was commonly employed, roughly carried out in medicine bottles placed in the fender. All the methods of estimating chemical constituents in blood were as yet unknown, save the thread test for uric acid. Lumbar puncture and examination of cerebro-spinal fluid were much later developments.

It was almost thirty years later that the vitamins were discovered, and by that discovery light was let into another of the dark regions of pathology. It had long been suspected that scurvy was due to lack of something in the diet, potassium salts or what not, but the scope of the deficiency diseases has grown wider and wider, empirical findings have been explained, and the study of rickets has linked up the study of vitamins with that of the effects of light and ultra-violet rays upon the human tissues.

Certainly you would feel it a great loss to be deprived of the Röntgen rays, and all that they reveal both for the guidance of the physician and surgeon alike, but their discovery dates back only to 1895, and I well remember how we went to the Electrical Department to see for the first time the bones of the hand as seen with a screen, and a not very distinct radiogram of them. Radium of course was unknown, and even now treatment by radium, which promises so much, has hardly advanced beyond the empirical stage.

Perhaps before fifty more years have passed, it may be possible by applying a suitable ointment to render the abdominal wall transparent for the space of half an hour. Who knows!

The laryngoscope was in use in Vienna, and a group of keen students would club together and send to Vienna for a batch of instruments. It was little used in the wards and the Throat Department was in a preliminary stage, soon to advance rapidly under Butlin's direction. The ophthalmoscope was more widely used, but still rather to study diseases of the eye than as an instrument of medical diagnosis. A series of us younger men went

to Vienna for a time after qualification, and attended excellent classes on diseases of the throat, ear and eye which gave us opportunities of examining large numbers of illustrative cases.

It is only necessary to mention the immense advances of modern neurology, the ever-increasing accuracy of localization of lesions of the brain and cord; the recognition of the syphilitic origin of general paralysis and tabes, of the bacterial origins of the several forms of meningitis.

In cardiology, too, the whole outlook has changed. The physicians of 1880 were adepts in cardiac auscultation, as far as murmurs are concerned. But the importance of valvular disease was certainly over-estimated in those days, whereas little could be ascertained as to the state of the cardiac muscle. Cardiac irregularities had as yet yielded but little information, but it was known that an irregularity which was increased by exertion was much more serious than one which disappeared under exertion. The sphygmomanometer, the polygraph and of course the electro-cardiograph were all later developments. The sphygmograph, with its limited clinical value, was in use.

As to treatment, undoubtedly there was much greater reliance upon drugs, and stress was laid upon the construction of a good prescription, in good Latin. There were no tablet drugs in those days. Nursing was already on a high plane, more so in England than in any other country, but was I think, a less organized profession than it now is. It was already recognized how much the chances of the patient's recovery depended upon the skill and care of his nurses.

Massage and other methods of mechanical treatment were in their infancy.

All those plans of treatment which depend upon bacteriology, the use of sera, vaccines and the like were lacking, as also organotherapy dependent upon knowledge of the functions of the ductless glands.

It was not until 1893 that the present class-room for practical surgery was fitted up as a laboratory for clinical pathology—the first to be established in any London Hospital. In 1884 Sir Dyce Duckworth had for the first time appointed a research clerk on his firm, whose duty it was to apply some of the more modern tests, to make blood-counts and so on. His example had been followed in other firms, but it became evident that much more was needed. The new laboratory was placed under the care of A. A. Kanthack, a pathologist of genius, a man of magnetic personality, who became Professor of Pathology at Cambridge, and whose early death was a grave loss to that University and to Science. How under his direction and that of his successor Sir Frederick Andrewes the work there carried out developed, how it completely outgrew its quarters, and how the need was met by the erection of the present Pathological Block, will be common knowledge.

The work has grown to meet the growing need, and nowadays ward work without a laboratory of clinical pathology in association is not conceivable.

What can I say of Surgery? Of it I am not competent to speak, save as an onlooker. What would Sir William Savory have said of the splendid new Surgical Block? I am afraid he might have thought the precautions against sepsis, which are to us so essential, as unnecessary concessions to fads. But no; he was an able man, and had he lived till now he would long ago have been converted.

In 1880 Lister's methods, which had been in work in Edinburgh and Glasgow for years, were making slow and painful headway through a thicket of prejudice in London. Those were days in which some pus could still be called "laudable" presumably because less damnable than pus of other kinds. In this Hospital Mr. Willett was carrying out the full Listerian procedure, and operated in a haze of carbolic spray.

Those who did not go the whole way with Lister had already learnt much from his work, and were carrying out his principles in part. Aseptic as distinguished from antiseptic surgery was in incubation. This is all ancient history and fills us with wonder; but perhaps, if only we knew it, we are equally blind nowadays.

With the development of aseptic surgery came the immense enlargement of its scope. Regions which no pre-Listerian surgeon would have dared to touch are now freely accessible to operation. The number of theatres has steadily increased, and the operations performed in them have increased enormously. Large tracts of territory formerly allotted to the physician have been annexed by the surgeon.

The change of outlook in the whole field of medicine, surgery and gynæcology goes far deeper than the use of new methods of diagnosis, and new plans of treatment. Disease is no longer an enemy which the doctor has to fight, but one which the patient needs to fight, with such help as the doctor can give him. Yet it is obvious that if the attacker can be destroyed before it reaches its prospective victim the gain is immense. We realize that the patient is provided with means of protection far more subtle and efficacious than any ordinary drugs, but we, as his allies in the fight, can help him in many ways. However, we are also realizing that not all disease comes from without, and that the study, too much neglected of recent years, of the part played by the patient's constitution forms an essential part of the science and art of medicine.

Yet though so much has changed, much remains the

same. The close contact of student and patient throughout the second part of his course is one of the most valuable features of our London system.

It grew up from the system of apprenticeship, and in individual centres, and without the fostering care of a university, for there was no University of London until long after it had taken form. First the private schools of anatomy, then the coming of students as apprentices to the surgeons in the hospitals. Remember that the dresser is descended from the apprentice, and even in my student days, and after, each dresser paid a fee to the surgeon for whom he dressed, quite apart from the school fees. Later came the Hospital Anatomy School, and the appointment of lecturers on various subjects of the curriculum.

Thus came the plan of teaching in small groups at the bedside, by a number of physicians and surgeons. On the Continent the teaching is mainly in the hand of a few professors, *privat dozenten* and assistants. That system has its advantages, as also has the daily clinic at which selected cases are demonstrated by the professor. Osler sought to combine the best of both systems in the clinic which he constructed, *de novo*, at Johns Hopkins, and in London the Professorial Units at this and other hospitals work side by side with the original firms.

Also unchanged are the traditions of the Hospital and School, and what may be called their atmosphere. Every teaching body has its atmosphere, a mass of floating knowledge absorbed one knows not how—perhaps through the pores of the skin, and which is not often to be found in text-books, but a knowledge of which is assumed.

In the same way, in a special hospital everyone knows things which are not common knowledge in general ones. Other factors, too, go to make up the tradition of the place—the code which lays down how things should and should not be done.

Until I sat down to think out this address I did not realize fully the extent of the changes which fifty years have wrought; changes which have been evolved around those of us who have spent the best years of our lives in contact with this place. Every year, month and week has brought a little fresh knowledge, a little change of outlook, a little fresh adaptation to the needs of the times. Think of all those who have acquired here experience of which they have left no written record, but who, by their example and teaching, have helped to shape the minds of generations of students. In a place like this each one learns from many others, students from teachers and teachers from students.

Inevitably the same processes will continue at work in time to come: there will be new ideas, new discoveries and a new vocabulary. Perhaps in 1980 someone of you will stand where I do now, and tell to a generation yet unborn how many things we did not know in these *our days*.

PORT SANITATION.*

I CAN assert without fear of contradiction that this branch of the Public Health Services' activities is work of vast national importance, but one which has developed most unostentatiously. Hence a very vast majority are in complete ignorance of the existence of Port Sanitary Authorities, and details of the tremendous mechanism which guards the health of this country—night and day—at these "Gateways of Empire," our seaports.

It will be quite impossible for me with the short time at my disposal in opening this discussion to do more than touch on some of the more interesting of the manifold duties of a Port Sanitary Authority.

Their wide field embraces practically every sphere of public health work, and the examples to quote now, although referring to Plymouth in particular as regards detail, are typical of any port in the United Kingdom.

The Port.

Plymouth is visited by approximately seven million tons of shipping annually with a floating population of about half a million souls. About seven hundred of the three thousand ships comprising the above totals are liners which use Plymouth simply as a port of call.

Sanitary Inspection.

The remainder are subjected to periodical inspection whilst they are in dock with reference to their general hygiene and the crews' comfort by officers of the Authority.

The necessity for such protection is evidenced by the conditions discovered by our Inspector on a cargo steamer quite recently.

All members of the crew in the fo'c'sle had to suspend their food rations in tins from hooks in the deckhead to protect them from invasion by cockroaches, beetles and rats. In the same living quarters other receptacles were dangling to collect water dripping through the leaky seams in the iron deck above.

* An address by Dr. P. B. P. Mellows, Assistant Medical Officer of Health and Medical Inspector of Aliens, to a Sessional Congress of the Royal Sanitary Institute at Plymouth on April 5th, 1930. Reprinted by permission of the *Journal of the Royal Sanitary Institute*.

Food.

Food of a wide variety is landed at this port from all over the world, including grain, canned goods, fruit, meat and vegetables. All is systematically inspected, and on an average the yearly condemnation is about 250 tons.

Oysters.

An interesting side-line of the Authority's work is the surveillance maintained over the local oyster fisheries. Oysters grow in the estuary of the Tamar in natural beds. This river, however, is grossly polluted by sewage. So those dredged are not sold to the public, but are purchased by the Yealm Oyster Fisheries for replanting in the comparatively pure waters of the River Yealm until fit and ready for sale.

Periodically, both when there is or is not an "R" in the month, we inspect the beds, dredging here and there, and send the samples so collected to the Worshipful Company of Fishmongers, London, and to the City Pathologist for analysis as to the *Bacillus coli* content and other contamination. Like a true martyr to science, however, I must confess that on occasion, at the manager's invitation, I have analyzed a few with my own gastric juices, and can honestly commend them to the whole epicurean world as worthy rivals to any "Whitstable" or "Colchester."

A series of bad summers and over-fishing have reduced the catch from 150,000 in 1926 to 47,000 last year.

Even higher mortality may be anticipated, as the drought of last summer caused the waters to fall and exposed the oysters in their beds to the scorching sun. Then the series of storms that closed the year resulted in a succession of bores running up the rivers causing a deposition of mud and sand on the oysters. So, presumably, unless the Tamar beds are rested for a few years or the Yealm Oyster Fisheries experiments of breeding and rearing their own oysters from spawn are successful, the industry may unfortunately die out.

In connection with these experiments, it is interesting to note that in 1927 some 5000 little oysters settled on the tiles in the tanks in the River Yealm, and have continued to flourish since.

In 1928, when the attempt was repeated, spawning female oysters were again placed in the tanks and presently the water was teeming with larval oysters swimming about vigorously, but nothing would induce them to settle on the limewashed tiles.

No further attempt was made here this year, although thickly spatted tiles were purchased from the Mussel Farm at Lympstone, Exmouth, and now 20,000 baby oysters from them, after careful nursing in the tanks, have been transferred to wire cages in the open river and are doing well.

Pollution of the Waters by Oil and Chemicals.

Pollution of water by media other than sewage also engages the attention of this Department.

Much has been written in the columns of the *Western Morning News* recently concerning the destruction of sea-bird life by oil pollution, whilst our investigations were set in motion again last summer by reason of complaints from bathers.

With a view to locating the possible source of contamination, bladders were floated on the waters entering the Sound at varying states of the tide and wind to detect the flow of constant and prevailing currents.

Other careful observations were also kept, and eventually it appeared that some local tar works were most suspect. Specimen samples of the water were taken in the immediate vicinity of the wharves and submitted to the Public Analyst for examination. He reported that the water was covered with a floating film of the oils of coal-tar. Further samples corroborated these findings, and actual photographs were taken showing fresh tar streaming from leaky barrels and drains into the Cattewater, which is at the mouth of the River Plym.

During the course of this investigation, reports were received of destructive contamination by certain other fluids. The mooring strops of sea-plane and yacht buoys, which ordinarily remain serviceable for a year, were found to be completely eroded at a depth of 3 ft. below the surface, in some instances at the end of only six weeks from the time of laying. Strict watch was kept at varying hours of the day, and it was found that periodically the chemical works in the Cattewater opened a sluice emitting a "turbid reddish fluid," which was occasionally a "dirty grey."

Specimens were taken below this sluice, and the Public Analyst reported the liquid to contain a comparatively high content of hydrofluosilicic acid and phosphoric acid, which are the waste products of a super-phosphates' works. These findings were also corroborated and photographs taken.

The data discovered by the above-mentioned investigations was drawn up in the form of a report, and placed in the hands of this Corporation's legal advisers for their scrutiny and requisite action.

§

MEDICAL INSPECTION OF ALIENS.

Approximately 16,000 to 17,000 aliens land at this port during a year, all of whom are medically inspected. Many of them who fall into certain categories, such as those holding Ministry of Labour permits to take up employment here, or others purposing to remain in this country over three months, are submitted to more careful examination.

The class of passenger traffic entering Plymouth is first class for the most part, and the only aliens to whom we have to refuse entry into this country generally fall into one of three categories:

(*a*) The passenger of very limited means, who is suffering from some chronic ailment, such as valvular disease of the heart or rheumatoid arthritis, and is likely to require medical or institutional treatment, and being unable to afford this treatment, would consequently become chargeable to public funds.

(*b*) Those suffering from infectious or contagious complaints.

(*c*) The mentally unsound, irrespective of their social or financial status.

Those falling into the last category are not always readily observable. To quote one case alone. A young American, attempting to land from a certain ship, might have satisfied the Immigration Authorities, but for the fact that although it was five o'clock in the morning he sported an enormous sunflower in his button-hole. On further cross-examination his sexual ideas transpired to be as broad as his floral adornment, and his general intellect correspondingly meagre. He was a typical "dementia præcox," who would undoubtedly have been a source of considerable trouble in this country, so on being refused landing here, he had to be taken back to his own country at the expense of the steamship company which inadvertently brought him over.

CONTROL OF INFECTIOUS DISEASES.

The most important branch of a Port Sanitary Authority's duties, and to which I have not yet referred, is, of course, that of the control of infectious diseases; but this, like "deratization," is really a subject in itself.

All ships from foreign ports on arrival at Plymouth are boarded by one of the Port Medical Officers. Cases of sickness, or of death, are investigated there, and in the event of a definite or suspected case of infectious disease being discovered, action is taken appropriate to the particular disease.

When I tell you that last year 71 deaths and 636 cases of notifiable infectious disease occurred on the homeward voyages of ships entering this port, each one requiring exhaustive examination and attention, the magnitude of this task is readily apparent.

In practice one finds, unfortunately, that some servants of steamship companies think that by concealing certain cases of sickness from the Port Health Authorities they will be saving their companies potential trouble, forgetting that in reality by assisting the individual country they are benefiting their company, whether the former be that of the origin of the ship or only that of the port of call.

As an example, a certain giant transatlantic liner had a death on board just before entering Plymouth, and the surgeon expressed indignation when I desired to view the corpse. On further investigation, which necessitated the unscrewing of the coffin, the body was found to be covered with spots—a discovery which came as a surprise to the ship's doctor, who had apparently accepted the diagnosis of his sick bay steward concerning a steerage passenger. The spots were not indicative of smallpox, fortunately, but of miscellaneous vermin which were found in the deceased's bunk.

The possibility of smallpox gaining ingress to Great Britain is an omni-present danger, evidenced by the fact that during the last month alone four ships entered this port having put cases ashore suffering from this disease during their homeward voyages, and arrived here within the incubation period.

The present antiquated "pratique" law does not permit of putting a ship with "smallpox" in full quarantine, and the most one can do is to remove any actual cases of infection and place them in isolation, thoroughly examine the remainder of the crew and passengers, obtain correct names and addresses of passengers landing for communication to the medical officers of health of the places to which they are proceeding, to ensure their being kept under observation until the incubation period is up, offer the unvaccinated vaccination, and last, but not least, to ensure by the best means in one's power that only the barest minimum of officials and others board the ship, thus keeping down the range of contacts.

With such a leaky law as there is at present concerning this particular disease, there is no doubt that a repetition of the "Tuscania's" outbreak is inevitable, particularly with such an unpleasantly large percentage of the populace unvaccinated.

Apart from the misery and "panic" caused by the actual deaths and cases of disease in the last outbreak, the statisticians, I understand, have not yet worked out the vast financial loss which this country sustained by the breakdown of the continental traffic when we were put in quarantine by France, and such other factors.

The discussion of infectious diseases brings me to my last point, that bearing chiefly on the major exotic diseases—cholera, plague and yellow fever.

When one remembers that in 1849, 3360 cases of cholera occurred in Plymouth with 1900 deaths, one realizes how effectually that, and other horrible complaints, are now kept at bay by port sanitation.

What will be the position, however, in the rapidly approaching era of generalized air traffic, when every city such as this has a steady stream of flying-machines from all parts of the world descending every day at the municipal aerodrome, just as now ships enter the Sound?

A passenger from the plague-infected port of Lagos, West Africa, where fatal cases occur every week, will land after four days' travel—well within the incubation period of eight days.

Another from Rio de Janeiro, Brazil, where yellow fever was prevalent for so many months last year, with 66 cases and 38 deaths in one week alone, arrives in about four days—well within the six days' incubation period.

And to return to smallpox, someone from Bombay, where 198 cases and 116 deaths were officially reported only last week, lands after a passage of about a week, with still another week of incubation remaining unexpired.

There would seem to be only two alternatives, viz.:

(*a*) The erection of a quarantine station at, for instance, the air port of Roborough to accommodate suspects from infected ports until the particular incubation period has expired; which would mitigate, of course, the tremendous advantage accruing to air travel by reason of its time saving; or—

(*b*) By the individual receiving a bill of health at the air port stating "that he or she has not been in contact with any of the specific diseases enumerated within a stipulated period"; this is an ideal, of course, which would perhaps be rather difficult of achievement.

P. B. P. MELLOWS.

OVERHEARD NEAR THE BEDSIDE; OR, THE ADVANTAGES OF A CLASSICAL EDUCATION.

STUDENT: What does euthanasia mean, sir?
PHYSICIAN (*to next student*): Will you tell him?
SECOND STUDENT: I have not heard of the disease, Sir.
PHYSICIAN (*ditto*): Will you tell him?
THIRD STUDENT: It is a sort of basal metabolism, Sir?
PHYSICIAN (*ditto*): Ditto.
FOURTH STUDENT: Well, Sir, I don't think I remember the dose of it.
PHYSICIAN (*ditto*): Ditto.
FIFTH STUDENT: Has it not to do with a feeling of well-being?
PHYSICIAN (*ditto*): Ditto.
SIXTH STUDENT (*with emphasis*): It means a normal labour, Sir.

PRESENTATION TO E. W. HALLETT.

E. W. HALLETT, the dissecting rooms attendant, has rendered more than forty years' service to the Hospital, and is now leaving us to enjoy a well-earned rest. It was felt that both the present and past staff of the Anatomy Department would like to mark the occasion of his departure by some expression of their regard for him. A note to all those who had taught in the Department during Hallett's time brought from each a donation and a word of appreciation. Thus it was possible to make Hallett a farewell presentation of over forty guineas together with a more solid memento—a silver cigarette-case engraved with the words "St. Bartholomew's Hospital Anatomical Teachers to E. W. Hallett, 1890–1930," and, perhaps best of all, many letters from former teachers. The presentation was made on July 9th, 1930, by Dr. W. S. A. Griffith, supported by some twenty or more present and past members of the Staff. Dr. Griffith, who had taught in the Department first in 1880, expressed the feelings of all the Staff by telling Hallett that their unanimous support of this farewell presentation was the best testimony of their esteem for him, and their appreciation of his splendid service to the School. In fact Dr. Griffith declared that "a more faithful servant the Hospital never had." Sir Charles Gordon-Watson endorsed the remarks of Dr. Griffith.

Hallett replied with dignity and feeling, and in expressing his gratitude, remarked that he had embalmed nearly two thousand bodies and no student had ever had a septic finger. His interest in his work had indeed on occasion brought a protest from his wife, who felt that he placed his Hospital before her. He further remarked that he had always done his best, and with a rather shrewd thrust he reminded the present generation of teachers that the record obtained by Sir Charles Gordon-Watson and Mr. Rawling, namely a 100% pass list, still remains unequalled. In taking his leave Hallett generously offered his services if at any time the Hospital should need him.

When each one present had personally expressed his good wishes to Hallett for the future, the Hospital and its faithful servant parted.

ACKNOWLEDGMENTS.

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"GREEN PASTURES."

EARLY this year in New York there was produced a negro pageant called "Green Pastures," and in the minds of the audience there will remain for ever the memory of that subtle joy which comes from a triumph of artistic perfection.

"Green Pastures" is the story of the Old Testament seen through the eyes of a negro minister. The first scene shows a Sunday School, and the old teacher is reading out of the Bible to the pickaninnies. The level sunlight falls on his white curls and there is a musty atmosphere of stillness and of boredom that is at last broken by a cry from one of the children. The minister puts away the black book that is full of long words and dull names and he tells the class the story of the world as *he* believes it. It is a fantastic mixture of fact and fancy this naïve account of early history, but it is full of life and rings true. The scenes are sometimes laid in Heaven and sometimes on earth, as the continuity of the tale demands; and through it all we see the child-like faith and the august simplicity of the old negro priest. His character and his story are magnificently consistent.

The caste is entirely negro and the part of the Lord Jehovah is splendidly taken (with the sanction of his bishop) by a native clergyman. The first scene in Heaven shows the circumstances that led God to create man, and as the play progresses we see through the black priest's eyes the weaknesses and the failures of man and the impatient perseverance of God alike. Moses and Joshua become living men; their words, words that might have been spoken yesterday; and their problems, their wisdom and their courage are no longer remote facts for which we have only a distant respect; the centuries are rolled away and Man has indeed changed little since Pharaoh sat upon the throne of Egypt.

The pagan splendour of Babylon and the excellence of Noah are seen in their turn, and the story of the chosen people is developed with profound sympathy that implies real understanding, until the decadence of the later prophets drives God to denounce them for ever. The climax is reached when the last true prophet persuades his angry God that the redemption of mankind may yet be accomplished through infinite suffering—and the curtain falls.

The play should offend no one, for throughout there runs a genuine reverence and tender respect for all that the Church holds sacred. It is a masterpiece of genius hard to praise fittingly, for it achieves the great triumph of presenting a complete study of the individual and mass psychology of the negro. Down to the smallest detail the author invariably strikes the ideal note of accuracy and taste; he is an artist with no axe to grind, and with consummate skill he makes us intimate with the point of view of the negro in a single evening.

If it is true that an American audience will not tolerate mediocrity, it is certainly true that on this occasion it was not asked to do so, and no greater tribute could be paid to the production than its reception in New York. Prejudice against the negro, prejudice against dragging sacred subjects upon the stage, these and a hundred other objections were swept away in the flood of enthusiastic appreciation with which the play was greeted. Even the critics were humble.

After all that has been written of the Censorship of the English stage, especially after the pertinent essays of Conrad and of Shaw, one feels that little can be added in way of protest, and that nothing can alter present conditions.

Nevertheless it was with real dismay that I overheard a casual remark at lunch a few days ago—"I see that a play called 'Green Pastures' has been refused a licence in London."

The humility of the British people is their greatest virtue.

H. B.

A CASE OF HORSESHOE KIDNEY.

OF the various renal anomalies horseshoe kidney is one of the most frequent. Statistics taken of a large number of necropsies show an incidence of 1–850 (Carlier and Gérard) or 1–1100 (3), while of 2424 renal operations at the Mayo Clinic between 1910 and 1920, 142 were on horseshoe kidneys (1).

It is interesting to note that though Beyer collected 10 cases in which the patients lived to 60, while several reached three score years and ten, Botez states that of 320 cases he collected 52 were incapacitated as the result of the condition.

Fusion between the lobes is usually at their lower poles, and it would appear that the more complete is the fusion, the more caudal is the organ; thus the completely fused or spherical kidney is found opposite the promontory of the sacrum, while those united only by a fibrous band have their superior poles opposite the second or third lumbar vertebra (1).

The pelves of this type of kidney are usually hydronephrotic, possibly due to the sharp uretero-pelvic angles found in this condition or to the presence of abnormally placed vessels. Judd gives these two conditions also, as the predisposing causes to calculous disease, to which these kidneys are particularly prone. In fact Joly states

that "horseshoe kidneys are more than six times as prone to lithiasis as normal kidneys" (2).

It should also be noted that the pelves are usually situated anteriorly, and are extra-renal in position, while the ureters, which may be more than two in number, pass anteriorly to the isthmus, which lies ventral to the aorta and inferior vena cava.

The following case illustrates many of the above points:

T. N—, æt. 27 years, a crane driver, was admitted on June 19th, 1930, complaining of backache and pain in the left side, which had extended over a period of eight years. The pain would come on in attacks, lasting from a few minutes up to three hours, at the end of which time he might have respite for two to three days. The patient put his thumb in the left renal angle when asked to locate the pain and said it would shoot through to a point about 2 in. below the left costal margin in the mid-clavicular line. He had no typical attack of renal colic, and had never vomited, but stated that the pain was definitely worse if he arched his back, and was eased by gently bending forwards (Rovsing's sign). He had no increased frequency of micturition ($\frac{D}{N} = \frac{4}{0}$), no dysuria, no hæmaturia, no attacks resembling Dietl's crises. He had noticed that the pain was made worse by walking, but not by jolting.

Examination showed him to be a healthy-looking, well-built man, 5 ft. 11 in. in height, weighing 11 st. while nothing abnormal could be discovered in his general examination. He had no tenderness in the renal angles and no tumour could be palpated in his abdomen.

Urine: Sp. gr. 1012; no albumen, blood or casts; reaction acid.

Cystoscopy showed a normal-looking bladder; both ureteric orifices normal, but efflux from right greater than the left. Intravenous indigo-carmine 10 c.c. (0·4%) not seen after twenty minutes (actually was found in urinary specimen collected two hours later). Left ureteric catheter, following injection of atropine gr. $\frac{1}{100}$, passed 3 in. and then stuck. Unfortunately no X-ray plate was taken with the catheter in position.

X-ray examination.—A plain film showed three well-defined circular shadows ½ cm. in diameter, with smooth edges, superimposed upon the lower pole of the left kidney region (Fig. 1). On inspiration the kidney descended so low into the pelvis that the lower border could not be located (Fig. 2).

Intravenous pyelography was then performed, 40 grm. uroselectan in 100 c.c. water being injected, following the technique of Ogier Ward (4). The patient had slight generalized tingling during the injection, but otherwise he experienced no reaction. X-ray after 5 minutes showed good concentration of the dye in the calyces of both kidneys, indicating no delay in renal function. The film (Fig. 3) showed dilated pelves and calyces of both kidneys. In Fig. 4 the outline of the upper end of the right ureter can be seen and is considerably dilated, the head sweeping towards the mid-line. A shadow can also be observed lying medially to the ureter; this presumably is a dilated calyx, and is of considerable diagnostic importance.

Diagnosis.—Bilateral hydronephrosis. Calculi on left side.

The patient's blood-urea being 39 mgrm. per 100 c.c. blood, the kidney was explored on June 30th, 1930, by Sir Charles Gordon-Watson, under gas, ether and chloroform anæsthesia.

Operation.—The kidney was exposed through a left lumbar incision with resection of the outer two-thirds of the twelfth rib. The condition was suspected when difficulty was experienced in delivering the lower pole of the kidney. The organ was found to be of the horse-shoe variety, with fusion of the two lower lobes by renal tissue; the isthmus was traced retro-peritoneally across to the right lobe, which appeared to be of the same size as the left. Both pelves were dilated to twice the normal size, and many abnormally situated vessels were encountered. Two small stones, found in the "lower pole" of the left lobe, one having a convex facet fitting a concavity on the other, weighing 5½ gr. and 4 gr. respectively, were removed by an antero-lateral incision of the renal tissue, while a third stone weighing 14½ gr. was found occupying an upper calyx; this was removed, through an incision into the anterior aspect of the pelves of the kidney.

There appeared to be two ureteric orifices in the left pelvis, down one of which was passed a catheter and methylene-blue injected (recovered in urine passed after operation). The ureter appeared to pass anteriorly to the isthmus of the organ. The incision into the pelvis was easily sutured, while that into the lower pole was closed over by a muscle graft. The wound was closed in layers with drainage. The patient is making a normal recovery.

Discussion.—(1) Fixity of the organ gives rise to difficulty in delivering the kidney at operation, but an incision with resection of the twelfth rib gave excellent exposure in this case. Transperitoneal exposure, as advised by Rovsing, is condemned by most surgeons owing to the risk of soiling the peritoneum (5).

(2) Pre-operative diagnosis might have been made in this case by noting the low level to which both kidney shadows moved on inspiration, coinciding with the low shadows of calculi, and the presence of a shadow lying medially to the ureter in Fig. 4, presumably due to a

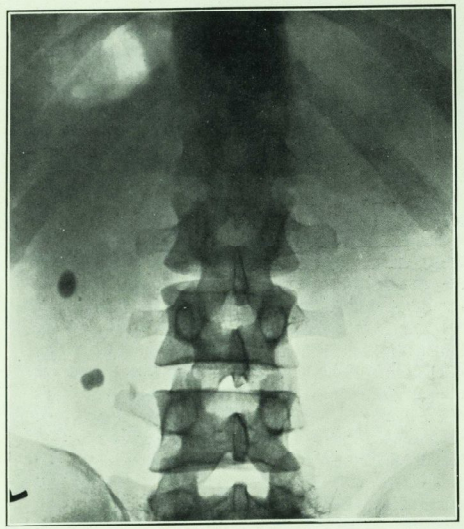

FIG. 1.

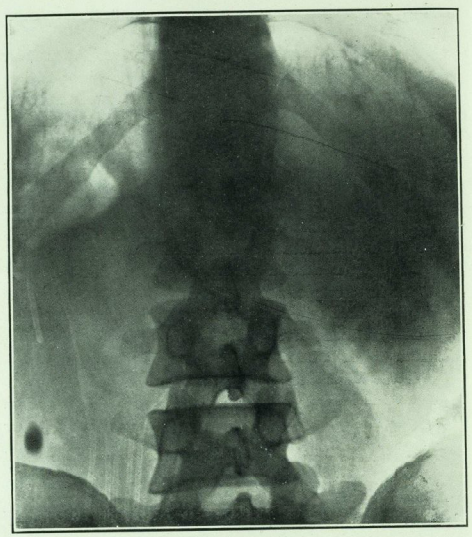

FIG. 2.

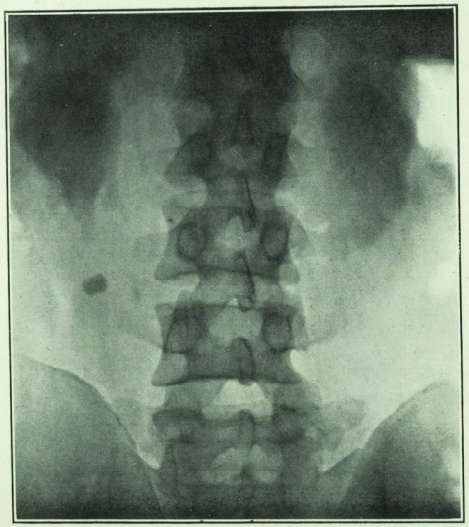

FIG. 3.

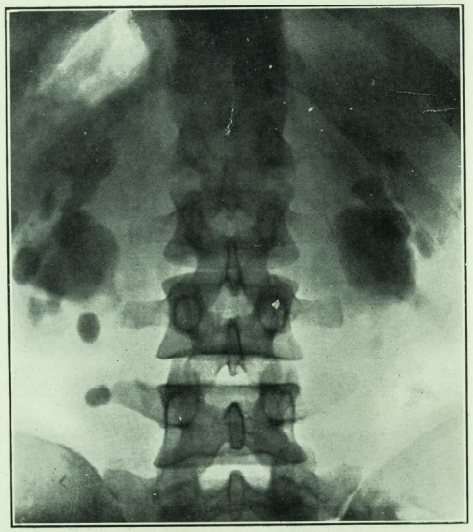

FIG. 4.

distended calyx. The presence of bilateral hydronephrosis, the origin of which is difficult to explain, might have made one suspicious of the condition in the above case.

(3) The value of the use of intravenous pyelography is amply illustrated, especially following the failure to pass a ureteric catheter satisfactorily.

I am greatly indebted to Sir Charles Gordon-Watson for permission to publish notes on this case.

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RONALD C. BENNETT.

EXPERIMENT IN MEDICINE.

By DEMETER.*

A DISTINCTION between "traditional" and "experimental" work in medicine is especially difficult to make, since here both words may be taken in two senses, as they were taken by Mr. T. S. Eliot in an argument on literary criticism which formed the last essay of a book I have previously discussed here.† By traditional medicine we may mean "that which follows the same methods, aims at the same ends, and expresses much the same state of mind as the medicine of the preceding generation." Or we may mean something quite antagonistic, namely, an ideal of medicine "which has a definite theory of the meaning and value of the term 'tradition,' and which may be experimental in reverting to masters who have been forgotten." It is in this light that we may smugly picture the struggling exponents of traditional medicine in the future, and congratulate ourselves that our masters are not so numerous, nor their burial so complete.

And as for "experiment," we may mean the most original work of the present generation, or else the work of those who are officially pushing into new fields of inquiry, or are enlarging the scope of medicine with other kinds of knowledge. To use the term "experimental" in the first sense would be invidious, for it would cover all the published practice of our time which one considers to have such merit as descriptive power, meticulous care, or simply extreme originality. It would not be invidious only; for it would be dignifying with a grand name that fatal habit of collecting rare diseases, or of scoring up fresh combinations of diseases (since most single syndromes have been already redundantly discussed). Such a habit, though a boon to editors in the dry season, is represented quite disproportionately in papers devoted to the practice of medicine. In this line free play appears to be given to everyone of sufficient standing to see medicine through his own temperament, and to force others to see it so in print. At the best our vision is always partial and our judgment prejudiced, and therefore all medicine of this sort is experimental, just as the mode of life of each generation and the muddled and inconsequent reactions of each individual in his every-day life are an experiment.

It is only in Mr. Eliot's second sense, therefore, that it is worth while to talk of experimental medicine; only by considering in what directions to-day useful experimental work is being deliberately attempted that has not been deliberately attempted before. It may be of interest, therefore, briefly to contrast what I call "useful" work with work which, while taking up almost as much periodical paper, has little direct or indirect value.

A study of the literature of our generation shows that while an advance is taking place all along the line, there are at certain salients a collection of men who are working together under a well-known director. Some of these salients are dangerous and may prove untenable, but others have been reinforced and are pushing still further ahead. It is noteworthy that three fields in which the advance has perhaps been greatest have been especially indebted to contemporary physiological research and to applied physics and chemistry. These are neurology, cardiology and endocrinology. The first two received in addition unique assistance from the late war, of which such workers as Head, Gordon Holmes and Riddoch, and Mackenzie and Lewis, took full advantage. If, therapeutically (surgery excepted), neurology is a little behind other branches, that is because these men's work and that of the physiologists Pavlov, Magnus and Adrian has not yet been fully assimilated. In cardiology the advance mainly follows Blumgart and his co-workers in the direction of the circulation rate, or else Dale and Lewis, and Fraser in the matter of peripheral failure and dyspnœa.

The older experimental publications owed their chief value either to accurate clinical description with contained prognosis, or to those technical treatises on research, such as Koch's on methods of staining film preparations or (in 1881) of preparing cultures on solid

* Whose story reflects the decay and revival of vegetation, standing for the seed corn of last year as against the ripe ears of this.

† *St. Bartholomew's Hospital Journal*, May, 1930, xxxvii, 142.

media. This last gave systematic bacteriology an enormous impetus. And now for anyone starting on a line of research there is nearly always a key-paper or perhaps two or three, which will save him weeks of labour. It is probably this type of paper which has most value at the present day, since it tends towards consolidation of each position.

One has but to examine the simple methods employed by our ancestors to establish the pathogeny of a new disease—to contrast Addison's and Gull's papers with the multiplicity of work on psittacosis or the various forms of encephalitis—in order to see that no individual, unless he be the director of a large school of research, can possibly forge more than a single link in the chain. One may proceed by contrasting old and new methods employed to establish the nature of a well-known disease to see what new research must owe to the application of pure science. When, at the beginning of this century, numerous workers set about finding the cause of acute rheumatism, the matter turned entirely on whether organisms isolated from human rheumatism, either after death (a procedure now discredited) or exceptionally during life, would produce arthritis or endocarditis (of whatever type) in rabbits, and if this occurred even sporadically, to lift up the hands with a fervent gesture and say, "Thank God for the discovery of Achalme's bacillus," or "Way for the *Diplococcus rheumaticus* of Poynton and Paine." The lifting up of hands still occurs on every side, and was of great service to the lay press in connection with influenza; but it is part of Demeter's function to think only of last year's seed corn, and await confirmation even of so strenuous and apparently honest a collaboration as that over disseminate sclerosis, of which, however, even the initial C.S.F. findings seem to be difficult of repetition.

It is evident, therefore, that the intending researcher must learn his work as the junior member of a team, and that the team must in its simplest form consist of clinician and pathologist, but in many instances will also require to enrol the physicist and bio-chemist. Sir Arthur Keith recently stressed the multiplication of specialists in the Three Streets of consulting medicine, but there is likely to be nearly as great a multiplication in all works of life and in medical research in particular.

This increase of specialists should be able to provide for the other type of research, done by the skirmishers in general practice. Where a busy man may rely to some extent on specialist advice on those subjects towards which he has no leaning, he will have more time to follow the after-histories of a particular type of patient, so that on the prognosis and treatment of that type he will be a recognized authority. Not by the occasional publication of a rare case nor by an insistence on the known syndromes of established disease will he achieve permanent distinction, but by systematic work like that carried on by James Mackenzie for over twenty-five years at Burnley. No use the excuse of a busy panel or the desire for recreation. You can remember that Mackenzie, in addition to practice and research, "was a first-class golfer, a good chess player, quite useful with a billiard cue, and no mean hand at cards."*

Unfortunately there are three barriers which prevent a good piece of research from receiving wide recognition at once. The first is that people may fail to confirm it because of insufficient attention to the details set out; secondly, if it contains a denial of some popular remedy (such as the vaccine or the gland extract) it will be more or less neglected; and thirdly, it may be snowed under by inferior stuff, as follows.

Happening to glance at a last year's number of the *Journal of the American Medical Association* (one of the most valuable of journals, which, of course, is published weekly) I found besides one very good article to which many people still refer, several more of varying value. In addition it dealt with 57 other journals of different countries, and in all 135 papers were abstracted—an extremely useful method, since a short epitome will soon show that there is no need to delve deeper beneath a high-sounding title. These articles varied in context from one on "Botulism due to Home-Canned String Beans," which has the obvious practical value of the sound advice, (*a*) Don't home-can your string beans, and (*b*) Don't eat them if you *have* absent-mindedly home-canned them, to one which in my poor opinion carries no practical value at all, entitled "Relationship between Healing of Wound and Acid-Base Equilibrium." This is the description of a single case of a man of 52, who had had a large ulcer on his back for fifteen years, but when he got a carcinoma of the œsophagus the ulcer healed in a very short time. These are all the investigations recorded, but inferences follow rapidly: it is known that fasting causes acidosis, therefore this sudden healing was due to the change in acid-base equilibrium; this is amply supported by the fact that Sabouraud made a similar observation, and because, forsooth, pædiatricians report that infants with pyloric stenosis are usually free from infection. Oh, Logic, how art thou served! The last sentence, moreover, shines in radiant ignorance of the fact that the common sequence of pyloric stenosis, as of any prolonged vomiting (as opposed to fasting), is an *alkalosis* sometimes with its attendant manifestations of tetany and convulsions.

This is a flagrant example of one type of "experimental medicine" which describes two conditions (for

* John Hay, *British Medical Journal*, June 7th, 1930, i, 1034.

choice uncommonly associated), and thence proceeds to argue from the particular to the general, stumbling on over false assumptions like a tabetic with no sensations in his feet. The other common type of error is that seen mostly on the therapeutic side and our author, in contrast, starts in upon an enormously wide field, which does not admit of any thorough experimentation at all. It is exemplified by the following example abstracted in the same paper as follows:

"*Therapeutic value of sulphur.*—B— discusses the different methods of administering sulphur, and its therapeutic value in various diseases. He reviews experiments that were conducted to determine the influence of sulphur on the basal metabolism, the glycogen content of the liver and the carbohydrate metabolism. It was found that in diabetic patients sulphur therapy brings results similar to those of insulin. Sulphur proved valuable likewise in the treatment of exophthalmic goitre. The author also enumerates the therapeutic qualities of sulphur in tuberculosis of the bones, in chronic arthritis and in different forms of dermatitis, such as eczema, furunculosis, acne and psoriasis. One point is stressed particularly, namely, that sulphur gives the best results when it is administered in minute quantities."

This refreshing homœopathy represents the conclusions drawn from work which, if thoroughly carried out, would take a whole team of clinicians and bio-chemists a year or two at a modest reckoning. I am so convinced by it that I am not only recording daily successes from the use of sulphur in diabetes, Graves's disease and the common skin troubles, but am extending its exhibition to cases of pituitary insufficiency and parasitic infections. I hope to publish a long and convincing paper on the subject next week, following which I have arranged to give a series of addresses to the Medical Experimentalist Society of Wigan.

But it is a pity to waste even cheap paper or cheaper wit upon misleading descriptions such as these. Proper experimental methods may be learnt from several papers which have from time to time appeared especially instructive. As a contrast is the well known contribution by Pulvertaft, of St. Thomas's, on "An Examination of the Pathological Effects of Streptococcal Toxin and Hæmolysin on Rabbits."* This exceedingly well-arranged paper represents three years' work; 37 references are given to previous papers, and the thoroughness of his method may be inferred from the following quotation:

"In the experiments I am about to record the volume injected rarely exceeded 2 c.c." (with large volumes the possibility of non-specific results arises); "controls were invariably used; a standard control was 1·0 c.c. of intravenous antitoxic serum, administered just before injection. No control ever died. Hæmolysis was always absent—a point which is elaborated below. In order to avoid elaborate protocols it may be stated that no statement is made which was not confirmed on at least four rabbits, and that in most a considerably larger number was used. . . ." Then follows a column and a half on technique, an extensive description of the morbid anatomy and clinical effects, and a discussion which makes no assumptions and merely states the significance of the experiments.

Fortunately for medicine a large number of other examples might be given.

Sir Thomas Lewis's much-discussed pronouncement has put the present difficulties in an exceedingly clear manner. "Research is being relegated," he says, "to the laboratories . . . and clinical investigators have been brought by circumstances to become again content with observation, the ancient, traditional method of medicine." Clinical science is defined by the work of Ferrier, Huxley, Mackenzie and Head. "Preparation for success as a consultant and preparation suited to a career of clinical research present irreconcilable and deep-seated differences," one of which is that curative medicine is individual, while progressive medicine is collective. "Diagnostic acumen is the password to the control of material," but this control is not a consecutive one. Self-confidence is a clinical necessity, but diffidence is the hall-mark of successful research. There must, then, be beds, material, and every facility for clinical research under the control of a staff who are not troubled with routine and teaching—all of which, nice in theory, are difficult of fulfilment.

A series of letters subsequently put forward the more obvious criticisms, the most notable, perhaps, being that by Dr. Ryle in the *British Medical Journal* of March 22nd (p. 565).*

* *Lancet*, August 17th, 1929, i, 318–325.

* It was with unusual interest, however, that I read the letter by Dr. Cawadias in the next number; and not entirely because of his learned article, which in the June issue of this journal so demolished Ormuzd that this worthy gentleman was forced to change his name to that of a woman for defence. He was, however, greatly comforted to note that Sir Thomas Lewis was also demolished in terms of Cnidos. He is left with the uncomfortable feeling that in this letter the distinguished writer is arguing not upon what is, but upon what he would like it to be; witness this sentence: "Although we hear very often the reproach that we are mainly concerned with 'placing a label on a patient,' this is far from being the case. If we except certain physicians of the late eighteenth century, like Sauvages and Pinel, and also some physicians of the anatomical school of Vienna of the early nineteenth century, the object of the physician has always been to diagnose and cure individuals and not diseases." He humbly begs to state that whatever happened in any century but the present, it is still possible to see around us an absolute pre-occupation with the desire to label—it all depends where and with what care we look. He cannot help joining battle on this point, although he is very sensible of the honour done him by this leader of Greek medicine, and the well-known exponent of the oscillometric method in endarteritis obliterans, and he is very grateful for his illuminating article of last month.

To conclude, the clinical research worker in the past has been chiefly the practitioner, or what Mr. Eliot would call the "hurried amateur wage-slave"—in future the professional will be necessary here as elsewhere. It being impossible for most men to be professional at both careers, I look to a combination between a clinician and at least one research pathologist working in close conjunction in a large hospital, the first with sufficient knowledge of pathology to know what may be possible and how to marshal the material, and the latter with sufficient clinical knowledge to know the practical significance of each step. The work on streptococci done at this hospital by the Gordon-Andrewes-Horder combination has in this way taken a permanent international place.

The individual may tack and go about, or he may steer a straight course on a single mission, but he too often comes at the end of a hard life of unremunerative toil to the melancholy position delinated in the description of Pascal by Sainte-Beuve (himself originally a doctor):

"He who had it most at heart to know his object, whose ambition was most engaged in seizing it, whose pride was most alert to paint it—how powerless he feels, and how far beneath his task, on the day when, seeing it almost finished and the result obtained, he feels his exaltation sink, feels himself overcome by faintness and inevitable disgust, and perceives in his turn that he, too, is only a fleeting illusion in the midst of the infinite illusory flux!"

LAY VIEWS ON OCULISTS AND OPTICIANS:

AN OPHTHALMOLOGICAL SATIRE.

SOME few weeks ago, feeling more than usually depressed, for we are a sort of ophthalmological Mrs. Gummidge, and "everythink goes contrairy with us," we thought that it would be worth our while to spend an hour at the exhibition of Italian old masters. We had an interesting time, for besides seeing some of the masterpieces of Italian art, we were fortunate in overhearing, Cluppins-like—the voices were very loud and forced themselves upon our ear—an interesting dialogue between two modern examples of the Gorgo and Praxinoe class. Gorgo appeared to have some trouble with her sight, and was explaining to Praxinoe that she was afraid the time had come when she really must see about getting a pair of glasses. She had evidently suggested going to an optician, and Praxinoe was eloquent on the possible dangers of such a proceeding, and was pleading the special virtues of her own oculist.

"But, My dear," said Gorgo, "suppose for a moment that he's one of those men who always find something the matter with one, and says he can't possibly order me glasses until I've had all my teeth out; and that if I don't see my dentist at once I shall probably go blind with a cataract or some other hideous disease. Then he'll probably be a five-guinea man, or at least a three-guinea man, and I find I can get a pair of glasses from an optician for much less than that."

At this moment the pair were joined by Theocritus, who was promptly pressed into the debate. "Well," said Theocritus, "when I want my glasses changed I always go to my optician; he does me very well, and if he can't find a pair of glasses to suit my sight he advises me to see an oculist."

"I should be afraid of doing that, Gorgo, if I were you," said Praxinoe; "for all you know you may be astigmatic. I've a most complicated astigmatism myself; my oculist says so." "That's what they all say," chimed in Theocritus, "and I'm informed that the human eye that is completely non astigmatic doesn't exist." "No such thing," said Praxinoe; "there's the case of my old friend Colonel Glanders,* who bought a pair of glasses at an optician's, and his doctor, who was treating him for dyspepsia, on hearing of this said it was the most unwise thing he had ever heard of; he advised him to see an oculist, who ordered him a proper pair of glasses and cured his dyspepsia." "Well," said Gorgo, "there may be something in what you say, Praxinoe, and I think that before doing anything more in the matter I shall call at one of the hospitals, say St. Boniface,* and ask to see their eye surgeon. The almoner's department, I understand, don't make any inquiry about your financial position until after the surgeon has seen you, and if I go in my old clothes I dare say that they will let me through. Why not accompany me, Praxinoe, and get your varicose veins seen to?"

At this point we had to leave in order to get to St. Boniface for our afternoon out-patient sitting; on our way we reflected on some of the home truths which we had accidentally overheard, and we may say that Gorgo has not yet attended our Out-Patient Department, nor have we been able to ascertain that Praxinoe has had her veins injected. Possibly the former is taking a course of exercises to make old eyes young enough to see without glasses, which is, we understand, a fashionable proceeding nowadays.

NEMO.

* The names are Thackeray's, but they will serve.

STUDENTS' UNION.

RIFLE CLUB.

The Miniature Range has been closed during the summer and will re-open at the commencement of the October session.

The first open range match was a triangular match shot at Bisley on May 17th against Cambridge University and Count de Salis' team representing India.

The conditions were: Teams of 6 a side, ten shots at 300 and 600 yards' range. The Hospital team, although one of our members shot with difficulty, and was found to be suffering from mumps, showed considerable promise and, although we were third, the margin was gratifyingly narrow considering the strength of our adversaries.

Since then we have won both the Inter-Hospital Cups. The consistency of the scoring has been very satisfactory.

The Armitage Cups, shot for at 200, 500 and 600 yards on three Wednesdays in June, resulted in a win by 13 points with a higher aggregate than has been obtained since the war.

Scores.—St. Bartholomew's Hospital:

	June 4th.	June 11th.	June 25th.
J. Shackleton Bailey	96	97	98
L. P. Jameson Evans	100	97	93
F. T. J. Hobday	95	93	95
K. F. Stephens	92	95	93
B. C. Nicholson (Capt.)	90	92	97
T. H. N. Whitehurst	88	98	86
	561	572	562

Result.—1, St. Bartholomew'sHospital, 1695; 2, London Hospital, 1682; 3, Guy's Hospital, 1585.

The United Hospitals Cup, shot for on July 15th during the N.R.A. meeting, was won by 7 points, after a close fight with the London Hospital, who were the holders.

The team was awarded N.R.A. bronze medals.

Scores:

1. St. Bartholomew's Hospital—

	300 Yds.	500 Yds.	600 Yds.	Total.
J. Shackleton Bailey	35	33	32	100
F. T. J. Hobday	31	33	33	97
L. P. Jameson Evans	30	32	31	93
B. C. Nicholson (Capt.)	30	32	30	92
K. F. Stephens	30	32	29	91
Totals	156	162	155	473

2. London Hospital	130	161	155	466
3. St. Thomas's Hospital	149	146	142	437
4. Guy's Hospital	145	146	138	429

During the United Hospitals Rifle Club Prize Meeting, which was held on June 25th, the following Bart.'s men were prizewinners:

J. Shackleton Bailey	3rd Aggregate Prize	131/140.
	2nd Prize at 600 yards	34/35
F. T. J. Hobday	1st Prize at 600 yards	34/35.
B. C. Nicholson	Donegall Badge at 200 yards	46/50.

The Lady Waring Challenge Cup for best aggregate score at 200, 500 and 600 yards was won by J. Shackleton Bailey, and the Benetfink Aggregate Challenge Cup for 300 and 600 yards by F. T. J. Hobday.

CRICKET CLUB.

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

Second Round Inter-Hospital Cup.

Result: Won by 53 runs.

June 26th, at Winchmore Hill.

U.C.H. had easily beaten a strong London Hospital side in their first round cup-tie, and when they came to play us at Winchmore Hill they had the reputation of being a very good bowling side.

Capper winning the toss, the Hospital batted first on an excellent wicket. The first wicket fell with only two runs scored. Boney and Nunn carried the score to 41 when the latter was caught at wicket off a beautiful ball from Ribiero for 18. By careful batting the total was increased by 35 runs before the next wicket fell, Boney playing a straight ball from Ribiero with his pads after contributing a very useful 35. Capper was next to go, being bowled by Ribiero for 26. The last five wickets fell for 20 runs, the total only reaching 158. Ribiero had bowled very well, taking 7 of the wickets.

Though our opponents batted in a determined fashion their score only reached 105, thanks to good fielding and excellent bowling. Wedd in particular bowled very well and took 5 wickets for 27 runs. Hay-Shunker 3 for 40, Anderson 2 for 16.

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

Result: Draw.

June 21st, at Honor Oak.

This friendly fixture resulted in a good game in which the bat most decidedly beat the ball (owing largely to the dead condition of the wicket). The Hospital batted first and scored 223 for the loss of 6 wickets. For this total Boney (56), Capper (52) and Anderson (47 not out) were largely responsible. The innings was then declared closed and Guy's replied by scoring 130 for the loss of 4 wickets.

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

Result. Draw.

June 28th at Winchmore Hill.

Batting first on an excellent wicket the Hospital scored 224 for the loss of 9 wickets before declaring. Gilbert (51), Capper (33), Shackman (29) and Boney (21) all batted well. Our opponents batted in a very unenterprising fashion, and had only scored 130 for the loss of 7 wickets when stumps were drawn.

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

Semi-Final Inter-Hospital Cup.

Result: Won by 88 runs.

July 1st, at Winchmore Hill.

The Hospital, again winning the toss, batted first on a good fast wicket. The full score is given below, and it will be seen that Boney, Wheeler, Gabb and Wedd, who all batted very well, contributed largely to the total of 205.

Our opponents' opening batsmen batted confidently from the start, and had put 60 runs on the board before the first wicket fell. Wedd bowling Allan for an excellent 30. Lewis left immediately afterwards, owing to a splendid one-handed catch by Capper at mid-off. The remainder of the side offered little resistance and the innings totalled 117. Wedd again bowled very well, taking 5 for 19.

ST. BARTHOLOMEW'S HOSPITAL.		ST. GEORGE'S HOSPITAL.	
J. A. Nunn, c Taylor, b Allan	0	E. Allan, b Wedd	30
R. G. Gilbert, c Allan, b Ferguson	9	R. S. Lewis, c Capper, b Wedd	25
A. R. Boney, st, b Lewis	50	F. T. Lutter, b Gabb	0
W. M. Capper, c Lewis, b Ferguson	3	G. K. Taylor, b Gabb	0
G. D. Wedd, c Ferguson, b Taylor	30	V. H. Riddell, b Gabb	7
F. E. Wheeler, lbw, b Taylor	50	C. J. King-Turner, c Nunn, b Wedd	1
W. H. Gabb, b Taylor	41	H. R. Ferguson, b Anderson	18
I. N. Fulton, c Tucker, b Ferguson	0	W. E. Tucker, b Anderson	0
J. D. Anderson, c. what, b Ferguson	0	C. P. Bailey, not out	1
J. E. A. O'Connell, b Ferguson	1	C. Gibson, b Wedd	24
C. L. Hay-Shunker, not out	0	R. Buxton, lbw, b, Wedd	1
Extras (byes 17, leg byes 3, no-balls 1)	21	Extras (byes 10)	10
Total	205	Total	117

ST. BARTHOLOMEW'S HOSPITAL *v.* UNIVERSITY COLLEGE, LONDON.

July 2nd, at Perivale.

A weak Hospital side had every reason to feel satisfied with the result of this game.

Losing the toss for once they had a long hot day in the field while 273 runs were scored against them for the loss of 8 wickets. Hay-Shunker bowled well and took 5 wickets for 97 runs.

Given just over two hours in which to score these runs—an impossible task—the Hospital succeeded in making the result a draw. Gabb 39 and Hay-Shunker 23 batted well, but chief credit must go to Kirkwood, who, going in at the fall of the second wicket, was undefeated at the close with a score of 34. The final score was 125 for 7.

It will be seen that the good form shown earlier in the season is being maintained, and there is every reason to hope that we may emerge successful from our encounter with St. Thomas's Hospital in the final of the Cricket Cup. A full description of this game, together with notes on the other games which remain to be played, will appear in the September number of the JOURNAL.

J. E. A. O'C.

ST. BARTHOLOMEW'S HOSPITAL 2ND XI v. LONDON HOSPITAL 2ND XI.

Second Round Junior Cup.

This most exciting game was played at Winchmore Hill on Monday, June 23rd. London started batting with wind and slight drizzle handicapping the bowlers. However, they lost 2 wickets for 14, and should soon have lost another, T. L. Nicholas being missed at slip when 9. Profiting by this lapse he compiled 74 runs, including two fine 6's. Only Disney (21) and Snipper (10) besides him reached double figures. The innings closed for 147. R. N. Williams (4 wickets for 34) bowled very well, dismissing two batsmen with consecutive balls. Mundy (2 for 46) was out of luck, and Taylor (2 for 27) sent down some very good balls. The fielding was very disappointing, with the exceptions of J. B. Bamford, who kept wicket magnificently, catching 2 and stumping 2, and of Dransfield, whose work at point was very sound. Bart.'s started batting quite well, but not well enough in face of the London total, and certain of the earlier batsmen might well have exercised more care. Scoring was brisk, however, and with G. A. Y. Parker (35) and J. B. Bamford (10) together, 80 for 4 looked good enough. Disney, however, bowled them both with good balls, to make the score 105 for 6. C. M. Dransfield (17) hit well, while R. Mundy (13 not out) looked immovable. Fourteen runs were needed when the eighth wicket fell; 6 runs were needed when the ninth wicket fell. To A. T. Blair fell the unenviable job of going in at this juncture, and the score crept up to 145. At this point, however, Hardy bowled Blair, and London had won by 2 runs.

M. E. Disney (5 wickets for 33) bowled very well for the winners.

Team: J. R. R. Jenkins, J. T. C. Taylor, G. A. Y. Parker, J. B. Bamford, R. Mundy, G. V. H. Wade, R. N. Williams, C. M. Dransfield, R. M. Kirkwood, D. M. Dean and A. T. Blair.

J. R. R. JENKINS.

CORRESPONDENCE.

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

SIR,—I trust opportunity will be given to old Bart.'s men, on the occasion of the retirement of the Dean, of recording in some permanent form their appreciation of Dr. Shore's work for the Medical College and its students.

The good wishes you express will be fervently echoed by every reader.

I am, Sir,
Yours etc.,
A. H. KYNASTON.

Boston, Lincs;
July 18th, 1930.

DIAGNOSIS MADE EASY.

"DEAR SIR,—I thought it best to describe by letter and then see you tomorrow, over a week ago my tongue felt as though I had drank alum water I have had no hot stuff or meat for a week but it is no different and now although it is normal yet when I eat my meals it is the colour of liver as the old man that lived here died of Cancer I am wonder what is wrong, the boards are worm eaten although it is not an old house although I have decayed teeth they are the same as usual either it is something in the food or else something carried through the air it seems worse when the wind is in the south and the back door is open I have noticed that the flies are few and they do not live long which makes me think it is in the air and yet my meals seem to change the colour of my tongue though not hot—I have had only cheese butter biscuits bread and marmalade and lemonade this last week—I cannot account for it my eyesight has not got worse since I called but I am forced to wear glasses. I have been wondering if there is a chemical factory in the district but I will leave the matter till tomorrow it may help you to diagnose excuse scribble yours truly. ———"

REVIEWS.

VARICOSE VEINS, HÆMORRHOIDS AND VARICOCELE, AND THEIR TREATMENT BY INJECTION. By RONALD THORNHILL, M.B., Ch.B. Second edition. (London: Baillière, Tindall & Cox, 1930.) Pp. xiv + 112. Price 5*s*.

The author of this little book, which has reached a second edition, appears to have had a longer experience of the methods he describes than have some others whose work has appeared in print during the last two years. The insistence on practical points and the clear descriptions of technique have, no doubt, ensured the book's popularity.

In this new edition the short accounts of cases have been omitted and replaced by some columns of "Dont's" after each subject—thus adding to the practical value of the work.

The writer is an advocate of the "empty vein" method of injecting varicose veins in the leg. The results gained by this method seem to be well worth the little extra care and trouble required, in that the thrombosis after each injection is more certain and more extensive, and the course of treatment thereby shortened.

In addition to describing good methods of injecting veins in the lower limb and the "pile-bearing area," he explains his injection treatment of varicoceles and hydroceles, and it would seem that they are worthier of a wider trial than they have yet received.

Altogether this is a very sound work, and can be recommended to any medical man about to embark on this comparatively new branch of healing.

A SHORT PRACTICE OF MIDWIFERY. By HENRY JELLETT, M.D., F.R.C.P.I. Tenth edition. (London: J. & A. Churchill, 1930.) Pp. xv + 662. Illustrated. Price 18*s*.

The appearance of a tenth edition of Dr. Jellett's well-known work will be universally welcomed, as it has a great reputation as an elementary text-book of midwifery. The new edition has been considerably enlarged, with the addition of new illustrations. There are very excellent sections on the practical treatment of eclampsia and antepartum haemorrhage, and the use of ecbolic drugs during labour. The author's well-known views on pubiotomy and symphysiotomy, although not universally accepted, are well described and of interest. "Meddlesome midwifery" is forcibly and justly condemned. The standard of the print and diagrams remains high, and with the lucid way in which Dr. Jellett writes, the present edition can very well be recommended as one of the best elementary text-books of midwifery in the English tongue.

MODERN TREATMENT OF DISEASES OF THE THROAT, NOSE AND EAR. By H. LAWSON WHALE, M.D., F.R.C.S. (The Modern Treatment Series.) (London: Jonathan Cape, 1930.) Price 5*s*.

In these days of an intelligent and critical public it is necessary for the doctor to be conversant with every new form of treatment of real worth. The author of this book has surveyed many aspects of modern therapy in ear, nose and throat diseases with success. The condensation of such a subject into the space of 188 pages is no easy task. The book is well arranged, and at the end of each section a useful bibliography is given. The author discusses the merits and demerits of many new procedures, and is not afraid to state candidly his opinion—for example in the condemnation of diathermy for tonsillectomy. A useful summary of the treatment of malignant disease of the larynx is given, with the opinion that the knife is the most useful method at present. The emancipation of surgery from the fetters of anatomy, so marked a feature of modern times, is illustrated in laryngectomy. Emphasis is laid on the wisdom in the early performance of myringotomy and the Schwartze operation when indicated. Irrigation of the intrathecal space in meningitis marks a new epoch in the treatment of this dread disease. The book can be recommended to all who wish a knowledge of modern treatment in this branch of surgery.

NASAL CATARRH. By W. STUART-LOW, F.R.C.S.(Eng.). (London: H. K. Lewis & Co., Ltd., 1930.) Pp. x + 84. Illustrated. Price 5*s*.

Although the poet Milton was familiar with "fierce catarrhs," the ætiology and pathology of nasal catarrh has until recently remained obscure. The author of this book deals with this important subject. The importance of the history and complete examination of the patient, together with a careful inspection of the handkerchief—which is often overlooked—are stressed. Nasal polypi and sinusitis are stated to be the commonest ætiological factors. The author is to be congratulated on the appeal for the conservation of the mucous membrane in all intra-nasal operations. The various surgical procedures for the removal of intra-nasal obstructions are discussed in detail. Sacrificial surgery of the turbinate bones is deprecated. The book shows clearly that many types of nasal catarrh are curable and need not be endured, thus striking at the foundations of popular belief to the contrary.

THE CONJOINT FINALS. Being a Reproduction of all the Questions set in Medicine, Surgery and Midwifery from 1911 to 1929, classified under the various systems and arranged in the date-order of their occurrence. By GERALD N. BEESTON, M.R.C.S., L.R.C.P. (London: John Bale, Sons & Danielsson, Ltd., 1930.) Pp. vi + 135. Price 6*s*. net.

While the present examination system persists, the student, however conscientious and painstaking, must pursue his studies with one eye on the requirements of his examiners. These inquisitors are not satisfied by one question superbly answered. It is therefore of great advantage to know what sort of questions they are in the habit of asking. This little book should prove invaluable to the less well-informed amongst us, and is by no means to be despised by even the brightest and best.

A COURSE IN PHYSICS FOR MEDICAL AND DENTAL STUDENTS. By R. ABLETT, M.Sc. (Humphrey Milford, Oxford Medical Publications, 1930.) Pp. xviii + 249. Price 8*s*. 6*d*. net.

The author attempts to produce a book which is specially suited to the requirements of medical students studying physics. Thus in a very novel manner the subject is developed with reference to medical applications of physical principles, a school-leaving certificate standard in physics being assumed. Thus, for example, the sphygmomanometer, animal calorimeter, string galvanometer as used in electrocardiographs, electric baths, electro-cautery and X-ray dosage are all illustrated and find some mention in the book, while sound and magnetism do not find a place. The exposition is always clear and the diagrams are both accurate and lucid. We commend it to all interested in medical physics.

Admirable as this course may be, however, the utility of the present work depends upon the physics with which the student is acquainted upon taking up the course. In the reviewer's experience over 20% of the students entering a medical college have no previous knowledge of the subject, while only about 30% have attained the school-leaving certificate standard. That this varying knowledge is a serious handicap to the teaching of medical physics is true, but under existing conditions it renders such a course as the author proposes very difficult. Moreover the actual treatment of the subject will not meet the pre-medical examination syllabus of London University. Here again it is generally admitted that reform is necessary, but meanwhile only the groundwork leading to an approximate Intermediate standard can be pursued.

We are surprised at the lack of mention of levers and their applications in anatomy, while the treatment of colloids appears to be inadequate. There appears to be some confusion between specific heat and thermal capacity on p. 72, and the brief treatment of the therapeutic use of radon, where not inaccurate, is misleading.

A MANUAL OF PHYSICS. By J. CROWTHER, Sc.D. Third edition, revised. (Humphrey Milford, Oxford University Press, 1930.) Pp. xxii + 561. Price 14*s*. net.

The third edition of this excellent text-book appears eleven years after the first impression. Numerous additions have been made in properties of matter, sound and voltaic electricity, and several diagrams have been substituted. The treatment of the subject is always upon accepted physical lines and the exposition is lucid.

As a text-book for medical students, however, it falls short of that desired. Medical illustrations and applications of physical principles are missing in the text. Such important subjects as osmotic pressure, colloids and radio-activity find no mention, while the filter pump and Ostwald's viscometer are not described. The diagram illustrating the Bunsen's ice calorimeter appears to be incorrect.

The book is an admirable introduction to a study of physics.

SLIT-LAMP MICROSCOPY OF THE LIVING EYE. By Dr. F. ED. KOBY (Basle). Translated by CHARLES GOULDEN, O.D.E., F.R.C.S., and CLARA LOMAS HARRIS, M.B. Second edition. (London: J. & A. Churchill, 1930.) Pp. xvi + 360. 104 illustrations. Price 15*s*.

Dr. Koby gave us the first edition of his work after six years' practical experience with the slit-lamp. The second edition now appears, five years later, and in it is embodied much that is quite new. Gullstrand presented the world with the first slit-lamp at the Congress of Heidelberg in 1911, and since this date the apparatus, technique and knowledge gained by its employment have advanced steadily and swiftly. The present edition is a formidable work. Its highly technical matter requires of its reader a conversant knowledge of general ophthalmology and an enthusiasm for the task in hand.

The first three chapters deal with the apparatus, technique and theory. The remaining chapters, considering separately the various structures of the eye, are each divided into five headings, viz. special technique, the normal, senile modification, traumatic lesions and pathological changes. The bibliography now contains nearly 600 references. The illustrations, mostly diagrammatic, are Dr. Koby's own. Mr. Goulden and Mrs. Harris have again filled the breach as translators, and have again accomplished that difficult task in the most admirable way. Both have worked under Dr. Koby and have had the benefit of his co-operation.

THE ACTION OF MUSCLES. By Sir COLIN MACKENZIE, M.D., F.R.C.S., F.R.S.(Edin.). Second edition. Pp. xvi + 288. 100 illustrations. Price 12*s*. 6*d*.

The surgeon as well as the anatomist will find much that is of use to him in this book, for it is written by one who has put his anatomical knowledge to practical use in treating injuries of muscles and nerves.

The body is considered regionally; and in the different regions the muscles are described and their attachments given simply and not in the minute detail beloved by some anatomists. This is followed by a description of the actions of the muscles and groups of muscles. Chapters are devoted also to paralysis of the main nerves of the extremities with the effect on the muscles; and these contain most useful sections on the anatomical positions of rest in the different paralyses, all of which are well illustrated. Methods of re-education of muscles are very fully described and illustrated also.

The interest in the book is enhanced by the inclusion of a certain amount of comparative anatomy, and also by reference to clinical cases where there was some special interest in the distribution of the paralysis or the way in which it recovered. The author believes that the interossei of the index and middle fingers have branches from the median as well as the ulnar nerve.

The section on the erect posture, which is new in this edition, includes a considerable amount of comparative anatomy, as does also the section on the muscles of respiration.

This book can be recommended to those interested in orthopædic surgery and the re-education of muscles, as being a practical book based on sound anatomy and experience gained from contact with patients.

THE MYCOSES OF THE SPLEEN. By ALEXANDER GEORGE GIBSON, M.D., F.R.C.P. (London: Kegan, Paul, Trench, Trübner & Co., 1930.) Pp. xii + 169. Illustrated. Price 12*s*. 6*d*.

In 1913 Dr. Gibson first put forward the suggestion that certain forms of splenomegaly, namely, splenic anæmia, acholuric jaundice, and Banti's disease, were caused by a streptothrix. Splenic enlargement occurs in a variety of conditions. Among these are the enteric fevers, tuberculosis, malaria and kala-azar. On first principles, it seemed likely that these other types would fall into the same category, *i. e.* the inflammatory or infectious group.

In an attempt to prove this hypothesis, this book has been written. Dr. Gibson has demonstrated in many cases of splenomegaly resulting from these conditions pigmented nodules scattered throughout the splenic pulp. These are termed Gandy-Gamna bodies, and are considered to be only explicable by a mycelial origin.

In some seven cases positive cultures of a mycelium from splenic substance were obtained. It is noteworthy, however, that some of these were only demonstrable after some months, and it is well known that cultures made from the spleen at post-mortem or when removed at operation often produce a variety of organisms of different kinds. In France M. Nata has come to an independent conclusion that the organism responsible for these diseases is of the aspergillus group, and therefore also a mycotic cause.

On the other hand, the Mayo Clinic have been unable to confirm these findings. Working on as many as eighty spleens which had been removed at operation, they were unable to obtain a positive culture in any case. Another criticism which has been advanced is that what are termed mycelial threads in the Gandy-Gamna bodies are really tissue fibres which have become altered by the absorption of iron pigment from old hæmorrhage.

The proposition of a streptothrix being the causal origin of these diseases is presented in a fair manner. One cannot help feeling, when reading the book, that the thesis is as yet unproven. More confirmatory work will be required before this conception can gain general acceptance.

The illustrations are good, and the book is well produced and printed.

MANUAL OF PHYSIOLOGY. By H. WILLOUGHBY LYLE, M.D., B.S., F.R.C.S., and DAVID DE SOUZA, M.D., D.Sc., F.R.C.P. (Oxford Medical Publications, 1930.) Pp. xvi + 820. Third edition. Price 16s.

This book has been carefully revised, and now forms a concise and very readable text-book of physiology and biochemistry. The sections which will be found most useful are those dealing with the cardio-vascular and nervous systems and the special sense-organs. With regard to the remaining sections, although the main facts of physiology are succinctly stated, recent work has not been included.

As an example the discussion on the origin of urea ignores the recent conclusive experiments of Mann and Magath on the total extirpation of the liver in the dog.

To the student of medicine, the section on the endocrine glands will appear regrettably brief. The arrangement of the book is good, but the standard of illustrations is poor.

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

ABERNETHY, D. A., B.M., B.Ch.(Oxon.), F.R.C.S.(Edin.) (and GIBSON, A. G., M.D., F.R.C.P., and RUSSELL, A. WATSON, M.B., Ch.B.). "Streptococcal Septicæmia and Aplastic Anæmia." *British Medical Journal*, July 19th, 1930.

ATKINSON, E. MILES, F.R.C.S. "Pathology of Adjacent Brain Abscess." *Proceedings of the Royal Society of Medicine*, May, 1930.

BARNES, E. BROUGHTON, F.R.C.S.(Edin.). "Carcinoma of the Ear." *Proceedings of the Royal Society of Medicine*, June, 1930.

BATTEN, LINDSEY W., M.B., M.R.C.P. "Mastoid Dyspepsia in a Child." *Lancet*, July 12th, 1930.

BROUGHTON-ALCOCK, W., M.B. "A Case of Invasion of the Intact Buccal Mucous Membrane by Spirochætes." *Proceedings of the Royal Society of Medicine*, May, 1930.

BUTLER, T. HARRISON, M.A., M.D. "Third Nerve Paralysis after Mumps and Chickenpox." *British Medical Journal*, June 14th, 1930.

CARMICHAEL, E. ARNOLD, M.D., M.R.C.P.(Lond.), F.R.C.P.(Edin.), and ROSS, J. PATERSON, F.R.C.S. "Radium and Nervous Tissue: An Experimental Study." *Proceedings of the Royal Society of Medicine*, May, 1930.

CHANDLER, F. G., M.A., M.D., F.R.C.P. "Thoracoscopy and Internal Pneumolysis." *Lancet*, July 12th, 1930.

COCHRANE, R. G., M.D., M.R.C.P., D.T.M.&H. "Classification and Routine Treatment of Leprosy." *Leprosy Review*, July, 1930.

COCKAYNE, E. A., D.M., F.R.C.P. "Diabetes Insipidus." *Proceedings of the Royal Society of Medicine*, May, 1930.

COYTE, RALPH, M.B., B.S., F.R.C.S. *Surgical Diseases of the Genito-Urinary System.* London: Jonathan Cape, 1930.

DAVIES, J. H. TWISTON, M.B. "A Case of Mycosis Fungoides." *British Journal of Dermatology and Syphilis*, July, 1930.

——— "Another Disease caused by Women's Fashions." *British Medical Journal*, July 12th, 1930.

DONALDSON, MALCOLM, F.R.C.S. "Radiotherapy of Carcinoma of the Uterus." *The Cancer Review*, July, 1930.

——— "Discussion on the Position of Radium in the Treatment of Gynæcological Conditions." *Proceedings of the Royal Society of Medicine*, May, 1930.

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ACCESSIONS TO LIBRARY.

The following books have been added to the Library:

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BLAND-SUTTON, Sir JOHN, Bart.: *On Faith and Science in Surgery.*

——— *The Story of a Surgeon.*

BRAIN and STRAUSS: *Recent Advances in Neurology.* Second edition.

BROWN and HILTON: *Physiological Principles in Treatment.* Sixth edition.

CLARK, A. J.: *Applied Pharmacology.* Third edition.

Collected Papers of the Mayo Clinic. Vol. xxi.

DALLY, J. F. HALLS: *Low Blood-pressure: Its Causes and Significance.*

DAVIES: *Surgery of the Lung and Pleura.*

DEVINE: *Recent Advances in Psychiatry.*

DIBLE: *Recent Advances in Bacteriology.*

Dictionary of National Biography. Supplement, 1901–1911.

EWING: *Neoplastic Diseases.* Third edition.

FISHER, A. G. TIMBRELL: *Chronic (Non-tuberculous) Arthritis.*

FIFIELD: *Infections of the Hand.*

GRAHAM, COLE, COPHER and MOORE: *Diseases of the Gall-Bladder and Bile-Ducts.*

GRAY: *Anatomy.* Twenty fourth edition.

HALL: *Ultra-violet Rays in the Treatment and Cure of Disease.*

HAMER: *Epidemiology Old and New.*

HASLAM: *Recent Advances in Preventive Medicine.*

HERTZLER, A. E.: *Minor Surgery.* Second edition.

HUDSON: *The Modern Surgical Treatment of Pulmonary Tuberculosis.*

HURST and STEWART: *Gastric and Duodenal Ulcer.*

JAMESON and PARKINSON: *A Synopsis of Hygiene.* Third edition.

JELLETT and MADILL: *A Manual of Midwifery.* Fourth edition.

JOLY: *Stone and Calculous Disease of the Urinary Organs.*

LOCKHART-MUMMERY: *The After-treatment of Operations.* Fifth edition.

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OSLER: *Æquanimitas*. Second edition.
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SMITH: *A Short History of the Royal Army Medical Corps.*
SPENCER: *The History of British Midwifery from* 1650 *to* 1800.
STUART-LOW: *The Care of the Nose, Throat and Ear.* Second edition.
——— *Nasal Catarrh.*
TWEEDY: *Practical Obstetrics.* Sixth edition.
WALKER: *Male Disorders of Sex.*

CHANGES OF ADDRESS.

BELL, Surg.-Capt. K. DIGBY, R.N., Avenue Cottage, The Avenue, Alverstoke, Hants.
BOURNE, W. A., 47, Exeter Road, Exmouth, Devon.
BRIGG, D. A., Chipping Norton, Oxon.
BROCKLEHURST, R. J., 7, Rylestone Grove, Stoke Bishop, Bristol.
CARDELL, E. S., "Court," Cullompton, Devon.
DALE, W. C., "Barngleish," Rowley Green Road, Arkley, Barnet, Herts.
DONELAN, C. J., Bruntsfield, 51, Lowick Road, Wealdstone, Harrow.
GORDON, F. J., 42, Cumberland Mansions, Bryanston Square, W. (Tel. Ambassador 1322.)
MACVICKER, G. C. C., Holt, Kingskerswell, S. Devon.
MAXWELL, J. P., Union Medical College, Peiping, North China.
PALMER, C. SPENCER, 3, Bay Fort Mansions, Warren Road, Torquay.
ROLES, F. C., 61, Springfield Road, St. John's Wood, N.W. 8. (Tel. Maida Vale 4346.)
SHEARS, W., Somerton, 29, Bromley Road, Catford, S.E. 6. (Tel. Lee Green 1515.)
SMITH, N. F., 24, Chepstow Place, W. 2. (Tel. Park 4848.)
SPENCE, A. W., 191, Cromwell Road, S.W. 5. (Tel. Frobisher 2044.)
STARKEY, Squadron-Leader H. S. CRICHTON, R.A.F.M.S., Hazelhurst, Pangbourne, Berks.
THOMPSON, A., "Caledon," Royal Crescent, Brighton. (Tel. Brighton 1053.)

APPOINTMENTS.

GORDON, F. J., B.Ch.(Cantab.), appointed Honorary Assistant Anæsthetist to the Royal Dental Hospital, Leicester Square, W.
GOSSE, P. H. G., M.D.(Durham), appointed Senior Medical Officer, The Radium Institute, Portland Place, W. 1.
GREY, H. MARTIN, M.R.C.S., L.R.C.P., appointed Honorary Radiologist to Hertford County Hospital.
HARDWICK, S. W., M.B., B.S.(Lond.), appointed House Physician to Bolingbroke Hospital, S.W. 11.

BIRTHS.

ANDREWES.—On July 6th, 1930, at 54, Brent Way, Finchley, N. 3, to Kathleen, wife of C. H. Andrewes, M.D.—twin sons (Michael and David).
GOUGH.—On June 27th, 1930, at Thorneycroft, Weaver Road, Northwich, to Kathleen, wife of E. P. Gough—a daughter.
HADFIELD.—On July 12th, 1930, at Cranleigh, The Drive, Rickmansworth, to Prof. and Mrs. Geoffrey Hadfield—a son.
SHARP.—On June 25th, 1930, at 27, Welbeck Street, to Helen (*née* Robertson), wife of Dr. B. Buckley Sharp—a son.

MARRIAGES.

ALSOP—SHAW.—On July 22nd, 1930, at the Cathedral Church of Christ, Oxford, by the Rt. Rev. Bishop Shaw, Archdeacon of Oxford, Aubrey Frederick, only son of the late Mr. F. W. Alsop and Mrs. Alsop, of 148, Finchley Road, London, to Margaret, third daughter of Bishop and Mrs. Shaw, of Christchurch, Oxford.
FISHER—LARGE.—On June 23rd, 1930, at St. Bartholomew-the-Great, by Canon E. S. Savage, Rector, Surg.-Lieut. Hubert Holdrich Fisher, Royal Naval Hospital, Chatham, to Barbara Christabel, only daughter of Mrs. Winefrede Large, 25, The Avenue, W. 4.
GRAY—BAKER.—On June 25th, 1930, at St. Bartholomew's Church, Edgbaston, Birmingham, Dr. John Talbot Gray, of "Little Haven," Ealing, son of the late Dr. J. A. Gray and Mrs. Gray, of Wychnour Cottage, Battle, Sussex, to Doris Irene, daughter of Mr. and Mrs. Clement H. Baker, of 230, Bristol Road, Edgbaston, Birmingham.
GREGSON WILLIAMS—THWAITES.—On Thursday, July 17th, 1930, at the Parish Church, Aspenden, by the Rev. J. Poole, assisted by the Rev. H. J. Oliver and the Rev. L. A. Ewart, Dr. A. Gregson Williams to Marjorie Patience, eldest daughter of Mr. and Mrs. J. K. Thwaites, of Aspenden Lodge, Buntingford.
MCNAIR—BUIST.—On July 4th, 1930, at All Souls', Langham Place, Arthur James McNair, F.R.C.S., son of Mrs. McNair and of the late John McNair, of Lloyd's, to Grace Mary Buist, daughter of Mrs. Buist, and of the late Major Buist, and granddaughter of the late Major-General Buist.
MACVICKER—BUTTERY.—On June 28th, 1930, at St. James's, Piccadilly, by the Rev. H. E. Wynn, Dean of Pembroke College, Cambridge, assisted by the Vicar, the Rev. Archdeacon Lambert, George Colin Churchill MacVicker, B.A., M.R.C.S., L.R.C.P., youngest son of the late Dr. MacVicker, J.P., and Mrs. MacVicker, Street, Somerset, to Joan Eleanor, second daughter of the late Mr. and Mrs. Ayerst H. Buttery, of Hampstead.
PEARCE—ILLINGWORTH.—On June 11th, 1930, at the Church of Saint James, Blackburn, by the Rev. H. Johnson, Vicar of the Parish, assisted by the Rev. Richard D. Pughe, rector of Burbage, Leicestershire, Cyril Morgan, only son of Mr. and Mrs. Alfred Pearce, of Blackheath, London, to Mary, youngest daughter of Mr. and Mrs. Walter Illingworth, of Blackburn, Lancashire.
SPENCE—HUTCHISON.—On July 15th, 1930, at St. Columba's Church, Pont Street, by the Rev. Archibald Fleming, D.D., Allan William Spence, M.A., M.B., M.R.C.P., to Martha Lena Hutchison, of Brentwood, Essex.
WHITE—TAIT.—On July 19th, 1930, at the Church of St. Bartholomew-the-Great, Dr. Herbert Oakley White, of Southampton, the son of Mr. and Mrs. Herbert White, of Sheffield, to Alice Frances Sabine, youngest daughter of Dr. and Mrs. Edward Sabine Tait, of 60, Highbury Park.

DEATHS.

BEATTY.—On June 19th, 1930, at 26, Bessborough Road, Harrow-on-the-Hill, Joseph Bensley Higginson Beatty, M.R.C.S.E., L.R.C.P.E., the eldest son of the late Colonel Joseph Beatty, R.E., and grandson of the late General Francis Young, aged 69.
BUTT.—On June 30th, 1930, at a London nursing home, Harold Thomas Hayward Butt, M.D.(Cantab.), of Randfontein, South Africa, aged 46.
MIDELTON.—On July 16th, 1930, suddenly, Dr. W. J. Midelton, L.R.C.P.(Lond.), M.R.C.S.(Eng.), L.S.A., of 12, Charminster Road, Bournemouth, aged 67.
NIALL.—On July 23rd, 1930, Eugene Michael Niall, M.D., of 15, Arlington Street, Piccadilly, S.W.
ROBERTS.—On July 15th, 1930, suddenly, at Saxlingham, Arthur H. Roberts, M.R.C.S., L.R.C.P., of West Malling, aged 70.
SMITH.—On July 13th, 1930, after a long illness, at Lyncroft, Otford, Kent, Lt.-Col. Sydney Browning Smith, C.M.G., I.M.S.
TWORT.—On July 20th, 1930, at Hurstwood, Camberley, Surrey, Dr. William Henry Twort, aged 81.
WILLIAMS.—On July 15th, 1930, at 36, Spilman Street, Carmarthen, Dr. Edward Richard Williams, M.B.E., aged 70.
WOOD.—On July 19th, 1930, at Lodore, Chelston, Torquay, Thomas Outterson Wood, M.D., second son of Thomas Outterson Wood, of Rainton, Durham, aged 87.

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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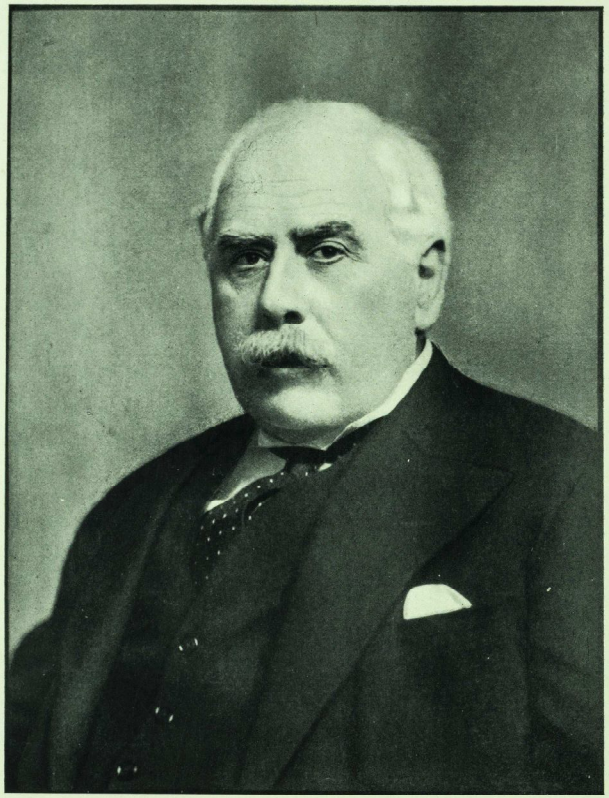

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"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXVII.—No. 12.] SEPTEMBER 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Tues., Sept. 2.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Fri., ,, 5.—Dr. Gow and Mr. Harold Wilson on duty.
Tues., ,, 9.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 12.—Sir Percival Hartley and Sir Holburt Waring on duty.
Tues., ,, 16.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Fri., ,, 19.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.

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

Tues., ,, 23.—Dr. Gow and Mr. Harold Wilson on duty.
Fri., ,, 26.—Prof. Fraser and Prof. Gask on duty.
Sat., ,, 27.—Rugby Match *v.* Old Paulines. Away.
Tues., ,, 30.—Sir Percival Hartley and Sir Holburt Waring on duty.

EDITORIAL.

Sir Francis Champneys.

SIR FRANCIS CHAMPNEYS, whose death at the age of 82 occurred on July 30th, 1930, will long be remembered for his great work on the Central Midwives Board. Elected Physician-Accoucheur in 1890 on the death of Matthews Duncan, he resigned in 1913. An obituary notice will be published in the October issue.

A memorial service was held in the Church of St. Bartholomew-the-Less on Saturday, August 2nd.

* * *

The Retirement of Dr. Langdon Brown.

We announce with regret that Dr. Langdon Brown has resigned from the active Staff of the Hospital. We publish below tributes to his work and his influence, sent by two correspondents, and elsewhere a photograph. To these we would add some sentences on his long relationship with the Journal.

His name first appears in 1894 as winner of the Senior Open Scholarship in Biology and Physiology. In July, 1895, he was appointed, with Sir Thomas Horder, an Assistant Demonstrator in Biology, in which capacity he lectured before the Abernethian Society upon "The Mechanism of Phagocytosis." His paper, which was fully reported in the Journal, gives a well-documented and critical review of the subject, and especially of the classifications of the phagocytes, which then held the field.

A second paper before the same Society, of which he later became President, dealt with "The Plague in England" (1896, iv, 36), and owed much to the writings of Dr. Creighton and to the influence of Sir Norman Moore. Thus, early in his hospital career, he showed the width of his interests and the industry of his pen.

In 1897 he was appointed House Physician to Dr. Gee, and at the same time became Editor of the Journal, being the second and the senior surviving holder of that office. Since then his triumphs have been duly recorded and his papers eagerly published.

While wishing him long and happy years as a Consultant, we hope that we may continue to be, from time to time, the humble conveyers of his thought.

* * *

A correspondent writes:

Many of our readers must have heard already of the resignation of Dr. Langdon Brown from the Teaching Staff of the Hospital. The numerous generations of students whom he has taught will share our very real sense of loss. The first-rate clinician is not always a first-rate teacher. The analysis and ordering of observations are so often subconscious, and the right admixture of imagination required to complete a clinical picture is such a subtle thing, that the art of medicine is not readily communicable. But Dr. Langdon Brown's teaching has always been characterized by a lucid self-expression based on the broadest biological principles. The observant student was struck by the way the presentation was adapted to suit the listener, and how

floating ideas were seized upon and fitted into a rational scheme. He never succumbed to that well-known temptation of a teacher of taking a dullard for a foil, but somehow by his genial kindliness managed to extract and apply whatever knowledge the timid beginner had already. More senior men were especially grateful for the emphasis laid on the treatment of the patient. We may safely say that his influence on the progress of our School will not be forgotten; and we are glad that as a Consulting Physician to the Hospital we shall still be able to avail ourselves of his great clinical experience.

* * *

The following appreciation, sent to us over the initials D. V. H., well known to readers of the JOURNAL, we print in full:

"It is difficult to write frankly of a chief happily still alive and still held in affectionate regard, and I do it with some diffidence.

It was something of a shock to read in the JOURNAL that Dr. Langdon Brown had delivered his last clinical lecture as a member of the active Staff, but with what keen pleasure is read that lecture, and how well it exhibited the extraordinary range of his mind! The press of younger men must be remarkably insistent and their powers of unusual brilliance if the Hospital can afford to dispense with the wisdom, the idealism, the mental vigour that 'L.B.' displayed in this lecture on Clinical Psychology.

I have a vivid recollection of a member of the Senior Staff startling his house physician with the question, 'Have you read *Tarzan of the Apes*'? The young man replied, 'No, Sir,' surveying his chief superciliously, as if this question definitely confirmed his opinion that the mind of his chief moved on an immeasurably lower plane. It is safe to assert that Dr. Langdon Brown's house physicians were denied a like arrogance. When he discussed anaphylaxis as 'the last stand of the organism against the adulteration of its protoplasm' we smiled in easy recognition of an old friend; when he talked of Mediterranean art we had heard of the Sitwells if we knew nothing of Baroque; when he touched lightly on English literature we kept up with him, if a little breathlessly; but when he described the pottery of the Ming Dynasty we gladly gave up the chase and listened admiringly.

I should not like to give an impression that a round with 'L.B.' was exclusively devoted to these matters; his first interest was always in medicine, and he would turn to art or literature only to emphasize or to illustrate a clinical point. He has two outstanding qualities—a remarkable receptivity of mind which compels respect, and an avuncular benevolence which endears him to everyone. He is extraordinarily avid of ideas; he listens intently to the most thoughtful of his contemporaries, and then makes use of his harvested thought in the most illuminating and unexpected way to elucidate clinican problems. Many examples of this will occur to his students; his last lecture abounds in them. In the all too brief minutes that elapsed between the end of his ward-round and his departure from the Hospital he would tell with boyish enthusiasm of the latest conception that had attracted him, with an especial delight if it were brilliantly phrased.

Of his kindness and generosity it is not easy to write; all his house physicians and his students have experienced them. I can recall, as his house physician, his reluctance to reprove the slackness of two clerks with the severity which I imagined they deserved. No doubt he was right, for I remember my own mistakes not a whit less vividly because he passed on without comment. If he was slow to reprimand, he was equally generous in acknowledging the good work of his juniors.

Although it may be that his name will not be associated with any notable advance in medicine, yet I believe that it should be honoured for two things: the great impetus he gave, in the years before the war, when therapeutics was in disrepute, to the placing of treatment on a sound physiological basis, and of recent years his emphasis, almost alone amongst general physicians, on the importance of the new psychology to clinical medicine.

There are three schools of thought and practice in medicine: The first says, 'Medicine is an art; let us be enthusiastic (but always amateur) *dilettanti*'—and this was the fashionable attitude at Bart.'s thirty years ago. The second says, 'Medicine is a living; let us make a good one'—this school has always its adherents. The third says, 'Medicine is a science; let us therefore isolate ourselves in the nearest laboratory'—and this school is having its day. So strong was the first school at Bart.'s that the appointment of Sir Thomas Horder and Dr. Langdon Brown to the Staff was something of a portent—a definite break with tradition. Both of them, I believe, owe some of their success as physicians to the fact that their outlook embraces all three schools; both were laboratory-trained, both believe medicine to be an art best practised at the bedside, and both were determined to make a competence. The retirement of one of them from the active Staff undoubtedly marks the end of another chapter at Bart.'s.

Everyone will wish Dr. Langdon Brown many years of happiness and successful practice, with greater leisure to contribute still further to the advance of clinical medicine."

A DINNER TO DR. LANGDON BROWN.

A dinner was given by Dr. Langdon Brown at the Savile Club on Friday, August 8th, to such of his former House Physicians as were within range. The feast was an expression not of a farewell, but of a translation from active association with these Wards to a sphere of scarcely less activity upon the Board of Censors of the College of Physicians. Fanned by extremely well chosen food and drink, the conversation flickered lightly around the figures of past celebrities of the Hospital, glowed for a while upon the College walls of Cambridge, lit up many pages of literature and square yards of painters' canvas, and was by no means extinguished by midnight, when the celebrants debouched upon Brook Street. This was an evening that the six fortunate guests will always happily remember.

* * *

PRESENTATION TO DR. T. W. SHORE.

The following letter discloses an incident, which occurred with all the discreetness that its modest writer could have wished. We, for our part, would have preferred to show our appreciation of and our affection for Dr. Shore more personally than through the ministrations of the postman. But it was not to be.

"Dear Mr. Briggs,

"It is with very great pleasure that I accept the handsome gift of a pair of silver bowls which the Students' Union has so kindly sent me.

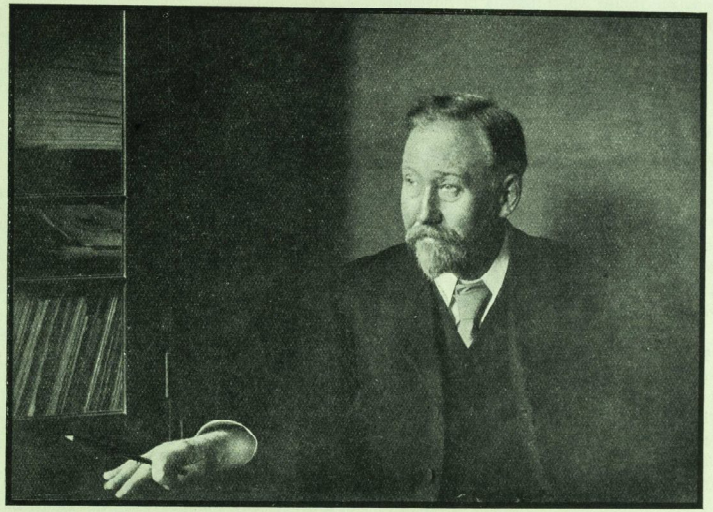
"Will you please convey to your fellow members of the Union my very best thanks, and assure them that their gift has afforded me more pleasure than any other which I have received on my retirement?

"It is a pleasing memento of my many years' work among you.

"I am,

"Yours very truly,

"T. W. SHORE."



T. W. Shore

* * *

Sir D'Arcy Power is to go to Johns Hopkins in October as Visitor to the new School of the History of Medicine under Prof. Welch. We take this opportunity of congratulating him upon the successful conclusion of his labours in revising *Plarr's Lives of the Fellows of the Royal College of Surgeons*, which will be reviewed in our October issue, and upon the recent publication by Hoeber's, of New York, of a delightful historical essay upon *Medicine in the British Isles*.

* * *

THE OLD STUDENTS' DINNER.

The Old Students' Annual Dinner will be held in the Great Hall on Wednesday, October 1st, 1930, at 7 for 7.30 p.m. Mr. L. Bathe Rawling will be in the Chair. The price of the Dinner is 26s. (inclusive of wine), payable at the Dinner only. The Lord Mayor of London has accepted the invitation to be present.

C. GORDON-WATSON
R. M. VICK } *Hon. Secs.*

* * *

The Warden requests us to state that the closing date for applications for House Appointments in November is 12 noon, Saturday, September 13, 1930.

OBITUARIES.

EUGENE MICHAEL NIALL, M.D.

In the death of E. M. Niall we have to lament the loss of one of the most popular of the Bart.'s men now practising in London. This occurred at 17, Park Lane, in July. For the first four days after operation for gangrenous appendicitis progress seemed satisfactory; then symptoms of peritonitis developed, with intense intoxication, and, despite the efforts of the devoted colleagues who took charge, the end came three days later.

Niall was 53 years of age. He was at the height of a very successful practice, and one which included—as the obituary notices in the lay press have truly stated—patients of distinction in politics, art and literature. It is equally true to say that these patients, who gave him their whole-hearted confidence, were amongst the most intelligent and cultured in their respective spheres of life. Indeed, Niall never attracted patients in search of the wonderful or the mysterious: quackery was an abomination to him, and more so if it came his way inside, than outside, the profession. In the presence of humbug he was restless and even provocative, so that the patient was perforce compelled to choose between his offer of sane ministration and the exploitation of the patient's credulity by a colleague. On the other hand, Niall's method of practice was scrupulously bound up with the best scientific control available, and, since many of his cases were obscure or urgent, the close touch which he kept with the latest clinico-pathological work proved of great value to his patients.

Niall's personality, no less than his known soundness as a doctor, secured for him, over a period of several years, the confidence of the management of some of the most select of the West-End clubs and hotels. He met, with admirable tact and efficiency, the peculiar demands made by these institutions. To see him coping with the exigencies—social and racial, as well as medical—provided by the sudden illness of a wealthy American citizen stranded in London; to note his exercise of tolerance and his complete understanding of the point of view of the patient and his friends, at the same time preserving a close watch upon the pathological problem presented to him: to observe all this was a liberal education.

Practising at Arlington Street, Niall was a familiar figure in St. James's and in Mayfair, and he had many friends at the Bath Club. He was also a member of the Omar Khayyám Club.

Niall's connection with Bart.'s began in 1894. He took his M.B.(Lond.) (with honours in Obstetrics) and his M.D. in 1904. He was house physician in 1904. During the war Niall took charge of the Duchess of Rutland's War Hospital. T. H.

CHARLES BROOK, F.R.C.S.

Born February 19th, 1839; died August 11th, 1930.

AFTER a pupillage of one year at the Lincoln County Hospital, he entered St. Bartholomew's in October, 1858—the same year as Alfred Willett, John Langton, Morrant Baker and Howard Marsh.

He was a pupil of Sir William Lawrence and of Mr. Stanley.

During his student days he gained every scholarship and prize for which he competed, and in 1861 became House Surgeon to Mr. Skey, his friends Willett, Langton and Morrant Baker being the other three House Surgeons.

The failing health of his father, who was in practice at Lincoln, caused him to resign this House Surgeonship, the remainder of which, after the custom of those days, was purchased by Howard Marsh.

Sir James Paget tried to persuade him to remain in London as his assistant, and Mr. Brook has stated that the Treasurer and Almoner of St. Bartholomew's assured him of an early post on the Surgical Staff if he would do so.

But he felt that it was his duty to his father to return to Lincoln, where he joined his father and Mr. John Hewson—an original Fellow of the College—in 1862.

He was elected Surgeon to the Lincoln County Hospital in 1864, Consulting Surgeon in 1900, and received the honour of being made Vice-President in 1921.

Soon after starting in practice he was appointed Surgeon to the North Lincoln Militia, resigning in 1891; but in 1908 he threw himself into the scheme for a Territorial Medical Service, and worked hard at the formation of the Fourth Northern General Hospital at Lincoln, where, after mobilization in August, 1914, he took charge of the Surgical Division, continuing until 1918, when, whilst still active in mind and body, he was retired by reason of the age-limit at the age of 79.

W. H. B. B.

A YEAR IN AN AMERICAN MEDICAL SCHOOL.

AFTER six months' meditation to free the mind from bias and the eye from lack of perspective, it is both interesting and instructive to review the benefits accruing from a year's work as an interne or member of the resident staff in an American hospital.

It is not given to many recently qualified men to work in the U.S.A. at a routine house appointment, but under the reciprocity scheme existing between the East London Children's Hospital and the Barnes Hospital, St. Louis, such an opportunity is given to one resident every year. I was privileged to be the first "exchange," and I left Shadwell in December, 1928, to take up the duties of Assistant Resident Physician at St. Louis.

Lacking a gubernaculum in the person of any predecessor, I was hampered by not knowing the customs, either professional or social, and also by having no friends in America; for these reasons the first half of the year suffered by comparison with the second.

During my first five months at Barnes Hospital the work was almost entirely "research"—an endeavour to clarify the mechanisms of abnormal electrocardiograms. To anyone interested in such study the facilities offered were ideal, and the encouragement and help given were boundless.

In the medical schools in the U.S.A. research work is largely financed by the Rockefeller Institute, and scholarships awarded have to yield tangible proof of having been duly earned. Each school must, year by year, publish a certain number of papers, and by the number and calibre of such papers is its work judged to a large extent.

Though a study of these papers often brings home the soundness of such policy, the fact remains that some people are intensely interested in clinical work, even to the exclusion of research problems, and to such people compulsory research mars the immediate horizon.

After five months at the Barnes Hospital I was permitted, by the kind influence of Prof. Marriott, to transfer to a clinical appointment at the Children's Hospital. This is one of the finest centres of pædiatrics, both educational and practical, in the States, and the reason is not far to seek—an introduction to the physician-in-chief, Dr. Marriott, explains it immediately.

Here, indeed, can one really feel that pædiatrics is being taught and practised in a manner beneficial to student and patient alike. To one brought up on the traditional methods of treatment of sick infants, so often empirical rather than rational, the methods and results obtained were most striking. In the ordinary treatment of sick children there would appear to be little to choose between the methods in the two countries. If a personal opinion might be expressed, I should say respiratory and cardiac diseases were treated better here, diabetic and nephritic cases there. The reason for this is perhaps the greater development of blood chemistry work in the States.

But as regards infants and their nutritional disorders there is a different tale to tell. It would be the saving of a great many babies in England if every student could attend one of the bi-annual post-graduate courses held at St. Louis. To anyone accustomed to regarding "infant feeding" as a complicated and unsystematized special department, and to a houseman taught to leave such details as feeding formulæ to the Sister's care, the simplicity of the methods in use and the astounding results obtained provide a "sensation" in the truest sense of the word.

Similar methods now in use at the East London Children's Hospital are proving conclusively that the results are not dependent on the babies' nationality! The routine formula for infants under the age of one year is whole lactic acid milk with 3 oz. of a mixture of carbohydrates to the quart.

The milk may be acidified by the addition of B.P. lactic acid (1 drm. to the quart), or by direct inoculation of the milk with *Streptococcus acidi lactici*. The latter gives the better results. Such a formula gives both the optimum and the maximum requirement, and yields a caloric value of 30 per ounce or 1 calorie per c.c.

So far no baby has been encountered, well or ill, who will not take this formula, and the average weekly gain in weight is nearly twice as much as with any other modified milk formula yet tried.

It has the great advantage of extreme simplicity, and its introduction as a routine feed has considerably lessened the work of the nursing staff, who previously had to prepare nearly as many different formulæ as there were babies in the ward! It is ten years since Dr. Marriott first used it extensively, and now the dreaded "D. and V." epidemics no longer exist in America, and the cots prepared for such cases lie empty!

Every dairy in the States sells an acid milk, which costs no more than the ordinary sweet milk, and if our

dairies here could be persuaded to do the same there would be a rapid drop in the infantile death-rate from summer diarrhœa.

At St. Louis, routine investigations played a much greater part than in our hospitals. For example, routine Wassermann reactions were done on every admission, and appeared to be an unnecessary source of expenditure (and of pain to the children), for there was never a positive reaction found in a child who had not definite clinical evidence of syphilis.

A routine intradermal tuberculin test (Mantoux), on the other hand, yielded the most interesting and instructive results, and the percentage of "positives" at Shadwell compared with St. Louis shows at once the vigour and success with which the tuberculosis problem has been attacked in America. I cannot give exact figures, but the percentage of positives under the age of 12 years was very small at St. Louis (I only recall seeing 4 in as many months), whereas in 500 routine injections at Shadwell in the past six months there have been 120 positive reactions.

The value of this test in children is great, both in diagnosis and prognosis, and it ranks as one of the most useful single tests available.

The frequency with which blood transfusions were employed, their ease of performance and the variety of ailments relieved thereby was another outstanding feature at the St. Louis Children's Hospital. While it is easy to become over-enthusiastic and acclaim transfusion as a panacea, there is no doubt that its use on a wider scale would be justified.

Intravenous blood transfusions have been employed in more than a hundred cases at the East London Children's Hospital since January, the majority in marasmic infants, and with the simple technique evolved the whole process takes but half-an-hour to perform, and the results would seem to justify its position as a therapeutic agent of no mean power.

The prominence given to parenteral sources of infection in gastro-intestinal upsets in infancy is but another example of Dr. Marriott's work in pædiatrics, and marks one of the greatest recent advances in treatment. It may be heretical, but one is forced to the belief that in an infants' ward a myringotome is as valuable as a stethoscope!

The excellent results obtained in the treatment of sick infants are very closely related to the intensity of such treatment, and the presence in the hospital of two whole-time professors of pædiatrics has much to do with this success in St. Louis.

It is to be hoped that the time is not far distant when pædiatrics will be more fully studied in this country, and when it will be realized that sick children demand more than a "part time" appointment to cope with them.

In conclusion I would advise any recently qualified man who has the opportunity to do an internship in the U.S.A. to accept gladly, for I am convinced that he will learn more by that method than by any travelling or research scholarship, and will return with a better idea of how to face his problems, and with a much wider outlook on medicine in general and a deeper appreciation of the fine qualities of the American doctors, who, though not trained at Bart.'s, are nevertheless "stout fellows."

WILFRID GAISFORD.

WHAT YOU AND OTHER MEN.

"The really clever man is he who can see a little further into the future than other men."

AN age afflicted with the tachycardia of restless craze for novelty gives birth to nothing quite so ephemeral as autobiographies; and of their making there is no end. But when a man has surprised and bewitched the world for half a century, the world says unto him, "Give me your little book." And he says unto it, "Take it, and eat it up." By the wide sweep of his interests, the wealth and oddity of his knowledge, the drolness of his conceptions, the kindly simplicity of his tongue and pen, Sir John Bland-Sutton has impressed himself upon the consciousness and has endeared himself to the imagination of his profession. Now in his seventy-sixth year, he is taking his education as seriously as on the threshold of his academic career. Never has his mind been more virile, his enthusiasm more ardent, his humour more subtle, his tongue more persuasive. With his small black-coated figure, tiny hands, and vivid voice he is a familiar figure to Bart.'s, whose heart he won at an Old Students' Dinner when he lovingly dwelt on his personal associations with the Hospital; his deep affection for the memory of Sir James Paget, who had guided his footsteps when young and inexperienced; his gratitude for the help which Sir Anthony Bowlby had given to him as his successor in the Presidential chair at the College of Surgeons; his pride in the honorary membership of the Abernethian Society.

Sir John Bland-Sutton's contributions to medical literature run amok with variety and bristle with quaintness—the psychology of animals swallowed alive, life with one kidney, science of the bull ring, ulcers new and old, the migration of muscles, pins in the appendix, medicine and the Bible, the psychology of

conjoined twins: the author sails his theme in a world-embracing sea of allusion. Not long ago he teasingly spoke of "effusions in medical journals or other legitimate forms of advertisement." The pungent perfume of his words lingers in the pages of his latest book.* His autobiography, a striking epitome of his gift of self-effacement, is warmly recommended as a glorious respite from the struggle of examinations to victors and victims, alike to the raw recruit and to the veteran burdened with scars and decorations. The story of a surgeon is an inspiring song of hard work, of blind chances, fleeting opportunities, grim aspirations, and swift decisions. It is the tale of one who has climbed to the top of the professional tree by sheer force of character. It is the epic of the ascent of surgery to the pinnacle of unrivalled safety. Epoch-making scenes are painted before our eyes so quietly that they hardly stand out from the canvas. The footsteps of Paget, Pasteur, Treves, Manson, Douglas Powell echo through the pages. We come face to face with Thomas Cooke, the anatomist, Victor Horsley, "a man with a curious temper," Lawson Tait, "a quarrelsome fellow, rough and rude," William Wilks of Salisbury, who, "although blessed with a clever wife, chose his parlour-maids carefully, and preferred those who had had an illegitimate child."

Here is valuable material for historians to build upon, when the story of the progress of medicine in the last fifty years comes to be written.

Sir John Bland-Sutton intriguingly traces his inspirations to their source and skilfully sketches the influences which determined his career:

"Small in bone, short in limb, weak in muscle, and always ailing and easily duped, I learned wisdom in the stern school of experience."

"While skinning an animal, a clumsy assistant stuck the point of a knife into the middle finger of my right hand. In a few days I became acutely ill with sepsis. Dr. William Henry Day explained to me the nature of the injury and lent me a dried dissection of the forearm and hand. I soon mastered the muscles, tendons, and blood-vessels. This turned my attention to Human Anatomy; I determined to be a surgeon."

When he entered the Middlesex Hospital, the dissecting-room was a sports-ground where occasional boxing competitions and rat-hunts relieved the monotony of what is to many students a deadly dull subject. His anatomical demonstrations introduced an atmosphere of engaging novelty and soon became affectionately known as "Bland-Sutton's Entertainments." It intrigued him to lead his students along the Milky Way of Fairy Morphology, "the very soul of Anatomy," and to step on the corns of teachers who deplored his "lapse from anatomical virtue." John Whitaker Hulke warned him that in teaching it was a great advantage to be able to sketch on a blackboard.

"I took the hint. After watching men who make chalk drawings on the pavement for alms, I soon became facile at this sort of work on a blackboard with coloured chalks. It has often amused me to remember that my foundations in Art were laid by pavement artists."

Early he took unto himself the commendable virtue of limiting his lectures to thirty or forty minutes, lest the students should develop ischial callosities like baboons.

"Fifty years ago the path to Surgery lay through the dissecting-room. To-day it lies through the Pathological Institute."

There is no man who has brought pathology into such intimate relation with the other branches of medical science and has created for it so lofty and indispensable a place in medicine's daily work.

At one time he was fired by the ambition to become an ophthalmic surgeon. He went to Vienna to become familiar with the ophthalmoscope:

"I foresaw that the ophthalmoscope would render valuable diagnostic aid in diseases arising elsewhere than in the eye."

A pioneer in gynæcological surgery, he had the foresight to realize and the courage to exploit the rich promise of Lawson Tait's heretical suggestions. Slowly he opened men's eyes to the limitless horizon of pelvic surgery. "My position in the Middlesex Hospital could not be described as a bed of roses."

In 1923 he reached the summit of his surgical career, being elected President of the Royal College of Surgeons, "an office which some surgeons regard as a prize, others as a penalty. I considered it a prize. The duties of President were congenial and (he adds with characteristic whimsicality) during the three years of my Presidency I received some honorary degrees."

The author's personal story is delightfully blended with tales of giants and dwarfs, of animals small, huge, and weird, of ill-fitting tooth-plates, and of engrossing visits to strange places. Everything human touches his sympathy and stirs him to outbursts of quaint poetry. There is a deep undercurrent of philosophy in his confession, "In reflecting on my early aspirations, I am satisfied that Time has arranged things for me better than I could have managed them for myself."

The author's style is engaging, and, when he deals with the domestic life of animals, inimitable: "Zoology is omnipotent among sciences, and it is the oldest study in the world. We become familiar with it in the nursery,

* *The Story of a Surgeon*, by Sir John Bland-Sutton, Bt., F.R.C.S., with a preamble by Rudyard Kipling. With 28 illustrations; pp. 204. London: Methuen & Co., Ltd., 1930. Price 12*s.* 6*d.* net.

and our interest in it increases with our religious exercises. Eden was the first Zoological Gardens, and Adam had the privilege of naming animals unfettered by priority of nomenclature, which is the bugbear of learned zoologists. The Bible opens with a delightful jungle story: Eden—a jungle—where our first parents wandered in perfect happiness until they were disturbed by an Evil Spirit in the form of a wily snake under an apple-tree, and Eve, wishful for a change of diet, ate an apple, lost Eden, and brought Sin and Death into the world."

The general make-up of the *Story of a Surgeon* is novel and surprising. Through a half-closed door the author lets us peep at a magnificent banquet. Our mouth begins to water. The door is closed in our face. We ask for bread and are given—anecdotes. Accusingly we look at our tormentor. His face is inscrutable, expressing neither amusement nor surprise. His thoughts are far away, busily scheming plots to make the world gape with astonishment during the next quarter of his century. W. R. BETT.

A PERSISTENT MENTO-POSTERIOR FACE PRESENTATION DELIVERED NATURALLY.

MRS. W—, æt. 36 (M. 6), was confined on June 17th, 1930.

She was a healthy woman, of moderate build and not over fat. Her pelvic measurements were: Interspinous 10½ in., intercristal 11¼ in., and external conjugate 8½ in.

Labour pains commenced at 8 a.m. on June 17th, and she was first examined at 4.30 p.m. At this time the pains were strong, but not bearing down in character. On abdominal examination the vertex was felt engaging and limbs were palpable to the left of the abdomen. The fœtal heart was heard in the right iliac fossa. On vaginal examination the os was found to be one finger dilated, the membranes intact and the head presenting, but no sutures were felt.

At 7.45 p.m. the head was on the perinæum and the anterior fontanelle was felt anteriorly. The membranes were ruptured with Spencer-Wells forceps, and the face immediately presented with the chin posterior. The chin was freed and the head born by a process of flexion. The cord, which was around the neck, was pulled over the head. With the next pain the chin rotated to the left and the shoulders were expelled, followed by the rest of the body.

The baby, which weighed 7¼ lb., showed no abnormalities, except for a moderate degree of caput succedaneum over the face. The labour lasted for twelve hours, and was longer and more painful than the patient had previously experienced.

Face presentations occur in about ·6% of all labours, and in only a very small proportion of these does the chin rotate into the hollow of the sacrum. If the mento-posterior presentation persists obstructed labour usually ensues, as, owing to the limitation of extension of the fœtal head, both the head and the upper part of the thorax must pass through the pelvic inlet at the same time. For this to happen the pelvis must be large, especially antero-posteriorly, the baby small and the pains strong. The other possible explanations of a mento-posterior presentation at the pelvic outlet are, that it has been formed by further extension of a "brow," or that the head passed through the pelvic inlet in the transverse diameter, and, after engagement, the chin rotated into the hollow of the sacrum.

The outcome of such a labour may be impaction, with death of the baby from asphyxia, and of the mother from exhaustion or rupture of the uterus. The child may rarely be born normally, as in the present case, if the relative size of the pelvis and the child permit; the chin may rotate late into the anterior position; or the head may partly flex and be born as a "brow" presentation.

For treatment deep anæsthesia is required. An attempt is then made to disengage the head and flex it to form an occipito-anterior presentation, or, failing this, it may be manually rotated into the mento-anterior position. If this fails an attempt may be made to deliver in the mento-posterior position with the aid of forceps, or a destructive operation must be undertaken.

It seems likely that in the present case, the conditions being favourable in the length of the antero-posterior dimensions of the maternal pelvis and the strength of the pains, the head passed through the pelvic inlet as a "brow," and extended into a face presentation when on the perinæum.

I should like to express my thanks to Dr. Wilfred Shaw for allowing me to publish this case, and to Mr. Burt White for helpful criticisms. G. D. KERSLEY.

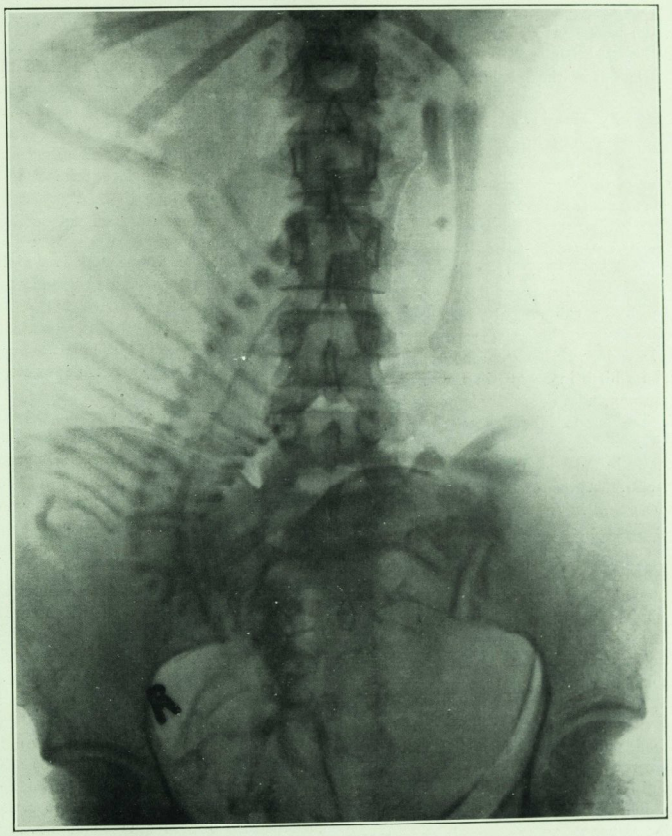
A CASE OF FACE PRESENTATION DIAGNOSED IN PREGNANCY.

THIS case is recorded because the occurrence of face presentation during pregnancy is rare in the absence of some abnormality of the fœtus, such as anencephaly.

Mrs. E. N—, æt. 20, who had previously had one normal labour, was seen in the Ante-Natal Department at the thirty-sixth week of pregnancy. The pelvic measurements were normal. The fœtus seemed to be presenting as a right mento-posterior; this was subsequently confirmed by vaginal examination and by the accompanying X-ray photograph.

Labour took place at term, when the head became flexed spontaneously and was born as an anterior vertex presentation. The baby was normal and weighed 7 lb.

I wish to thank Dr. Donaldson for permission to publish this case, and Dr. Finzi for the excellent X-ray photograph. H. B. W.



DE LEPRA.*

"THERE is a disease called elephas, which has its rise on the River Nile, in the middle of Egypt," says Lucretius. In this paper I propose to try to weave together some of the many facts which have been handed down to us about the history of this disease "elephas," or "leprosy," and its relation to the health of the inhabitants of mediæval Britain.

I must, of necessity, give a few of the less interesting chronological details, concerning the disease in general, before dealing with its history in these Isles.

Leprosy is one of the oldest diseases known to man; it has at various periods in its history attacked nearly every nation in the world, and to-day it holds an undefeated fortress against the hand of medicine. The birthplace of the disease is held by most authorities to have been in Egypt, and its spread outwards from this source is said to be traceable in all directions, it being carried especially eastward by travellers and traders.

Mr. Warren Dawson, who has gone into this question of leprosy and its birth in Egypt, in the notes which he has given me, concludes that there is no evidence for believing that the disease originally came from the land of the Nile. Whence then did leprosy come? The disease was known in Palestine many hundreds of years before Christ, and the account of the leper laws and customs can be found in those remarkable thirteenth and fourteenth chapters of Leviticus. One must pause at this point to consider whether the leprosy as known in Biblical times was the same disease as that which we know by the name of *elephantiasis græcorum*.

It must be obvious to anyone who is acquainted with biblical medicine that the term "leprosy" in the Mosaic books was used in a generic sense to include all forms of undiagnosable skin lesions. A leper was essentially either "white as snow," or "full of sores." Thus, Job was supposed to have been a leper because he was smitten with boils and had sores about his body. The use of the term remained largely the same during the history of the disease in Britain.

In 600 B.C. leprosy was known in Hindustan and China, while it was not till 200 B.C. that it was common in Greece. In 100 B.C. the disease had spread to Italy and the south of France, while the earliest date at which we have any knowledge of it being brought to England was in 60 B.C. Very little is known, however, concerning the disease at this early stage in its sojourn in Britain, and it is quite possible that this was not true leprosy, but was some allied disease.

It was not till the seventh century after Christ that leprosy began to make any impression upon the health of the inhabitants, for it is believed that the first leper house was founded at Nottingham in A.D. 625. Sir James Simpson is given as the authority for this date, but it is disputed by many, who consider that the first leper house was not founded till the eleventh century.

In Ireland, most authorities state that the disease existed in the ninth century, and they give A.D. 869 as being the date of the earliest leper house. The institution which they quote is the fictitious leper house of Armagh, the true explanation of which has been put forward by Lieut.-Col. MacArthur; I hope at a later stage of this paper to give a shortened account of his explanation.

In the mind of a sceptical historian the question must surely arise, "Was true leprosy ever a disease known in Britain, since the term was so vaguely applied?" The answer to this may be found in the writings of two thirteenth century physicians, Bernardus Gordonius* and Gilbertus Anglicus.† The picture portrayed by both of these writers is unmistakable; among their descriptions are the following:

"The eyebrows falling bare and getting knotted with uneven tuberosities, the nose and other features becoming thick, coarse and lumpy, the face losing its mobility or play of expression, the raucous voice, the loss of sensibility in the hands, and the ultimate breaking up of the leprous growths." The descriptions show that the observations of these two physicians were accurate, and they cannot fail to impress the picture of true leprosy upon the mind of the reader. Gilbert's whole chapter *De Lepra*, is full of first-hand observations and was an obvious advancement on the descriptions given by the Arabian authors Rhazes and Avicenna.

It is clear, therefore, that if such remarkable descriptions existed, the disease must have been of fairly common occurrence.

Why then should "leprosy" have been taken as such a vague term, used to include all forms of skin lesions? Among the many diseases to which it was applied were psoriasis, pityriasis, tuberculides, syphilides, leucoderma, besides true elephantiasis græcorum. It was even commonly used in the case of animals with mange. The term "leprosy" of mediæval England was much allied to the term "eczema" of to-day. It may

* Being a paper on the History of Leprosy in Britain, read before the Osler Club on Friday, June 27th, 1930.

* *Bernhardi Gordonii Opera Medica*, Lugd., 1542, pp. 48 and 49.

† *Gilberti Anglici Compendium Medicinæ*, ch. "De Lepra." In an official report given to the Roy. Soc. of Med. of Paris in 1782, upon the Greek elephantiasis, MM. Chamseru and Coquereau specially allude to Gilbert's description as the most clear exposition of it to which they could refer.

be that in many years' time, when eczema has a more specialized meaning, that it will befall the lot of some unfortunate historian to unfold the history and meaning of the term as we use it at present. We are his forerunners to-day in seeking the meaning of the term "leprosy" of the past ages.

The explanation of this vagueness brings one at once into contact with the laws and methods of diagnosing those who were smitten by the disease, from those that were whole.

The contagiousness of leprosy was recognized as far back as Biblical times, and the isolation and segregation of lepers was always enforced. Medicine during the prevalence of the disease in Britain was at its lowest ebb. The whole of life was centred upon the religious observances of the day, so that it was only natural that the greater part of the medical work was done by the priests, who ministered not only to the spiritual but to the bodily requirements of their people. The diagnosis of disease rested almost entirely in their hands, and it is unlikely that such diagnosis was ever accurate.

It was the duty of the priests to detect those who were unclean and who ought to be kept apart from the community at large. The few often suffered for the benefit of the many. We know to-day that the diagnosis of leprosy is often extremely difficult and can be only really certain after the performance of a bacteriological examination, at which the bacilli are found. How then could the diagnosis have been certain in those far off days? We can understand how difficult our forefathers must have found the detection of true leprosy, and it is no wonder that their mistakes were many.

We now come to the most critical stage in the whole subject, that is, the manner of casting out and separating those who were leprous. The suspected person, after he had undergone a thorough examination by the priest or doctor, was proclaimed as being a leper, and had to undergo a most gruesome ceremony, which was very similar to our present-day burial service. First of all the sick man was clad in a cloak or shroud and was placed on a bier; he was then carried to church at the end of a procession of relatives and friends. When he had arrived in the church the bier was placed on two trestles from which hung a black cloth; the priest then read a requiem mass. At the end of the service holy water was sprinkled upon the sick man's head, and he was led by the priest into the churchyard beside an open grave. Dust was sprinkled by the priest three times upon the leper, while the words "Die to the world, be born again in God" were repeated. While the psalm for the dead was being chanted the priest gave the leper his scrip for alms, his stoup for water, his wallet for food, his gloves, his cloak and his clapper; he then put some money in the leper's alms box, thus setting the example to the congregation. Finally certain prohibitions were imposed before the wretched man was thrown to the world as an outcast, to end his days in solitude and suffering.

I forbid you ever to enter churches, or to go into a market or a mill, or a bakehouse, or into any assemblies of people.

Also I forbid you ever to wash your hands or even any of your belongings in spring or stream of water of any kind; and if you are thirsty, you must drink water from your cup or from some other vessel.

Also I forbid you ever henceforth to go out without your leper's dress, that you may be recognized by others, and you must not go outside your house unshod.

Also I forbid you wherever you may be, to touch anything which you wish to buy otherwise than with a rod or staff, to show what you want.

Also I forbid you to have intercourse with any woman.

Also I command you when you are on a journey not to return an answer to anyone who questions you till you have gone off the road to leeward, so that he may take no harm from you; and that you never go through a narrow lane, lest you should meet someone.

Also I charge you if need require you to pass over some foul-way, or through rough ground, that you touch no posts or things whereby you pass till you have first put on your gloves.

Also I forbid you to touch infants or young folk whosoever they may be, or to give to them or to others any of your possessions.

Also I forbid you henceforth to eat or drink in any company except that of lepers. And know that when you die you will be buried in your own house unless it be by favour obtained beforehand, in the church.

We see from these laws how very strict were the precautions which were apparently taken to prevent the spread of the disease; yet in other ways incredible laxity existed. For example, when a leper was once established in a leper house, his friends and relatives were allowed to visit him and even stay a night with him.

The writ of removal of a leper ordered the final careful examination by those men who were discreet and had the best knowledge of the accused person and his disease. Probably, however, the best examination that was given was not very good, for many were judged as being leprous for the convenience of those in high positions. Thus, in 1310, the Bishop of Lincoln, while directing the resignation of one of his clergy stated that "he is sprinkled with the spot of leprosy." Such an accusation completely doomed the poor priest in question.

False accusations, brought by over-zealous officials were by no means rare, and many dignitaries found themselves in difficult circumstances trying to prove their innocence. One realizes the awfulness of being judged a leper, for when a man was once certified, the stigma clung for the remainder of his life.

When the leper had definitely been made an outcast, his fate was irrevocably sealed and his life became one of mental anguish. The bodily torture and nervous strain rendered his life wearisome and offensive, to

himself no less than to others. These effects accompanied by the absence of the restraining forces of family life made him often rebellious, irritable and evil in his habits. Those responsible for the care of lepers long ago discovered as we realize to-day, that leprosy develops to a high extent what is worst in man.

Hope was, and is, the only therapeutic factor that can have effect upon such lives. The alleviation of the agonized mind was undertaken by physician and priest, and played a large part in the treatment of the disease.

FIG. 1.—COSTUME OF A LEPER IN THE MIDDLE AGES. (AFTER A MANUSCRIPT IN THE LIBRARY AT DIJON, "MYSTERY OF THE ANTICHRIST.")

[By permission of the Wellcome Historical Medical Museum.]

The sick men were encouraged religiously; they were told that they were God's chosen children and were in no way being punished for their sins.

It is of interest to notice the change which took place in the public attitude towards lepers during the religious revival of the twelfth century. The leper had been a creature loathed and hated by the world, but gradually religion came to link the idea of Lazarus, who was loved by Christ, with that of the gruesome figure who went about with his clapper crying, "Unclean." The leper came to be respected and even loved, for he was considered to be one of Christ's special children who suffered all things in this world so that he would be certain of salvation in the next.

He began to have other names attached to him, thus he was known as "Christ's poor," and as a "Lazar."

Dr. Charles Creighton points out that "the association of ideas with Lazarus is a good sample of the want of discrimination in all that pertains to mediæval leprosy." Some folk even pretended to be suffering from the disease themselves, so that they might think that they were certain of eternal salvation.

FIG. 2.—ST. MARTIN'S CHARITY. (AFTER THE PICTURE ATTRIBUTED TO CONRAD WITZ IN THE MUSEUM AT BÂLE.) ST. MARTIN IS GIVING A CORNER OF HIS MANTLE TO A LEPER.

[By permission of the Wellcome Historical Medical Museum.]

Several incidents told about lepers bring out the reality of these absurd religious views about the disease. Roger of Howdon has preserved the following story of Edward the Confessor:

"Proceeding one day from his palace to the Abbey church in pomp and state, the King passed with his train of nobles and ecclesiastics through a street in which sat a leper, covered with sores. The courtiers were about to drive the wretched man away when the King ordered them to let him sit where he was. The leper, waxing bold at such a concession, addressed the King and demanded that he should be carried into church on the King's shoulders. The King immediately bowed his head and carried the leper as demanded. While he made his way he prayed to God that the leper should be given health, and we are told that his prayer was answered and the leper restored."

Similar stories are told of Matilda, the queen of Henry I. Alfred of Rievaulx relates how one day Prince David visited the Queen, and on entering her house found it full of lepers. In their midst stood her majesty washing, and even kissing the lepers' feet. She begged the Prince to do likewise, saying that in so doing he would be kissing the feet of the eternal king. The Prince wisely made an excuse and hastily departed.

St. Hugh of Lincoln was another example of this leper mania; he used to visit the lepers and would even dwell and eat with them, saying that he was inspired by the example of Christ and his teaching concerning the beggar Lazarus.

The leper, therefore, became to be regarded as sacred, and he lived, for the time being, away from poverty and misery. Out of their religious conceptions sprang benefactors who were willing to found institutions where these lazars could be properly housed and cared for. The motive of such benefactors was twofold; either it was a genuine love for the brotherhood or it was a selfish motive. For the founder turned not only for spiritual and temporal profit in this life, but above all, for the help to his soul in the world to come, to the prayers of the inmates of the leper house.

Among the many who became such benefactors, one must mention King John, who, in spite of all his misdoings, is often regarded as the conspicuous patron of lepers. John is said to have founded houses at Lancaster, Newbury and Bristol, and he is known to have granted the privilege of holding fairs to many communities of lepers. To the lepers of Shrewsbury he gave the right of extracting a handful of corn from every sack that was exposed for sale in the market.

It has long been a matter of discussion as to the exact number of leper houses that were in existence during the height of the disease in Britain. There is said to be documentary evidence to account for over 200 such institutions. This at first appears unbelievable, but on further investigation, it is quite easy to discover that a large number of so-called leper houses were simply almshouses, established for the care of the poor and sick. Many other institutions were founded only in part for lepers. It is out of place here to go into a detailed account of the leper houses of Great Britain. One example alone will illustrate how very exaggerated are the views, held by many, as to the true significance of these institutions. I refer to the fictitious leper house at Armagh, already mentioned earlier in this paper. "This leper hospital finds an honoured place in the tables of such foundations, and in view of its supposed antiquity often heads the list," says Colonel Macarthur. Sir George Newman,* in his well-known essay on the subject of leper houses, says "the earliest notice of a leper house in Ireland was in A.D. 869, when the hospital flourishing at Armagh was demolished and sacked during Arlaf's invasion." Other authorities quote it in similar fashion. Yet, there is no mention of such a hospital in any of the chronicles which describe the destruction of Armagh by the Danes. All statements which have evolved by extensive cross copying from book to book, have originally come from the criminal hand of Belcher.† This man cites the *Annals of Innisfallen* as his authority, and he evidently used the Latin translation. The translation that Belcher gives is as follows: "Devastation of Armagh by Arlaf, so that the city was burned with its houses and hospitals (*Nosocomiis* or *leper houses*)." In the Latin there is no single word about lepers, Belcher's addition of leper houses is merely a meaning of his own invention. The word *nosocomium* means hospital, neither more or less, and says Colonel MacArthur, "he might have translated the word as meaning 'hospital for the diseases of the chest,' with quite as much justification as by 'leper house'." The beginning of this misleading story did not, however, start with Belcher's work, for his translation was taken from one of many ancient Irish historical works translated into Latin by Dr. Charles O'Connor, a man whose Latin translations are famed for their inaccuracy. The original word which was taken from the Erse and translated into *nosocomiis* has no connection of any sort with hospitals, but is merely the dative plural of the word for oratory. Thus we have a word originally meaning oratory corrupted by the hands of interfering folk into quite a different meaning. This is surely an excellent example of the foundation of an historical fairy tale which has misled historians for many generations.

We have already mentioned something of the many restricting laws which were imposed upon lepers; anyone found suffering from leprosy was divorced, and his wife allowed to marry again. This law was passed as early as A.D. 950 by Hywel Dda, a Welsh king, famous for his law-giving. At Marseilles lepers were allowed to marry other lepers, but this was never allowed, as far as is known, in Britain. Lepers were regarded as being dead by civil law, and they were not allowed to inherit property or make a will.

I cannot resist making a few destructive comments with regard to the common conception concerning certain windows, the so-called "leper windows," that are to be found in some churches to this day.

In churches of early English, Norman and even Saxon

* *Leprosy Prize Essays*, Newman, Ehlers, Impey (London: New Syd. Soc., 1895, pp. 28).

† *Mediæval Leper Hospitals in Ireland*, T. W. Belcher, M.D.

architecture, these windows can be found usually situated at the south-west angle of the chancel. They are sometimes called "Squints," or "lychnoscopes." Some people quite wrongly call them "hagioscopes," a term which is used for quite a different aperture. It is stated that these windows were built for the use of lepers who were not allowed inside the Church, but who could watch the service from outside. Charles Cox* tells us that lepers were especially forbidden to enter the graveyard of churches. If we accept his authority what use then could these windows have been to one who was not allowed to look through? Their significance has been a *vexata questio* among ecclesiologists for many years. Theories have arisen from time to time as to their probable use. Of these the suggestion that they were used as apertures for the ringing of the Sanctus bell, before bell cotes, situated on the nave of the church, had come into use, seems to be one of the most likely, or again, that they were used as external confessionals by passing pilgrims.

The hagioscope which is sometimes confused with the lychnoscope, was built inside the church, and was placed as a squint window for those families who had private chapels, so that they could view the proceedings during the performance of mass. Examples of hagioscopes are many, but the confusion between them and lychnoscopes prevails everywhere. Whatever the true use of the "leper windows," it may be said, in summing up, that they were probably never used by lepers at all, and that the name became applied to them during the religious revival.

In considering the methods of treatment of leprosy in mediæval Britain, one must realize, as one does to-day, that there is no specific cure for the disease Any treatment adopted would be influenced by the religious and superstitious beliefs of the day. Herbal therapy held its sway, so that decoctions were made up containing nearly every plant in the botanical world. Hydrotherapy was amongst the most efficacious modes of treatment, so that there came to be great rivalry between the various spas where such treatment was undertaken. Of these spas, Bath was amongst the most noted, and even as late as 1763 we find the following case described as being one of "a leprosy" treated by this means.†

Mary Tomkins, æt. 22, at 5 years of age had a surfeit which every year grew worse. At 12 years of age it appeared a confirmed leprosy, and spread all over her body, head, face, hand and feet not excepted. She has taken all kinds of medicines. About seven years since she was sent to London to St. Bartholomew's Hospital, where she was nine months. They tried a variety of medicines and even salivation. She was turned out incurable. No one person chooses to take her into their house.

WILLIAM HICKS, *Apothecary*.

Bicester, Oct. 30, 1763.

The Notes of the Case by Dr. Oliver (physician to the Royal Bath Hospital) were as follows:

"I never saw so bad a leprous case. The girl's skin was almost universally covered with large, thick, hard, dry scabs of a dark brown colour; except that on her face these brown scabs were specked with white shining silver scales, which gave her countenance a very shocking appearance. The clefts between the scabs were wide and deep, so that her skin resembled the bark of a tree, and her disease appeared to me to be a species of that kind of leprosy, which from the effects it produces in the skin, has obtained the name of elephantiasis. She was admitted into the hospital on the 31st of December, 1763. As she was of a full habit of body, evacuations by bleeding and purging were required to prepare her for the waters. When these were undergone she began to drink the waters and to bathe twice a week. She was given this treatment, accompanied by a course of special ointment over a period of nine months, at the end of which she was discharged cured."

This case, one concludes, was probably one of psoriasis, and is typical of many out of a series, which are described as being leprosy. Witchcraft and magic played their part in the treatment of the disease, but it chiefly remained for the priests to do what psychotherapy that they could.

The fourteenth and fifteenth centuries saw the beginning of the decline of leprosy in Britain, and many leper houses began to be demolished or used for other purposes through the shortage of inmates. Some institutions had become very rich, which led on the one hand to terrible persecutions, and on the other to great abuses. This fact is best illustrated by the evil doings of Philip the Tall, who, being in need of money, cast a covetous eye upon certain of these leper houses. He therefore accused the lepers of having poisoned the wells in many villages by throwing into them a mixture of human blood and herbs. On this false charge hundreds of innocent lepers were burnt alive, and the money belonging to the institutions confiscated.

The cause of the decline of leprosy is a matter for speculation; some consider that it was due to the more cleanly habits of those who lived in the fourteenth and fifteenth centuries. I see little evidence for such a theory. Others consider that the segregation, accompanied by strict measures against contagion, accounted for the decline. A more probable explanation is that the Black Death killed off large numbers of lepers, and also those more weakly members of society who were likely to succumb to some such disease.

One of the most interesting theories put forward is that in which leprosy is supposed to have evolved into another disease, and has gradually been replaced by it. This disease is tuberculosis.* The evidence for such a theory is in the similarity of the bacilli, the chronicity of the two diseases, the resemblance of the lesions produced, and the difficulty with which both diseases are treated. The parallel is obvious, but it must be remembered that tuberculosis is also a very old disease, and dates back many thousand years. Some consider that the two diseases are really one, but of different forms.

A similar but less obvious parallel has been drawn between leprosy and syphilis. During the sixteenth century there was much discussion as to whether syphilis was not in reality the offspring of leprosy. The idea probably arose on account of the admittance of syphilitics into leper houses, since these institutions were becoming uninhabited. It was, however, not long before syphilis was recognized as a clinical entity, and the relationship of the two diseases divorced. To-day syphilis in its turn is disappearing, after it has held its sway for nearly 600 years. I leave it to you to decide if any disease, such as cancer, is usurping its place.

This brings me to within earshot of the present day. I must before closing mention something about the theories of the causation of leprosy. Nearly every known cause of disease has been assigned to leprosy from time to time. The absence of sanitation, poverty, dampness of soil, overcrowding, hereditary taint, inoculation have all been put upon the altar of reason, and tested by the flames of investigation. A further theory, which at the time when it was put forward produced much heated discussion, was first made by the late Sir Jonathan Hutchinson.* He considered that among the inhabitants of certain districts the eating of putrefying fish causes the disease. Hutchinson found that in India and other countries, certain fish-eating tribes were tremendously affected by leprosy, while their fish-abstaining brothers in neighbouring districts, were completely free from the disease. This was the case among the Salsette christians, who being Roman catholics were large fish eaters. Many other instances were found where the disease was prevalent in exactly the reverse manner; fish eating tribes who lived in the villages were free, while fish-abstaining tribes who lived high up in the hills were extremely susceptible. The Leprosy Commission who were asked to decide upon the value of this theory came to the conclusion that the eating of putrefying fish, although perhaps a factor in producing the disease, was not the direct cause. The bacillus of leprosy was first observed in leprous tissues by Hansen in 1871. It was the subject of several communications by him in 1874† and later. The discovery is one of the greatest landmarks in the history of the disease.

Before concluding I would like to let you look hastily at the present status of leprosy throughout the British Empire. There are to-day about 416,000 lepers in the Empire; 250,000 of these are in India alone, while there are 95,000 in West, and 52,000 in East Africa. Leprosy is therefore by no means a rare disease, although I may be sure that there are few present to-night who have seen many or even any cases. There are about 50 lepers in England, segregated at two main colonies, and cases do turn up occasionally in the wards of our large London Hospitals. There has been quite recently a case under the care of the medical professorial unit at St. Bartholomew's. A leper to-day has to undergo the same solitude and mental torture that his forefathers did, many hundreds of years ago. He is still often turned adrift into the world to pick up a living by begging. Work has been and is still being done to try and make the lives of these lepers more bearable. Science has brought pleasure to many of their lives in the form of the cinematograph. Films are presented to leper colonies, and are shown to the delight of the inmates. Lepers are segregated to-day just as they were of old; the work of the British Empire Leprosy Relief Association undertakes the raising of money for the supply of food and clothing for lepers in the Empire. Many missionary societies have the same undertakings in their hands, for the religious conception concerning the disease exists to-day, as it did in Mediæval England.

The treatment of leprosy to-day leaves much to be desired, for medicine has not yet gained the upper hand. Encouraging results are brought forward following the use of hydnocarpus oil and its derivatives. Potassium iodide, sodium gynocardate, sodium morrhuate are all used with varying success, but there still remains the fact that, *there is no specific treatment.* The term leprosy of to-day is not that of Mediæval England. It is applied to one disease and one disease only, that disease being *elephantiasis græcorum.*

To how many cases of our common skin-diseases would a mediæval physician draw our attention as being leprosy if we were to lead him round the out-patient departments and wards of to-day? At last he would stop at the bedside of the case I am going to describe to you in conclusion, and he would remark, "Well, can't you with all your asepsis, vaccines and modern methods of treatment do anything for this poor leper: you laugh at us old time physicians, yet you are very little nearer the goal yourselves."

The case in question is that of a blind leper who was in St. Bartholomew's Hospital in 1922, and formed the subject of a clinical lecture by Sir Leonard Rogers.

* *The English Parish Church*, p. 306.
† *Three Tracts on Bath Water*, 1774, R. Charleton, M.D. Tract III, Case XII, p. 24.

* See *Lancet*, July 11th, 1896, ii. "Tuberculosis and Leprosy: A Parallel and a Prophecy," by Arthur Ransome, M.D., F.R.C.P., F.R.S.

* See *Brit. Med. Journ.*, 1903, ii, 701.
† *Norsk Magasin for Lægevidenskaben*, 1874.

The patient himself wrote a description of the symptoms of his disease,* a fact which is of interest from the human rather than from the medical aspect. He spent his childhood in the tropics and was in contact with lepers a great deal. On reaching the age of 13 the first symptoms manifested themselves in the way of a pigmentation of certain parts of his skin. A few years later he began to lose the sensation in his fingers, and the numbness in them interfered with his proficiency at cricket. This sign, though trivial in itself, heralded the onset of an awful physical decay. When he was 23 he began to have iritis and other eye troubles, so that three years later he was almost completely blind. During the same period some of the distal phalanges of his feet and hands became lost, and at 28 he began to have ulceration in his mouth and larynx.

From an early stage Chaulmoogra oil was given in some form or another, but it had little effect. The gradual growth of the leonine features, the extension of the blindness and the mutilation of the hands all bear witness to the helplessness of medical science to-day in regard to this disease. The patient seemed to suffer from the fact that he was of great clinical interest, and was seldom allowed to forget that he was an ill man; he appealed to his doctors to consider more carefully than they do the psychological aspect of their patients.

The whole history of the case illustrates fully the present status of leprosy, and from it we are able to realize the mental and physical conditions with which those sufferers in the middle ages had to contend.

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J. MOLINEUX JACKSON.

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* *St. Bartholomew's Hospital Journal*, February, 1922.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. ANNE'S C.C.

Result: Won by 223 runs.

July 9th, at Virginia Water.

A weak Hospital side proved too strong for their opponents, who were unfortunate in having two of their best cricketers absent. Winning the toss the Hospital batted first on a perfect wicket, and had scored 250 for the loss of 7 wickets, when the innings was declared closed. Wheeler batted extremely well in scoring 79. Mundy, if somewhat over-cautious, contributed a useful 57.

The bowling of Wedd and Anderson proved too good for the opposing batsmen, who were all dismissed for 27.

ST. BARTHOLOMEW'S HOSPITAL *v.* HORNSEY C.C.

Result: Lost by 7 wickets.

July 12th, at Winchmore Hill.

In this game the Hospital sustained defeat owing to inability to score quickly enough on a fast wicket. Batting first they had scored 204 for the loss of 6 wickets during the course of 2¾ hours, when the innings was declared closed, Gilbert having scored 103 runs in excellent style. Capper (33), Wheeler (22) and Fulton (21) also batted well, but all (except Gilbert) scored too slowly for a half-day game.

Hornsey were given an hour and three-quarters in which to get the runs. The first wicket fell at 17, but before the bowlers met with further success (at 71), it was obvious that the opposing batsmen intended to make a determined endeavour to get the runs. Carter had played a splendid innings of 112 not out when the Hospital total was passed with only three men out.

The Hospital fielding was disappointing, and in the absence of Wedd the bowling lacked sting.

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

Final Inter-Hospital Cup.

July 14th, 15th and 16th, at Winchmore Hill.

Bart.'s were fortunate enough to win the toss for choice of grounds. Slight rain during the previous night had done no more than freshen the grass and soften the baked outfield, and the wicket looked in excellent condition, though just a little soft. Capper did the team a great service by again winning the toss. (In all the cup-ties and in all except two of the Club matches he was successful in this important department.)

Bart.'s batting first. Nunn and Gilbert opened the innings against the bowling of Marshall and Schilling. In spite of his long run, the former bowler did not appear to be able to make the ball come fast off the pitch, and presented no difficulties to the batsmen. Schilling, however, bowling medium pace on the off stump and turning away slightly kept an excellent length. With only 15 runs scored Nunn played inside a ball from Schilling, and just touching it was caught at the wicket. Boney was next in and showed excellent form from the start, his hooking of balls at all short of a good length being very fine. Meanwhile Gilbert batted steadily. The score mounted at a good pace, but at 63 Gilbert was bowled. He had batted well at a critical period. Capper came next and started with fourteen singles. Then in essaying a big pull he so injured his back that for the rest of his innings he was unable to bend down, and awaited the delivery of each ball standing erect with his bat just touching the block. This attitude seemed to encourage the bowlers to over-pitch their balls and Capper commenced to drive with great power. Meanwhile Boney continued to bat very well, but with the total at 147, and having just completed his fifty, he was caught at second slip off Schilling. Wedd came next and, though not timing the ball so well as usual, he had added a useful 29 before he was caught in the slips off Hedley. Capper—driving with great power—had brought his score to 98 when a heavy shower of rain caused an interruption. On the resumption he immediately lost his wicket, a ball from Hedley coming off the edge of his bat on to his head and thence into the hands of second slip. This great innings completely demoralized the bowlers, and to it more than to anything else the subsequent victory was due. In it were included a six and fifteen fours, and most of the runs came from powerful driving. Five wickets were down for 238 at this stage. Wheeler, who had been batting very well recently, was given out to a rather doubtful decision, and shortly afterwards Gabb also left. Seven wickets were down for 259 and the eighth wicket fell at the same total. Anderson batted confidently, however, and was largely responsible for raising the total to 289 for 9 and 387 for 10. He hit very hard, and at the close was undefeated with 66 runs to his credit.

St. Thomas's opened their innings against the bowling of Gabb and Hay-Shunker and had scored 20 without loss when stumps were drawn for the day. Rain fell so heavily during the night that on the next day the wicket was unplayable and a new one prepared. In spite of the rather disheartening conditions the opposing batsmen batted determinedly, but scoring only 195 runs they failed to prevent the follow-on. Smith (46) played a very sound innings. Light (36 not out) and Carlyle Gall also batted well. Lowden hit very hard for 24 and was out to a magnificent catch by Gilbert—one of the best catches ever made on the ground.

All the bowlers had bowled well—Wedd particularly so—and the fielding had been good. Capper was unable to field and Boney had managed the bowling skilfully.

Following on the opposing batsmen offered less resistance, and though the game was continued into the third day the side was dismissed for 160, the Hospital thus winning by an innings and 32 runs.

And so, after a game in which we had perhaps more than our fair share of luck, but nevertheless deserved to win, the Cricket Cup will help to decorate the Library for a whole year for the first time since 1907.

St. Bartholomew's Hospital, 1st Innings.

J. A. Nunn, c Robb, b Schilling	7
R. G. Gilbert, b Rouillard	30
A. R. Boney, c Hedley, b Schilling	50
W. M. Capper, c Rouillard, b Hedley	98
G. D. Wedd, c Light, b Hedley	29
F. E. Wheeler, c Robb, b Marshall	7
W. H. Gabb, lbw, b Marshall	6
J. D. Anderson, not out	66
J. N. Fulton, c Rouillard, b Hedley	0
C. L. Hay-Shunker, st Robb, b Marshall	15
J. E. A. O'Connell, st Robb, b Light	41
Extras (byes, 26; leg-byes 2, wides 2, no balls 8)	38
Total	387

St. Thomas's Hospital.

1st Innings.		*2nd Innings.*	
K. H. Smith, c and b Hay-Shunker	46	b Hay-Shunker	4
L. A. Rouillard, c Gabb, b Anderson	6	b Gabb	0
C. A. Carlyle Gall, c Fulton, b Anderson	29	c O'Connell, b Gabb	0
A. H. Knowles, c Boney, b Gabb	14	c Boney, b Hay-Shunker	33
L. B. Light, not out	36	c and b Anderson	4
A. B. Marshall, b Hay-Shunker	0	c Wedd, b Hay-Shunker	10
R. F. Winkworth, c Gilbert, b Hay-Shunker	0	b Hay-Shunker	14
P. A. T. Lowden, c Gilbert, b Wedd	24	c Wheeler, b Gabb	1
J. O. Hedley, lbw, b Wedd	2	st Fulton, b Hay-Shunker	5
R. Schilling, b Wedd	6	b Anderson	70
D. R. Robb, b Wedd	0	not out	8
Extras (byes 26, leg-byes 6)	32	(Byes 6, leg-byes 5)	11
Total	195	Total	160

Bowling Analysis.

St. Thomas's Hospital, 1st Innings.	*2nd Innings.*
Gabb, 1 for 38.	Gabb, 3 for 51.
Hay-Shunker, 3 for 41.	Anderson, 2 for 22.
Wedd, 4 for 46.	Hay-Shunker, 5 for 37.
Anderson, 2 for 33.	

ST. BARTHOLOMEW'S HOSPITAL *v.* R.A.F. (HALTON DIVISION).

Result: Won by 59 runs.

July 19th, at Wendover.

For winning this match with a very weak side the Hospital had largely to thank Wheeler. Going in at the fall of the first wicket he was undefeated at the close with 116 runs to his credit. He batted extremely well, and though receiving little support from the earlier batsmen, the last two, Cook (23) and Grooves (23), gave very valuable assistance and the total reached 219.

The R.A.F. were dismissed for 160, Gabb bowling well and taking 7 wickets for 41 runs.

The Club can look back upon an excellent record during the season. Of the 19 games played, 10 were won, 4 lost and 5 drawn, and in all except one of the drawn games the Hospital was decidedly on top.

Capper was a good captain and did much to keep the team together. The batting was very strong and rarely was a score of less than 200 made. Wheeler, Gilbert, Boney, Nunn, Capper, Wedd and Gabb all batted very well at times, Gilbert and Wheeler being most consistent.

The bowling was usually good, and though Hay-Shunker did not bowl as well as last year, Wedd was a tremendous asset, having not only a good control of the ball, but also the knowledge of the game which enabled him to use it. Anderson and Gabb also often bowled well.

The fielding was usually good, Nunn at cover, Capper in the slips or at short leg and Gilbert anywhere being especially conspicuous.

Next season the team should be even stronger than at present, and there is every possibility of the Cup remaining with us for some time now after its long absence.

J. E. A. O'C.

AVERAGES.

Batting.

	Innings.	Runs.	Highest score.	Times not out.	Average.
F. E. Wheeler	16	464	116*	2	33·1
R. G. Gilbert	17	401	103	..	28·9
W. M. Capper	17	473	98	..	27·8
A. R. Boney	14	349	56	..	24·9
G. D. Wedd	13	295	51	..	22·7
J. A. Nunn	9	173	51	1	21·6
J. D. Anderson	17	227	66*	5	18·9
W. H. Gabb	13	239	44	..	18·3
J. E. A. O'Connell	16	122	41	4	10·2
J. N. Fulton	12	108	21	1	9·8
C. L. Hay-Shunker	12	71	23	1	6·4

* Not out.

Bowling.

	o.	m.	r.	w.	Average.
G. D. Wedd	149·2	41	300	37	8·1
J. D. Anderson	149·1	36	323	28	11·6
W. H. Gabb	131·0	24	442	34	13·0
C. L. Hay-Shunker	257·0	82	605	44	13·8

UNITED HOSPITALS SWIMMING CLUB.

The Annual Gala of the United Hospitals Swimming Club was held at the Bath Club on Tuesday, July 1st, Mr. T. B. Layton presiding. The evening was, as usual, a great social success, every available seat and square foot of standing accommodation being taken. For the first time we won both the Inter-Hospital Water Polo and Swimming Cups in the same year. Our success in the Swimming Cup was almost entirely due to R. J. C. Sutton and C. K. Vartan.

In the first event, the 50 yards final, Sutton won comfortably in 25⅕ sec., beating his own record of 25⅖ sec. made last year. In the

next event, the Inter-Hospital Nurses' 50 yards final and also in the Nurses' team race later, we were very disappointed not to see Bart.'s represented. In the diving neither of the Bart.'s pair were placed though R. G. Gilbert dived well. Sutton next won the 100 yards final in the splendid time of 58⅘ sec. He led all the way to beat his own record, also made last year, of 59⅖ sec. C. K. Vartan swam a great race with de Gruchy of Guy's for second place, just losing by a touch.

In the 200 yards final R. Bolton, of University College Hospital, led, with Vartan close up. Bolton fell behind and Wolfe of St. Thomas's was level with Vartan at the end of the seventh length. Then followed a splendid race over the last length; Vartan's previous effort in the 100 yards told against him and Wolfe won by a touch.

In the Inter-Hospital team race 6 men swam 1 length each. The Hospitals competing were Guy's, Thomas's, Bart.'s, University College and London. When it came to the last length Bart.'s were second to Guy's, who won the race by about 4½ yards. Thomas's were another 6 yards behind Bart.'s. It was then announced that Bart.'s were the winners, Guy's having unfortunately been disqualified, as one of their men had started a fraction of a second too soon. This did not affect the result, however, as Bart.'s would still have won the Swimming Cup had they been second. The Bart.'s team in the order of swimming was: F. A. Edwards, G. Jenkins, R. Sugden, A. C. Kanaar, C. K. Vartan and R. J. C. Sutton. The prizes were presented by Mrs. Layton. Mr. Layton paid a warm tribute to the memory of Sir Alfred Fripp, our late President, who died during the past year.

The last event was the Inter-Hospitals Water Polo Cup Final between Bart.'s (the holders) and Guy's. Bart.'s won most convincingly, largely due to the superb play of R. J. C. Sutton, though C. K. Vartan had no little share in many of the successful attacking movements.

Bart.'s won the toss and defended the deep end first. Wisely refraining from shooting at a standing goal-keeper, unless they were in a position to put in a hard shot, Bart.'s did not score as rapidly as their more ardent supporters could have wished. The wisdom of their tactics was amply demonstrated by the fact that at half-time Guy's, though attacking the deep end, had only scored once. Sutton opened the scoring, and Vartan also scored with an excellent shot from a position near the half-way line. Sutton was pulled up on several occasions by the referee for jumping off the bottom, but he has an exceptionally powerful leg kick and seemed to travel just as rapidly for the ball when in the deep end. At half-time the score was 2—1, Bart.'s having had considerably the better of the game.

On attacking the deep end they changed their tactics, and Sutton treated us to as pretty a display of shooting as one could wish to see. Though doggedly marked by de Gruchy, an experienced player, Sutton's immense speed usually gave him sufficient lead to draw a man or shoot himself. Three of his goals were scored by similar shots, all just fitting nicely into the top right-hand corner of the net, entirely out of the reach of any goal-keeper. To give Sutton a much-needed and well-earned rest Vartan played centre-forward for a short time, and continued gaining possession, thus preventing Guy's from opening up the game. A free throw found Race unmarked within shooting distance, and though the goal-keeper got to the shot he could not stop it. One of the opposing backs, in front of his own goal, managed to stop another of Race's shots, and was immediately awarded a free throw, though no Bart.'s men were anywhere near him or the two yards line—presumably the reward of virtue. The final score was: Bart.'s, 7 (Sutton 5, Vartan, Race), Guy's, 2 (de Gruchy, Thompson).

Teams.—Bart.'s: J. C. F. Lloyd-Williamson (goal); I. F. Fisher (R. back) (capt.), F. A. Edwards (L. back); C. K. Vartan, (half); R. R. Race (R. forward), R. J. C. Sutton (centre), J. H. West (L. forward).

Guy's: R. F. Lomax; F. H. Weston, J. L. Thompson; G. E. M. de Gruchy; R. W. Stephenson, J. Howell, H. Lewis.

LAWN TENNIS CLUB.

1st VI: Won 7, drawn 2, lost 3.
2nd VI: Won 8, lost 0.

We have had a most enjoyable season and one that has been encouraging in many ways—in the results of our matches, in the number of people who have been eager to play, and in their readiness to play regularly.

With so many to choose from it was some time before two regular VI's were formed, but before the end of May we had two teams which showed every promise of doing well in the Inter-Hospital Cup-ties.

This hope was realized, as we reached the final of both the Senior and Junior Cups; but unfortunately Guy's, our opponents in each, proved too strong for us.

It was disappointing not to win the Senior Cup, and even more so to lose the Junior Cup, of which we were the holders, but Guy's well deserved their wins, as they were far the better balanced teams.

In the final of the Senior Cup K. A. Latter showed that he was the best player on the ground by winning his single against their first man in two straight sets.

In the Junior Cup Final A. Papert and C. A. George played well and won all their matches.

For the Past *v.* Present match on June 14th the weather was perfect and we had some excellent games; in one of the best of these Sir Charles Gordon-Watson and B. H. Gibson just beat F. J. Beilby and T. E. Burrows 12—10 in the final set.

The Present won five matches to three.

The record of the 2nd VI is one of which they may well be pleased, as they have only lost 17 matches throughout the whole season, having won 55.

Of members of the 1st VI, our captain, F. J. Beilby, deserves special credit; he has played in every match, and to his cheerfulness much of what success we have had is due. J. H. H.

RUGBY CLUB.

Honours for season 1929–30 were awarded to C. R. Jenkins, R. M. Williams, J. T. C. Taylor, V. C. Thompson, W. M. Capper, C. B. Prowse, F. J. Beilby, H. D. Robertson, J. D. Powell, J. A. Nunn, R. M. Marshall, E. M. Darmady, J. R. Jenkins, T. J. Ryan, J. M. Jackson and B. S. Lewis.

The Club has every expectation of a very good season, although everyone will miss the leadership and inspiring play of C. R. Jenkins. The XV will remain practically unaltered from that which got into the Final of the Hospital Cup last season, and stands a good chance of carrying it off this time, although we meet Guy's in the 1st round.

Fixtures for 1930–31.

Sept.	27.	Old Paulines	Away.
Oct.	4.	Rosslyn Park	Away.
,,	11.	Old Alleynians	Home.
,,	18.	Old Haileyburians	Home.
,,	22.	Cambridge University	Away.
,,	25.	Old Leysians	Home.
Nov.	1.	Pontypool	Away.
,,	8.	Moseley	,,
,,	15.	Old Cranleighans	Home.
,,	22.	Torquay	Away.
,,	29.	Devonport Services	,,
,,	31.	Keyham	,,
Dec.	6.	London Welsh	,,
,,	10.	R.M.A.	Home.
,,	13.	Northampton	Away.
Jan.	3.	Harlequins	Home.
,,	10.	Moseley	,,
,,	17.	Coventry	Away.
,,	24.	Old Paulines	Home.
,,	31.	Bridgewater	Away.
Feb.	14.	Bedford	,,
,,	21.	Devonport Services	Home.
,,	28.	Old Mill Hillians	Away.
Mar.	7.	O.M.T.	Home.
,,	14.	London Irish	,,
,,	21.	London Scottish	,,
,,	28.	Plymouth Albion	Away.
,,	30.	Redruth	,,
,,	31.	St. Ives	,,
April	7.	Bristol	,,

Trial games will be held on September 13th and 20th, and it is hoped that all new members will attend.

REVIEWS.

THE MODERN SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS. By BERNARD HUDSON, M.A., M.D., M.R.C.P. (London: Jonathan Cape, The Modern Treatment Series, 1930.) Pp. 125. Price 5s.

This short account of the surgical aspects of phthisis is written by a former Casualty Physician at this Hospital, who has subsequently become so well known as Medical Superintendent, first of the "Palace," Montana, and more recently of the "Victoria," Davis-Platz. With Dr. Hudson's description and opinions, therefore—the result of a particularly wide experience—there can, we think, be no quarrel. The treatment is universally sound, and at the same time progressive, and the matter very readably presented. The book is, then, of great interest, and should have a good sale as the best short account of the subject available.

There is one criticism, however, which might be made, not so much about the presentation of its matter as the nature of its aims. The object of this series is stated in the Editorial Note to be that the general practitioner should find "a set of reliable guides to the present treatment of certain groups of sick persons," and also that those engaged in special departments of practice, including "general medicine, the most important specialty of all," should have a similar opportunity. With such an object in view the indication for each operative procedure, their relative advantages, and the results of such treatment up to date, are obviously of chief importance. These are as well done as the small space would allow. But why spend many pages on giving in detail various technical points which, being only book-knowledge, would not even fulfil the sole possible objective of enabling the novice to perform the operation? While demonstrating to post-graduates in an artificial pneumothorax clinic, for instance, one frequently finds men who have had the larger text-books by Alexander, Gravesen, Wingfield and Burrell, as well as many individual papers, and yet have not the slightest idea of carrying out either the simple process of a refill nor of the formal conduct of a case, this latter following only from a long experience at first hand. Further, since X-ray experience and specialized nursing are essential during the early stages of the majority of cases, there is little scope as yet for artificial pneumothorax in general practice; and we should recommend that "those engaged in special departments of medicine" had better leave a case to someone who knows. This reasoning will apply with even greater force to the more strictly surgical operations, such as phrenicotomy, pneumolysis and thoracoplasty, and no general surgeon could hope to take on such operations without a long apprenticeship. Why, then, spend even 10% of the limited space upon purely technical problems, when the author has so much that is valuable to say on the all-important Indications, Results and Post-operative Treatment?

Space forbids a detailed description—it is quicker to read the 125 pages—but in our opinion chapters XIII–XV, on the Indications for, the After-Treatment, and the Statistics of Thoracoplasty, with four good illustrative cases, will be of especial interest.

PRACTICAL MIDWIFERY FOR NURSES. By BETHEL SOLOMONS, M.D., F.R.C.P.I. (Humphrey Milford, Oxford University Press, 1930.) Pp. xi + 354. Price 8s. 6d.

The introductory chapter on "Nursing Ethics" strikes the keynote of the whole volume, in which the importance of good, accurate and clean work, together with close co-operation with the medical profession, is continually emphasized.

The practical management of normal pregnancy, labour and the puerperium is shown to be closely correlated with their anatomy and physiology, so that a clear understanding of these conditions is obtained, though the technique here described follows the Dublin school of teaching, which differs somewhat from that of this Hospital; following which the pathological states are considered with their diagnostic points and immediate treatment.

"The Healthy" and "The Unhealthy Infant" are next considered in two excellent chapters which contain much useful information, especially on the difficult subject of artificial feeding.

The book concludes with appendices and a full glossary. It is freely illustrated throughout with useful diagrams, is clearly printed, very easy to read, and coming from so well-known a pen may be recommended with confidence.

THE ŒDEMA OF BRIGHT'S DISEASE. By Prof. CH. ACHARD. Translated by MAURICE MARCUS, M.B. (London: Kegan Paul Trench, Trübner & Co., 1930.) Pp. 231. Price 9s. net.

This is an excellent and exhaustive review of our present knowledge of œdema, more especially nephritic œdema, and should be of interest to the biochemist, pathologist and clinician. In the first part of the book Prof. Achard devotes himself to a detailed survey of the anatomical, chemical and clinical features of œdema, and discusses the present classification of nephritis. He differentiates the condition of lipoid nephritis from all forms of chronic hydropigenous nephritis, and is of the opinion that lipoid nephrosis is not a true nephritis, nor a degeneration as held by numerous authors, but that it should be looked upon as an overloading of the renal tubules with cholesterol—a condition analogous to amyloid disease. Nephritis may become a complication of nephrosis and *vice versâ*. When such an association of lesions exists, the clinical picture and the morbid evolution especially will vary, according to whether overloading or inflammation is predominant. He considers that the hypercholesterolæmia associated with nephrosis is neither the cause nor the effect of the renal lesion, for in diabetes, jaundice and xanthoma it may be present for many years without inducing any corresponding change in the kidneys; neither does he consider it the cause of the œdema, for there is no distinct relationship between the two.

He discusses fully the pathogenesis of œdema, and shows that although the disorder of the kidney plays a part in the pathogenesis of œdema, this condition is itself the result of a disturbance of extra-renal factors which normally regulate fluid interchanges between the blood capillaries and the lacunar spaces. The chief of these factors are the hydrostatic pressure and the protein osmotic pressure. The fall of protein osmotic pressure in œdema is not solely due to the diminution of the blood proteins, but also to the fact that in equal concentrations these proteins give a lower pressure than those in normal blood. Owing to a smaller molecular weight and a greater dissociation, albumens have a greater osmotic pressure than globulins, and the diminution of protein osmotic pressure, which occurs in œdema is determined by a lowering of the albumen quotient, $\frac{\text{albumin}}{\text{globulin}}$. The lipæmia coefficient, $\frac{\text{cholesterol}}{\text{fatty acids}}$, is increased in nephritic œdema, and Prof. Achard considers it very probable that the displacement of lipoid equilibrium has some part in the causation of œdema, especially when to it is added a displacement of the equilibrium of proteins. The latter portion of the book is concerned with treatment. The section on dietetics, more especially the salt-free diet, is fully dealt with, and some useful tables are given of the sodium chloride percentage in various foodstuffs.

The subject is put forward clearly and concisely, although here and there the English is such as to make reading difficult. The book is a valuable contribution to the literature on œdema. There is a very full bibliography.

INJURIES TO JOINTS. By Sir ROBERT JONES, Bart., K.B.E., C.B., (Oxford Medical Publications, 1930.) Third edition. Pp. 195. Price 7s. 6d.

The present edition of this little book covers almost every joint injury likely to be met by the general practitioner. Injuries to joints necessarily include those caused by fractures in the neighbourhood of a joint. The treatment of these with reference to the ultimate good function of the joint or limb is dealt with extremely well. The physical signs and diagnosis of these lesions would be grasped better by filling in a few details by referring to a surgical text-book.

The treatment throughout the book is excellent. In all cases it is worked out logically from the anatomical position of the lesion and the underlying pathological conditions present. The descriptions are made even clearer by many most illuminating photographs and diagrams. Special mention should be made of the chapter on "Sprains" in various parts of the body. Their pathology and diagnosis are so logically set out that the treatment seems to follow obviously, and the author gives us a completely new aspect of the condition. He also explains very clearly—what is found in so few text-books—the cause of continued stiffness in and around joints following, possibly, quite minor injuries.

This book is to be thoroughly recommended both to students and practitioners.

EXAMINATIONS, ETC.

University of London.

M.D. Examination, July, 1930.

Branch I. Medicine.—Anderson, R. G., Cutting, P. E. J., Hardwick, S. W.

First Examination for Medical Degrees, July, 1930.

Pass.—Atkinson, E. C., Barnard, E. J. W., Baynes, T. L. S., Bohn, G. L., Brown, K. P., Clements, P. E. G., Craig, D., Frost, L. D. B., Hugh, H. M., Johnson, A., McGladdery, H. M., Mason, J. I. C., *Moynagh, D. W., *Nash, D. F. E., Premdas, I. H., Rigby, E. P., Sansom, S. V., Youngman, J. G.

* Distinction in Biology.

Second Examination for Medical Degrees, July, 1930.

Part I.—Casson, A. H., Clarke, R. F., Conway-Hughes, J. H. L., MacCarthy, D. de la C., McGladdery, R., Norman, G. H. G., Soden, G. E. T., Tregaskis, T. G., Yates, F. H.

Part II.—Ashton, D. R., Carpenter, R. H., Chivers, J. A., Davies, D. O., Dipple, P. E., Honghton, A. W. J., Hugh, H. C., Jackson, B. F., Little, G. S. R., Rosenbaum, J., Sutton, R. J. C., Telfer, W. P. McK., Ware, C. E. M., Zeidenfeld, G.

University of Edinburgh.

The following has been conferred:

Diploma in Tropical Medicine and Hygiene.—Blackaby, E. J.

Royal College of Physicians and Surgeons of Edinburgh.

F.R.C.S.—Liesching, A. C. (September, 1929).

Conjoint Examination Board.

Pre-Medical Examination, July, 1930.

Chemistry.—Curtiss, L. M., Hill, R. I., Shemilt, W. P.
Physics.—Bones, A. O., Curtiss, L. M., Shemilt, W. P.

First Examination, July, 1930.

Anatomy and Physiology.—Edwards, L. J. L., John, C. W., Jones, N. H., Mason, T. O., Young, A. R. C.
Anatomy.—Davies, D. L. L., Fear, R. G., Seidman, I. I., Squire, J. A.
Physiology.—Hamilton, G. J., Pirie, A. H.
Pharmacology and Materia Medica.—Bennett, R., Brookman, G. H., Green, L. E., Hatton, P. L. S., Hole, E. K., Langenberg, E. R., Mansi, J. A., Ryan, T. J., Sivolella, N. W.

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

Angel, K. E., Bochenek, S., Boston, F. K., Burrows, W. R., Cross, R. M. S., Devin, C. H., Flemming, G. M., Fox, E. V. P., Franks, P. I., Hodgkinson, H. L., Parker, G. A. Y., Staunton, A. A., Tierney, T. F.

CHANGES OF ADDRESS.

CLEGG, H. A., 42, Harley Street, W. 1. (Tel. Langham 1098.)
ELLIS, Surg.-Cmdr. G.E.D., R.N., H.M.S. "Iron Duke," c/o G.P.O., London.
GRAHAM, J. H. P., Hawthorn House, Stanford, Hythe, Kent.
HENDLEY, H. J., Enville, Cardigan Street, Newmarket. (Tel. 147.)
LADELL, E. W. J., Komgha, Central Provinces.
LIESCHING, A. C., Burghfield, Dover Street, Ryde, I. of Wight (after September 10th).
MAXWELL, J. L., Flat 4C, 333, Avenue Haig, Shanghai, China.
TOPHAM, E. J. E., Wanganui Hospital, Wanganui, New Zealand (after September 12th).
WATSON, F. E. GORDON, "St. Ann's," Surrenden Road, Brighton. (Tels. Preston 2706 and 2212.)

APPOINTMENT.

TOPHAM, E. J. E., M.B., B.Chir., D.M.R.E.(Cantab.), appointed Radiologist to Wanganui Hospital, New Zealand.

BIRTHS.

BACON.—On June 26th, 1930, to Dr. and Mrs. E. Bacon, of Southampton—a son.
BROADBENT.—On August 21st, 1930, at Masero, Kenya Colony, to Norah (*née* Thompson), wife of Dr. Marcus Broadbent—a daughter.
CANE.—On August 23rd, 1930, at Reepham, Norfolk, to Marjorie, wife of Dr. Maurice H. Cane—a fifth daughter.
CLARK.—On August 1st, 1930, at Sandakan, British North Borneo, to Ruth (*née* Ashton Smith), wife of Willoughby Adams Clark—a son.
GRIFFITHS.—On August 18th, 1930, at Farfield House, Kidderminster, to Audrey, wife of P. Digby Griffiths, M.B.—a son.
LLOYD.—On August 18th, 1930, at 80, Avenue Road, Regent's Park, to Antoinette Marie, wife of Eric Ivan Lloyd, F.R.C.S.—a daughter (Gillian).
TAYLOR.—On August 16th, 1930, at The Gables, Syston, Leicester, to Elizabeth, wife of Richard W. Taylor, M.R.C.S.(Eng.)—a daughter.
VERNEY.—On August 9th, 1930, at 28, Clifton Avenue, London, N. 3, to Ruth, wife of E. B. Verney—a daughter.
WARE.—On August 3rd, 1930, at 129, York Road, Bury-St.-Edmunds, to Phyllis (*née Capps*), wife of Dr. H. A. Ware—a daughter.
WILSON.—On July 23th, 1930, at 6, Streatham Hill, S.W. 2, to Gladys, wife of Dr. W. Bernard (Barney) Wilson—a daughter.

MARRIAGE.

JEAFFRESON—BUNTING.—On August 9th, 1930, at St. Mark's Church, Sheffield, Bryan Leslie Jeaffreson, M.D., F.R.C.S., second son of Mr. and Mrs. H. J. Jeaffreson, of Belmont, Enfield, to Margaret Clarice, elder daughter of Mr. and Mrs. A. W. Bunting, of 9, Crimicar Lane, Fulwood, Sheffield.

DEATHS.

BROOK.—On August 10th, 1930, at 4, Pottergate, Lincoln, Lieut.-Col. Charles Brook, F.R.C.S., R.A.M.C. (T.) (retired)—aged 91.
CHAMPNEYS.—On July 30th, 1930, at Littlemead, Nutley, Sussex, Sir Francis Henry Champneys, Bart., M.D., F.R.C.P.—aged 82.
KENT.—On August 18th, 1930, at a nursing home, Sydney Kent, M.B., B.Ch.(Cantab.), of The Corner House, Bexhill-on-Sea, fourth son of the late William Kent, of Jondarzan, Darling Downs, Queensland—aged 65.
LLOYD.—On August 6th, 1930, Frederick George Lloyd, M.R.C.S. (Eng.), L.R.C.P.(Lond.), of 103, Oakwood Court, W. 14, son of the late Major Edward Lloyd—aged 65.
TUKE.—On August 20th, 1930, at the Limes, Sutton Valence, Maidstone, George Montague Tuke, M.R.C.S., J.P.

NOTICE.

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

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