



Photo: Russell.

SIR HOLBURT WARING.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXVIII.—No. 7.]

APRIL 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

Fri.,	April 3.	Good Friday. Dr. Gow and Mr. Harold Wilson on duty.
Mon.,	6.	Bank Holiday.
Tues.,	7.	Prof. Fraser and Prof. Gask on duty.
Fri.,	10.	Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Tues.,	14.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Fri.,	17.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Mon.,	20.	Abernethian Society: Address by Sir Arthur Keith, Medical and Surgical Theatre, 8.15 p.m. Last day for receiving matter for the May issue of the Journal.
Tues.,	21.	Dr. Gow and Mr. W. Girling Ball on duty.
Fri.,	24.	Prof. Fraser and Prof. Gask on duty.
Tues.,	28.	Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

EDITORIAL.

SIR HOLBURT WARING.

THE retirement of Sir Holburt Waring from the active Staff of the Hospital will have taken effect by the time these words are in print. They will be read on every hand with as much regret as accompanies their writing down. A correspondent writes.

"The end of this month of March is marked by the retirement of our Senior Surgeon, Sir Holburt Waring, from the active Staff, and this must mean a great loss to the Hospital and Medical College. Since his student days, nearly fifty years ago, his familiar figure has been seen in the Hospital precincts, and though he may no longer attend in an official capacity, we have every reason to hope that for years to come we may rely on his help and counsel in other ways.

"The term 'obituary' notices, sometimes jestingly applied to the valedictory notices in this Journal to retiring members of the Staff, would seem never to be less appropriately used than in connection with Sir Holburt Waring, so very full of life as he is; and

it is this vitality of mind and purpose that has so strongly characterized all his work for the Hospital and College.

"Since his appointment as House Surgeon in 1890 he has been continuously engaged in the service of the Hospital. He was elected Assistant Surgeon in 1902, and Surgeon in 1909, so that for the last twenty-nine years he has been on the Staff. In the Medical College he has taught anatomy and practical and operative surgery. He was Dean in 1904-5, and has also been President of the Students' Union. He has always taken a great interest in the welfare of our students, and we believe that one of his objects in life is to see the building of a Students' Hostel worthy of our great College.

"There has been no member of the Staff more devoted to the interests of the Hospital and College, and there is little doubt that had it not been for his dogged and persistent efforts the new Surgical Block might still be a dream of the future instead of an accomplished fact and a great success.

"With Sir Wilmot Herringham he was one of the prime movers in obtaining the Royal Charter for the Medical College, thereby enabling it to hold an endowment fund independently of the Hospital, and Sir Holburt Waring was the first Vice-President.

"It is difficult in this brief space to do full justice to all he has done for St. Bartholomew's. His wise teaching has influenced many, and his sound judgment and strict sense of discipline have been of great value to the School. All Bart.'s men who have come in contact with him will remember the kindly helpful adviser under the shrewd, brusque exterior. He will be greatly missed by his colleagues and students. His work on the active Staff may be at an end, but we may rest assured that in other capacities he will continue to further the interests of our great Hospital and College. In conclusion we might quote as especially applicable to him the words used in

the Royal Charter of our College on his appointment as the first Vice-President, 'Our trusty and well-beloved Sir Holburt Waring.' We wish him many happy years of well-earned leisure."

We congratulate Mr. W. Girling Ball, Dean of the Medical College, on his recent appointment to the Senior Staff of the Hospital.

THE "RUGGER CUP."

Congratulations to the Rugby Club upon their victory over St. Mary's Hospital in the Final Cup-tie on March 18th. A fully illustrated account of the game will be published in the May issue.

We extend our sympathy to T. J. Ryan on his sad loss, and we wish him a speedy convalescence.

THE ABERNETHIAN SOCIETY.

A meeting of the Abernethian Society will be held on Monday, April 20th, at 8.15 p.m. in the Medical and Surgical Theatre, to commemorate the centenary of the death of John Abernethy. Sir Arthur Keith will deliver an address entitled "Fresh Light on John Abernethy." It is hoped that as many old members, and especially old officers, of the Society as possible will be present. An exhibition of Abernethiana is being arranged for display after the address.

TENTH DECENNIAL CLUB.

The Tenth Decennial Club Dinner will be held as usual on the second Friday in May, *i. e.* May 8th. Dr. C. N. Binney will be in the Chair. Notices giving further details will shortly be circulated. Secretaries: Mr. Reginald M. Vick, Dr. Arnold W. Stott.

ELEVENTH DECENNIAL CLUB DINNER.

The Third Annual Dinner of the Eleventh Decennial Club will be held at the Holborn Restaurant on Friday, April 24th. Mr. Eric A. Crook will be in the chair. Information may be obtained from the secretaries, Wilfred Shaw and F. C. W. Capps, at St. Bartholomew's Hospital.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The Women's Guild is organizing a Jumble Sale to be held on Thursday, May 21st, in the old Medical Block. The Guild will be extremely grateful for contributions of any kind, especially clothes. These can be sent to the Steward's Office, labelled *St. Bartholomew's Hospital*

Women's Guild Jumble Sale. Help is required on the day of the sale and on the three previous days, and the Committee would be very glad of the assistance of any students who would be willing to help. Miss Ball has kindly consented to receive their names.

PROPOSED PRESENTATION TO JOHN LANE.

Cambridge medical graduates and students will be interested in the proposal to mark publicly the completion of 50 years' service by John Lane, Senior Attendant in the Anatomy School. This event will take place in April, 1931. A Committee (of which Prof. Wilson is Chairman) has been formed with the objects (1) of arranging a meeting in the May Term, 1931, and (2) of collecting subscriptions towards a permanent testimonial for presentation to John on that occasion. The presentation would include a list of those who have subscribed. The subscription for those who have not yet graduated in medicine has been fixed by agreement at 2s. for each subscriber; the sum of 5s. is suggested for medical graduates, and the subscriptions may be paid to the John Lane Presentation Fund at Barclays Bank, Cambridge, or to Mr. Reginald M. Vick or Mr. G. Wynne Thomas at the Hospital. The subscription list will be closed on May 11th.

The following gentlemen have been nominated to House Appointments from May 1st, 1931:

<i>Junior House Physicians</i> —	
Sir Percival Hartley	J. B. Great Rex.
Prof. F. R. Fraser	A. H. T. Robb-Smith.
Sir Thomas Horder, Bart.	H. E. W. Robertson.
Dr. Hinds Howell	M. S. M. Fordham.
Dr. A. E. Gow	D. M. Dean.
<i>Junior House Surgeons</i> —	
Mr. L. Bathe Rawling	I. E. Phelps.
Prof. G. E. Gask	G. C. Knight.
Sir C. Gordon Watson	H. W. Rodgers.
Mr. Harold Wilson	C. K. Vartan.
Mr. Girling Ball	W. D. Coltart.
<i>Intern Midwifery Assistant (Resident)</i>	H. V. Knight.
<i>Intern Midwifery Assistant (Non Resident)</i>	R. E. Angel.
<i>Extern Midwifery Assistant</i>	{ J. O. Harrison.†
<i>H.S. to Throat and Ear Departments</i>	{ A. M. Boyd.
<i>H.S. to Ophthalmic Department</i>	{ W. J. Duggess.
<i>H.S. to Venereal and Skin Departments</i>	{ W. S. Baxter.*
(Non-Resident)	{ R. Crumie.†
<i>H.S. to Orthopaedic Department</i>	{ M. H. Churchhill.
<i>H.P. to Children's Department</i>	{ A. W. Franklin.
<i>Senior Resident Anaesthetist</i>	{ B. Rait-Smith.†
<i>Junior Resident Anaesthetists</i>	{ A. T. Blair.
<i>Non-Resident Anaesthetist</i>	{ E. S. Pope.
	{ E. T. Renbom.
	{ M. K. Cusack.*
	{ R. S. Trucman.*
<i>Casualty House Physicians</i>	{ H. W. Williamson.*
	{ W. S. Baxter.†
	{ E. P. Fox.†
	{ J. H. Pierre.†
<i>Casualty House Surgeons</i>	{ C. O. Barnes.*
	{ P. G. Scott.†

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

ORTHOPÆDIC SURGERY IN AMERICA.

IN one year spent in a country where interest in orthopaedic surgery is, to say the least, enthusiastic, and where developments are rapid and original, one sees enough of importance to provide material for a fairly large surgical scrap book. It is impossible in a short article to give more than a few impressions and one or two detailed descriptions of the work that is being done. In no branch of surgery is the study of end-results more important, and though one had frequent opportunities for the examination of follow-up cases, opinions as to the value of some forms of treatment must, of necessity, be second-hand.

The Hospital of the University of Michigan at Ann Arbor is already well known to Bart.'s men through the visit of Dr. Hugh Cabot in 1926, and many of us recall with pleasure the enjoyable two weeks during which he was in charge of the teaching and operating on one of the surgical units. Since 1924 several Bart.'s men have served under Dr. Cabot in one or other of the surgical departments at the University Hospital. It was my privilege to spend eleven months in the Orthopaedic Department, and a further two months visiting surgical clinics in other parts of the States and Canada.

After the appointment of Dr. Carl Badgley as Orthopaedic Surgeon to the Ford Hospital, Detroit, the Orthopaedic Department at Ann Arbor was placed under the care of Dr. V. I. Hart. He is most ably assisted by Mr. Norman Capener, F.R.C.S., who can be counted among the best of those who maintain the good name of Bart.'s overseas.

The Detroit hospitals care for the orthopaedic cases in the city itself and the surrounding counties, whereas the University Hospital, which is a State institution, is almost entirely responsible for the rest of Michigan—an area slightly larger than England and Wales.

Patients are sent by the local authorities from small towns often hundreds of miles away, the lesions that bring them are usually severe, and the length of a patient's stay in hospital is a long one if his home is far away. Towns and patients were interesting; Milan (pronounced Millen), Toledo, Manchester, Brighton, Plymouth, Windsor and Birmingham were within a small radius. London in Canada was not very far away. I am told that on one occasion a member of the Bart.'s Senior Staff, who honoured us with a visit in August of last year, happened to say to an American that his home was in London. "Oh, Y-e-e-s, London

—London, Ontario?" The answer was, "No; London, the heart of the universe."

In my first month I met representatives from about sixteen nationalities, including some genuine American Indians. But this rather mixed crowd does not represent the average population of Michigan. Many of the Europeans, Poles, Greeks, Czechs and Italians are recent settlers, who come to the country with little or no money, and are, therefore, among the first to need state aid in case of serious illness. Many had a fair command of the language, but the "English accent" of two members of the surgical staff was a sore trial to some of them.

A waiting list does not exist. Occasionally a patient may have to be housed locally for a few days before being admitted to the main hospital, but as the accommodation for patients not undergoing active treatment is ample, overcrowding has not been a serious problem. The Orthopaedic Department uses about 130 beds and cots in the main hospital and rather more than that number in the South Department, where post- and non-operative treatment is carried out. All "bone and joint" cases are dealt with by the Orthopaedic Department except the fresh fractures, of which there are not many, and these are cared for by the general surgical units. Once a week the general and orthopaedic surgeons meet for a "fracture round" to review all the ward cases of fracture, recent and old.

Many cases of septic osteomyelitis, in all stages of the disease, drifted into the hospital. In the acute stage, drainage of the primary metaphysal focus and avoidance of the marrow cavity is aimed at (Starr). A drill hole or small "sucerization" is made immediately proximal to the epiphysal cartilage, through the floor of the subperiosteal abscess, if there be one. In the five early lesions that I observed last year it was quite clear that the primary focus was metaphysal, the spread of pus along the metaphysal line occurred early and gave rise to subperiosteal abscess formation, and medullary infection had not occurred. A number of subacute and chronic cases treated elsewhere demonstrated the futility of the older operation of "guttering" the shaft through the floor of the subperiosteal abscess. No doubt this is necessary when the infection is a massive one and the diaphysis is undoubtedly involved, but in most cases the medulla had been opened up unnecessarily, and the primary focus of the infection drained inadequately or missed altogether. In the subacute and chronic cases sequestrectomy and the bevelling down of the walls of cavities is followed by wide but loose packing with gauze and the application of a plaster (Orr's method). This is a great advance on the frequent dressings and irrigations, which, until a short time ago,

were the rule in many places. The patient is comfortable, frequent anaesthetics for dressings are unnecessary, and the wound is allowed to heal in from below upwards. Often the incision is partially sutured, though this is not allowed by Orr. He carries the "hands off" policy to extremes and, provided that the temperature remains down and the patient's general condition is good, he does not change the plaster for weeks or months, however offensive the odour. But there is no doubt that the smell of pus confined in plaster reacts unfavourably on the patient; he knows that his neighbours hate him, and although he may get used to the smell himself, his appetite tends to suffer, and he may lose weight. We changed the plasters as soon as the smell became marked after examining the wound for pockets and repacking it lightly. Pocketing means inadequate drainage at the time of operation, or too tight packing afterwards.

Baer's maggot treatment, while arousing great interest, has not been adopted in many places, though Dr. Baer now believes that he has produced a strain of maggots free from pathogenic organisms. It will be recalled that in the early days of this work two cases of tetanus occurred in cases under treatment, due, presumably, to maggot-borne infection. A visit to Baltimore to see Dr. Baer's chows and maggots is considered quite fashionable among those interested in bone diseases. I had to miss Baltimore, but I was told by Dr. De Forest Willard, who had been there recently, that on the whole he preferred the chows!

In the intensely hot weather that blasted the middle western States last summer flies were very numerous, and took particular interest in patients with open wounds, and it was necessary often to cover limbs with a little cage of mosquito netting. A child was admitted with a subacute pyogenic abscess of the ilium, which was treated by drainage, packing and immobilization in plaster; very shortly after operation we found the wound alive with maggots, although it lay well protected under a large hip spica. Presumably the ova were deposited on the outskirts of the plaster and dressing, and the larvae, when old enough to walk (though I understand they have no legs), tracked in towards the dead tissue that is their food. The wound healed with almost miraculous rapidity and the child made a splendid recovery.

A number of cases of osteomyelitis of the ilium were admitted. The great danger is secondary involvement of the hip-joint. Some excellent results have been obtained by wide subperiosteal resection of the ilium. The regeneration of the iliac wing afterwards is very rapid, particularly in children.

Infantile paralysis is endemic in most of the States.

In many, Michigan included, small outbreaks occur annually in the early autumn. This was my first experience of the disease in the acute stage. In the East the terrible epidemic of 1917 had not yet been forgotten, and at the Harvard Infantile Paralysis Clinic in Boston I saw a number of the Massachusetts cases from that epidemic still under treatment. This department of the Boston Children's Hospital is under the care of Dr. Legg—best known to us as the first man to describe coxa plana as a clinical entity.

The Drinker respirator is used in the treatment of cases of acute anterior poliomyelitis with respiratory embarrassment as well as in the treatment of asphyxia neonatorum and carbon monoxide poisoning. It consists of a metal cell in which the patient lies with his head outside, and a rubber diaphragm, which forms one end of the cell, fitting closely round the neck. The pressure in the cell is alternately raised and lowered by a motor-driven pump, and the depth and rate of respiration can be accurately controlled. In severe cases of poliomyelitis, children that otherwise would have died early in the course of the disease have been treated for as long as eight weeks in this machine, with ultimate recovery of the respiratory musculature. A notable feature of the apparatus is that the patient's head is not confined; he is able to see and hear something of the world around him. Speech is difficult, as the necessary diaphragmatic control is impossible. I remember a very large physician who was persuaded to enter the apparatus being rendered completely speechless, and compelled to breathe like a cart-horse.

Dr. Steindler has introduced two excellent operations for upper limb paralysis. Where the flexors of the elbow are paralysed and the forearm flexor muscles are strong, active flexion of the elbow can be obtained by transplanting the common flexor origin to a higher point on the inner side of the humerus. This operation has not been entirely successful in the hands of all surgeons; probably the reason is that the elbow is not brought down sufficiently early from the post-operative position of flexion, and a flexion contracture results. Extension and gentle active movements should be begun at the end of the third week.

One of the most serious of all paralyses is that involving the short muscles of the thumb. The thumb becomes even more useless if, in addition, the flexor longus pollicis is paralysed. Something can be done if this muscle is working. At Ann Arbor a few have been treated by arthrodesis of the carpo-metacarpal joint, in the position of opposition, with moderately satisfactory results. Dr. Steindler takes the lateral half of the tendon of the flexor longus pollicis, and transplants its distal attachment to the dorsal and ulnar

side of the proximal phalanx. The result is that when the flexor longus pollicis contracts, the proximal phalanx is pulled obliquely across the line of action of the muscle. This is almost the position of opposition, and can be maintained fairly strongly. I saw the operation performed, examined a case that had been operated on and saw a cinema film of other cases. It is a simple procedure, and the results are good.

The swimming-pool at the Harvard Clinic deserves mention. A child under treatment in recumbency is undressed in a small cubicle, placed on a stretcher suspended from a miniature overhead railway, lifted clear of the cubicle, moved across to the pool and gently lowered into the water. Here muscle-training exercises are carried out under the guidance of an amphibious physiotherapist.

Much is being said, written and done with regard to the treatment of scoliosis. The most impressive work I saw was at Hibbs's Clinic, where Risser has developed a method of treatment that undoubtedly corrects a certain number of structural curves, and maintains the correction. Compared with the methods of Schultess and Galeazzi, which involve the use of complicated machinery, it is very simple, the non-operative work being done on an ordinary Abbott frame.

All cases of scoliosis are followed in a special clinic, where routine measurements and X-rays are taken. It is possible to detect immediately when a curve is progressing in spite of treatment. Almost all cases, postural and structural, are treated by remedial exercises, and no braces are used. It is believed that if a patient cannot control his spine by muscular action, nothing short of a spinal fusion can hold it for him; compared with the internal splinting given by an extensive arthrodesis, external splinting with braces is considered useless.

In a case where a structural curve is increasing slowly but surely Risser applies a jacket of the pattern shown in Fig. 1. The patient is stretched on an Abbott frame during the application, so that the maximum correction by traction is ensured. The hinges included in the plaster lie opposite the apex of the primary curve, and the jacket is cut almost in two, with only the hinges, embedded in plaster, connecting the halves. The thigh-piece is added when the body jacket is completed. Correction is obtained by swinging the upper half of the jacket to the side of the convexity, and, as the child has had vigorous exercises beforehand, such joints as are likely to yield to the corrective force give way fairly quickly—sometimes in well under a month. The jacket is so long that the leverage on the spine is enormous, and if the primary curve is too rigid to yield, good compensatory curves are obtained above and below.

When correction is maximal, the jacket is reinforced and a large window cut posteriorly, through which a Hibbs's arthrodesis of the spine is performed in one or two stages. In addition to giving a correction of the curve, partial or complete, this method materially decreases the length of the spine which requires arthrodesis to ensure stability.

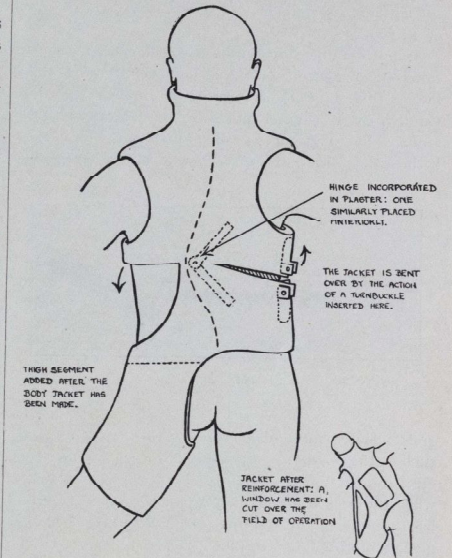


FIG. 1.

The Risser jacket looks and is formidable, and it is necessary for the patient to be in bed during the whole of the time when he is wearing it. Children tolerate this incarceration very cheerfully, and the only serious immediate result is some loss of chest expansion. The method is still young, but seems most promising. If there are already some good results after arthrodesis with little or no preliminary attempt at correction, we are entitled to look for even better from this combination of thorough correction and operative fixation.

At Ann Arbor I saw several cases of severe paralytic scoliosis, in which collapse of the lumbar spine was most marked. These children could hardly sit up, but suspension produced the most remarkable correction of the curves, and this had been made permanent by arthrodesis of the spine.

Intracapsular fractures of the neck of the femur are as big a problem in America as here. Whitman's closed

reduction is widely practised, gives good results in some cases, but is distinctly uncertain. At the Mayo Clinic I saw Henderson peg a fracture with an autogenous tibial graft, his method differing from Albee's only in the incision, and in the insertion at the fracture site of cancellous bone from the head of the tibia to assist in new bone-formation. By this method Henderson obtains good union and function in 75% of cases of all types.

A most notable contribution has been made by Smith-Petersen, of Boston. He uses a metal pin with three flanges (Fig. 2), which is inserted by an open operation, through the trochanter and neck, into the head of the femur. The operation is not a small one, but quite a little simpler than the introduction of an autogenous

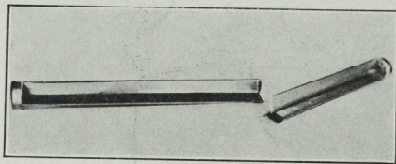


FIG. 2.

graft. Many interesting points arise for discussion, such as the possibility of further absorption of the neck after the fixation of a fresh fracture, the plan of attack when the neck is almost non-existent; but the method has weathered all storms for five years and has given uniformly good results. The first paper is to be published shortly, and I believe that it will contain reports of all cases from the very first.

The charm of the method lies in the fact that patients can be allowed out of bed in from three to five weeks—an important matter in those well on in years. Firm bony union is the rule, and it is a simple matter to remove the pin later. It is a splendid application of Hey Groves's successful experimental work on the fixation of fractures by a large central metallic peg.

The results that I saw of Whitman's operation performed for this and other conditions were not encouraging. Most of the patients were troubled with a gluteal limp, or stiffness, or pain.

In conclusion, I must pay tribute to the unflinching kindness and hospitality of American surgeons, and it was not without great regret that I had to part from many good friends, who, in addition to giving me every assistance in the grim pursuit of knowledge, made the hours "out of school" very enjoyable and all too fleeting.

H. J. SEDDON.

A METHOD OF BLOOD TRANSFUSION SUITABLE FOR BABIES.

BLOOD transfusion is a valuable therapeutic measure in many of the commoner ailments of infancy. In suitable cases of such varied conditions as pneumonia, gastro-enteritis, hæmorrhage, anæmia and malnutrition it may prove life-saving. With the increasing knowledge of its usefulness it is now being employed much more often than it was. Technical difficulties and dangers have hitherto been important factors in limiting its application.

The only easily available limb veins in babies are those in the region of the ankle, and even when dissected out they are very liable to tear when the cannula is introduced. Injections into the superior longitudinal sinus are dangerous, as there is a potential space outside the sinus into which the blood may readily be injected and from which some may again be withdrawn on suction. This makes it impossible to be sure when the needle is in the sinus, and disastrous results have followed injection of the blood over the surface of the brain. Intraperitoneal transfusions are safe and easy to perform. Grulee (1), who has had a large experience of intraperitoneal therapy, advocates this procedure in a recent paper. He states that the blood is rapidly absorbed, and reports good results. We, however, have not observed the rise of hæmoglobin, which occurs after intravenous transfusion, in these cases, and in infections the intravenous route is preferable for getting the antibodies into the circulation rapidly.

The technique to be described is that of transfusion into a scalp vein, and is safe, simple and reliable. It has not, so far as I am aware, been used previously in this Hospital. The scalp veins are held firmly by the subcutaneous tissues, and do not slide away in front of the needle. Several are available, but the same vein may be used repeatedly. A perivascular injection does no harm and the small hæmatoma is rapidly absorbed.

The apparatus used for injection is the Jubé syringe, which consists of a glass barrel holding 5 c.c., with two lateral openings and a grooved metal piston. The groove is turned opposite one opening, and on withdrawing the piston fluid is sucked into the syringe. The piston is then turned through 180°, so that the groove faces the other opening, and on pushing the piston home the contents are forced out of this orifice. It was designed for direct transfusion of whole blood, but forms an excellent pump for injecting citrated blood, saline or serum. The rate of injection is under perfect control, and may be made steadily as slowly as

2 c.c. per minute. To one opening of the syringe is connected a short piece of rubber tubing (4 in. to 5 in.), and to the other end of this the needle is fitted. The needle should be smaller than that used for intravenous work, but rather larger than a hypodermic needle, and should have a short bevel. Attached to the other opening of the syringe is a longer piece of rubber tubing (12 in. to 18 in.), with a weight to keep the end submerged.

The rubber tubing is boiled and the rest of the apparatus is autoclaved. As an alternative it may be sterilized in spirit, transferred to ether and then allowed to dry. The syringe is lubricated with liquid paraffin. The rubber tubes are attached and all connections tied with thread. The apparatus is then filled with citrated saline, and left with the piston half withdrawn and its groove midway between the lateral openings. It is now ready for use.

Grouping should always be done by the direct method. Compatibility must not be assumed after testing with standard sera only. In infancy results so obtained are often fallacious. A few drops of blood are obtained from the infant by heel stab. The serum is separated and tested against the blood of the proposed donor.

The quantity to be given is important, and is calculated on the body-weight. A safe amount is 7 c.c. per pound, and as most cases weigh between 7 and 15 lb. the quantities given are usually between 50 and 100 c.c. These may sound small, but it must be remembered that on the same basis a man of average weight would receive about a litre.

It is impossible to over-emphasize the importance of giving the blood slowly, and it is no exaggeration to say that many babies have been killed by too rapid transfusion. Their circulation will not stand the strain of a sudden large addition to the blood volume. The quantity being proportional to the size of the patient, the time taken can be the same in all cases. It should never be less than twenty minutes, and it is better to take thirty. In addition to the danger to life any attempt to inject rapidly will certainly rupture the scalp vein.

Blood may be collected by means of a French's needle, but for quantities of less than 100 c.c. this seems unnecessary trauma for the donor. These small amounts may be rapidly and easily collected with a 5 c.c. Record syringe fitted with a two-way tap and an ordinary intravenous needle. The blood is run into a sterile vessel containing 2% solution of sodium citrate, 10 c.c. being allowed per 100 c.c. of blood. The blood should be used as soon as possible after collection, and it is important to prevent cooling by placing the vessel in hot water.

The head is shaved over both temporal and lower frontal areas. It is essential that it be held still while the needle is being introduced. The infant is, therefore, rolled in a blanket, placed on its side, and its head held between the assistant's hands. To render the scalp veins prominent the child should be crying. Cleaning up with ether will generally produce this, but even in the most placid cases the desired effect is invariably seen when the needle is pushed into the skin. Where possible it is easiest to introduce the needle into the point of junction of two veins. It can be felt to enter the vein with a slight snap, and should then be pushed along it for a few millimetres. Once well in the vein there is no tendency for the needle to come out, and it is unnecessary to hold it in position. When the needle is in the vein, suction is said to cause it to collapse, but the writer has never been able to observe this. If, however, on injection of a minute quantity of fluid a swelling appears, a further attempt may be made lower down the vein. When the transfusion is completed the small puncture may be sealed with collodion.

Reactions after transfusions by other methods are not unusual in infancy, but none have so far been observed after scalp vein transfusions in this Hospital.

In conclusion I would like to thank Dr. Harris for his helpful suggestions and criticism.

REFERENCE.

- (1) GRULEE, C. G., and SANFORD, H. N.—*Archives of Diseases of Childhood*, 1930, v, 371.

R. KEMBALL PRICE.

INTRATHORACIC LIPIODOL

COINCIDENT with the advances recently achieved in the surgical treatment of diseases of the respiratory system, considerable improvement has taken place in our accessory methods of investigation, and in particular the information which may be obtained as a result of the examination of a skiagram taken after the introduction of lipiodol into the chest is proving of increasing value in diagnosis as well as in deciding the line of treatment to be adopted.

The investigation is now carried out as a routine in a large number of cases, and it is the object of this communication briefly to consider a few points concerning the technique, the indications and the interpretation of the results.

Technique.—Lipiodol is a thick, oily substance, consisting of a 40% combination of iodine with poppy-seed oil. It possesses the property of being opaque to X-rays, and consequently, according to the mode of its introduction, the bronchial tree or an intrathoracic cavity may be outlined and accurately defined. The oil may be introduced into the chest in two entirely different ways: either it may be injected down the trachea, thus outlining the bronchial tree, or it may be injected through a sinus in the chest-wall, thus demonstrating the nature and extent of any underlying cavity in connection with the pleura or lung.

Introduction of lipiodol into the bronchi.—In every case in which this investigation is performed it is desirable to administer pot. iod., gr. *x l.d.s.*, for a day or two before the operation, in order to exclude the possibility of iodine sensitiveness; in the rare cases in which this is present a bromine-containing oil may be substituted, although the resultant picture is not so satisfactory. If it be desired to produce local anaesthesia by means of cocaine, a preliminary subcutaneous injection of gr. $\frac{1}{4}$ of this substance should also be given for the same reason.

There are two main methods by which the oil may be introduced, and each will be described in detail:

(1) *The oral route.*—This is the simpler method, and although not without some discomfort to the patient, is now coming to be regarded as the method of choice. There are many possible variations in technical detail, but the following method, although not quite so simple as some, combines the advantages of minimal discomfort to the patient with a high percentage of successful results. It is particularly useful in the case of out-patients and those not confined to bed.

The operation should take place as far as possible in normal surroundings, preferably the ward or consulting-room, and not in an operating theatre or X-ray department, in order not to excite unnecessary alarm. The patient is seated comfortably in a high-backed chair with the head tilted slightly backwards in order to impede the process of swallowing. The tongue is then protruded and held firmly in a tongue-cloth by the patient, while the fauces, palate, pharynx and larynx are sprayed in turn with a 10% solution of cocaine, using a De Vilbiss throat spray. If the patient be too young or too nervous to control his own tongue, then this must be done by the left hand of the operator, in which case a one-handed throat-spray must be used.

It is usually desirable to complete the anaesthesia by lightly painting the root of the tongue, the epiglottis and the upper part of the larynx with cocaine by means of a bent brush. After allowing a period of ten minutes for anaesthesia to take place the patient is

inclined slightly towards the side into which it is desired to introduce the lipiodol, resting the arm on a table in a comfortable position. A specially made 10 c.c. syringe is now filled with previously warmed lipiodol; the cap of the barrel is fitted with two metal rings, into which the index and middle fingers of the right hand are inserted in order to facilitate the application of pressure to the piston, for the thick oil is by no means easy to force out. A deeply curved metal tube is now affixed to the syringe. This tube has a bore of 2.5 mm., and should be of such a length that when the syringe is in position just outside the mouth, the curved portion of the tube falls loosely over the back of the tongue. The distal end of the tube is now placed in position, with its extremity between the false vocal cords. After a little experience has been gained this position is easily obtained, but if there be any difficulty, the situation of the tube may be confirmed by the laryngoscope. The patient is now warned neither to cough nor to swallow, and the lipiodol is slowly expelled from the syringe. If the anaesthetization has been properly carried out there should be practically no discomfort. If there be no reason to suspect the presence of any gross cavitation, about 10 to 15 c.c. are found to produce adequate filling of the bronchi, but with marked sacular bronchiectasis double this quantity may be required. There is, however, no object in introducing quantities greater than those stated, for otherwise the bronchial outlines are obscured. In cases where a main bronchus is thought to be blocked, still smaller quantities should be employed, for the resultant picture is good, and there is a risk of inducing massive collapse by obstructing the opposite larger bronchi.

If, as is usual, basal filling be acquired, the screening may be carried out almost immediately, whereas if it be desired to secure apical filling, the patient should lie well over on the affected side and with the pelvis slightly raised before the examination is commenced. In cases where it is desired to explore the base of the left lung, behind the heart shadow, it is desirable to give a seidlitz powder before the patient is screened; the resultant distension of the stomach renders the bronchi containing the lipiodol more visible on subsequent X-ray examination.

It is often desirable to perform the investigation on both sides of the chest; especially is it important in cases where any extensive operation is contemplated on one side, to make quite sure that there is not already some disease on the apparently sound side. Although procedure varies in this respect, it may be stated that it is usually preferable to investigate the condition on each side separately at intervals of a few days, rather than to attempt to secure adequate filling on both sides

simultaneously, although this can sometimes be achieved if there be any urgent necessity.

(2) *The cricothyroid route.*—The main advantage of this method is that the lipiodol can be injected into the trachea with absolute certainty, and, if carried out with proper attention to detail, there is actually less discomfort to the patient than may be caused by the foregoing procedure. It should, however, never be employed in the case of out-patients, as there are several possible sources of trouble which can be better controlled in a ward. The usual tests for iodine and cocaine sensitiveness are first carried out in the manner previously described. For the proper performance of the test the best possible conditions are desirable, and the conveniences of a well lighted operating theatre far outweigh the disadvantage of some slight nervousness on the part of the patient, the possibility of which is over-emphasized by some; if the injection by this route be considered necessary, then it is reasonable that the procedure should be carried out with all possible efficiency.

The patient lies on his back with the shoulders supported by a small pillow, so that the neck is moderately extended. The cricothyroid space is then defined and the skin is cleaned with ether and picric acid. A 1 c.c. syringe fitted with a fine hypodermic needle is filled with 2% novocain, 0.25 c.c. being injected intradermally over the space, the remainder subcutaneously.

The needle is then changed for one longer and stouter, and 0.5 c.c. of a 5% solution of cocaine is injected through the membrane into the trachea. The injection must be made rapidly and the needle withdrawn at once, otherwise the needle may be broken by the resultant cough. After a short interval a trocar fitted on a flanged cannula is passed through the cricothyroid membrane and the trocar is withdrawn. The patient is now turned towards the side which it is desired that the lipiodol should enter, and the head is raised slightly so that the oil shall not trickle into the mouth. A syringe is filled with the warmed oil and attached to the cannula, and the piston is slightly withdrawn; the appearance of bubbles of air in the syringe indicates that the cannula is lying free in the lumen of the trachea. The lipiodol is then gently but firmly forced out of the syringe, the piston being occasionally withdrawn slightly to make sure that the cannula is still in its proper position. At the end of the process the syringe is removed, the trocar is reinserted and the cannula rapidly removed, the puncture being sealed with collodion gauze. The patient's position is then adjusted so that the lipiodol shall enter the desired area, and a simple lozenge (e.g. troch. ammon. brom.) is sucked in order to avert any tendency to coughing. After a few minutes the X-ray examination is carried out.

This method, on the whole, is the safest, most reliable and, curiously enough the least uncomfortable to the patient, for those patients who have had experience of both methods invariably select it subsequently if given their choice. There are, however, a few rare complications which discourage its use in the case of out-patients. Occasionally the cricothyroid artery may be wounded, producing a small hæmatoma; a slight degree of subcutaneous emphysema may occur, and in cases with much offensive sputum, cellulitis of the neck has been known to develop.

Investigation of a sinus.—This procedure is preferably performed in the X-ray department, so that filling can be observed on the screen. The position of the patient will vary with the locality to be injected; local anaesthetic is rarely necessary. A sterile rubber or gum-elastic catheter, which may be temporarily stiffened by the insertion of a metal rod bent to the appropriate shape, is inserted as far as possible into the cavity. The syringe containing warm lipiodol is then inserted into the catheter and the oil is expressed; the air escapes along the original track and complete filling can thus be ensured.

This investigation defines quite adequately the size, position and ramifications of chronic pleural cavities, and is thus of considerable value to the surgeon. It may also demonstrate the presence of a hitherto unsuspected broncho-pleural fistula.

Indications.—Lipiodol injection may be employed diagnostically or therapeutically. In the diagnosis of bronchiectasis the investigation is merely confirmatory as a rule, although sometimes, as in the "forme hémoptoïque sèche," it may provide a diagnosis in the absence of definite physical signs. Usually, however, it is employed firstly to reveal the extent of the disease, and secondly, if operation be contemplated, to confirm the normality of the opposite side. The normal filling is illustrated in Fig. 1, which may be compared with the definite tubular bronchiectasis shown in Figs. 2 and 3. Saccular bronchiectasis is frequently extensive by the time the patient comes under observation, and a comparison of Figs. 3 and 4 shows how useful is this investigation in estimating the exact extent of the disease. In cases of suspected lung abscess a cavity can usually be seen in the X-ray film, and here lipiodol is of value in distinguishing the condition from a large saccular bronchiectatic cavity; in the latter the cavity, being part of the bronchial system, will fill with lipiodol, whereas in the case of lung abscess, as is seen in Figs. 5 and 6, the cavity remains entirely uninvaded by the oil.

It is in the diagnosis of suspected cases of bronchial carcinoma that lipiodol injection may be of the utmost value. In the earlier stages an irregularity of the

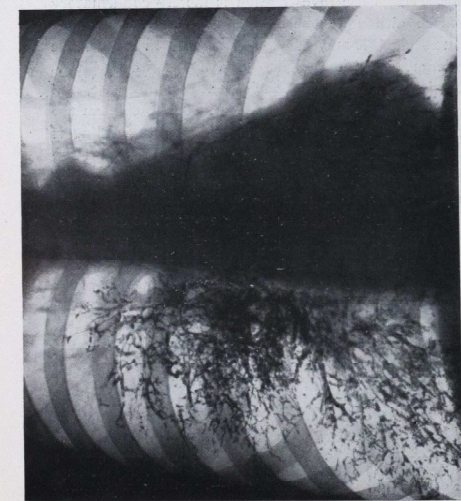


FIG. 1.—NORMAL LIPIODOL FILLING.

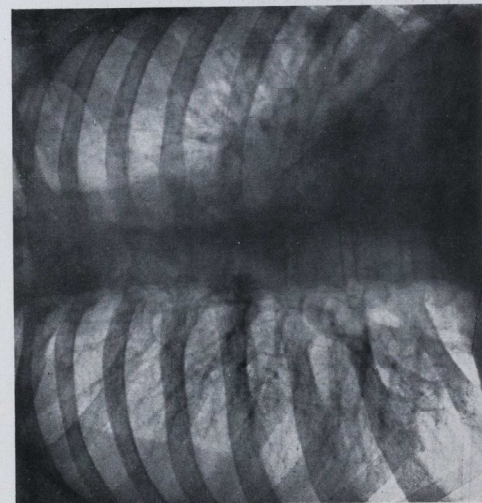


FIG. 3.—SACULAR BRONCHIECTASIS, LEFT, BEFORE LIPIODOL.

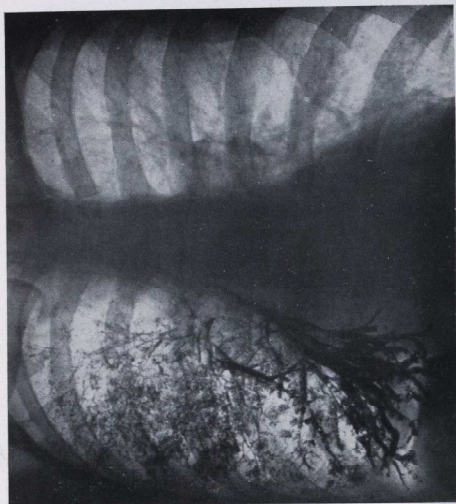


FIG. 2.—TUBULAR BRONCHIECTASIS.

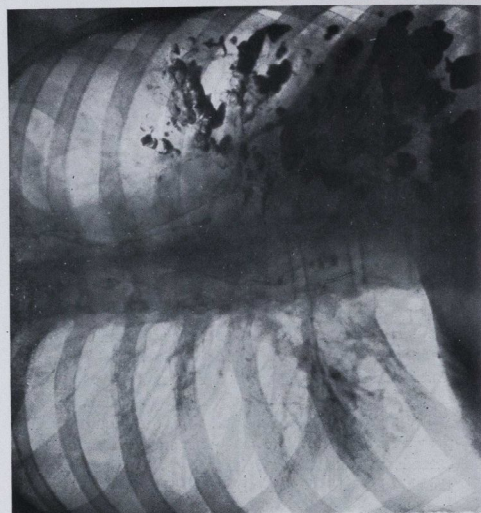


FIG. 4.—SAME CASE AFTER LIPIODOL.

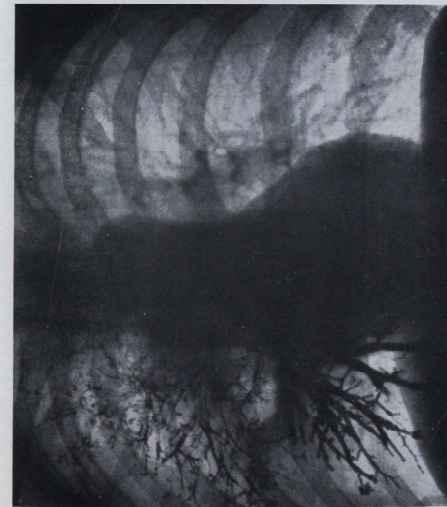


FIG. 5.—LUNG ABSCESS, RIGHT: ANTERO-POSTERIOR VIEW. NO LIPIODOL HAS ENTERED THE CAVITY.



FIG. 6.—LUNG ABSCESS, RIGHT: LATERAL VIEW. A FLUID LEVEL CAN BE SEEN IN THE CAVITY.



FIG. 7.—CARCINOMA OF LEFT MAIN BRONCHUS. COMPLETE BRONCHIAL OBSTRUCTION.



FIG. 8.—BRONCHOPLEURAL FISTULA. THE CONTRAST MEDIUM IS IN THE SINUS ON LEFT SIDE AND SOME LIPIODOL IN RIGHT BRONCHUS.

bronchial walls may be visible, but before long there occurs a complete occlusion of the bronchus. If the growth be situated in one of the smaller bronchi there results a "silent area" in the lung which does not fill with lipiodol, but when the growth arises in a main bronchus, the typical picture of bronchial block illustrated in Fig. 7 may be seen. If this condition be suspected, then the total quantity of lipiodol injected should be small.

Although pulmonary tuberculosis is not an absolute contra-indication to the use of lipiodol, yet the number of cases in which it can yield any useful information is exceedingly small, and on the whole, therefore, it should not be performed unless some very definite indication is present.

It is often noted by patients that after an intratracheal injection of lipiodol their cough and sputum are appreciably diminished for a time, but the improvement is only temporary, and not sufficient to justify the adoption of this procedure as a routine therapeutic measure.

The indications for the lipiodol injection of a thoracic sinus have already been discussed. The X-ray findings are illustrated in Fig. 8, which also proves the presence of a broncho-pleural fistula, for lipiodol can be seen in the bronchi of the opposite lung.

In conclusion, it may be reiterated that the injection of lipiodol performed properly is simple, safe, and of considerable diagnostic value, often providing essential information in cases where surgical measures are contemplated. It should not, however, be used as a routine investigation in chest cases, for the information which can be obtained is only likely to be valuable in definite groups of cases, the findings in which have been considered above.

Thanks are due to Dr. Peter Kerley, of the Royal Chest Hospital, for permission to reproduce Fig. 7, and to Dr. Hinds Howell for Fig. 8, taken from a case recently under his care in Hope Ward; the remaining illustrations have been taken from cases under the care of the writer at the Royal Chest Hospital.

JAMES MAXWELL.

ACKNOWLEDGMENTS.

Bulletins et Mémoires de la Société de Médecine de Paris—Cambridge University Medical Society Magazine—The Caduceus—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—L'Hygiène Sociale—The Kenya and East African Medical Journal—The London Hospital Gazette—The Medical Journal of Australia—Medical Times and Long Island Medical Journal—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—The Royal Dental Hospital Magazine—St. Mary's Hospital Gazette—The Student—University of Leeds Medical Society Magazine—University of Toronto Medical Journal.

CLIMBING IN SNOWDONIA.

ROCK CLIMBING AND THE HOMETLAND HILLS.



FRENCH climber has said of the Snowdon mountains, "Elles constituent un champ d'entraînement incomparable, trop bon même car il incite l'amateur à s'en contenter." This remark quite aptly sums up the two attitudes of climbers towards homeland rock climbing at the present time.

For there are indeed two groups of climbers in this country. First there is the comparatively small gathering of pure rock-men, who are rock gymnasts, and confine their attentions exclusively to the sport of rock climbing. These people have no need to seek farther afield than the home crags in order to find a gymnasium completely equipped for their purpose. Secondly, there exists a larger community of mountaineers, who are interested in all the branches of mountain craft—icemanship, snowcraft, ski-ing and rock climbing included. But the mountain craftsmen require a larger playground than the homeland hills on which to play the mountaineering game—the Playground of Europe.

Nevertheless, some mountaineers, like Geoffrey Young, consider that "a man who knows rocks and their structure and can climb them with understanding is potentially a mountaineer," and it is because of this that they continue to frequent the home mountains as a near training-ground for the Alps. Yet such a view is not universally held by Alpinists, for Finch has written: "For the beginner who aims at being a true mountaineer, the only safe place within easy reach to learn the craft is the Alps."

But in whatever way we regard our homeland rock rambles, many of us who walk and climb in the hilly places look to the mountains to "give us contrast to the crowded places of the earth, and freedom from the company of all but the closest of friends." We seek the solitude that is in the high places, there to look upon and admire the great wonder of the hills, "and whilst I am ravished by such contemplations as these, whilst my soul is thus raised up to heaven, it imports me little what ground I tread upon."

Each mountain group has its own special attraction, and perhaps the charm of the Welsh hills lies partly in their great age, and in the time worn appearance of their contours, which give an impression of quiet worth, which nothing in the reckless aspect of the younger Alps can quite reproduce.

So here in the mellowed and kindlier hills—

"I'll wander where my own nature would be leading;

It vexes me to choose another guide;

Where the grey flocks in ferny glens are feeding,

And the wild wind blows on the mountain side."

For guideless climbing should begin at home.

ROCK CLIMBING IN NORTH WALES.

Snowdonia is the easiest mountain district for us to reach.

Here the great characteristic is the compactness of the hills, which proves to be of special advantage to us, because it means that most of the walks and climbs can be undertaken quite easily from one, or at the most two centres. Moreover, the district provides an abundance of rock climbs of every variety and difficulty for the rock-men; while for the mountain walkers and mild scramblers there are endless pleasant places for wandering, including the famous "Snowdon horse-shoe" ridge—probably the finest ridge walk in Britain, if the Coolin Ridge in Skye be excepted—which includes the three summits of the main Snowdon massif: the rock ridge of Crib Goch, the cone of Snowdon, and the "falling wave-crest" of Llwydd.

North Wales was only explored thoroughly and its possibilities for climbing made known towards the close of the last century, while at this time many of the Lakeland climbs were already well known. Indeed, the precipice of the East peak of Llwydd remained unclimbed until 1903, when Archer Thompson began his explorations on it. But though pioneered later than the Cumberland district, it has always retained its popularity, and to-day, Pen-y-pass rivals Wastdale Head as a Mecca of the climbing world. And just as the Lakeland fells have their devotees in the members of the Fell and Rock Club, so do the Welsh hills boast an active body of admirers in the Climbers' Club of this district.

The main mountains of Snowdonia group naturally round two districts, for some are ranged near the Nant Firancon Pass and the shores of Llyn Ogwen, while the remainder are clumped together to form the Snowdon massif proper near Pen-y-pass. The Gorphwysfa Hotel at Pen-y-pass and the Pen-y-gwryd Inn a little lower down the road are both in the Snowdon district, but the Ogwen mountains and climbs can be reached quite easily from here, either by taking a delightful walk over the remarkable summits of the Glyders or by making the longer detour by road. Perhaps the mountains in this district are more frequented than those in the Snowdon area; this to a certain extent is due to the fact that the Climbers' Club have their cottage near the Ogwen road.

Let anybody look at a map of the Ogwen district and he will probably notice quite soon how the principal mountains here form a crescent round Cwm Idwal and the little Nameless Cwm; but he may not be struck at all, unless his attention is drawn to it, how Tryfen on the map looks somewhat like a porcupine with spines

guarding all flanks, whereas all the other mountains appear to be bald on one side, thus leaving a flaw in their defences. The significance of this map-appearance becomes plain when one realizes that Tryfen is said to be one of the very few mountains in Britain up which there is no easy backway walk.

The best climbs are on its eastern face, and lie up the rocks and buttresses which spring out from a conspicuous shelf called the "heather terrace" which runs across this side of the mountain.

Here the north buttress, though not exceptionally difficult, is particularly pleasing, for near the top of the climb, after good practice at groove and slab work on the lower pitches, an easy but exposed and exhilarating traverse is made across the "terrace wall" out on to a remarkable little level rock platform called "Belle Vue Terrace." On this lofty table the climber, if he is not afflicted with distressing functional disturbances like Montaigne, who tells us "je ne pouvois souffrir la venue de cette profondeur infinie sans horreur et trahissement de jarrets et de cuisses, encore qu'il s'en fallut bien ma longueur que je ne fusse du tout au bord, et n'eusse sçeu choir si je ne me fusse porté à escient au dangier"—can take lunch in comfort whilst enjoying to the full his sensational situation high above the ribbon of the Ogwen road. While he pauses on the terrace perhaps his more skilled companions will be scaling the "terrace wall" at his feet, possibly by way of Mr. Waller's climb (Belle Vue Bastion)*, with its "agonizing step, diagonally upwards to the left, which is very near the limit"; for the old hand—

"revels in the sheer ascent,
And finds new worlds for wonderment,
In every grim recess."

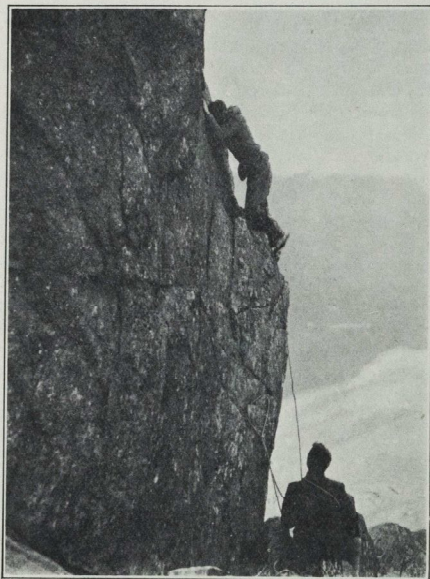
Once on the terrace the remainder of the climb to the crest of the mountain is easy and pleasant scrambling, and the two summit blocks called Adam and Eve are soon reached. From the top of Tryfen the grey cliffs of Glyder Fach are seen standing out conspicuously above Llyn Bochlwyd. The little grassy col between the two mountains is quickly gained from here, and then it is a simple matter to skirt round the base of the rocks on to the north flank of the Glyder, and here at the foot of the steepest part of the cliff starts the "direct climb."

On a fine May day two summers ago now I was climbing in the district with a strong party. In the cool of the day we had been gently led up to the bottom of the "terrace wall," up which we were then carefully conducted (ascending by way of Belle Vue Bastion) by an altogether over-energetic leader. Now,

* The story of the first ascent of this climb is amusing, for as one account tells us: "Before the first ascent, a portable H.M.V. (a species of gramophone), was laboriously carried in a ruck-sack up to the Belle Vue Terrace, set in motion there, and to its compelling strains Mr. Waller waltzed securely up the final pitches!

such men are dangerous, for as we were soon to realize, we had unwittingly let ourselves in for a visit to the north side of Glyder Fach after lunch, and possibly an ascent of the "direct route."

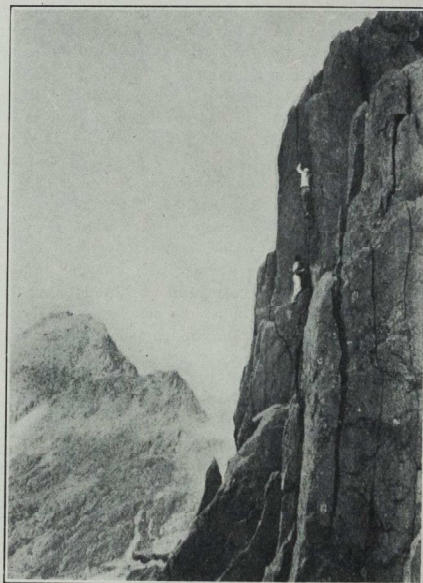
We sped up the lower pitches of the climb, and now I have only vague impressions of a mossy scramble, a short hand traverse, and a clamber up a corner which landed us on a grassy stance; but here progress became



THE START OF "BELLE VIEU BASTION"

slower, and my leader began to be interested in belays. We were on a comfortable vegetation-covered shelf, and soon I had myself looped securely to the required belay; this accomplished we proceeded to examine the disquieting-looking chimney above us, which looked as if it was only waiting for a sufficiently inquisitive explorer of its interior, in order to shoot him out into mid-air (rather like Bill the Lizard was popped out of the chimney in *Alice in Wonderland*). After a brief inspection the leader moved out and up towards the foe, leaving me to look after his rope and to meditate how "men are unwise and curiously planned." But the expert made light work of such a place, and all too soon came my turn to step into the breach. A short traverse upwards

and away from the shelf brought me into a position in the bottom of the chimney; but here the holds on the rock which formed its back wall gave out altogether for the next few feet, so that a change of tactics became necessary. Instead of the direct attack a flanking movement had to be made, or in other words my flank turned to the mountain and a back and foot position assumed in the chimney. The success of this manoeuvre left me



CLIMBING THE FINAL CRACK OF THE "GLYDER FACH," DIRECT ROUTE.

wedged in the ramparts and bridging the gaping bottom of the chute, and oh!

"How fearful
And dizzy 'tis to cast one's eyes so low!"

But now my struggles to prevent a rapid exit through this gap started a force acting in an upward direction; the resultant of this and the down-directed gravity force caused a slow and laboured ascent up the chimney, so that soon I lay panting beside the leader on his ledge. From here we moved round a corner and came upon the final crack; it was vertical and strenuous enough, but after a slight struggle over the middle section we soon got up it.

Now some climbers in this district will prefer to visit

first Cwm Idwal, to climb on the famous Idwal slabs which slope up from the eastern shores of Llyn Idwal towards the cliffs of Glyder Fawr.

Cwm Idwal, with its little lake studded with one tiny island (I always remember that island from a Christmas-time swim to it!) is the most beautiful little cwm in Wales. On a bright day the grim story of its place-name (for Idwal was supposed to have been the son of a Welsh prince who was murdered on the shores of the Llyn by his tutor), and the legend of the maiden and the Afane monster, are both forgotten in the happy sunshine. But on the misty days, when the cloud-smoke blows back at moments to reveal here and there the black wall of Clogwyn Du split by the "deep romantic chasm" of Twil Du (Devil's Kitchen) it becomes—

"A savage place! as holy and enchanted
As e'er beneath a waning moon was haunted
By woman wailing for her demon-lover!"

On his way up into the Cwm from the Ogwen road, before he reaches the shores of the lake, the climber passes within a few yards of a low rocky bluff—the Gribin facet; and though the climbs on this place are short, yet it is worth a visit.

Personal misfortunes, however, prejudice my own opinion of the Gribin. For in "my salad days" I was dragged, an unwilling victim, up the green vegetation of the Angular Chimney, and on the same day we all slid down the monolith crack unroped, where I fell into the usual error of keeping too far inside, and so found myself securely jammed in the narrows, quite helpless, and vainly kicking until somebody hauled me out painfully by one leg (I know of one man who was stuck here for over an hour, and had to be undressed before his friends could get him out). While on another occasion, when we were on the Zig-zag climb, I was trying to do a "lie-back" up the top pitch because the top chimney was too tight a fit for me, and on stepping back to a hold I fell. The next thing I remembered was being angled on the end of an alpine line over the edge of the lower pitches by my second, who proved to be an expert at landing his catch, for soon, shaken and gasping, but unscathed, I was laid out on the grass at his feet feeling a bit "blue about the gills" as the expression goes.

The Idwal slabs are the happy hunting-ground of all climbers. The lower rocks are the nursery slopes on which those new to the game can learn to find their rock-feet; while higher up the slabs steepen into a wall on which there are several routes (including the well-known Holly Tree Wall), where the more experienced can disport themselves. On these upper rocks there is a climb up to a curious flake of rock called the Javelin;

this has a hole in it through which a rope sling is threaded. The sling is used as a seat while the second man is brought up, after which the leader passes round the flake to make a pull up, ultimately converted to a press up, which sets him upon a tiny mantleshelf.

But enough of the Ogwen district! Let us pass back over the hills to the hospitality of our inn near Pen-y-pass, here to discuss the deeds of the day, and possibly to hear Mine Host tell the tale of how he found the corpse on the nearby hillside—

"And wel we weren esed atte beste.
And shortly, when the sonne was to reste,
So hadde I spoken with him everichon,
That I was of his felowshipe anon,
And made forward erly for to ryse,
To take our way, ther as I yow devyse"—

to the mountains of the Snowdon group which are close at hand.

Snowdon is the queen of the district; she faces the east, and her two arms encircle with a drapery of hills the little mountain lakes of Llidaw and Glaslyn; while her back is scored with an ugly wheal—the rack-line of the Snowdon railway. One can stand on her left hand, which is Crib Goch, like a little Gulliver on the hand of the Queen of Brobdingnag, and from here pass up one arm, over her head, and down the other arm on to her right hand, which is Llwydd; this traverse constitutes the "horse-shoe" ridge walk.

The crest of the Crib Goch ridge can be gained in a pleasant way by climbing up the little buttress on the Cwm Gläs side of the mountain. Three of us set out one morning from Pen-y-Pass to find this climb. We had soon penetrated into the desolate little cwm where we saw the obvious buttress straight ahead; so striking up the hillside towards the base of the rocks we quickly reached the foot of the climb. Here a halt was called, and we roped up. I then moved off to inspect the first corner, which looked as though it ought to be easy enough to surmount, and yet every time I tried to wriggle up over the little bulge, it seemed to push me out of balance, causing a most unsafe feeling. After the third try I felt that discretion would be the better part of valour, so retreated to give place to the more successful attempts of the second man, meanwhile seasoning my defeat with the piquant pleasure of pickling my companion's antics in the preserving emulsion of a photographic plate. After these operations I passed safely over the offending corner to join the others in a curious gap between a wedge-shaped flake of rock and the main buttress. The method of getting up the next pitch soon became obvious; one had to clamber to the top of the flake and here, from the thin end of the wedge, step across the gap on to the wall forming the continuation of the buttress. In trying

the stride the second man was found wanting by some several inches of stature, so up I went, and my longer shanks carried me comfortably across the amusing place. The others quickly followed; and then the race up the final steep rocks brought us slap upon the summit. There we lazed shirtless in the sunshine, looking across at—

"A cliffs whose high and bounding head
Looked fearfully in the confined deep"—

for Llwydd was shading the deep green waters of Llyn Llydaw.

Llwydd is the most beautiful mountain in Wales, as well as the most famous from the climbing point of view. From the Crib Goch ridge, and indeed from almost every view-point, these cliffs look impregnable: "qui est une evidente imposture de la veué," as one soon realizes if one stands immediately beneath the crags. The climbs here are not all of extreme difficulty, those on the West Peak even proving disappointing to some climbers; though for the man who wants practice at alpine rock work, the mild nature of the climbing and the great length of the courses here (for they are the longest in the district, the precipice being nearly a thousand feet high) offer him excellent opportunities. But the great slabs of the East Peak give the finest climbing in Wales.

The newcomer to Llwydd at first experiences a feeling of unsafeness on this peculiar rock, where all the holds seem to slope downwards, and on which good footwork plays an all-important rôle. But those who climb here will learn better than anywhere else the modern practice of balance climbing which leads to those safe and easy movements up difficult rock.

Telling of the East Peak, quite a number of non-climbers who have read Robert Graves's book will recall the story (perhaps not quite accurate here) of Mallory's pipe climb, while others who read the *Times* will remember Geoffrey Young's recent ascent of Route II. In such good company we would do well to visit this famous rock face. Other climbs here include such names as Avalanche, Horned Crag, Paradise, etc. Paradise is a little niche half-way up the steepest rocks of the East Peak. The way to Paradise is proverbially steep and slippery, and here, like Christian, I have laboured with my load up the dank and slimy lower pitches, crawling on my belly on to loose grass ledges. But if the way to this lower heaven is wearisome, progress hence to the higher circle, though beset with difficulties, gives a taste of the celestial joys; for the climber now passes up clean firm rocks to reach the summit of the mountain. If one travels *via* "Purgatory" (a new start to the climb), the first part of the journey is pleasant, so I am told.

Having passed through these wearying pages to the joys of Paradise, let us conclude by adding that Pen-y-pass is a suitable place to visit on those all too short week-ends at Easter time or Whitsuntide before the real—

"Holidays are nearing with the closing of July,
And experienced alpine stagers and impetuous recruits
Are renewing with the season their continual disputes—
These inveterate disputes
On the newest Alpine routes—
And inspecting the condition of their mountaineering boots"—

there to indulge a passion for the mountains amidst the Welsh hills. C. W.

ABERNETHIAN SOCIETY.

A Clinical Evening was held on Thursday, March 5th, 1931, in the Abernethian Room, the Vice-President, Mr. C. B. Prowse, being in the Chair.

The minutes of the previous meeting were read and confirmed. The following cases were then shown: Mr. Masina, a case of meningitis; Mr. C. H. S. Harris, a case of morbus cordis; and Mr. Sykes, a case of disseminated sclerosis.

A vote of thanks to those members who had shown cases was proposed and carried unanimously. The meeting was then adjourned.

L. P. JAMESON EVANS,
R. E. R. FAWCETT,
Hon. Secs.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. DEVONPORT SERVICES.

February 21st, at Winchmore Hill.
This, the return match to the fixture at Devonport, which we lost 9—3 earlier on in the season, resulted in a win for the Hospital by 8 points to nil. The Services were somewhat weakened by the absence of several of their players in the Inter-Services match, but had out a strong side against the Hospital. Among the forwards there was the usual hard forceful game, and both sides were evenly matched except in the tight scrums, where Robertson hooked the ball five times out of six. Conditions were good, and the Bart's three-quarters had things very much their own way, and should have scored more than they did, but seemed to be unable to finish off their passing movements so as to cross the opposing line.

Ryan kicked a good length and saved the forwards a great deal, as did Taylor; the side as a whole pulled together much better than earlier in the year.

Tries were scored by Briggs, who took the ball out of his opponents' hands and scored between the posts for Ryan to convert, and by Powell.

ST. BARTHOLOMEW'S HOSPITAL v. OLD MILLHILLIANS.

February 28th, at Headstone Lane.
A rather poor game on a ground only half thawed and very slippery resulted in a pointless draw. The Hospital, having a Cup game with King's on the Tuesday, were not over-exerting themselves, and the Old Boys, with the exception of Spang, were rather ineffective. The play was not marked by any outstanding movements, but the doggedness of the Hospital defence, and one thrilling and typical run by Taylor right up to the line before he was tackled by a heap of opponents, deserve mention.

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

March 3rd, at Richmond.
St. Bart's Hospital beat King's by two goals and two tries to a penalty goal in the semi-final of the Hospitals Cup.

Bart's victory was largely due to their scrum half, Taylor, who was the outstanding player of the match.

The Bart's forwards heeled well and got the ball considerably more often from the tight scrummage than their opponents. Williams,

Briggs and Robertson were always prominent. Powell and Thomas both ran splendidly, particularly the latter, who constantly menaced the King's line. Ryan, at full back, was also in excellent form. Twenty-five minutes from the start Thomas kicked the penalty goal for King's; then shortly before half-time Taylor broke away and passed to Powell, who equalized for Bart's with a try.

The scores were still level at half-time, but twenty minutes later Thomas, with a fine run, took the ball up and passed to Taylor, who went over for Bart's; Ryan converted. A few minutes later Taylor broke away again, and after some good passing among the three-quarters Thomas touched down. Finally Taylor, running round the scrum near the line, scored the last try, which Ryan converted.

Team.—T. J. Ryar (back); D. M. Thomas, G. F. Petty, C. B. Prowse, J. D. Powell (three-quarters); J. A. Nunn, J. T. C. Taylor (halves); R. N. Williams, V. C. Thompson, H. D. Robertson, B. S. Lewis, J. R. R. Jenkins, E. M. Darnady, R. Mundy, G. D. S. Briggs (forwards).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. MILL HILL.

Result: Won, 9—0.

February 21st, at Winchmore Hill.

For this match, which resulted in our most decisive win this season, we were fortunate to have Stallard and Gale to take the places of two of our regular team who were away. Our opponents were not so strong as they have been for the past few years. We started well, Stallard breaking through the defence within the first minute, giving Owston a pass from which he scored. At half-time we were leading 2—0, all the other goals being added during the second half. Owston scored four times, Heasman twice, and Stallard, Davidson and Iliff one goal each.

SEMI-FINAL, INTER-HOSPITAL CUP.

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

Result: Lost, 0—1.

February 23rd, at Richmond.

With a full team out we had no excuse at all for losing this very exciting but terribly disappointing game. With one backs playing well we seemed to be attacking nearly all the time. In the first half our forwards put the ball in the net twice, but each time the goal was disallowed. Early in the second half, on one of the few occasions the ball was in our circle, King's scored. Their inside right catching a centre on the top of his stick—a shot which Hodgkinson had no chance to stop. For the rest of the game we were continuously attacking, our forwards putting in several shots; two of these beat their goal-keeper, but again each was disallowed. The final whistle being blown as we were taking a penalty corner ended a match which everyone on the field agreed we were unfortunate to lose.

Team: H. L. Hodgkinson (capt.) (goal); F. C. Henton White, P. M. Wright (backs); V. C. Snell, A. D. Iliff, J. H. Hunt (halves); R. T. Davidson, L. P. Jameson Evans, A. J. Owston, L. Heasman, J. Symonds (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. BRENTWOOD.

Result: Won, 4—1.

February 28th, at Winchmore Hill.

Arriving at Winchmore Hill in a heavy snowstorm, it was not until the sun had come out and after considerable discussion that we decided to play. The ground was under water in many places and extremely muddy everywhere else.

We gained the lead early and just kept it throughout, the last two goals coming within a few minutes of time. Although the hockey that afternoon was not of the best, it was a game that all of the twenty-two muddy players seemed to enjoy.

SEMI-FINAL JUNIOR INTER-HOSPITALS CUP.

ST. BARTHOLOMEW'S HOSPITAL 2ND v. GUY'S HOSPITAL 2ND.

Result: Drawn, 1—1.

March 3rd, at Richmond.

A very exciting match, lasting nearly two hours, and ending without result, even after extra time.

Guy's looked dangerous from the start, but our defence was strong. Smallhorn in goal saving several shots within the first quarter of an hour, and Oliver at right back making some fine clearances. We attacked strongly, but it was Guy's who scored the first goal, just

before half-time. Early in the second half Dunstal made us level with a good shot glancing off the post. All our team were playing well, the halves being especially prominent; but the play was even, and when the whistle blew for time the score was still 1—1.

During the extra twenty minutes we were going hard and doing most of the attacking, but as the score remained unaltered the match has to be re-played.

Team: T. Smallhorn (goal); W. A. Oliver, P. G. Roberts (backs); F. French, D. Gale, C. Fletcher (halves); R. F. Clarke, H. Buckland, E. W. Dunstal, L. Frost, J. Lloyd-Williamson (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. STAFF COLLEGE.

Result: Lost, 0—3.

March 4th, at Camberley.

After being entertained royally, we had a hard and enjoyable game on a fine afternoon, on a very fast ground. In our team there were several changes. Fordham was playing right back, while Henton White took right inside.

Staff College scored in the first half and we nearly drew level on several occasions, the game being very even until just near the end, when they managed to score two more goals.

Fordham, Snell and Heasman played well, and Iliff, who has not missed a match this season, played his usual hard game.

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

Result: Lost, 1—3.

March 7th, at Ramsgate.

On a bitterly cold day on a hard ground we were beaten by a faster team. Our forwards, attacking at once, gave us the first goal, through Heasman, almost straight away; but St. Lawrence soon equalized, and before half-time had gained a lead which they kept until the end. Our two outsiders, both the backs and Smallhorn, who must have been extremely cold in goal, were all playing well.

ST. BARTHOLOMEW'S HOSPITAL v. OLD FELSTEDIANS.

Result: Won, 2—1.

March 14th, at Winchmore Hill.

With our opponents' good record and with several of our own team away, it was good to win this, the last match of the season. The ground was dry, but its surface was lumpy, having not quite recovered from the cutting-up it had a fortnight before. Playing downhill, we attacked from the start, and from a "corner" Heasman scored a fine goal for us within the first few minutes. The whistle being blown for numerous penalties rather spoil the next quarter of an hour, but in the second half the play improved, and the teams were evenly matched. Davidson scored a second goal for the Hospital—a splendid shot from the right wing—but the Old Felstedians soon retaliated, Roberts just being unable to clear after stopping a hard shot with his foot. They pressed hard again for several minutes, Wright and Oliver, our backs, doing well to keep them out.

INTER-HOSPITAL CROSS-COUNTRY CHAMPIONSHIP.

Held at Richmond on March 4th, over a 7-mile course. Weather conditions were ideal and, as the course was in relatively good condition, a fast and keen race faced the 36 starters.

The start was just a *mêlée*, out of which there soon emerged H. D. Sandiford (Thomas's). At 1 mile the field was stringing out, with Sandiford well in command, 1/4 mile, then Sandiford's superior speed began to tell, and he started drawing away.

At about 2 miles J. F. Varley (Bart's) broke away from the rest and soon joined Strong, and the next 1/2 miles was covered in this order.

At the half distance Bart's had the race well in hand, being several points ahead of Thomas's.

Sandiford by now had a 40-yards' lead, and Strong made an effort to catch him. Tiring somewhat he was forced to drop back, and by 5 miles Sandiford was 100 yards ahead.

Varley was running a very fine race, quite on his own and a good third. And just behind him G. Dalley (Bart's) was having a battle royal with T. Lewis (London). A mile further on Dalley had shaken off Lewis and was striving to catch up to Varley. At this point Bart's were dead level with Thomas's, though we had three men in the first four places.

Sandiford was still running strongly, and Strong was making a final effort, but though he got to within 3 yards of the Thomas's

"skipper," the latter proved too fast at the finish, winning a great race in 40 min. 10 sec., and so retaining the individual title.

Some 150 yards behind Strong came Varley, who showed some return to his old form of 1926, when he won the race, breaking our old Hayes course record.

C. Dalloy put in some fine running towards the end, but J. G. Billington (Thomas's) just managed to get in front.

Dalley, who is a "fresher" to cross-country, showed remarkably good form, and with more experience will undoubtedly be a winner in a year or two. The next Bart's man was H. B. Lee, who ran in 1928, followed two places later by W. J. Walter (Bart's). We have to thank Walter for turning out. He has had no opportunities for any sort of training, yet if he had not run we should have had to wait another 10 places for our fifth man. On the count up it was learnt that Thomas's had just beaten Bart's by 2 points. Thus Thomas's produced a splendid "double" for the second year in succession.

Dr. H. A. Munro, the U.H.H.H., officiated as referee. Dr. Tidy and Mr. T. M. Wyatt being the judges.

The first six men were: 1, H. B. C. Sandford (Thomas's), 40 min. 10 sec.; 2, J. R. Strong (St. Bart's), 40 min. 21 sec.; 3, J. F. Varley (St. Bart's), 40 min. 51 sec.; 4, J. G. Billington (Thomas's), 41 min. 7 sec.; 5, G. Dalloy (St. Bart's), 41 min. 9 sec.; 6, J. Lewis (London), 41 min. 31 sec.

The team placings were:

1. St. Thomas's (1, 4, 8, 11, 12)	= 36 pts
2. St. Bartholomew's (2, 3, 5, 13, 15)	= 38 "
3. London (6, 9, 10, 16, 17)	= 48 "
4. King's (7, 14, 18, 20, 24)	= 83 "
5. Guy's (19, 21, 22, 23, 25)	= 110 "

RIFLE CLUB.

Shooting on the open ranges at Bisle begins on Wednesday, April 22nd.

The Inter-Hospital Armitage Cup, which we have held for the last three years, will be shot for in June.

It is hoped that anybody keen on rifle-shooting will communicate at once with B. C. Nicholson or J. Sheekleton-Bailey, who will gladly give full information re the specially reduced train fares and other attractions of the "Mecca of riflemen." B. C. N.

SCHOLARSHIP AND PRIZE RESULTS, 1931.

Kirkes Scholarship.—Scholarship and Medal awarded to J. H. B. Beal. *Prox. Accusil.*, L. O. Roberts.

Senior Scholarship.—Anatomy, Physiology and Chemistry: Awarded to K. A. Latter.

Junior Scholarships.—Anatomy and Physiology: Awarded to (1) D. F. E. Nash, (2) D. W. Moynagh, G. L. Bohn, *et al.*

Harvey Prize.—Awarded to E. W. Bintliffe.

Foster Prize.—Awarded to K. A. Latter. Certificate to D. J. Sheehan.

Treasurer's Prize.—Awarded to G. L. Bohn. Certificate to D. F. E. Nash.

REVIEWS.

ANATOMY IN THE LIVING MODEL. By DAVID WATERSTON, M.D., F.R.C.S.E., F.R.S.E. (London: Hodder & Stoughton, Ltd., 1931.) Pp. xvii + 235. Illustrated. Price 25s. net.

Prof. Waterston has written a book which appears to be unique not only in its aim, but in the presentation of the subject. He states that the General Medical Council has urged the importance of the study of structure and function in the living. To many students their experience of such a method of teaching is confined to marking the course of blood-vessels and nerves and outlines of viscera, with perhaps a few important incisions on a living model. They may, perhaps, read a book on surface-markings. But this book has a fascination which is uncommon. Prof. Waterston does not allow us to see through the skin to begin with; he makes us look at it, study its physical properties, colour, texture, physiology, and even a word or two about its medico-legal aspect (p. 6). We are

told the mechanism of "going goosey." The sensations of the skin are admirably presented.

From here we reach the limbs, and find out all that is to be found by observation, touch and movements. The mechanics of the limbs are discussed in their relation to fractures and dislocations. Few people could explain why it is impossible to take a very firm grasp of an object without holding the breath. This is explained on p. 71, starting with the flexion of the fingers, and moving up to the ribs and diaphragm, then to the glottis. It is so simple that we say, "Of course; how odd that I never thought of it before."

The lower limb is treated in great detail, and many points considered which are of practical value in examination for disease of the hip-joints. The digital compression of blood-vessels is illustrated by photographs, which convey a picture to the mind far more vivid than any description in words.

In dealing with the head, the writer has started with the skin and gone deeply, the illustrations being taken from consecutive dissections of the same subject. The trunk has been treated in the same fashion. Several of the illustrations are repeated some three times—an advantage in avoiding turning to previous pages. The system of "projecting" deep viscera, in which we are shown a picture of the head with the brain and its ventricles and the fifth, seventh, tenth nerves and the upper cervical roots in their relation to the cervical transverse processes, is most illuminating.

The last section deals with the trunk, its measurements, contour and musculature, and we are, as before, gradually shown its anatomy by removal of the layers of the abdominal wall. Later we see them through the covering muscles, and corresponding illustrations show them in their relation to the skeleton. An appendix contains a few experiments, e.g. demonstration of nerve distribution in the living by electrical stimulation.

The illustrations are strictly accurate, being made from tracings taken from outlines drawn in on a sheet of glass which was laid on the actual dissection. They have been coloured by Mr. J. T. Murray with his usual skill.

The professor has produced a book which is at once anatomical, physiological, practical and applied. No one can read it without feeling how he might better his physical examination by knowing its contents. It makes for an accuracy of observation which is so essential to post-mortem examinations, and can be read and re-read by the student, general practitioner, the surgeon and physician. The production by Messrs. Hodder & Stoughton is first class.

EXERCISE: ITS FUNCTIONS, VARIETIES AND APPLICATIONS. By DR. ADOLPHE ABRAHAM, (London: Wm. Heinemann, Ltd., 1930.) Pp. vii + 92. Price 3s. 6d.

A superficial title book such as this may well be disappointing to the medical reader who is acquainted with Dr. Abraham's potentialities in the same field, and from this aspect it is a difficult one to review without disquietude. With the discoveries of the physiologists in this direction, such a reader might have hoped for a little more science and a little less chat. The book is obviously addressed, however witness the quotations—to that section of the great public who have moved (rapidly) along paths of physical rather than of mental development, and as such it will probably be widely read. Dr. Abraham, indeed, is so afraid of not talking down to his audience and of wounding their sensibilities, that it is only occasionally that he forgets himself sufficiently to tell us things we really wanted to know. This occurs most frequently in the chapters headed "Violent Exercise" and "The Ill-effects of Exercise," though in the latter there is one statement with which we very definitely quarrel. The author is sufficiently carried away by his desire to show that exercise (for men) is uniformly beneficial to say, "The death of an athlete from tuberculosis is sometimes quoted as an example of the directly injurious influence of exertion on the lungs. I can see no basis for such an idea. The truth in all probability is the reverse: that violent exercise is of advantage in the early tuberculous subject." The harm such a passage might cause would far outweigh any intrinsic value in the whole book.

In "Exercise for Women" the author expresses views which, as he expects, would probably arouse considerable antagonism in some quarters, particularly as he gives no very cogent reasons for them. Vague (and entirely polite) references to better maternal potentialities or to increased feminine charm may not "go down" with the determined young ladies of the track. The tiny chapter on "Exercise for Children" really need not have been included—there is so very much more to the subject than this mild defence of existing institutions like the school and the Boy Scout movement.

This is an admirable book to dandle in company with a large

cigar, a full belly, and comfortable recollections of past athletic prowess.

PYE'S SURGICAL HANDICRAFT: A MANUAL OF SURGICAL MANIPULATIONS, MINOR SURGERY AND OTHER MATTERS CONNECTED WITH THE WORK OF HOUSE-SURGEONS AND SURGICAL DRESSERS. Edited by the late H. W. CARSON, F.R.C.S. Tenth edition. (Bristol: John Wright & Sons, 1931.) Pp. xviii + 641. 22 plates, 343 illustrations. Price 21s.

This old and valued friend requires no introduction to medical men. That it has now reached its tenth edition and is more popular than ever is ample testimony to its value. The late Mr. H. W. Carson, whose untimely death was recently deplored in the columns of this Journal, undertook the revision of the whole volume. For the last twenty-two years of his life Mr. Carson was associated with *Pye's Surgical Handicraft*, and the volume as it now stands is the last of many valuable contributions made by him to medical literature. The new chapters on venereal diseases by Dr. T. Ansell Davies are excellent. The diagnosis and treatment are given in full detail and valuable hints on technique are included. No account is given, however, of symptomatology. We think that a tabulated statement of the diagnostic points between chancre and chancroid would be a useful addition. The introduction of such tables into the excellent chapter on head injuries was a welcome feature. The account of the uses of radium is new and is much too short, being compressed into a page and a half; in such a space, of course, no details can be given. The question of the treatment of neuroomas is not tackled. Throughout the book the methods advocated are sound and up-to-date; many invaluable hints are given, which cannot be found in the ordinary text-books of surgery. A number of new illustrations have been introduced into this edition; new sections deal adequately with injection for varicose veins, tannic acid for burns, Thiersch grafting, avertin and other recent advances. Intravenous pyelography is only alluded to; local anaesthesia receives inadequate treatment in view of its increasing popularity: spinal pericaine is omitted; moreover, the chapter on anaesthetics contains no account of gas and oxygen administration, nor of intranasal and intratracheal methods. We have no doubt that this book will continue to be of the greatest assistance to dressers and recently qualified men.

A TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By JOHN GLAISIER, M.D., D.P.H., F.R.S.E., in collaboration with JOHNS GLAISIER (jun.), M.D., D.Sc. Fifth edition. (Edinburgh: E. & S. Livingstone, 1931.) Pp. xv + 954. 132 illustrations, 7 plates. Price 30s.

We welcome a new edition of this well-known work, which we consider to be one of the best text-books of legal medicine in the English language. The greater part of the book is devoted to forensic medicine: numerous cases from the author's vast experience are cited to illustrate the principles laid down; the pictorial illustrations are adequate. Much new matter has been introduced in this edition, including Acts which have recently come into force, such as the Diseases Section of the Workmen's Compensation Acts, the National Health Insurance Acts, Dangerous Drugs Acts and the Therapeutic Substances Act. A separate legal index of cases and of Acts of Parliament has been appended for the use of readers from among the legal profession. The section on examination of hairs is very good and is remarkably well illustrated, but no account is given of the methods of preparing material by washing, drying and cerebral hernia following lumbar puncture only exist when the operation is performed in the sitting position.

The clinical value of the estimation of the alkali reserve seems somewhat overstressed, and the authors occasionally waste time describing in detail tests later to be condemned, but on the whole the material included in this book is well thought out. It is easy to read and understand. The criticisms of the application and limitations of the tests are most useful, and this book should be of the greatest value both in practical work and as an aid to passing examinations.

A HANDBOOK ON DISEASES OF CHILDREN. By BRUCE WILLIAMSON, M.D., M.R.C.P. (Edinburgh: E. & S. Livingstone, 1931.) Pp. xii + 290. 50 illustrations. Price 10s. 6d.

To add yet another volume to the series of books devoted to the diseases of children requires some justification, but this little book

should be found useful by all who desire a brief account of the ailments to which children are subject without having recourse to a monumental treatise. This is a concise systematic account of the diseases of children together with infant welfare and feeding, and it is but to be expected that in such short space many conditions must receive the briefest reference. It is surely strange, however, that such an important subject as nephritis should be dealt with in the space of two pages, while more than twice that amount is devoted to the rare diseases of muscles. The cardiovascular system is dealt with in an original manner, and the supreme importance of function of the heart as opposed to morbid change is emphasized throughout. In the chapter on pneumonia stress is laid on the importance of distinguishing distressed breathing from simple rapid breathing, and it is pointed out that by simply timing the dilatation of the ala nasi it is possible to state whether more than one lobe of the lung is involved or not! Dr. Williamson's observation on the occurrence of enlargement of the thyroid gland in choera is highly interesting. The illustrations of this book are excellent and the subject-matter is neatly presented.

CLINICAL CHEMISTRY IN PRACTICAL MEDICINE. By C. P. STEWART, M.Sc., Ph.D., and D. M. DUNLOP, M.D., M.R.C.P. (Edinburgh: E. & S. Livingstone, 1930.) Pp. ix + 246. Price 7s. 6d.

This book is written for the practitioner and senior student, to give a bird's-eye view of chemical analyses likely to be of clinical use, with a discussion of their value and limitations.

Of special interest are the chapters on the basal metabolic rate and its fallacies, the examination of the stomach contents, and particularly the interpretation of abnormal findings in the cerebro-spinal fluid. It is a pity that the cellular content changes are not included, for the sake of completeness, in the useful table at the end of this chapter.

The discussion on renal function tests is good, but we are disappointed with the summary dismissal of the importance of the plasma proteins, and the absence of any account of Van Slyke's "urea clearance" test. The chapter on the collection of samples for analysis gives much useful advice, but we cannot agree that the dangers of cerebral hernia following lumbar puncture only exist when the operation is performed in the sitting position.

The clinical value of the estimation of the alkali reserve seems somewhat overstressed, and the authors occasionally waste time describing in detail tests later to be condemned, but on the whole the material included in this book is well thought out. It is easy to read and understand. The criticisms of the application and limitations of the tests are most useful, and this book should be of the greatest value both in practical work and as an aid to passing examinations.

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

ABRAHAM, ADOLPHE, O.B.E., M.D., M.R.C.P. "Lobar Pneumonia and its Treatment." *Practitioner*, March, 1931.

BETT, W. R., M.R.C.S., L.R.C.P. "Traumatic Cleft Palate; *Micrococcus catarrhalis* Meningitis; 'Recovery.'" *British Medical Journal*, March 21st, 1931.

CHOPRA, R. N., M.A., M.D., I.M.S. (and CHOPRA, G. S.). "Cocaine Habit in India." *Indian Journal of Medical Research*, January, 1931.

CORSI, H., F.R.C.S. "Two Cases of Alopecia Totalis Showing the Effect of Ultra-Violet Light." *Proceedings of the Royal Society of Medicine*, February, 1931.

"Plexiform Neurooma." *Proceedings of the Royal Society of Medicine*, February, 1931.

DUNDAS-GRANT, SIR JAMES, K.B.E., M.D., F.R.C.S. "Asthma in Children Relieved by Intra-nasal Operation." *Lancet*, February 28th, 1931.

"Headache Relieved by Removal of a Portion of Middle Turbinate Body." *Proceedings of the Royal Society of Medicine*, February, 1931.

"Frontal Headache Relieved by Removal of Portion of Middle Turbinate." *Proceedings of the Royal Society of Medicine*, February, 1931.

- DUNDAS-GRANT, SIR JAMES, K.B.E., M.D., F.R.C.S. "Frontal Head-ache relieved by Submucous Resection of the Nasal Septum and Removal of Redundant Portion of Middle Turbinal." *Proceedings of the Royal Society of Medicine*, February, 1931.
- "Epithelioma of Vocal Cord Treated by Thyrotomy." *Proceedings of the Royal Society of Medicine*, February, 1931.
- "Erythematous Patch in Soft Palate." *Proceedings of the Royal Society of Medicine*, February, 1931.
- ELLISON, PHILIP O., M.B., B.S. See SHARP and ELLISON.
- EVANS, GEOFFREY, M.D., F.R.C.P. "Brimmed Diabetes." *Proceedings of the Royal Society of Medicine*, February, 1931.
- GAISFORD, WILFRID F., M.D., M.R.C.P. "The Mantoux Test: An Analysis of 500 Cases." *Lancet*, March 7th, 1931.
- GARROD, LAWRENCE P., M.B., M.R.C.P., and HARVEY-WILLIAMS, R., F.R.C.S. (Edin.). "A Case of Agranulocytic Angina." *Lancet*, February 28th, 1931.
- HADFIELD, C. F., M.B.E., M.A., M.D. *Practical Anesthetics for the Student and General Practitioner*. Second edition. London: Baillière, Tindall & Cox, 1931.
- HARVEY-WILLIAMS, R., F.R.C.S. (Edin.). See GARROD and HARVEY-WILLIAMS.
- HORDER, SIR THOMAS, BART., K.C.V.O., M.D., F.R.C.P. "Nephritis: New Ideas and Old Facts." *Practitioner*, March, 1931.
- KEYNES, GEOFFREY, M.A., M.D., F.R.C.S. "The Radium Treatment of Primary Carcinoma of the Breast." *Edinburgh Medical Journal*, February, 1931.
- KING, H. H., M.B., B.S., I.M.S. (and GEORGE, P. V., MANKIKAR, D. S., and JESUDASAN, F.). "A Rat-Fla Survey of the Madras Presidency: Reports VII to XIII." *Indian Journal of Medical Research*, January, 1931.
- LAPTAIN, J. H. K., M.R.C.S. "Pyrexial Treatment of G.P.I. with Sulfosin." *Lancet*, March 21st, 1931.
- ROCHE, ALEX. E., M.A., M.D., M.Ch. (Cantab.), F.R.C.S. "Pyelography, Old and New." *Practitioner*, March, 1931.
- "Ossifying Chondroma of the Left Pubic Bone." *Clinical Journal*, March 11th, 1931.
- SEYMOUR-SWELL, K. B., Sc.D., F.A.S.B., F.Z.S., F.L.S., M.R.C.S., L.R.C.P., I.M.S. "Cercaria Niobarica." *Indian Journal of Medical Research*, January, 1931.
- SHARP, B. BUCKLEY, M.D., B.S. (Lond.), M.R.C.P., and ELLISON, PHILIP O., M.B. "A Case of Intra-cranial Tumour." *Lancet*, March 7th, 1931.
- SPENCER, WALTER G., M.S., F.R.C.S. (and CADE, STANFORD, F.R.C.S.). *Diseases of the Tongue*. Being the Third Edition of Butlin's *Diseases of the Tongue*. London: H. K. Lewis & Co., 1931.
- VARRIER-JONES, P. C., M.A., M.R.C.S., L.R.C.P. "Village Settlements for the Tuberculous." *Practitioner*, March, 1931.
- WALKER, KENNETH, F.R.C.S. "The Interpretation of Haematuria." *Clinical Journal*, March 4th, 1931.
- "The Prostate in General Practice." *British Medical Journal*, March 21st, 1931.
- WEBER, F. PARKES, M.D., F.R.C.P. "Haemochromatosis with Diabetes Mellitus, Hepatic Cirrhosis and Chronic Asidosis." *Proceedings of the Royal Society of Medicine*, February, 1931.
- WOODMAN, E. MUSGRAVE, M.S. "Plastic Repair after Operations on the Upper Jaw." *Proceedings of the Royal Society of Medicine*, February, 1931.

CHANGES OF ADDRESS.

- BOWER, H. J., 27, Winn Road, Southampton.
- HEWER, C. LANGTON, 30, Queen's Road, St. John's Wood, N.W. 8. (Tel. Primrose 5162.)
- HOGG, J. C., 99, Harley Street, W. 1. (Tel. Welbeck 7507.)
- MILES, A. A., 137, Milton Road, Cambridge.
- RICE, R. A. C., 30, Mill Hill Road, Norwich, Norfolk.
- SHAH, Major J. M., I.M.S., c/o Lloyds Bank Ltd., Bombay, India.
- STRUTHERS, J. A., 33, Wimpole Street, W. 1. (Tel. Welbeck 6087.)
- WADE, R., 30, Hamilton Gardens, N.W. 8. (Tel. Maida Vale 7351.)
- WEHLBURG, T. H., 45, Berea Park Road, Durban, Natal, South Africa.
- WHITBY, F., The Priory, New Romney, Kent.
- WROTH, C., 9, Chandos Street, Cavendish Square, W. 1. (Tel. Langham 1482.)

APPOINTMENT.

RICE, R. A. C., M.B., B.S. (Lond.), appointed Honorary Anaesthetist to the Norfolk and Norwich Hospital, Norwich, Norfolk.

BIRTHS.

- CHURCH.—On March 3rd, 1931, at Kabale, Ruanda, Uganda, to John and Decina Church (née Tracey)—a son.
- CUNNINGHAM.—On March 15th, 1931, at 5, Dicconson Terrace, Lytham, to Janet, wife of Dr. Ronald Cunningham—a son.
- DAY.—On March 14th, 1931, at Robin Hill, Acte, Norfolk, to Gwendolyn, wife of Dr. George Day—a daughter.
- DOWNER.—On March 9th, 1931, at 9, College Hill, Shrewsbury, to Eileen (née Craig), wife of Dr. Reginald L. E. Downer—a son.
- HOLMES.—On March 1st, 1931, at 54, Houghton Street, Southport, to Phyllis, wife of John Holmes, M.B., M.R.C.P.—a son.
- LINDER.—On March 3rd, 1931, to Ruby and Geoffrey Linder, of "Penn," Rondebosch, Cape Province—a son.
- PEARCE.—On March 23rd, 1931, to Mr. and Mrs. C. M. Pearce, of 53, Preston New Road, Blackburn—a daughter.
- REYNOLDS.—On March 12th, 1931, at Fifield, Broseley, Salop, to Evelyn, wife of Dr. John B. A. Reynolds—a son (John Henry).
- RICHARDSON.—On March 4th, 1931, at 45, Morrab Road, Penzance, to Marjorie, wife of Geoffrey B. Richardson, F.R.C.S.—a son.
- WEHLBURG.—On January 24th, 1931, to Pat (née Standley), wife of Thos. H. Wehlburg, M.R.C.S., L.R.C.P., 45, Berea Park Road, Durban—a son.

MARRIAGES.

- MACRAEVES—WARNER.—On December 30th, 1930, at St. Thomas's Church, Durban, John Allison Macraevy, M.A., B.M., M.R.C.P., to Helen Eugenie, second daughter of Mr. T. A. Warner, of Durban, South Africa.
- RICE—SLATER.—On February 26th, 1931, at the Church of St. Bartholomew-the-Less, by the Rev. A. C. Rice, father of the bridegroom, assisted by the Rev. J. L. Douglas, Raymond Arthur Cracroft Rice, youngest son of the Rev. A. C. and Mrs. Rice, of Fittleworth, Sussex, to Doris, second daughter of Mr. and Mrs. H. W. Slater, of Hither Green.

DEATHS.

- CHATER.—On March 5th, 1931, at The Victoria Nurses' Home, Pembroke Dock, of pleuro-pneumonia, John Samuel Chater, M.D., formerly of Lincoln, aged 58.
- COKE.—On March 11th, 1931, at Exmouth, Devon, George Herbert Coke, M.B., LL.B., youngest son of the late John Coke, jun., aged 60.
- DUNN.—On March 2nd, 1931, at 2, Copers Copo Road, Dechenham, after a few days' illness, Hugh Percy Dunn, F.R.C.S., of 54, Wimpole Street, W., Consulting Ophthalmic Surgeon to the West London Hospital, younger son of the late Rev. J. W. Dunn, Rector of Warkworth, Northumberland.
- FIRTH.—On March 17th, 1931, at 58, St. Margaret's Road, Twickenham, Charles Firth, M.D., F.R.C.S., late of Gravesend, aged 81.
- MOSER.—On March 3rd, 1931, suddenly, at Masterton, New Zealand, Dr. Herbert Guy Moser, third son of the late Herbert Moser, of Kendal, aged 40.
- THOMPSON.—On March 18th, 1931, at Tutshill, Chepstow, Mon., Dr. Cecil Charles Brandon Thompson, aged 55.
- TUCKER.—On March 12th, 1931, at St. Bartholomew's Hospital, Ernest Henry Tucker, Medical Student, of 22, Village Road, Finchley, aged 19.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXVIII.—No. 8.]

MAY 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

Fri.,	May 1.	Sir Thomas Horder and Sir C. Gordon-Watson on duty. Medicine: Clinical Lecture by Dr. Gow.
Mon.,	" 4.	Special Subject: Clinical Lecture by Mr. Scott.
Tues.,	" 5.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed.,	" 6.	Surgery: Clinical Lecture by Mr. Harold Wilson.
Fri.,	" 8.	Dr. Gow and Mr. W. Girling-Ball on duty. Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.
Mon.,	" 11.	Special Subject: Clinical Lecture by Dr. Cumberbatch.
Tues.,	" 12.	Prof. Fraser and Prof. Gask on duty.
Wed.,	" 13.	Surgery: Clinical Lecture by Mr. W. Girling-Ball.
		View Day.
Fri.,	" 15.	Sir Percival Hartley and Mr. L. Bathe Rawling on duty. Medicine: Clinical Lecture by Sir Percival Hartley.
Mon.,	" 18.	Special Subject: Clinical Lecture by Mr. Just.
Tues.,	" 19.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
		Last day for receiving matter for the June issue of the Journal.
Wed.,	" 20.	Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri.,	" 22.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Mon.,	" 25.	Bank Holiday.
Tues.,	" 26.	Dr. Gow and Mr. W. Girling-Ball on duty.
Wed.,	" 27.	Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri.,	" 30.	Prof. Fraser and Prof. Gask on duty. Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.

EDITORIAL.

JOHN ABERNETHY.

On Monday, April 20th, the centenary of the death of John Abernethy was commemorated at a meeting of the Society which he founded in 1795 as the Medical and Philosophical Society of St. Bartholomew's Hospital. Under his keen stimulus and guidance the Society flourished from its first foundation. When later he was prevented from regular attendance at meetings by old

age and illness the Society's fortunes declined, until in 1830 it had almost ceased to exist. In 1832 the Society suffered a second foundation, and as the Abernethian Society, such is the virtue of his name, has prospered from that day to this. Abernethy is known chiefly through the pages of Macilwain's biography, although the outlines of his figure are somewhat obscured by the author's unpleasing digressions into ethics. Abernethy's physiological principles and surgical doctrines are recorded in his published books and papers; his peculiarity of disposition, to which he owed much of his professional success, has become a proverbial subject of anecdotes.

His chief memorial is the Medical School, which by the value and the popularity of his lectures he founded. Yet Abernethy was more than physiologist, surgeon, teacher, writer, even than founder of a medical school. He was a disciple of John Hunter's. The influence of Hunter, early felt, remained his constant inspiration. His love for the Hunterian relics played no small part in their establishment under the fostering care of the Royal College of Surgeons. It was especially fitting that his praises should be sung by Sir Arthur Keith, Conservator of the Museum of the Royal College of Surgeons, whose commemorative address, "Fresh Light on John Abernethy," is published in this issue.

* * *
MR. T. P. DUNHILL.

We announce with pleasure that, although Mr. Dunhill has resigned from the post of Assistant Director of the Surgical Professorial Unit, his services will still be available at the Hospital. He has been appointed Associate Surgeon to St. Bartholomew's.

* * *

Congratulations to Mr. J. B. Hume, Sub-Dean of the Medical College, on his election to the post of Assistant

Surgeon, and to Mr. J. Paterson Ross, who has been appointed Assistant Director of the Surgical Professional Unit.

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

We should like to remind our readers that the Annual General Meeting of the above Guild will be held in the Great Hall of the Hospital on Wednesday, May 13th, at 4.30 p.m. We are specially fortunate this year in having secured as our speaker Sir Gerald du Maurier, and we very much hope that a large audience will be present to support him. A cordial invitation is extended to all to attend the meeting, and to the tea which will follow immediately afterwards.

* * *

We regret to announce the death of William Oliver Pearson, which occurred on April 11th, in Surgery Ward, after an illness of only a few hours' duration. Pearson had served the Hospital with loyalty and devotion as box-carrier and porter for thirty-seven years. He had retired from his work as recently as the beginning of the year, being then 63 years old. Pearson belonged to the old school of servant, of which few are now to be found in hospitals and in the colleges of the older universities. Obedient to authority, he retained real pride in his work, and was always willing to exercise initiative within the limits of his duties. It is sad that he should not have lived longer to enjoy the peace of his well-merited retirement.

* * *

ABERNETHIAN SOCIETY.

The Summer Sessional Address will be delivered by Prof. D. P. D. Wilkie, Professor of Surgery in the University of Edinburgh, on Thursday, June 4th, 1931, at 8.30 p.m. His subject will be "Surgery in Edinburgh in the time of Abernethy."

OBITUARY.

MRS. FREDERICK WOOD.

THE death of Mrs. Frederick Wood at the age of ninety-nine and nine months breaks the last link which connects the Hospital with a class of medical practitioner now wholly extinct. Her husband was appointed Resident Apothecary to the Hospital on March 23rd, 1847, after a severe contest with Mr. Thomas Rivington Wheeler, when he received 115 votes and his opponent 100 votes from the Governors. An Apothecary was one of the original Staff of the Hospital from at least the time of its reconstruction

and probably from long before, for the physicians' prescriptions were always complex, and a special training was needed to compound them. At first his duty was to act as "the Physicians' Cook," as it is picturesquely described by William Bullein in 1562, and for performing his duty he received a wage of £20 a year. Gradually the Apothecary to the Hospital improved his position; he became resident. Francis Bernard, appointed in 1661, became Assistant Physician in 1678, and was Physician in Ordinary to King James II. Thomas Wheeler, elected in 1806, was one of the best field botanists in England, and his memory is still held in respect at the Society of Apothecaries, where he served as Master and was for many years an Examiner. Wood, the last of the resident Apothecaries, had still further consolidated the position. He lived in the row of houses, one of which is now the office of the private Nursing Staff opposite the entrance to the Medical School. These houses were then allotted to the Clerk, the Hospitalier and the Apothecary. It was the duty of the Apothecary to see the casualty out-patients, who crowded into the Hospital daily at nine o'clock to the number of about 500. These he disposed of rapidly by a process of auto-diagnosis, saying, "All those with the belly-ache, stand up." "All those with a cough, stand up." Each received an appropriate ticket entitling the bearer to a bottle of medicine. The residue were scanned more carefully, and after twenty years' service Mr. Wood used to take a justifiable pride in the belief that he had never overlooked a case of hernia or of intestinal obstruction. "His work," Sir Norman Moore says, "was that of fourteen men of the times after his, that is, of ten house physicians, two casualty physicians and two junior assistant physicians. He also acted as a kind of Secretary to the physicians receiving the fees for medical practice then paid them, and he went round all the medical wards every day." But if the Medical Staff was increased, the number of casualty patients remained the same, as may be read in the scathing attack made upon the whole system by Dr. Robert Bridges, afterwards the Poet Laureate, which appeared in the Hospital Reports in 1878.

There were two severe epidemics of cholera whilst Mr. Wood was in office, the first in 1849, when 478 cases were admitted between June 17th and October 6th, with 199 deaths, and the second in 1854, when 105 patients died out of the 322 treated between July 23rd and October 23rd. When the office of Apothecary was abolished in December, 1867, Mr. Wood practised for a time in St. Paul's Churchyard, then in Knighttrider Street. He finally retired to Brighton. Mrs. Wood died at Bournemouth on April 2nd, 1931.

D'ARCY POWER.

FRESH LIGHT ON JOHN ABERNETHY.

By SIR ARTHUR KEITH,

Conservator of the Museum, Royal College of Surgeons
of England.

*An Address delivered before the Abernethian Society on
the Centenary of Abernethy's death, April 20th, 1931.*



JUST a hundred years ago my predecessor, Wm. Clift, Conservator of the Museum of the Royal College of Surgeons, opened the "Daily Remembrancer" * I hold in my hand and entered under the date Wednesday, April 20th, 1831, "Mr. Abernethy died this day at half-past 5 p.m. at Enfield, Middlesex, aged 66." The entry is written in the Conservator's clear, beautiful script and enclosed within heavy black lines. He has placed a mark of interrogation after the "66"; his memory was slightly at fault, for John Abernethy was born in the City of London on April 3rd, 1764, and had therefore completed his 67th year seventeen days before he died.

The event could not have taken Wm. Clift by surprise, for when we turn to the entry made under date of March 20th, we find, "Went to Enfield and returned, Mr. Abernethy too ill to be seen. Had been ten days on jelly water and no other nutriment." The bond between your John Abernethy and my William Clift, we shall see, was long and strong, and to learn why my predecessor felt his death so keenly we must turn to the entries which succeed the one enclosed by the deep lines of mourning. On April 23rd we read about a specimen he bought at the second and last day of the sale of Chevalier's collection—"an eburnated patella" for which he paid 18s.—and then this:

"Called upon Mr. Chantry concerning Mr. Abernethy's death.

"1 pot of pomatum 1/-; sweet oil 3d.	1.3
Plaster of Paris, a bag	1.2
2 iron spoons	0.11
1 small tool	0.3½

Went to Enfield with Dr. Warburton.

Bed at King's Head	2.0
Coach to town	2.0
Cabriolet from Bishopsgate	1.6
Chambermaid	1.0"

Then under April 24th:

"Returned from King's Head, Enfield at 7 a.m."

* *Clift's Diary* is preserved in the Library of the Royal College of Surgeons. I am indebted to the Librarian, Mr. W. R. LoFamu, for giving me free access to it. The Diary begins in 1811 and ends in 1842, consisting of 31 volumes. I also take this opportunity to express my indebtedness to Mr. S. Wood, assistant in the Library of the R.C.S.

Now these items entered by my predecessor tell us much concerning the life of London when Mr. Abernethy died a century ago. If you went to Enfield, where Mr. Abernethy had his country home, you went on horseback as Abernethy did, or by stage coach as Clift did, and the journey, although rather less than ten miles, cost you two shillings. A cab from Bishopsgate to Lincoln's Inn Fields entailed an outlay of one and sixpence. On this occasion Mr. Clift had to resort to the King's Head for a bed; at ordinary times—and many an entry we find



THE CHANTREY BUST AT THE ROYAL COLLEGE OF SURGEONS.

of a visit to Enfield—he was a welcome guest in the Abernethy household. We note, too, that the chambermaid was tipped; one shilling was William Clift's usual payment on such occasion in his many travels. When he was invited to dinner at Mr. Abernethy's town house in Bedford Row* he records the payment of a shilling to the butler.

You may wonder why the plaster-of-Paris, pomatum, spoons, etc., recorded in the entry just cited occur in connection with the name of Francis Chantry—the

* Dr. G. C. Peachey writes me that the house, No. 14, is still standing.

famous sculptor. A copy of a letter which Mr. Clift had addressed to Francis Chantrey, the sculptor, explains their purpose; I will read the letter:

"ROYAL COLLEGE OF SURGEONS,
"LINCOLN'S INN FIELDS,
"April 28, 1831.

"DEAR SIR,

"I beg leave to acquaint you that I proceeded to Enfield on the evening of the day I saw you (April 23), and was much gratified in being made certain that a cast had been made, under happier circumstances than the present. I had never seen it before, but it was made several years since, when our friend was in the prime of life and includes the intire [*sic*] head and beginning of the neck.

"As soon as the subject can be revived, this cast will be sent to me or to Dr. Warburton for your inspection and use, and I shall lose no time in acquainting you of the first movement that is made respecting it.

"I remain, Dear Sir,

"Yours most respectfully,

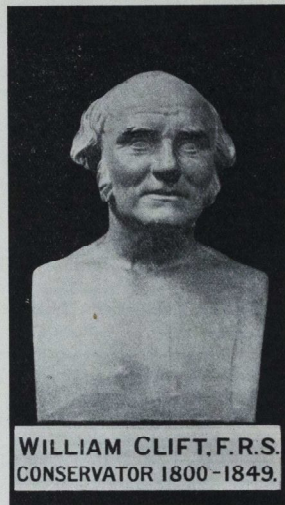
"FRANCIS CHANIKEY, ESQ."

"WM. CLIFT."

This letter, as you will realize anon, becomes the text of my address, so I beg you to keep it in mind. Why was Clift so concerned in securing a bust of Abernethy? How did Clift come to know so much of Abernethy? I must first touch on the story of their friendship.

William Clift, who wrote this note to Chantrey was a hard judge of men. He had known all the great surgeons of Abernethy's time—Everard Home, Astley Cooper, Blizard, Cline, Lawrence, Earle, Vincent, Lynn, Carlisle—but had raised only two of them to the rank of heroes—John Hunter and John Abernethy. Nay, it was while rummaging in Clift's diaries and being made to see Abernethy through Clift's eyes that the great surgeon of St. Bartholomew's—the founder of your Society and School—became also a hero of mine. All through his life Clift was fighting a sense of inferiority—what in these Freudian days we call an "inferiority complex." He was not a duly qualified medical man; what he knew of anatomy and science he had picked up for himself. In 1793, when John Hunter died, John Abernethy, although only twenty-nine years of age, had already been Assistant Surgeon to St. Bartholomew's Hospital for six years, and was rising to fame as surgeon and teacher, while poor William Clift, eleven years his junior, was left, in company of a house-keeper, to tend Hunter's collection in Leicester Square for seven long years. Finally, as you know, the collection passed to its present abode in Lincoln's Inn Fields and Clift went with it as its Conservator. Abernethy became a member of the Board

which is now named the Museum Committee. He observed that behind the modest, diffident demeanour of the little Conservator there was merit, loyalty, honesty, knowledge and skill; nor could he have been blind to the dominating patronage which the proud Sir Everard Home—Hunter's brother-in-law and trustee—continued to exercise over the servant of the College. Abernethy took Clift by the hand. They were thrown much together from 1814 to 1817, when Abernethy gave the Hunterian Lectures on surgery in the theatre of the College. He always spoke in those lectures of



CLIFT'S BUST IN THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS.

"our highly praiseworthy conservator Mr. Clift" and of what he had learned from him.

I am attempting to show you what kind of man your founder was, and my predecessor William Clift is to serve as our touchstone. The man who seeks to give his fellow man courage in himself is the man for me—the man for all of us—and that is what John Abernethy was for William Clift, when the fate of England was being decided at Waterloo. To illustrate the relationship between the two men, let me read this extract from one of Abernethy's Hunterian Lectures:

"Permit me to say, Gentlemen, though many may know it already, that Mr. Clift resided with Mr. Hunter

and was taught by him to exhibit anatomical facts in preparations; that he does credit to his excellent instructor; that he feels the same interest and zeal that his patron did for the improvement of this department of Science; and that he possesses the same candour and simplicity of character."

In 1819 Clift duly enters the fact that Abernethy had given the Hunterian Oration. When we turn to that oration, one of the best ever delivered, we find that the orator acknowledges Hunter as his master and exemplar, and William Clift as his worthy friend. It is in this year (1819) that Clift records: "This evening the four gas lights in front lighted for the first time." England was then entering her period of gas illumination and saying good-bye to oil lamps.

Presently Abernethy used his influence to have Clift elected a Fellow of the Royal Society (1824). Do you wonder, then, that John Abernethy was a hero in the Conservator's office at the Royal College of Surgeons? You already know the reputation which the great surgeon holds within the walls of this great Hospital; I thought it well to now place on record an opinion formed and held outside its walls.

The great surgeon and the little Conservator became bosom friends. We find records in the diary of pleasant week-ends at Enfield—Mrs. Clift being left at home. We find autumn excursions together—usually to some place on the south coast—Littlehampton, Brightonsea, Southsea, Oxford, Cheltenham, Bath, and I cannot help noting the superiority of the male at this period: he left his wife at home on these excursions.

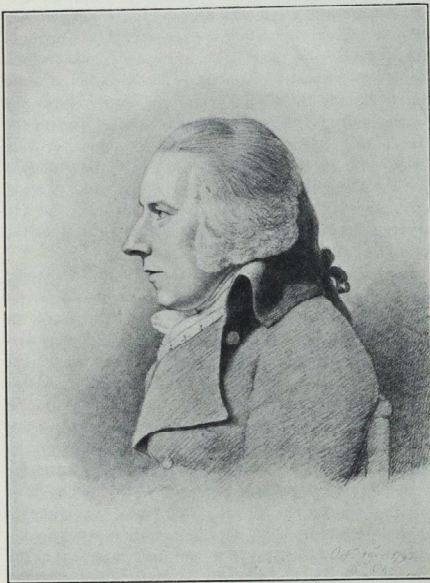
Then, in 1824, comes one of the most dramatic episodes in medical history—one in which Abernethy and Clift had each to play a part. Abernethy was then Chairman of the Board of Curators—the name given at that time to the Museum Committee. Clift had learned from the great and omnipotent Sir Everard Home—almost by accident—that the Hunterian documents and manuscripts had been deliberately burned.* The little Conservator turned in wrath from his patron, Sir Everard Home, and sought his chairman, John Abernethy, who by this time had refused a baronetcy. Of the men who had sat at the feet of Hunter, Abernethy best understood the greatness of the master, and struggled more successfully than any of his contemporaries to keep alive the example and teaching of one of the greatest medical philosophers the world has ever known. Hunter was the common hero of Abernethy and of Clift. They put their heads together; they brought Everard Home to book. All through the drama we see the resolute state-

* For an account of this disaster, see the author's Vicary Lecture on Clift, *Brit. Med. Journ.*, 1925, ii, p. 1130.

manship of Abernethy: Home passes into history as a broken man. Most interesting is it to turn to Clift's diary at this period. In 1825 came to an end the period—a three years' period—of Abernethy's chairmanship of the Board of Curators. The Board had to prepare a triennial report to lay before the supreme governing body of the College, its Council. In Clift's diary we find, drawn up in his own writing, a draft of the report in which the Board has to explain its negligence in leaving the Hunterian manuscripts in the possession of Sir Everard Home. On May 31st Clift dines with Mr. Abernethy at Bedford Row, and after dinner they go over the draft together. Abernethy takes his quill pen, and here and there you may read his amendments, for he was a master of phrase. The situation is faced squarely; the Board of Curators in nowise shirks the responsibility; this was Abernethy's way. Nor in the eyes of his colleagues did Abernethy appear blame-worthy, for in the following year (1826) they elected him President of the College. He was then 62 years of age. Abernethy had to wait for his honours; he had to serve this Hospital for 28 years before he attained the rank of a full surgeon.

In Abernethy's presidency the Conservator's week-end visits to Enfield became more frequent. A letter preserved in the Library of the Royal College tells us of the happy time Clift had as a member of the Abernethy household at Enfield. The record of a visit made at a rather earlier date (June, 1823) throws a welcome light on the activities of Abernethy's later life. During this visit he and Clift made experiments on earthworms. They divided worms at different points between the head end and tail end to ascertain the power of initiative retained by the separated segments of the body. It is not the conclusions drawn from these experiments which interests us now, but the fact that when in his sixtieth year Abernethy had not lost interest in the Hunterian method of inquiry. As you know, he pursued the quest for knowledge by experimental methods with great zeal in his earlier years. When he was appointed Assistant Surgeon in 1787, at the age of twenty-three he still attended Hunter's lectures, and presently we find him experimenting in the Hunterian manner—to determine the respiratory function of the skin and lungs, the possibility of building up living tissues from elements contained in pure air and distilled water, and to demonstrate that oxygen was really not necessary for the manifestation of "irritability" in living tissues. As a result of these inquiries he was elected a Fellow of the Royal Society in 1796 at the age of thirty-two. The third and last part of his physiological essays appeared in 1797, and thereafter he becomes teacher, surgeon, clinical observer and pathologist, but there is no mention of any

further resort to experimental observation until we come to this stray record, made at Enfield in what we may regard as the terminal phase of his life. On another visit to Enfield Abernethy gave Clift a large biliary calculus to bring back to the Museum. Your Surgeon was rather proud of this specimen. Nature had played the part of operator, and discharged the calculus from a patient's abdomen by the slow and dangerous process of abscess formation. The mention of this specimen will bring home to you how far the surgeon's art has



ABERNETHY IN 1793.
Drawing by George Dance in the National Portrait Gallery.

improved since Abernethy's time. I mention this mark of progress in all humility, mindful of what the Abernethian orator of a hundred years hence may have to say of us. Very likely he will blame you and me for not knowing that biliary lithiasis was a wholly preventable calamity.

When I began this lecture it was my intention to permit William Clift to bury Abernethy—by citing extracts from his diary, which would bring vividly before you sad events of a century ago. When duly buried, I, Clift's successor, was to bring the great surgeon before you again and trace as best I could the part played by

your founder in the life of this Hospital during a period of forty-two years, and at the same time, in an orthodox and straightforward way, enumerate to you the various improvements he effected in the art of healing. My scheme was wrecked by that letter which Clift wrote to Chantrey about Abernethy's bust. When I had transcribed the letter, I saw that it was necessary for me to explain to you why the little man was so zealous about the great surgeon's bust. So I had to turn back and trace the history of their friendship from this source and that, but chiefly from Richards's "Remembrancer," kept so carefully by my predecessor. Besides, has not the orthodox life of Abernethy been told many times? Did not his pupil George Macilwain tell the story of Abernethy's life in a two-volumed memoir in 1854? To be sure Macilwain was not an ideal biographer, and our gratitude would have been extended to him in greater measure had he been content to narrate and not to preach. On the other hand, the story of this friendship between Abernethy and Clift—to me a touching friendship—has never been told, and it does deserve to see the light of day. So I propose to hold on and pursue my circuitous course. At least there does emerge as I go a picture of your patron saint—dim and distant it may be, yet withal the picture of a man we cannot help taking to our hearts.

To show you the interest with which Clift followed the career of Abernethy, I turn to entries made in his diary on October 1st, 1822. We are informed that a meeting of the "Anatomical Society," of which Abernethy and Clift were members, was held on that day—a dining society, I suspect—but all I know of its existence I have gleaned from Clift's diary. Then it appears that the Board of Curators (of the Royal College of Surgeons' Museum) should have met; it was postponed because "Mr. Abernethy gives the first lecture in the new theatre of St. Bartholomew's Hospital; 406 present." All London must have been there; you may be certain Clift was. You know the history of the "new theatre"; its erection marks a milestone in the evolution of your School. The first surgical theatre was built in 1791. It was erected by the Governors of the Hospital, at a cost of £875, in order that John Abernethy, then Assistant Surgeon to the Hospital, and twenty-seven years of age, might lecture to his students within the walls of the institution, instead of in rooms he had hired in Bartholomew Close—just outside the walls.

It is usually said that Abernethy is the founder of this great Medical School. It is only partly true. Abernethy was in this matter but a willing and unselfish participator in a widely spread evolutionary movement. In 1787, when he became Assistant Surgeon and began

his voluntary class in Bartholomew Close, young men became surgeons through apprenticeship. Percivall Pott, who retired from St. Bartholomew's when Abernethy became Assistant Surgeon, lectured to his pupils on surgery, but for their anatomy, physiology and chemistry they had to go elsewhere—to attend voluntary schools, such as that established by Dr. Wm. Hunter, in Windmill Street, and continued by Baillie, Bell, Wilson, Mayo and others. When Abernethy died in 1831, University College had been established and King's College was on point of completion. All the great hospitals of London, one after another, established medical schools within their walls. The apprenticeship system died in Abernethy's time, and our present phase of medical education came into being. When the Governors of St. Bartholomew's provided Abernethy and his colleagues with a theatre to lecture in—thus giving the School a recognized position in the Hospital—they were but sharing in a common evolutionary movement which the progress of medicine had rendered necessary. No one championed the advantages which accrued to the patients of a teaching school in its midst so whole-heartedly as did Abernethy. In 1821 he approached the Governors and convinced them that it was to their advantage—to the advantage of their charitable trust—to enlarge the surgical theatre; it was too small for his audience. In 1822 they built the "new theatre" at a cost, as Sir Norman Moore, in his History of the Hospital, informs us, of £1460. It was the opening of this theatre which Clift has chronicled. When you read the lectures that Abernethy gave in the old theatre you are not surprised to learn it had become too small for his audience. You can still read them—nay, listen to them. They were pirated and printed in 1828, and are the most vivid presentation of anatomical, physiological, surgical and clinical fact in the English language.

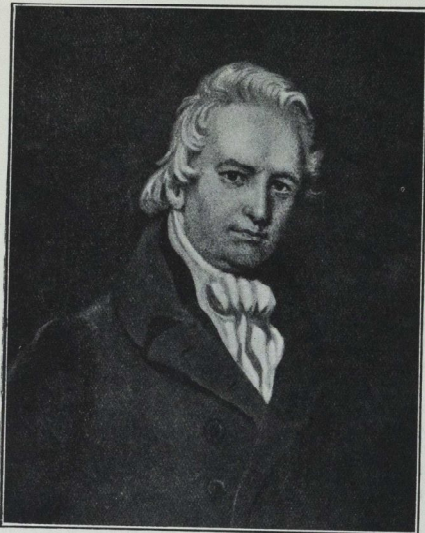
But let me drive home the lesson of this middle phase of Abernethy's life. The surgeon evolved from the barber; that change took place in the youth of Percivall Pott, Abernethy's immediate predecessor. In Abernethy's time the professional medical student evolved from the apprentice, and with this change the modern medical schools of London came into existence. What will our medical schools evolve into? That problem depends on what you think and do. One thing I do know: they will not remain stationary.

In order that you may realize how greatly your training for medicine differs from that which fell to John Abernethy let us turn back to the year 1780. John Abernethy was born (1764) in the City of London, of well-to-do parents, both of whom came from Ulster, and imparted to their son a deeply emotional, sensitive

temperament—which is so common in the North of Ireland. In 1780 he returned from the Grammar School of Wolverhampton, and at the age of sixteen was apprenticed for five years to Mr. Charles Blicke, who practised in the City, and was an Assistant Surgeon to St. Bartholomew's Hospital. It was a paying business for such men to have apprentices; each brought 500 guineas or more. Abernethy attended St. Bartholomew's Hospital and listened to Percivall Pott's lectures. As there was then no anatomy or physiology taught in this Hospital, he had to seek for tuition in these subjects elsewhere. He chose, wisely, I think, a school which was being established at the London Hospital—a school with which I, too, have been happily connected. William Blizard, Surgeon to the hospital, who had learned at Hunter's feet, lectured there on anatomy and physiology in the Hunterian manner. It was while working with Blizard that Abernethy first became enamoured of the new foundations which John Hunter was laying for surgery. Later Abernethy went and drank deeply at the Hunterian fountain-head. Then it came about in 1787, when Abernethy had absorbed the doctrines and methods of Percival Pott and of John Hunter, that Pott retired from this hospital, Charles Blicke—soon to be Sir Charles Blicke—became full Surgeon, and Abernethy stepped into Blicke's place as Assistant Surgeon, in which place he was destined to remain for twenty-eight years. But he was resolved that the students of St. Bartholomew's should not any longer find it necessary to go to Windmill Street or Whitechapel Road for their anatomy and physiology. Hence he began the teaching of these subjects, and this laid the foundation of this great Medical School—a School which has fully fifty men on its teaching staff in place of five in Abernethy's time.

Let me again return to the precious diary of William Clift, and see if we can ascertain why he was so desirous to preserve the features of the great surgeon in marble. We find what we are in search of in the "Remembrancer" for 1830. Abernethy's end was manifestly approaching. He had almost forsaken his house in Bedford Row; he had retreated to Enfield; he looked ill and felt it: he suffered from that complex disorder for which we, in our ignorance, have only a name—the disorder manifested by rheumatic changes in joints and body—changes which ever deepened their hold on his body and spirit. His lithe figure had become crippled in all its parts. In Clift's diary is preserved a copy of a letter which Abernethy had written to Edmund Belfour, Secretary of the Royal College of Surgeons at this time. It is written late in the summer of 1830 from Enfield. Abernethy fears he will have to give up his seat in the Council of the College; he was then in his sixty-sixth year, but before doing so wished to consult Mr. Clift. Mr. Clift went to Enfield,

and a letter of resignation followed. A special meeting of the Council was summoned for August 12th, 1830, to accept Mr. Abernethy's resignation. A resolution had to be drafted beforehand; Mr. Edmund Belfour, Secretary to the College, and Mr. William Clift, the Conservator of the Museum, put their heads together to draw up a minute equal to Mr. Abernethy's deserts, for the consideration and acceptance of the Council. Mr. Clift took the drafting of this minute very seriously, and went to St. Bartholomew's Hospital to consult a minute



Copyright, The Wellcome Historical Museum.

MINIATURE OF ABERNETHY ON IVORY.

which had been passed when Mr. Abernethy resigned his surgeoncy. He found a copy of this minute had been framed* and presented to Mr. Abernethy "beautifully and minutely executed," and determined the College in this respect should not fall short of the Hospital. As this minute or certificate is known to me only by Clift's transcript, I will read it to you in full, because it gives us an estimate formed of Mr. Abernethy by his contemporaries:

* This copy, and Abernethy's copy of the Royal College of Surgeons' minute referred to below, were presented to the Abernethian Society at the Centenary Celebration in 1895 by Mr. Alfred Willett. They were hung in the Abernethian Room, until the recent re-decoration of that room deprived them of their place.—EDITOR.

"St. Bartholomew's Hospital,
April 23rd. 1828.

At a Committee holden this day it was unanimously resolved that John Abernethy, Esq., Having been the founder of the Anatomy School of this Hospital

And having assiduously devoted himself to the Interests of this Hospital during a period of more than forty years, In the Several Situations of Assistant Surgeon, and Surgeon with distinguished Ability, continued attention and unabated zeal And having also paid into the hands of the Treasurer the sum of One Hundred guineas for the use of this Hospital, be recommended to the General Court to be elected a Governor:

"It was also unanimously resolved that such special recommendation be not hereafter drawn into a precedent."

Now, with all due deference to the opinion of my predecessor, William Clift, and to the Bartholomew's men who drafted it, dead and gone long since, I think this minute was a lame acknowledgment of Abernethy's letter of resignation—tendered to the Governors of the Hospital on July 24th, 1827. Lest you have forgotten this well-known letter, I will quote it:

"Finding myself incompetent to discharge the duties of surgeon to your hospital in a satisfactory manner and having led my junior to believe I should resign my office at a certain period of my life, I hereby tender my resignation accordingly. At the same time, I beg leave to assure the Governors of my gratitude for their appointment to the offices which I have held under them, and for the good opinion and confidence which they have manifested towards me. I annex a draft for £100* for the use of the Hospital.

"JOHN ABERNETHY."

Now it seems to me that the minute which acknowledged this letter should have at once cited Abernethy's magnanimity and public-spiritedness. Old men had clung to their posts in the Hospital and kept him waiting for twenty-eight years as an assistant. He resolved that when his time came he should not play "dog in the manger," and placed his retiring age at sixty—that is, 1824—having been full Surgeon then only nine years. He would have retired at that time, but was prevailed

* Did the drafters of the above minute purposely convert Abernethy's pounds into guineas?—A. K.

upon to continue for three years more. Herein you learn what kind of man John Abernethy was. He was utterly unselfish, and his letter reveals to us how deep was his sense of gratitude. He was not the man who kicked down the ladder he had climbed by, nor did he sit on its steps so that others might be kept back.

As I have said, Clift carried a draft of the minute passed at St. Bartholomew's Hospital back to the College; it was to serve as an exemplar for the task Mr. Belfour and he had on hand. Mr. Clift has preserved in his diary five drafts of this minute—one by Mr. Belfour and four by himself—done in different styles of lettering. This is the minute quoted from Mr. Belfour's copy, but I suspect the phrasing to be Clift's:

"Royal College of Surgeons in London.

At an Extraordinary Meeting of the Council holden on August 12, 1830, on the occasion of Mr. Abernethy's resigning his seat in the Council:

"Resolved unanimously that the following memorial be inserted in the Minutes of the Meeting to the tune of Nancy Dawson [a ribald interpolation by Mr. Belfour to irritate Mr. Clift, I suspect].
John Abernethy

is a bright exemplar in the Scientific world
Guided by the purest motives (feelings)
His life has been devoted to the Improvement of the healing Art;

His luminous writings have placed the Science (Art) of Surgery on the permanent basis of Anatomy and Physiology.

They breathe simplicity, humanity, Truth (reverence) (piety) and disdain of all worldly art (motives)

His labours as Councillor, Examiner, Professor, Hunterian Orator, Curator and member of every Committee have proved the accuracy of his judgement, have expressed a mind and a heart bent on good purposes and have (eminently) conducted to success in all designs of the College and to its advancement (dignity) in scientific estimation and true dignity.

"The contemplation of his bust must ever excite in liberal minds emulative ideas of public virtue in the cultivation of useful knowledge.*

"The Members of Council thus record their grateful sense of his important (eminent)

* Underlined by the transcriber to draw attention to this strange clause.

services to the College and their deep regret on its deprivation of the exemplary exercise of such talent and integrity.

"By Order of the Council,
"EDMUND BELFOUR,
"Secretary."

Such is the estimate which contemporaries and colleagues formed of Mr. Abernethy; his attainment as a man of science is placed first; he is credited with the merit of having wedded surgery to anatomy and physiology; his personal character and his capacity as a man of business come later. I would reverse the order of his virtues; Abernethy lives for us because his humanity was both sincere and kaleidoscopic; he slapped the face of conventionality on every necessary occasion.

I have quoted the College minute, not only because it gives us a contemporary estimate of Abernethy, but because of that curious and puzzling phrase which speaks of "the contemplation of his bust by liberal minded people" which I have underlined. I have no doubt Clift insisted on the inclusion of this phrase because of a project which he had in mind. You will now understand why he hurried off to Enfield when Abernethy died with his supplies of plaster-of-paris, spoons and pomatum, and why he wrote the letter to Chantrey with which I commenced my address. I have taken you by a very long and roundabout way to reach the explanation of the letter, but I hope we have learned something of Abernethy as we went along.

We must again return to Wm. Clift's "Remembrancer." Abernethy died at Enfield on April 20th, 1831. The letter to Chantrey was written on April 28th. On this date Mr. Clift makes the curt entry:

"Mr. Abernethy's Funeral, in Enfield Church took place this day."

On the previous day, as Mr. Clift's entries show, he had been busy. Some public event was being celebrated—probably connected with William IV, who was not yet crowned.

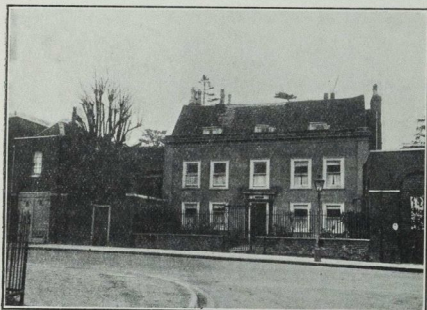
"Illuminated in the front of the College, 36 lights.
In Portugal Street 6 lights.
by direction of the President *ad libitum*."

(The latter referring, I suspect, to beer for the porters rather than to illumination for the King.)

"Sent cards for Sir Wm. Blizard and Mr. Lynn to Dr. Warburton from Mrs. Abernethy, after the meeting of the Special Council to-day. Dr. W. had left town, therefore sent to him by Post to Enfield this evening from post office in Bond Street, at an umbrella shop, near Conduit Street."

Then five days after the funeral Mr. Clift makes his last entry concerning Mr. Abernethy. It relates to mourning rings "for Mr. Abernethy from Mrs. Abernethy." "Mr. Bruce sent the Abernethy rings which I delivered as directed; To Sir. Wm. Blizard; to Wm. Lynn, Esq."

Who was this Dr. Warburton we come across as a constant visitor to Abernethy at Enfield? My colleague Mr. LeFanu, Librarian to the Royal College of Surgeons, has given me the answer. He was son-in-law to Abernethy, physician to St. Luke's Hospital, practised off Bond Street, and was no doubt a Bart.'s man. But where in Enfield did Abernethy live? Many Bart.'s men whom I consulted on this point could give me no help and so I had to appeal to a "London" man—an old pupil of my own—Dr. R. Leslie Ridge, who



FIELD MANOR, ENFIELD.

practises in Enfield. I wrote to him, and by return came back the answer: "Abernethy lived in Field Manor; it still stands in its 15 acres of ground; it is only a stone throw from my house." Then I remembered the many Saturday afternoons, from 1815 onwards, on which Abernethy emerged from his house in Bedford Row, dressed, not in his knee breeches and silk stockings, but in rough tweeds—Kerseymeres they called them then—and top boots, and mounted his old mare "Jenny" and headed her along Gray's Inn Road, to meet the sharp breezes from the north. Let us accompany him to Enfield and see his home for ourselves. And as we jog along let us ask him why he chose these green meadow-lands of Middlesex for a home. Macilwain, his biographer, thought he had chosen badly. We pass through Tottenham if we follow the coach road to Ware and then thread the village of Edmonton. Abernethy will tell us it was here he

met his wife—latish in life: it was in 1800 and he was 36—and I suspect it was she rather than he who chose Enfield for a country home. On entering the village of Enfield he turns sharp to the right along a road leading northwards to Cheshunt. Rather more than a mile along this way, known as Baker Street, he suddenly stops at a house built almost on the roadway. Not at all an ambitious house—one built of brick in the style of the early eighteenth century; a stone pavement behind an iron gateway leads up to a small Georgian front door; two small windows on each side of it; five windows in the first floor; the front wall rises up so that you scarcely see the dormer attic windows, which peer out from a tiled roof. Nor can we see the grounds in which the house stands, only the tree-tops. A ten-foot solid brick wall rises up and shuts out all view from the road—save the tall spires of pine trees—many of which Abernethy must have planted. You can see from the road, too, that the house is bigger than its front suggests; some early owner had built an addition parallel to the first, so that there are two gables to be seen from the south, both pierced with windows looking on to the grounds. Abernethy rides through the big gates into the grounds; they shut behind him and he then starts to live the life of a country recluse. His hospital and his patients are behind him.

As one looks at the front door, it is not difficult to suppose it is again April 28th, 1831. Mourners begin to arrive—a big contingent from his old Hospital. William Clift is an early arrival. Presently the *cortège*—Mrs. Abernethy and daughters in deep black, his only son—emerges and the procession winds its way down to the village, and to the church where Abernethy now lies.

But what of the bust? I must complete its history from William Clift's diary. We turn to the entry for May 14th, 1831: "Board of Curators at three; Plaister cast to be sent from Enfield." The Council commissions Mr. Chantrey to prepare a bust of Mr. Abernethy in marble for the College. Then, on Thursday, June 9th, 1831: "Mr. Chantrey at Winchester. To return on Saturday next. Wrote a note concerning the busts and further materials if necessary for Mr. Chantrey's use in completing the Marble bust." Then on Saturday, July 9th, "Went to Enfield to make some enquiries concerning Sir Thomas Lawrence's and Dr. Warburton's pictures and prints for Mr. Chantrey. Coach and Extra [2.2.1." Sunday, July 10th, "At Enfield rain all day. James and Jane 3/-. " And then, not the last reference, but the last I shall extract concerning the bust: "Thursday July 21, 1831. Mr. Abernethy's Bust; Sir Thomas Lawrence's Picture is at St. Bartholomew's Hospital; Mr. Chantrey wishes permission to see it. Mr. Wm. Walker Wilby will show it him. The picture is in the

hall of the hospital and may be examined by Mr. Chantrey any day but the 27th of July which is the Venison Dinner Day, for which all other business must give."

Was not my predecessor a hero-worshipper? No one had rest till that bust was finished. Where is it now? Does its "contemplation" now "excite in liberal minds emulative ideas of public virtue?" I fear that when you visited the Royal College of Surgeons on compulsory occasions and were summoned to ascend the staircase to attend the examiner's table, you never noticed as you briskly mounted the carpeted steps, that just under the freize above you there is a long row of marble busts looking down in sympathy upon you. I know it would hurt Clift to the quick were he to see Abernethy now given only a place in the rank and file of the past surgeons of England. True it is, he has Astley Cooper for a near neighbour and Cline is not far away. Abernethy should never be ranked and filed; he was a man by himself. He should have a niche for himself like Lister and like Paget. Clift was right; he who looks on Abernethy's lineaments—even when they are in marble—looks on the face of a very human being who loved his fellow men, never avoided his enemy and was a great Englishman.

There was so much I wanted to say to you about the founder of your Society, but I must have regard to the clock and content myself with one reflection. As medical men we can never hope to see Abernethy as his contemporaries saw him. The villages which he knew, Tottenham, Edmonton, Enfield—nay, the great City of London itself—are not the places we know; they have been overwhelmed by a century of growth and transformation. All the outward management and conduct of human life within them has changed. Only by the greatest effort of imagination can we see them as he saw them. Even a greater revolution has happened in his world of Medicine: the Medicine and Science of which he was proud have been overwhelmed. On the day of his death his ideas were being doomed and his puzzles and problems were on the way to solution. In 1831 Pasteur was a lad of nine, while Lister, a boy of five, was at Epping—not so far from Enfield. Between them they made the modern medical student in his first year wiser than Abernethy was after forty years of experience. When he died the men were already living who replaced all his teaching about reproduction; he knew neither the ovum nor the part played by spermatozoa. We can never look at tumours as he looked at them; the microscope has altered our conception of all kinds of tissues—normal and abnormal. I can give you an instance that will bring home to you how far we have moved from the science and outlook of Abernethy's time. In the year of the great surgeon's death a young

man, aged 22, named Charles Darwin, came to town to make preparations to accompany Capt. Fitzroy in H.M.S. "Beagle." That was the beginning of our interpretation of all things in terms of Evolution. Young Darwin called on Robert Brown, a botanist, then aged fifty-two, and attached to the British Museum—the man who first described the molecular movements we now call Brownian. He asked Darwin to look through his microscope. What Darwin was asked to look at was the nucleus of a cell—a new discovery which Brown had just made. Abernethy died as the nucleus of cells was being discovered. And now the literature on the nucleus and its chromosomes could not be contained in a large library! You will now understand what I mean when I say we can never see Abernethy as his contemporaries saw him. And the lesson I would take out of that and which I would commend to you is—that what has happened to Abernethy's discoveries will happen to all of ours, great or small as our discoveries may happen to be. Treat, then, our great dead with reverence. But there is one side of a man's nature which can never grow old—never pass out of date or fashion. That is his character. Abernethy as a man will never be out of date.

SHORT-TITLE BIBLIOGRAPHY OF THE WORKS OF JOHN ABERNETHY.

1791

An address to the audience at the conclusion of the first anatomical lecture delivered in a medical school, which was built, and afterwards enlarged, by order of the Governors of one of the Hospitals in London. [n.p.] [n.d.]

B¹.8 Pp. 15. 8 ll.

Note: Printed by J. McCreery, Tookes Court, Chancery-Lane, London, probably in 1791.

Copy: R.C.S.

1793

An account of two instances of uncommon formation, in the viscera of the human body. *Phil. Trans.*, Lond., 1793, lxxxiii, 59-66. Plates 2.

Surgical and physiological essays. London: Printed for James Evans, Pater-noster Row. 1793.

[*] B-G⁸H¹² Pp. viii, 106. 58 ll.

Contents: An essay on the lumbar abscess. An essay on the composition and analysis of animal matter.

Surgical and physiological essays. Part II. London: Printed for James Evans, Pater-noster-row. 1793.

[*]² K-O²P² Pp. 107-205. 52 ll. Plates 3.

Contents: An essay on the nature of the matter perspired and absorbed from the skin.
An essay on the ill consequences sometimes succeeding to venesection.

1796

Some particulars in the anatomy of a whale. *Phil. Trans.*, Lond., 1796, lxxxvi, 27-33.

1797

Surgical and physiological essays. Part III. London: Printed for Cadell and Davies, Strand. 1797.

[*]² B-O² Pp. 1-208. 106 ll.

Contents: Essay on injuries of the head.
A supplement to the essay on the lumbar abscess.
Experiments on irritability.
Surgical cases and remarks.

1798

Observations on the "foramina Thebesii" of the heart. *Phil. Trans.*, Lond., 1798, lxxxviii, 103-109.

1804

Surgical observations, containing a classification of tumours, with cases to illustrate the history of each species;—an account of diseases which strikingly resemble the venereal disease, —and various cases illustrative of different surgical subjects. London: Printed for T. N. Longman and O. Rees, Paternoster-row. 1804.

[*]² B-R²S² Pp. 263. 134 ll.

1806

Surgical observations, part the second: containing, an account of the disorders of the health in general, and of the digestive organs in particular, which accompany local diseases, and obstruct their cure;—observations on diseases of the urethra, particularly of that part which is surrounded by the prostate gland.—and, observations relative to the treatment of one species of the *navi materni*. London: Printed for Longman, Hurst, Rees, and Orme, Paternoster Row. 1806.

[*]⁴ B-Q²R² Pp. viii, 245. 128 ll.

1809 "My book."

Surgical observations on the constitutional origin and treatment of local diseases; and on aneurisms. London: Printed for Longman, Hurst, Rees, and Orme, Paternoster-row. 1809.

a⁶ B-T²U² Pp. x, 292. 152 ll.

Later editions:

Third—London, 1814. Pp. xii, 375.
Fourth—London, 1817. Pp. xii, 375.
Fifth—London, 1820. Pp. xii, 341.
Sixth—London, 1822. Pp. xii, 346.
Seventh—London, 1824. Pp. xii, 346.
Eighth—London, 1825. Pp. xii, 346.

In another "eighth edition" (1826) and the succeeding editions the title was enlarged to—

Surgical observations on the constitutional origin . . . on aneurisms: including directions for the treatment of disorders of the digestive organs.

Eighth—London, 1826. Pp. xii, 346.
Ninth—London, 1827. Pp. xii, 346.
Tenth—London, 1828. Pp. xii, 346.
Eleventh—London, 1829. Pp. xii, 346.

American [S.G.L.]: Massachusetts Medical Society. Library of Practical Medicine. Boston, 1832, ii, 123-203.

1810

Surgical observations on diseases resembling syphilis; and on diseases of the urethra. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster row. 1810.

[*]¹ B-P²Q² Pp. 234. 120 ll.

Later editions:

Third—London, 1814. Pp. 234.
Fourth—London, 1822. Pp. 234.
Fifth—London, 1826. Pp. 234.

Surgical observations on injuries of the head; and on miscellaneous subjects. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1810.

[*]² B-R²S² Pp. 260. 132 ll. Plate 1.

Later editions:

Second—London, 1815. Pp. 260. Plate 1.
Third—London, 1821. Pp. 267. Plate 1.
Fourth—London, 1825. Pp. 267. Plate 1.

1811

Surgical observations on tumours, and on lumbar abscesses. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1811.

[*]² B-P² Pp. 222. 114 ll.

Later editions:

Second—London, 1816. Pp. 221.
Third—London, 1822. Pp. 221.
Fourth—London, 1827. Pp. 221.

The "Surgical Observations" grew from two volumes in 1804 and 1806 into the four separate parts published between 1800 and 1811. In the latter year the first collected edition appeared in two volumes as—

The Surgical Works of John Abernethy. . . . London: Printed for Longman . . . 1811.

New edition: London, 1816. 2 vols.

New edition: London, 1817. 2 vols.

New edition: London, 1819. 3 vols. [Vol. III contains Physiological lectures.]

New edition: London, 1825. 2 vols.

New edition: London, 1827. 2 vols.

American [S. G. L.]. From the 6th London edition. Hartford: O. D. Cooke & Co., 1825.

The Surgical Observations form Vols. I and II of "The Surgical and Physiological Works, 1830."

1815

An address delivered to the President and Governors of St. Bartholomew's Hospital by Mr. Abernethy, upon his election to the office of Surgeon to that institution, after having been an Assistant Surgeon during a period of twenty-eight years.

A²B² Pp. 23. 12 ll.

Note: Printed by J. McCreery, Took's Court, Chancery-Lane, London, probably in 1815.

1814*

An enquiry into the probability and rationality of Mr. Hunter's theory of life; being the subject of the first two anatomical lectures delivered before The Royal College of Surgeons, of London. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1814.

[*]² B-G² Pp. 95. 50 ll.

A new edition: London, 1818. Pp. 79.

A new edition: London, 1821. Pp. 79.

1815

Part of the introductory lecture for the year 1815, exhibiting some of Mr. Hunter's opinions respecting diseases. Delivered before The Royal College of Surgeons, in London. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1815.

[*]² H-I²K² Pp. 97-136. 22 ll.

(a) Printed by H. Bryer.

Reprinted with the date 1810 on title page:

(b) Printed by H. Bryer. "n" for "in" on title.

(c) Printed by A. & R. Spottiswoode.

The last two works appeared separately, but were re-issued together, with a special title page, and a dedication to the Council of the College of Surgeons, as—

Introductory lectures, exhibiting some of Mr. Hunter's opinions respecting life and diseases, delivered before The Royal College of Surgeons, London, in 1814 and 1815. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster row. 1815.

New edition: London, 1819.

New edition: London, 1823.

1817

Physiological lectures, exhibiting a general view of Mr. Hunter's Physiology, and of his researches in Comparative Anatomy. Delivered before The Royal College of Surgeons, in the year 1817. London:

* Taken out of chronological order to preserve the sequence of the so-called "Physiological lectures."

Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1817.

[*]² B-Z² Pp. 352. 178 ll.

Second edition: London, 1822. Pp. 352.

The Lectures for 1814, 1815 and 1817 were issued together as Vol. III of "The Surgical Works. A new edition, 1819."

1819

The Hunterian Oration, for the year 1819. Delivered before The Royal College of Surgeons in London. London: Printed by Strahan and Spottiswoode, Printers-street; for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1819.

[*]² B-L²M² Pp. 83. 44 ll.

Note: An octavo edition was also printed to be bound up with the other physiological lectures delivered at the College. This contains the "Postscript" answering Lawrence's attack. [*]² B-E²F² Pp. 65. 36 ll.

1821

Reflections on Gall and Spurzheim's System of Physiology and Phrenology. Addressed to the Court of Assistants of The Royal College of Surgeons, in London, in June, 1821. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1821.

[*]² B-E²F² Pp. 75. 40 ll.

The last five works were published separately, but could be bought complete in one volume as—

Physiological lectures. Addressed to The College of Surgeons. London: Printed for Longman, Rees, Orme, and Brown, Paternoster-row. 1821.

Later edition: London, 1825.

As "Physiological lectures and discourses . . ." they form Vol. IV of "The Surgical and Physiological Works, 1830."

1826

Address to the Council of The Royal College of Surgeons in London, by Mr. Abernethy, upon his election as President. On the 14th day of July, 1826.

fo. 2 ll.

Note: Printed for the College for private circulation. Copy: R.C.S.

1828

Lectures on anatomy, surgery, and pathology; including observations on the nature and treatment of local diseases delivered at St. Bartholomew's Hospital. London: Printed by C. Smith, one Bell Yard, Strand; and sold by James Bulcock, 163, Strand and all medical and other booksellers. 1828.

[*]² B-Z² Aa-Nn[*]² Pp. 580.

1830

Lectures on the theory and practice of surgery. London: Printed for Longman, Rees, Orme, Brown, and Green, Paternoster-row. 1830.

A⁶B-N⁸V42² Pp. xi, 331. 17 1/2 ll.

Note: Notes of Abernethy's Hospital Lectures were kept with religious care by his students. Many copies survive to this day, among them Peter Mere Latham's notes (1813), now at the Royal College of Surgeons. The first printed version appeared week by week in the Lancet from October, 1824, in a highly diverting verbatim report. Abernethy applied for an injunction against the Lancet to restrain its "hiring" from reporting his lectures. The editor continued to print his lectures, and never forgave him. To Abernethy's further discomfiture a "pirate" edition on miserably cheap paper was published by James Bulcock in 1828 "in the interests of the medical student" and doubtless with some advantage to the publisher. It was not until 1830 that the authorized version appeared; but in the translation from the fresh colloquial idiom of the spoken to the formal studied dignity of the written word, the sparkle was lost. Bulcock's edition is alive with Abernethy's personality: it remains to day the most readable of all his works.

These surgical lectures form Vol. III of "The Surgical and Physiological Works, 1830."

The surgical and physiological works of John Abernethy, F.R.S. . . . London: Printed for Longman, Rees, Orme, Brown, and Green, Paternoster-row, 1830.

Four volumes. Contents: I. II. Surgical Observations. III. Lectures on the theory and practice of surgery. IV. Physiological lectures and discourses.

NOTE ON "THE ABERNETHIAN CODE."

The Abernethian Code of health and longevity,

or every one's health in his own keeping, by the proper regulation of the stomach and bowels, in order to the attaining and securing those invaluable blessings, founded on the principles and practice of John Abernethy, Esq. F.R.S. Senior Surgeon to St. Bartholomew's Hospital. Containing full rules for the application of this system, by suitable regimen, diet and exercise; with an introductory [sic] view of the living functions of the animal economy, showing their mutual relation to each other, and how they severally depend on that part of the machine that influences and regulates the whole. Concluding with some most remarkable instances of longevity, and its comparative estimate in different classes of society. Principiis obsta, &c. It is better to prevent than cure.

London: Published by J. Williams, 45, Paternoster Row. And sold by all booksellers. 1829.

Pp. 24. 13 ll.

Copy: British Museum, where are also the editions of 1830, 1836, 1837 [1856].

American [S. G. L.]: New York, 1831.

Note: The full title of this peculiar pamphlet is printed to show the popular notion of Abernethy's practice,

based on views expressed in "My Book." The work, in the publisher's ingenious euphemism, was "connected with" two powerful medicines—the "Alterative Digester" and "Chylopoetic Aperient." Its Abernethian interest, apart from the title, lies in the following passage in its short address to John Abernethy, Esq.

"The celebrated seventy-third page of your book, is however inserted, that no reader may be under the necessity, particularly if he is economical, of making his pilgrimage for it to Longman's, according to your usual directions."

The tradition that Abernethy did so direct his patients is based on fact. Inside the cover of a copy of "My Book" in the Hospital Library are pasted the note and the prescription here illustrated:

1st Part of Abernethy's
Surgical Observations
Longman & Co
Ratis House Row
Page
72

Rij Maynes sulphur 3j
Manna - 3ij 3vj
Sper Benzol - 3ij 3vj
Socil. of Indon - 3ij 3vj
Sg. Mentha virg - 3ij 3vj
Cafes et cochlearia in longum primo mane
Cafes et quodlibet hinc 4ij alterna nocte
Mille pedes decem

On the back of the prescription is written: "This prescription is the handwriting of Mr. Abernethy for which I paid him one guinea."

NOTE ON "AN ESSAY ON MIND."

An essay on mind, and its moral education. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1812.

[*] B-E¹²F⁸ Pp. v, 111. 60 ll.

Note: Macilwain appends to his short list of Abernethy's writings:

"I believe he wrote the Anatomical and Physiological articles of 'Rees' Encyclopedia,' as far as the Article on 'Canal'; and that he is the Author of a small Treatise on a Metaphysical subject, but I have not yet been able to ascertain this, and therefore cannot at this moment be responsible for the correctness of the statement."

There can be little doubt that the above essay is the one to which Macilwain refers; the philosophic tone, the

quotations from Hunter, the publisher's name, support the direct attribution of authorship to Abernethy by "Wm. Burrows" in his copy, now at the Royal Society of Medicine. A close examination of the book has persuaded us that Abernethy did not actually write it, though he certainly assisted the author.

The author hints, in his preface, that he is writing for his own children, and remarks later that the book is "not calculated for the perusal of those emerging from infancy, but of those approaching maturity." Abernethy married in 1800: the book is certainly not suited to a child of eleven years.

A stronger point is the author's disclaimer of expert anatomical knowledge. "As the mind is affected through the body, some anatomical knowledge seems requisite for the advantageous consideration of what relates to this connexion . . . the Author has, therefore, incorporated a medical friend's opinions with his own. . . ." The friend's opinion takes the form of a long quotation from the article on "Brain, Physiology of the," in the fifth volume of "The Cyclopaedia . . . By Abraham Rees . . . London, 1819." In this work, subjects of Anatomy and Physiology were undertaken by Abernethy and Lawrence.

Our thanks are due to Mr. Geoffrey Keynes for valued encouragement, criticism and advice.

ALFRED FRANKLIN.

J. MOLINEUX JACKSON.

THE TREATMENT OF EMPYEMA.*

AS is well known, there is a rich and interesting literature on the subject of empyema, going back nearly two thousand five hundred years.

For a hundred years there have been innumerable discussions on its treatment. Many of them were futile, and many fruitless. The arguments in the earlier years were based on insufficient data. There was no natural classification. With some, personal prestige counted more than truth, and prejudice more than critical judgment. Things different were regarded or treated as things similar. Superstition and tradition have many a time obscured the sight of fact. In order to get the subject into perspective, it may be well to make a brief historical review; not for convention's sake, but because this is not infrequently the only possible method by which to get a thing into perspective. Before doing so, however, let us consider what we are aiming at when we treat an empyema: To save the life of the patient and to spare him years of suffering; to get rid of all the pus; to promote the complete expansion of the lung; to achieve these things with the minimum of risk and discomfort to the patient.

* An address opening a discussion at the Paget Club.

At the beginning of the nineteenth century little or nothing was done for empyema. Those afflicted mostly died. Sometimes they recovered spontaneously, by rupture internally or externally.

Soon percussion was established. This alone led to earlier diagnosis, and cases began to be treated before it was too late. In 1816 Laennec introduced the stethoscope. Diagnosis was further advanced. Almost exactly one hundred years ago Thomas Davies introduced the exploring needle. Diagnosis by this was greatly advanced, and a differentiation could be made with certainty between pus and serous fluid. Operations for empyema now became more and more frequent. There was as yet, however, no bacteriological differentiation. Different types of empyema were treated by similar methods, but with very different results, and like the futile bitter "battle of the sides" of an earlier epoch, there arose an equally futile controversy about the admission or non-admission of air.

Approaching the middle of the nineteenth century we find the keenest interest being displayed in the subject. Many ingenious methods of treatment were employed. For example:

1. Simple single puncture.
2. Repeated punctures in the same or different places.
3. Puncture with introduction of a "cannule à demeure" in the chest, devised so as to prevent the entrance of air.
4. Incision with immediate reunion of the wound. This was, however, only for serous effusions.
5. Incision with a forcign body introduced into the wound to close it mechanically and yet to prevent its healing (gentian root, linen tampon).
6. Incision with a linen drain inserted in the wound. (An ancient method and one frequently employed.)
7. Incision and a compress.
8. Perforation of a rib.

Yet results were unsatisfactory. Many empyemas became chronic, many developed permanent sinuses. A matter of dispute at this time was whether all the pus should be allowed to escape at once. The orthodox view was the rule enunciated by Hippocrates, namely that the pus should be let out little by little and not all at once. Yet from time to time cases were reported where a dressing had slipped, pints of pus had come pouring out, and the patient, contrary to the law of man, had made a surprising recovery. In the first decade of the second half of the century rubber drainage-tubes were first employed. They were used in many ingenious ways. Sometimes two incisions were made and the tube threaded through. Sometimes syphon drainage was employed, the end of the tube being put under water. The value of this was hotly debated. These,

by themselves, would have achieved little; but before long came two great influences in the treatment of empyema: (1) The epoch-making discoveries of Pasteur, and (2) primary resection of the ribs. In 1882 Arbuthnot Lane published his first 5 cases of primary resection of the ribs for empyema. He was the originator of this method. Before long it became almost universal.

But it was not this alone that caused the improvement in results. Diagnosis had become more accurate and more early. Moreover, in the same year Koch discovered the tubercle bacillus, and this enabled a differentiation to be made between tuberculous and non-tuberculous empyemas—a differentiation that was essential before any just appraisal of a method could be made. Excluding the tuberculous empyema, the method of choice became primary resection and the insertion of a rubber drainage-tube. For a period this was a routine procedure. So firmly established did it become that it was pursued almost blindly, as a kind of fetish.

When after about thirty years' experience it was realized that in children under one year so treated the mortality was 80 to 90%, it began to deter the boldest and heartiest of surgeons, and the method had to be revised.

Again, in America, during the War, epidemics of various kinds were common in the big camps. There were large numbers of cases of acute fulminating empyema. Treatment by resection of rib and open drainage proved disastrous. The lesson from this experience was reinforced by the experimental work of Ewerts Graham, who showed that dogs, with an artificially-produced acute streptococcal empyema, treated in this way, all died.

Yet there are still those who maintain that they have found this method in their hands perfectly satisfactory in the treatment of empyema. It is impossible to say that any one method is satisfactory for all types of case.

The advance in the treatment of empyema has been not so much technical and mechanical, as in differentiation and classification. Methods approved to-day are in many instances revivals of old methods; but it has become a question, not of this method or of that, but to what case must we apply this method and to what that. And so we find that sometimes we must admit air, and sometimes not. For example, in an emergency aspiration for an acute streptococcal empyema, too high a negative pressure may be created and air must be allowed to enter forthwith, in order to relieve the symptoms. Sometimes we must allow all the pus to escape at once, and sometimes not. For example, in certain pneumococcal empyemas it is desirable to get rid of all pus and the great lumps of fibrin that exist, or drainage and lung

expansion may be seriously hampered. Sometimes we must resect and sometimes not; sometimes employ negative pressure devices and sometimes not. These will be discussed later. Sometimes we must operate directly pus is discovered and sometimes not. For example, in the case of a pneumococcal empyema occurring early in the course of the pneumonia, yet doing no harm by reason of its size or toxicity, we should prefer to leave it until the pneumonic process had subsided.

I shall attempt to make a rough classification, and describe in briefest outline what I believe to be the best treatment in each case.

1. *The true tuberculous empyema.*—By this I mean pus that is sterile on culture, but which contains tubercle bacilli in large numbers. This, if causing no symptoms, may be left entirely alone. If causing symptoms, then replacement by oxygen. If this is not sufficient, irrigation. For this it is best to employ two needles, one below for the aspiration, and one above. The upper one will admit air whilst the pus is withdrawn. This having been done through the lower needle, an antiseptic such as acriflavine can be gently run in until it comes out of the upper needle. It is then syphoned off again. This can be repeated two or three times. In this way almost the whole of the pleural surface can be washed by the antiseptic.

If this fails thoracoplasty will have to be considered.

2. *Mixed empyema complicating tuberculosis.*—This is usually secondary to spontaneous pneumothorax. For this syphon or closed drainage of some kind may be employed. It may be sufficient to insert a catheter, or a self-retaining catheter, through a cannula, withdraw the cannula, then attach another tube by a glass connection, and let it dip into antiseptic fluid in a flask which may be tied on to the bed. If these measures are not sufficient, it may be necessary to resect and drain in the ordinary way. Sometimes with a low-grade infection it may be possible to get rid of the pus and yet maintain the pneumothorax, if desired, or the empyema may be no longer toxic and permit the establishment of an oleothorax. In some cases where I have been anxious to keep up the pneumothorax, I have employed irrigation with the two-needle method, as above, but this is only likely to be successful with very low-grade infections.

3. *Acute fulminating empyema.*—For this any open method is disastrous. The mediastinum is unfixed, and if the chest-wall is opened mediastinal flutter will take place. Early treatment may be demanded because of the amount of fluid or its toxicity, or both. Repeated aspirations may be needed until the pus thickens, then other methods may be necessary, or one of the many

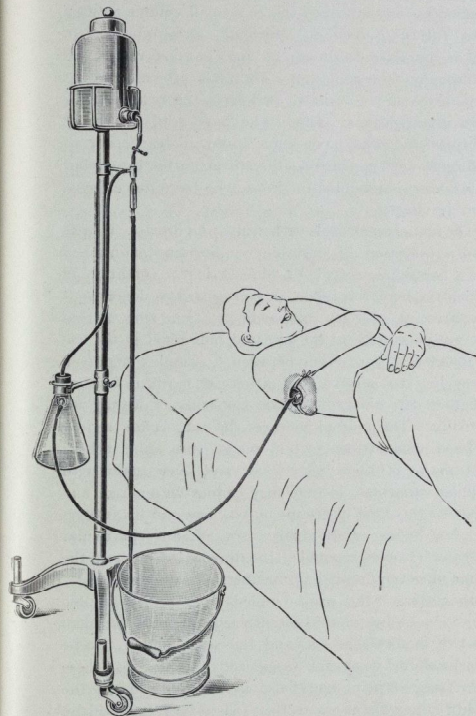


FIG. 1.

negative pressure devices may be used. Often, however, an initial emergency aspiration will have to be performed.

Care must be taken in aspirating. Too great a negative pressure may be induced in the pleura. The patient may experience discomfort, great distress or become suddenly cyanosed. In such a case, air must be admitted at once. Removal of the tube from the aspirating needle or cannula will permit air to be drawn into the

this, a Sprengel pump apparatus can be used, which is illustrated in Fig. 1, or a simple method of bottles, such as has been described several times, and recently at the Annual Meeting of the British Medical Association at Winnipeg last year by Dr. McEachern, and is roughly

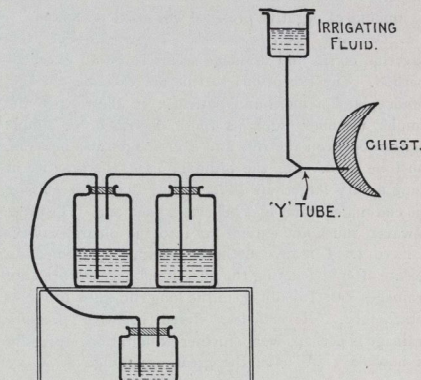


FIG. 2.



FIG. 3.

chest immediately. It can be filtered by placing cotton-wool or gauze over the end of the needle.

For negative pressure drainage a trocar and cannula may be inserted, care being taken not to admit air; a catheter is introduced through the cannula by an introducing rod, and some negative pressure device used.

If syphonage can be established, it may be possible to drain under water. The difficulty is that the tube may get blocked. It may be easy, however, to clear this by a syringe and some antiseptic fluid. Failing

illustrated in Fig. 2. But in actual practice the Sprengel pump device is really simpler, if it is obtainable. The simplest device is a bottle, in which a negative pressure is obtained by the use of a Higginson's syringe with good valves, as illustrated in Fig. 3.

I would have it very clearly understood that the negative pressure device is not to promote lung expansion, but to prevent mediastinal displacement and mediastinal flutter. If the lung is free from disease and not bound down by thickened pleura, it will expand, if properly treated. If not, I am inclined to think that no amount of negative pressure will make it expand.

4. *Ordinary post-pneumonic empyema.*—For this resection of rib and drainage seems to be an excellent method. The exceptions to this are extreme old age, infancy, and a moribund patient. In these cases the simpler methods, such as those described, or simple incision between the ribs and a drainage-tube inserted, must be used. For the ordinary case, the practice of using a very large bore tube, sewing it in and putting the end under water is, I believe, a good one. The tube, however, must not extend far into the pleural cavity. I have tried many methods—aspiration, immediate closure after evacuating the pus, closed negative pressure drainage—but I doubt if, in the long run, they prove so satisfactory. Nevertheless closed negative pressure drainage is perhaps worth further exploitation, especially as nowadays we have the great advantage of X-ray control.

The anaesthesia of choice is local anaesthesia skilfully given. If the patient is highly nervous gas and oxygen may be used whilst the rib is being cut, and just as the pleura is opened. The place of incision is important. It should not be too far back lest the patient, by lying on the tube, may prevent drainage. It should not, in my opinion, be so low that the diaphragm is irritated, or may come up and partly occlude the end of the tube. As soon as possible breathing exercises should be instituted and the patient allowed up. If the lung will not expand, then irrigation by Dakin's solution should be started forthwith; if necessary, continuous irrigation, and if the lung is obstinate in expanding, it is well to leave a minute tube, if only a capillary tube, in for some time. It is dangerous to have residual fluid washing over and over the pleura; each time it does so it deposits a fine layer of fibrin. This is what makes a thick pleura, and this is what prevents the lung expanding. I have watched the phenomenon many times by the thoracoscope in other conditions.

If still the lung proves obstinate, decortication will have to be considered. Before it is possible to say that cure is complete, the two layers of pleura must be in complete apposition.

In conclusion, I would say that the great problem in empyema is not getting rid of the pus, but getting the lung to expand.

F. G. CHANDLER.

"THE INBORN FACTORS IN DISEASE."



HE author of *Inborn Errors of Metabolism* and of the Huxley Lecture on "Diathesis" was bound, sooner or later, to produce an essay which would voice his thoughts and beliefs on the subject of disease and diseased persons. Sir Archibald Garrod has accomplished this in a small volume entitled *The Inborn Factors in Disease*,* and, whether or not he intended to do so, he has put on record his philosophy—the philosophy that has grown from his experience as a physician, and from the results of his own investigations. Those who have read his earlier writings and who have known him as teacher or as colleague need no introduction to his latest essay, but this review is intended for those who have not enjoyed that privilege.

The first chapter deals with health and disease. Health is "a condition of unstable equilibrium, maintained by a continual struggle"; disease is "a condition in which the body has fallen, in greater or less degree, out of harmony with its surroundings," and the morbid picture presented by the diseased individual is the expression of the reaction between a complex organism struggling to survive and a set of harmful factors, whether derived from outside the body or arising internally. The morbid pictures do not occupy rigidly defined compartments, but merge into each other; but many of them recur over and over again with trifling variations, so that they cannot be ignored, and must be classified in groups by teachers and by authors of text-books. Individual cases of any particular disease, however, resemble "the drawings made from the same model by individual members of a drawing class," rather than "the prints pulled from a lithographic block." In any morbid picture account must be taken of two factors—the soil and the seed—and if this be accepted for what are recognized as diseases, these two factors are at work also in the causation of the many minor disturbances that fail to be recognized by the methods at our disposal.

The second chapter is a plea for the recognition of a chemical basis of individuality. The attributes of organisms must depend on the chemical differences in the constituents of the germ-cells from which they are derived. In the possible variations in the proteins, nucleo-proteins and substances of the lecithin group contained in the molecules of the germ-cells, there is room for differences not only between genera and species,

* *The Inborn Factors in Disease.* An Essay by Archibald E. Garrod, K.C.M.G. Oxford: Humphrey Milford, 1931. Pp. 100. Price 7s. 6d. net.

but also between individuals of a species. There is much to suggest that the inheritance of membership of a blood-group follows Mendelian lines, and it can hardly be doubted that the phenomena that result from the introduction of the blood of one individual into the veins of another individual of the same species are dependent on chemical or physio-chemical differences, and exemplify inborn chemical individuality. Other examples are given, and the chapter ends with the sentence: "Among the legacies thus handed down from one generation to another are predispositions to certain diseases, or exceptional powers of resistance, which play and have played no unimportant parts in the evolution of the human race."

The wonderful adaptation of man to his surroundings, while the surroundings have altered and the harmful factors that attack him from without have evolved, points to the occurrence and recurrence of mutations for the better adaptation of the individual. But the adaptation is so remarkable that deviations are apt to be disadvantageous, and evidence of the hereditary transmission of such unfavourable mutations as to entail unusual liability to disease is presented in Chapter IV. The inheritance of some of the factors in disease behaves as if the mutation is a Mendelian dominant, of others as if it is a recessive, while in haemophilia, colour-blindness, and some of the muscular dystrophies, the behaviour is of the "knight's move" type, and is known as sex-linked recessive.

The basic principles of predisposition are discussed in these earlier chapters, and then the author proceeds to give a brief account of the several kinds of predisposition. This second part of the essay is an attempt to correlate the lessons learnt from the work of others with the results of his own investigations. Naturally the chapters on "Tissue Defects" and "Errors of Metabolism" are the most interesting and the most convincing, but while the others are thin in places, they do give a balanced account of the evidence obtainable in other fields of research. Chapter V deals with "Structure and Form in Relation to Disease," and encourages the work of the "Constitutional Clinics." The close relation between function and structure is emphasized, and the significance of the investigations of Hurst on the forms of stomachs, and the pathological events dependent thereon, is discussed.

Sir Archibald Garrod introduced us to the rare diseases, of which he has made a special study, in *Inborn Errors of Metabolism*, and in Chapters VI and VII of this essay he weaves them into his subject and shows how they, rare though they be, point to general principles, and vindicate a philosophy. There is little known yet of the influence of individuality on the clinical picture

of the infective diseases, but Chapter VIII indicates how much more there is to learn. The allergic nature of many of the signs and symptoms is referred to, and leads naturally to the last chapter, on "Idiosyncrasies." The importance of the work of Dale and of Lewis on histamine and the relation of histamine to anaphylaxis and allergic idiosyncrasy are discussed. Idiosyncrasies to drugs are sometimes of the allergic kind, in other cases they may depend on deficiency in the ferments that destroy the drugs in the body; whether allergic or other, the factors that produce them appear to be intimately connected with the chemical structure of the tissues and the chemical life of the individual.

If it is ever permissible to read part only of an essay, there is one part of this essay that can be more strongly recommended than the rest, and that is the Epilogue. The Prologue reviewed and criticized the various theories of diathesis that have been built up; in the Epilogue, Garrod criticizes the aspect of this subject presented by him in the essay, and recognizes that in fifty years time the increased knowledge will displace many of his conclusions. What used to be spoken of as a diathesis is nothing but chemical individuality. "But to our chemical individualities are due our chemical merits as well as our chemical shortcomings; and it is more nearly true to say that the factors which confer upon us our predispositions to, and immunities from the various mishaps which are spoken of as diseases, are inherent in our very chemical structure; and even in the molecular groupings which confer upon us our individualities, and which went to the making of the chromosomes from which we sprang."

Perhaps he has quoted the views of others too much, for the reader hunts, frequently in vain, to find Sir Archibald's own opinion on many of the questions that arise, but it is the assembling of these views and the interweaving of them with matters on which he feels that he is justified to express his own conclusions that create the philosophy that is voiced in this essay. It is short, it is easy to read, you will feel richer and you will be wiser when you have read it. F. R. F.

ABERNETHIAN SOCIETY.

A meeting of the Society was held on Monday, April 20th, at 8.15 p.m. in the Medical and Surgical Theatre, the President, Mr. A. W. Franklin, in the Chair. Sir Arthur Keith delivered an address in commemoration of the centenary of the death of John Abernethy. The address, "Fresh Light on John Abernethy," is published in full in the JOURNAL. Sir Percival Horton-Smith Hartley proposed a vote of thanks, which was seconded by Mr. W. R. Bett.

A small exhibition of Abernethiana had been arranged by Mr. J. M. Jackson, and included Abernethy's gold repeater watch, lent by the Royal College of Surgeons.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

Hospitals' Rugby Cup Final.

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

This match was played at Richmond Athletic Ground on Wednesday, March 18th, in very warm weather. Both teams were at full strength, and Bart.'s included seven of the victorious Cup team of 1928. Bart.'s had the advantage of the wind in the first half and took the lead at the end of four minutes. Following good work by J. A. Nunn, a loose scrum had developed, the ball was swiftly heeled to Taylor, who broke away on his own round the blind side, and easily avoiding the opposing wing forwards ran up to the full-back, and there gave the ball to Darmady, who had backed him up well, for the latter to score far out. Ryan failed with the kick (3-0). Following this reverse, Mary's pressed for some time, and on one occasion Sealey was only hurled into touch a yard short of our line. However, the more Mary's attacked the better the defence and tackling of the Bart.'s backs became, Prowse and Petty in the centre especially pulling their opposite numbers down relentlessly. Twice it looked as though Cherry, the Mary's left wing, would be given a clear run in, but each time the final pass went astray. Mary's were presented with an excellent chance of drawing level when they were awarded a free-kick for a scrum infringement on the Bart.'s "25," but Bevan's kick merely cannoned into the Bart.'s forwards standing on the mark. Bart.'s, having weathered the storm, took the initiative again, for with the stiff breeze blowing it seemed of vital importance that our lead should be increased before half-time. Good opportunities for achieving this object were presented by four penalties being given against Mary's in a very short space of time, but in each case, to quote the *Times*, "the ball did not rise high enough to get over the bar even if it had been going straight." Nunn, however, had hard luck with an excellent attempt to drop a goal, but apart from this, Bart.'s seldom looked like scoring, for Mary's were determined not to repeat their error of letting Taylor evade them. Half-time came with Bart.'s still established in their opponents' half.

With the breeze at their backs Mary's penned Bart.'s in their own "25" for the first quarter of an hour of the second half, and though they never actually looked like completing a movement successfully, yet such prolonged pressure seemed likely to gain its reward in time. However, Bart.'s had shown in the King's match particularly that they merely thrive on being forced desperately to defend their line, and now it was the turn of Mary's to discover this. Williams called upon his pack for renewed effort, while Taylor, by clever "sniping" runs and smart kicks to touch, gradually beat back the opposition, and soon Bart.'s were once more in their opponents' half of the field. With eleven minutes remaining for play the ball came out smartly to Taylor from a scrum on the Mary's "25" line, and Nunn, taking the opposition completely by surprise raced round the blind side to take his scrum-half's pass, and then, with two men left over, he handed on to Prowse, who dashed over to score near the posts. Ryan converted (5-0). All tension seemed to depart from the game after this score, and though Mary's carried play once more to our line, they were unable to penetrate the Bart.'s defence, and the final incident of the game was provided by J. D. Powell securing the ball and galloping the length of the field, only to be forced into touch on the corner flag.

Final score: Bart.'s 1 goal, 1 try (8 pts.), Mary's, nil.

Once again J. T. C. Taylor was the outstanding player on the field, and this despite the fact that he was suffering from a badly bruised knee, sustained in his splendid breakaway which led to our first try. In both attack and defence J. A. Nunn backed up his scrum-half excellently, and while all the three-quarters defended in their usual gallant fashion, C. B. Prowse may be picked out as having played one of his best games of the season. In this catalogue of superlatives the name of R. N. Williams must be mentioned, for his leadership and play in these cup-ties were of the highest order, and all the more credit is due to him for turning out in this Cup Final with a broken bone in his hand. For the rest of the pack it should

be sufficient to say that they were a typical Bart.'s pack. To our full-back, I. J. Ryan, all our sympathy is extended in his misfortune in suffering so grave an injury; his courage in playing on during the final quarter of an hour, when he so materially assisted in preventing Mary's crossing our line, was remarkably fine. Finally, it should be noted that in the course of our three Cup-ties this year, on no occasion was a try registered against Bart.'s.

Teams.—Bart.'s: T. J. Ryan (back); D. Thomas, G. F. Petty, C. B. Prowse, J. D. Powell (three-quarters); J. A. Nunn, J. T. C. Taylor (capt.) (halves); K. N. Williams, V. C. Thompson, H. D. Robertson, B. S. Lewis, J. R. R. Jenkins, E. M. Darmady, G. D. S. Briggs, R. Mundy (forwards).

St. Mary's: J. P. Morgan (back); C. P. Sealey, R. D. Wright, A. G. Cross, J. G. Cherry (three-quarters); J. F. Ryan, G. Jones (halves); J. J. A. Embleton, E. Parry, R. F. M. Child, W. W. Sargent, E. V. Bevan, R. S. Richmond, M. W. L. Owen, A. G. Manley (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

Played at Bristol on Easter Tuesday, April 7th. Owing to the nearness of "finals" and to injuries, only eight of our cup-winning team were available for this match. The situation was considerably relieved, however, by the assistance of two London and one Guy's player being obtained. The ground at Bristol was heavy and the home team were by no means at full strength, though the internationals, Tom Brown and Barrington, were included in the side. Bart.'s kicked off, and shortly afterwards our backs brought off a glorious movement, which culminated with a delightful cross-kick from Powell, but no try resulted.

During a spell of Bristol pressure Kingdon intercepted cleverly and raced down the field, and after persuading his opposite number to buy a beautiful dummy, he drew the full-back and passed to Powell, who raced over for a try. Reidy failed to kick a goal. Bart.'s hung on to this lead until half-time, for Bristol failed to take advantage of two opportunities of kicking a penalty goal.

At the beginning of the second half Bart.'s were forced to act on the defensive for some time, and the whole team excelled in pulling down the opposition. At length, however, with Taylor caught in a loose scrum, quick passing enabled Bristol to be left with a man over, and Dowling crossed our line. The kick failed.

Straight from the kick-off Bristol went off with a rush, and Thompson was several times called upon to clear our lines, which he did in excellent style.

A dropped pass between the Bristol centres gave Wailer a chance to dribble the ball well into the home half, where Patch, displaying excellent ball control, took the ball on for 30 yards, to fall on it for a try. The crowd applauded this effort vociferously. With the score 6-3 against them Bristol made desperate efforts to score, but Barrington, although handling the greasy ball excellently, could not get past Nunn. Once a glorious tackle by Taylor hurled Dowling into touch a yard from our line. Clever kicking by the former and by Nunn and some grim work by the forwards drove Bristol back, and with no further score being recorded, Bart.'s were able to secure the honour of being the first London club to beat Bristol this season.

A word of praise is due to our young right wing pair, Buckland and Kingdon, for the way they played against such seasoned opponents, while Darmady's leadership and play in the pack were of great value. Of a hard-working eight Reidy may be mentioned as, literally, a tower of strength, while Harvey hooked well and played his most consistently energetic game of the season. Taylor and Nunn made an excellent pair of half-backs, and J. D. Powell was at his best in both attack and defence.

Team: H. R. Thompson (back); L. H. Buckland, J. R. Kingdon, L. Wailer, J. D. Powell (three-quarters); J. A. Nunn, J. T. C. Taylor (halves); B. S. Lewis, J. R. R. Jenkins, E. M. Darmady, G. D. S. Briggs, R. Mundy, K. J. Harvey, J. F. Reidy, K. A. Patch (forwards).

Final record of 1st XV: Played 31, won 10, drawn 1, lost 20. Points for, 204; against, 364.

1st XV scorers: Tries—Powell 11, Thomas 6, Taylor and Prowse 5, Darmady, Lewis and Youngman 3, Curtis, Pirie and Jenkins 2, Gabb, Petty, Blair, Beilby, Harvey, Kirkwood, Mundy, Nunn and Briggs 1. Total, 51.

Goals—Ryan 15, Darmady 4, Kirkwood 3, Jenkins 1. Total 23.

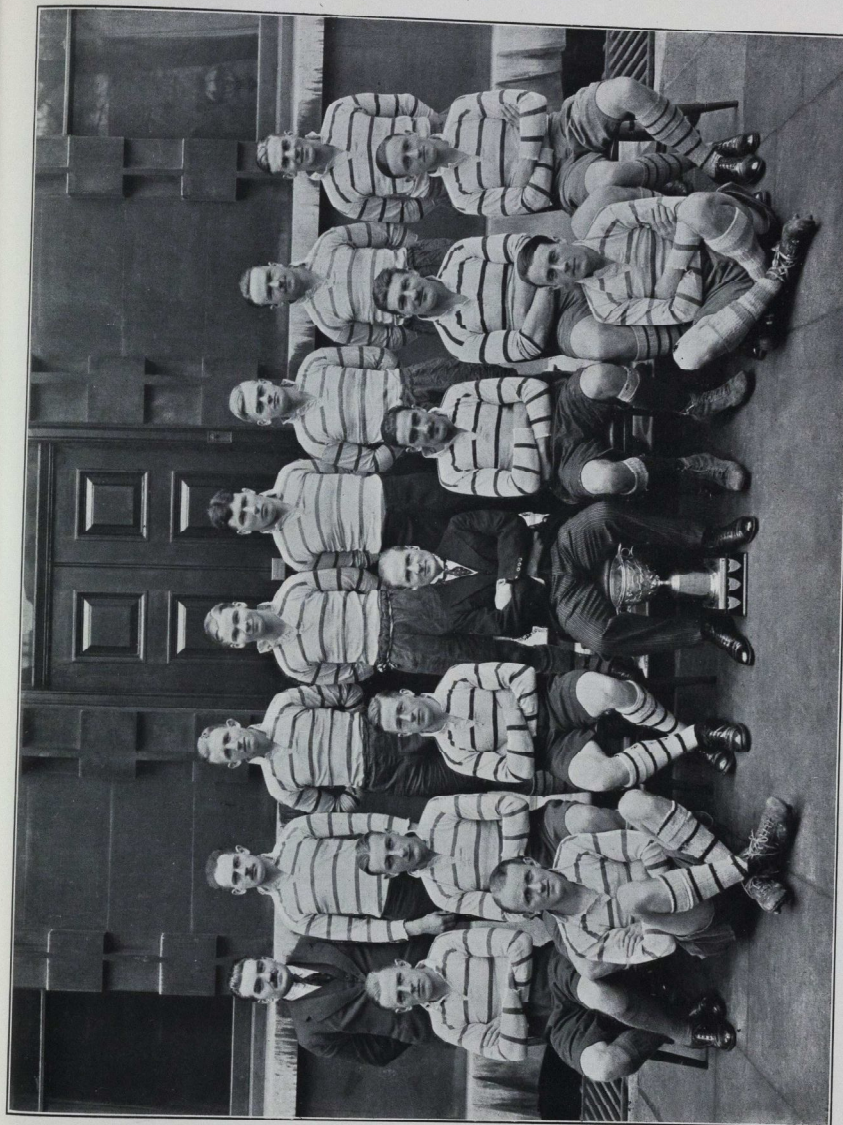


Photo: Evelyn Studios.

WINNERS OF HOSPITALS' RUGBY CUP, 1930-31.
Back row.—D. J. STEPHENS, J. D. POWELL, R. MUNDY, J. R. R. JENKINS, E. M. DARMADY, H. D. ROBERTSON, G. F. PETTY, D. M. E. THOMAS.
Seated.—J. A. NUNN, V. C. THOMPSON, J. T. C. TAYLOR (Captain), Dr. J. D. BARRIS (President), B. S. LEWIS, R. N. WILLIAMS, C. B. PROWSE.
Ground.—G. D. S. BRIGGS, T. J. RYAN.



Photo: Central News.

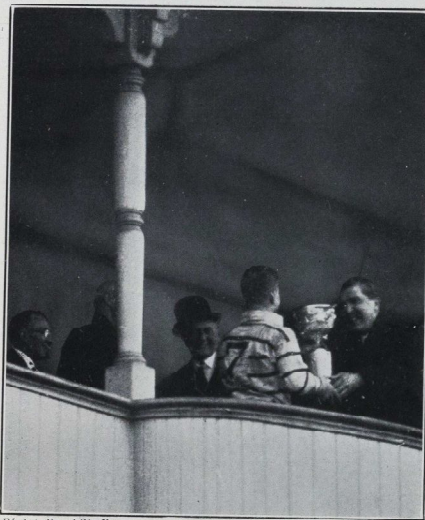


Photo: Excel Studios.



Photo: Excel Studios.

Junior Inter-Hospitals Rugby Cup Final.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

Played on the St. Thomas's Hospital ground on Tuesday, March 24th.

Bart's kicked off, and play for the first twenty minutes was confined to the Bart's half of the field. London looked dangerous on several occasions, but John relieved with some fine kicks to touch. Our park was a trifle sluggish, due to this being their third hard game in five days. At length Bart's reached the London line, and from a loose scrum Harvey scored, but Buckland failed to convert. Shortly before half-time Cramer ran very fast to score an unconverted try for the London. Half-time came with the score 4 all.

Bart's pack showed greatly improved form in the second half, while outside the scrum Pirie was excellent and cut out some beautiful openings. After a quarter of an hour's play in this half Pirie cut through to score near the posts. John converted (8-3). Shortly afterwards a fine three-quarter movement ended in Buckland racing over for an unconverted try (11-3). With Pirie lying on the ground as the result of a heavy tackle, the London were able to take advantage of our disorganized defence to score a try, which was converted (11-8). The referee at this juncture blew his whistle for "no-side," and each side gave the other three hearty cheers. The referee was then reminded that 10 minutes still remained to be played, and thus Bart's entered on a rather worrying period with two men damaged, for in addition to Pirie, Wilson was suffering from a damaged shoulder. However, the former allayed all fears by cutting through brilliantly, selling a delightful dummy to the full-back and touching down between the posts for John to convert.

Final score: Bart's "A," 2 goals, 2 tries (16 pts.); London "A," 1 goal, 1 try (8 pts.).

Team: C. W. John (capt.) (back); L. H. Buckland, A. H. Pirie, F. J. Bellby, J. C. Youngman (three-quarters); J. R. Kingdon, J. O. Wilson (halves); J. S. Knox, K. J. Harvey, O. W. Moynagh, A. T. Blair, E. C. Fountaine, J. M. Jackson, J. W. Cope, W. H. Gabb (forwards).

Final record of "A" XV: Played 29, won 24, drawn 3, lost 2. Points for, 557; against, 139.

TENNIS CLUB.

With the majority of the members of the 1st and 2nd VI's who got to the finals of the Inter-Hospital Tennis Cups last year still at the Hospital, the Tennis Club looks forward to a successful season.

The Cup-ties start on May 16th, and in the first round we play St. George's, who have entered the competition for the first time. A full programme of fixtures for 1st and 2nd VI's has been arranged, there being a match for one or both VI's every Wednesday and Saturday until the beginning of July.

A most encouraging entry of 94 has been received for the Open Singles Tournament, which will be started at the end of April and continue throughout the term.

CORRESPONDENCE.

RECOVERY FROM TETANUS FOLLOWING TREATMENT BY ANTITOXIN.

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

DEAR SIR, Having read in the *British Medical Journal* of January 10th a letter from Dr. O'Carroll, who was my predecessor at the Adeoyo Hospital, about a case of tetanus definitely cured by antitoxin, I thought that a report of another somewhat similar case might be of interest, the more so as I had seen the case referred to.

When I was away on four days' local leave last July, a boy of 15 was admitted to the Adeoyo Hospital with a very bad compound fracture of the tibia and fibula. This was the result of a motor accident. As the wound looked perfectly clean he was not given any antitoxin. The following is the subsequent history of the case.

6. vii. 30: Temperature 101.2°, pulse 104.
7. vii. 30: Injection of morphine given for pain.
9. vii. 30: Operation. An attempt was made to clean up the wound and set the bones, but without much success.

14. vii. 30: Definite signs of tetanus appeared, consisting of rigidity of the leg, abdominal and neck muscles, with frequent spasms.

15. vii. 30: A.T.S. 4000 units given into the theca in the lumbar region. No spinal fluid could be obtained.

17. vii. 30: The spasms were getting worse, so A.T.S. 16,000 units was given into the lumbar theca.

19. vii. 30: The boy's condition was exceedingly grave; indeed, I thought he was dying. He was given morphia gr. ½, to relieve the pain.

22. vii. 30: A further 16,000 units given into the spinal theca. The spasms gradually decreased in frequency, and the general condition gradually improved.

The temperature remained irregular till 1. viii. 30, when I came to England on leave being relieved by the same man who had admitted the case. I had made no effort to do anything further for the local condition, which was in a bad state, with large overgrowth of unhealthy granulations.

2. viii. 30: Operation. The tibia was sutured with fine wire twisted into a cord, there being no proper wire available. There was a post-operative rise of temperature to 101°.

8. viii. 30: Sudden rise of temperature to 104.4°, with pulse of 130. The boy was given morphine. I hazard the guess that this was probably due to malaria, as the temperature and pulse fell to normal by the next day.

The temperature was irregular till 12. ix. 30, averaging about 99.5° and gradually falling to 99°. All this time the boy was on quinine.

30. ix. 30: Another sudden rise of temperature to 104.2°, falling next morning to 101°, and then gradually to normal, which was reached by 5. x. 30. There were further slight irregularities till 1. xi. 30, when it was again normal. All this time the wound in the leg had been slowly healing, but a small sinus was left, discharging pus.

I returned from leave in the middle of December, but did nothing further in the way of operative treatment till 10. 1. 31, when I enlarged the sinus and removed a sequestrum about 1 in. long by ½ in. wide. I also removed the wires, which had done their work, as there was a firm bridge of bone joining the two fractured pieces. The boy was able to use the leg, and his general condition was excellent.

After this operation the wound gradually healed up, there being no further discharge, and the boy was discharged, cured, on 23. ii. 31.

Tetanus germs are found everywhere in the road dust all over this district, and I have learnt to give A.T.S. to every accident case in which there has been the least possibility of dust contamination, with the result that I have never had a case of tetanus when I have had the patient under my personal observation from the first. Now and again one is tempted not to give A.T.S., as the wound seems so clean, but the two cases referred to above have taught me never to give way to this temptation.

Apologizing for trespassing so much on your space,

I am,

Yours, etc.,

W. CHALMERS DALE,

M.O. Adeoyo Hospital,

Ibadan.

ADEYOYO HOSPITAL,

IBADAN,

NIGERIA:

March 3rd, 1931.

CONVALESCENT SERUM IN MEASLES AND POLIOMYELITIS.

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

DEAR SIR,—We wish to make known the necessity of obtaining two valuable therapeutic agents of which this Hospital at present possesses none. Both are human sera, and both are quite irreplaceable by any other agent; neither is obtainable commercially.

Measles can be prevented with certainty by the administration of a small amount of serum from a recently recovered patient. The importance of such prophylaxis is obvious in hospitals; now that we have a children's ward, the admission of an undiagnosed case of

measles—a mistake which is sometimes unavoidable—may at any time call for the application of this method of prevention if many of the children are not to develop measles in addition to the complaints for which they have been admitted.

The second disease to which we refer is poliomyelitis. Here we are concerned rather with the treatment of the established disease, and for this purpose again the serum of a recovered case is the only specific agent at our disposal. It is possible by its means greatly to diminish the ill effects of the disease, and it is difficult to conceive what more valuable action a remedy could have than the prevention of permanent paralysis.

Treatment with human serum is naturally attended by none of the undesirable effects which may result from the injection of horse-serum.

May we appeal to all readers of the JOURNAL who are working in the Hospital or within reach of it to give us any opportunity which may occur of obtaining these sera? Young children, who are the commonest sufferers, are least able to give them; the removal from them of any considerable amount of blood during convalescence may be difficult or unjustifiable. It sometimes happens, however, that adults acquire these infections, and after recovery they are ideally suited as blood donors for this purpose. A quantity of blood from such an individual equivalent to that used for a single transfusion, will provide the means of protecting or treating as many as fifty children.

If anyone knows of a patient recently recovered from measles or poliomyelitis who might be willing to give blood for this purpose, will he kindly communicate with one of us?

We are,

Yours faithfully,
LAWRENCE P. GARROD.
CHARLES F. HARRIS.

ST. BARTHOLOMEW'S HOSPITAL, E.C.7;
April, 1931.

REVIEWS.

MODERN SKIN THERAPY. By H. D. HALDIN-DAVIS, M.D., F.R.C.S., M.R.C.P. (London: Jonathan Cape, 1930.) Pp. 128. Price 5s. net.

This is an extremely readable book, and should be of considerable value to general practitioners and medical students alike.

Divided into ten chapters and consisting of little more than an hundred pages, this book deals with the more common and chronic skin affections (which are so often exceedingly refractory to treatment). In discussing the causation of eczema, Dr. Haldin-Davis postulates that the modern passion for baths among the upper classes of this country may be the cause of roughened and inflamed cutaneous patches in middle age. In the treatment of psoriasis cicuolin is mentioned; Röntgen rays, in cases of ringworm of the hair, are preferred for epilation to thallium acetate, except in very young children, when the latter is advocated.

The gold treatment of lupus erythematosus is discussed, and, as has been found by other dermatologists, Dr. Haldin-Davis has obtained better results using sanocrysin than with krysolgan. The effect of gold injections in lupus vulgaris is not mentioned.

Perhaps the most striking advance in the treatment of skin affections during the last decade is the use of the Röntgen or X-rays. Few of the standard text-books of dermatology describe this form of treatment in any detail. In "Modern Skin Therapy" very interesting and instructive information is given, indication and contra-indication for Röntgen therapy, modern dosage, and a description of the Sabouraud pastille. The other types of actinotherapy are all discussed, ultra-violet light, the Finsen light and Reyn's modification of the latter, and are hailed as powerful modern weapons for combating various cutaneous lesions.

AN INTRODUCTION TO PHARMACOLOGY AND THERAPEUTICS. By J. A. GUNN, M.D., D.Sc., M.A. Second edition. (Humphrey Milford, 1931.) Pp. viii + 233. Price 5s. net.

The necessity for a second edition of Prof. Gunn's book only two years after the first proves its demand and ensures its being up-to-date. The author has not only taught pharmacology to medical students at Oxford but has examined in ten great examination centres, and has a claim to know the needs of students which none can deny. Unlike quite a number of teachers who are inclined to boost their particular subject and bewail the lack of time spent upon it in the present medical curriculum, the writer has candidly and honestly shot overboard a mass of unnecessary detail as regards the preparation and composition of drugs, which was at one time the nightmare of every medical student. The chapters are arranged on a physiological plan—first a few pages on the physico-chemical properties in the body of water and salts, acids and alkalis, and after this we have drugs acting upon the various systems. Interesting points of history as to the origin of the drugs mentioned and their applications in disease, very briefly described, stimulate the reader and give a very definite value to the book as a practical manual.

It would be difficult to summarize antitoxins more successfully, and the small concluding chapter on antihelmintics is equally well done. There are few doses given, only those which are important, and which a beginner is likely to meet early in his clinical work. On the other hand, there is tucked away a wealth of information which can be used by one who has been qualified for some years. The little volume is well printed and attractively produced. The author and publishers are to be commended in presenting again to the harassed student a mass of information in such a palatable form. There need be no doubts as to the success of this edition.

HANDBOOK OF PHYSIOLOGY. By W. D. HALLIBURTON, M.D., F.R.C.P., F.R.S., and R. J. S. McDOWALL, M.B., D.Sc., F.R.C.P. Nineteenth edition. (London: John Murray, 1930.) Pp. xi + 842. Price 18s.

"Halliburton" needs no introduction to our readers, and the present edition, slightly reduced in size and in price, will no doubt prove as popular as its predecessors, appealing as it does to those students who like a book of medium size, more readable than the smaller and more concentrated "cram-books" and at the same time free from unnecessary details. Several new illustrations appear in this edition, and much of the text has been re-written and re-arranged. Names and numbers to be memorized are printed in dark type. The book is everywhere sound, readable and up-to-date; it can be confidently recommended to students.

A MANUAL OF SURGICAL ANATOMY. By L. BEESLY, F.R.C.S., and T. B. JOHNSON, M.B., Ch.B. Third edition. (Humphrey Milford, Oxford Medical Publications, 1930.) Pp. xvi + 563. Illustrated. Price 18s. net.

The text and diagrams of this useful manual remain, for the most part, undisturbed in the new edition. Surgery and anatomy have been linked together in that in each chapter the important operations performed upon the part described are included. The subject-matter is nicely arranged, and a brief account of the surgery of the sympathetic system is included. The book will prove invaluable to surgical dressers, as well as to those entering for the higher surgical examinations.

REST AND PAIN: A COURSE OF LECTURES ON THE INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST IN THE TREATMENT OF ACCIDENTS AND SURGICAL DISEASES, AND THE DIAGNOSTIC VALUE OF PAIN. By the late JOHN HILTON, F.R.S., F.R.C.S. Edited by W. H. A. JACOBSON, M.A., M.B., M.Ch. (Oxon.), F.R.C.S. (London: G. Bell & Sons, Ltd., 1930.) Price 5s. net.

A REVIEWER face to face with a new edition of a book which was a classic long before the dawn of his intelligence is wise to shed the mantle of critic and to play the modest rôle of announcer. It is difficult to recapture the thrill which one experienced on reading Hilton's *Rest and Pain* for the first time; the curious feeling of aversion which crept over one when about to tackle this formidable tome; and the abiding pleasure and profit which one sucked out of its careful study. The publishers have done well to reprint this medical classic in so inexpensive and yet so elegant a form.

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

- DARLEY, W. WARD, M.R.C.S., L.R.C.P. "Twelve-year-old Ectopic Pregnancy." *British Medical Journal*, April 4th, 1931.
- DUNHILL, T. P., C.M.G., M.D., Ch.B. "Toxic Goitre." *Practitioner*, December, 1930.
- GARROD, LAWRENCE P., M.B., M.R.C.P. "The Efficiency of Antiseptics used in Midwifery." *British Medical Journal*, April 4th, 1931.
- HALDIN-DAVIS, G. H., M.D., F.R.C.S. "Exfoliative Dermatitis Cured by an Acute Attack of Bronchitis." *Clinical Journal*, April 22nd, 1931.
- HEWER, C. LANGTON, M.B., B.S. "Anæsthesia in Thyroid Surgery." *British Journal of Anæsthesia*, April, 1931.
- HOSFORD, JOHN P., M.S., F.R.C.S., "The Use of Local Anæsthesia in the Treatment of Fractures, with Conclusions Drawn from Fifty Cases." *British Journal of Surgery*, April, 1931.
- POWELL, SIR D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. III. An Historical Lithotomy: Mr. Samuel Pepys." *British Journal of Surgery*, April, 1931.
- PRICE, L. R. WOODHOUSE, B.A., M.R.C.S. (and JACOBS, ARTHUR). "Renal Calculi with Squamous Carcinoma in a Hydronephrotic Kidney." *British Journal of Surgery*, April, 1931.
- ROSS, J. PATERSON, M.S., F.R.C.S. "The Treatment of Cerebral Tumours with Radium." *British Journal of Surgery*, April 1931.
- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "A Report on the Nature of Certain Bony Spurs Arising from the Dorsal Arches of the Thoracic Vertebrae." *Journal of Anatomy*, April, 1931.
- WHARRY, H. MORTIMER, F.R.C.S. "A Case of 'Black Tongue.'" *British Medical Journal*, April 18th, 1931.

RECENT ADDITIONS TO LIBRARY.

- BAILEY AND CUSHING: *A Classification of Tumours of the Glioma Group.*
- BOURKE: *An Introduction to Medical History and Case-taking.*
- CARSON: *Pyle's Surgical Handicraft.* Tenth edition.
- DEW: *Hydatid Disease: Its Pathology, Diagnosis and Treatment.*
- EYRE: *Bacteriological Technique.* Third edition.
- FINDLAY: *Recent Advances in Chemotherapy.*
- GARROD: *The Inborn Factors in Disease.*
- GLOYNE: *The Clinical Pathology of Thoracic Puncture Fluids.*
- GROVES: *Surgical Operations.* Second edition.
- *On Modern Methods of Treating Fractures.* Second edition.
- *Synopsis of Surgery.* Ninth edition.
- GROVES and BRICKDALE: *Text-book for Nurses.*
- HALDIN-DAVIS: *Modern Skin-therapy.*
- KERLEY: *Recent Advances in Radiology.*
- LEJARS, F.: *Clinical Examination and Surgical Diagnosis.*
- MILES: *Cancer of the Rectum.*
- PINEY: *Recent Advances in Hematology.* Third edition.
- POWER: *Selected Writings 1877-1930.*

POYNTON and SCHLESINGER: *Recent Advances in Rheumatism.*

PRYDE: *Recent Advances in Biochemistry.* Third edition.

RAWLING: *Stepping Stones to Surgery.*

RUBINIS and MITCHNER: *Surgical Emergencies in Practice.*

SMITH and GLAISTER: *Recent Advances in Forensic Medicine.*

WILLIAMS: *Minor Surgery and Bandaging.* Twentieth edition.

Clinical Interpretation of Aids to Diagnosis. Vol. I.

ACKNOWLEDGMENTS.

Bulletins et Mémoires de la Société de Médecine de Paris—L'Echo Médical du Nord—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—L'epoxy Review—The Magazine of the London Royal Free Hospital School of Medicine for Women—Medical Times and Long Island Medical Journal—The Middlesex Hospital Journal—The Nursing Times—St. George's Hospital Gazette—St. Mary's Hospital Gazette.

EXAMINATIONS, ETC.

University of Cambridge.

The following Degrees have been conferred:
M.Chir.—Moir, E. D.
B.Chir.—Fordham, M. S. M.

University of London.

Second Examination for Medical Degrees, March, 1931.

Part I.—Adams, F. J., Anderson, C., Atkinson, E. C., Bangay, E. B. D., Barber, D. S. D., Barnard, E. J. W., Baynes, T. L. S., Bohn, C. L., Clements, P. E. G., Cohen, S., Craig, D., Dransfield, C. M., Frost, L. D. B., Houghton, P. W., Hugh, H. M., Lavy, R. E., McGladdery, H. M., Mason, J. I. C., Nash, D. F. E., Premdas, I. H., Prothero, D. A., Rigby, E. P., Sansom, S. V., Yarrow, H., Youngman, I. G.

Part II.—Bintliffe, E. W., Carpenter, R., Cartwright, W. H., Clarke, R. F., Dauino, M. A., Edward, D. G. H., Isaac, R. H., Jones, F. A., Kanaar, A. C., Kingdon, J. R., Latter, K. A., Purnell, R. H., Rassim, H. S., Reavell, D. C., Roden, A. T., Sheehan, D. J., Smith, M. C. L., Stephens, K. F.

Conjoint Examination Board.

Pre-Medical Examination, March and April, 1931.

Chemistry and Physics.—Hughes, T. E., Jopling, W. H., Mackie, D. M., Mundy, R., Wade, G. V. H., Williams, R. T. H.
Chemistry.—Lockett, J. M., Weiner, H.
Physics.—Prower, R. R.
Biology.—Heasman, L., Moxon, T. H., Mundy, R., Prewer, R. R., Salmon, J. K., Wade, G. V. H., Webster, A. R., Weiner, H., Williams, R. T. H., Witt, R. C.

First Examination for Medical Degrees, March and April, 1931.

Anatomy and Physiology.—Barker, J. E., Byer, I., Croft, F., Dias, N. J., Fernandes, H. P., Laverick, J. V., Smallhorn, T.

Anatomy.—Appelman, M., Burstal, E. W., Butters, A. G., Cereseto, H. G., Jenkins, J. R. R., Kehnar, I., Mankin, E. M., Noordin, R. M. *Physiology.*—Buckland, L. H., de Freitas, A. J. S., Hopkins, I. T., Phipps, G. G.

Materia Medica and Pharmacology.—Dorey, A. R., du Toit, G., Halperin, J., Hamilton, G. J., Katz, M., Mason, I. O., Morgan, G. R., Ransome, G. A., Stanton, H. G.

Royal College of Physicians and Surgeons.

D.T.M. & H.

The Diploma has been conferred on: Mellows, P. B. P.

CHANGES OF ADDRESS.

ANDERSON, D. D., c/o D. M. & S. S., Lagos, Nigeria.
HISCOCKS, H. F., "Newlyn," The Cliffs, Westcliff-on-Sea, Essex.
LLOYD, W. JEAFFERSON, 20, Clifton Road, Rugby. (Tel. Rugby 599.)
RAIL, W. A., Manica Chambers, Umtali, S. Rhodesia.
ROGERSON, H. L., Chancel Acre, Swardston, Norwich.
STOCKER, C. J., "Longlands," Cannon Hill, Lancaster.

APPOINTMENT.

LLOYD, W. JEAFFERSON, M.B., B.Ch.(Cantab.), appointed Honorary Assistant Surgeon to the Hospital of St. Cross, Rugby.

BIRTHS.

BEVAN.—On April 15th, 1931, to Mary, the wife of Frank A. Bevan, M.B., B.S., Hadleigh, Essex—a son.
MACVICKER.—On April 8th, 1931, at Holt, Kingskerswell, S. Devon, to Joan (née Buttery), the wife of Dr. Colin MacVicker—a son.
ROSE.—On April 14th, 1931, at Attleborough, Norfolk, to Joy (née Knight Gregson), the wife of Dr. E. E. F. Rose—a daughter.
URWICK.—On April 21st, 1931, at 84, Park Street, W. 1, to Violet, wife of Dr. Desmond Urwick—a daughter.

MARRIAGES.

ELKINGTON—BUDGEN.—On April 20th, 1931, in Lichfield Cathedral, by the Very Rev. the Dean of Lichfield, George Ernest, eldest son of Dr. E. A. Elkington and the late Mrs. Elkington, of Newport, Shropshire, to Kathleen Mary, second daughter of the Rev. Probandary and Mrs. Budgen, of Lichfield.

HOBBS—CAMERON.—On April 16th, 1931, at St. Mary's, Solly Oak, by the Rev. W. E. Hobbes, assisted by the Vicar, Theodore H. Hobbes, M.B., B.S., to Janet Seaton Cameron, M.B., Ch.B., daughter of Mr. and Mrs. Angus Cameron, Fochabers, Morayshire.

JOHNSON—COUTTS.—On April 2nd, 1931, at Bowness-on-Windermere, Athol J. Johnson, M.D., Ch.D., Colonial Medical Service, elder son of Dr. Edith Johnson, of Blackpool, to Dorothy Gordon (Betty), younger daughter of Dr. F. J. H. Coutts, C.B., and Mrs. Coutts, of Bournemouth.

ROBB—AUSTEN.—On March 31st, 1931, at the Parish Church, Udimore, Sussex, William Austin Robb, M.D., to Anna Austen, B.A., of Brede, Sussex.

TISDALL—CORKRAN.—On April 8th, 1931, at St. Peter's, Cranley Gardens, Oliver Raphael, youngest son of the Rev. A. O. Tisdall, Holmdene, Yateley, Hants, to Christina Maude Evelyn Corkran, of 10A, Courtfield Gardens, S.W., daughter of the late Mr. and Mrs. Charles J. Corkran.

DEATHS.

JUKES.—On April 28th, 1931, after a short illness, Dr. Andrew Jukes, C.M.S. (retired) aged 83.

NORMAN.—On April 29th, 1931, at 51, Wiltshire Road, Brixton, Frederick Norman, J.P., F.R.C.S.(Eng.), aged 67.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

Vol. XXXVIII.—No. 9.]

JUNE 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

Mon.,	June 1.	Special Subject: Clinical Lecture by Mr. Elmslie.
Tue.,	" 2.	Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Wed.,	" 3.	Surgery: Clinical Lecture by Mr. Harold Wilson. Tennis Match v. R.M.A. (Woolwich). Away.
Thurs.,	" 4.	Aberneithian Society: Summer Sessional Address by Prof. Wilkie, 8.30 p.m.
Fri.,	" 5.	Sir Thomas Horder and Sir C. Gordon-Watson on duty. Medicine: Clinical Lecture by Sir Percival Hartley.
Sat.,	" 6.	Cricknet Match v. Old Leysians. Home. Tennis Match v. St. Mary's Hospital. Home.
Mon.,	" 8.	Special Subject: Clinical Lecture by Mr. Russell.
Tues.,	" 9.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed.,	" 10.	Surgery: Clinical Lecture by Mr. L. Bathe Rawling. Tennis: 2nd Round Inter-Hospitals Cup.
Fri.,	" 12.	Dr. Gow and Mr. W. Girling Ball on duty. Medicine: Clinical Lecture by Sir Thomas Horder.
Sat.,	" 13.	Cricknet Match v. "Past." Home. Tennis Match v. "Past." Home.
Mon.,	" 15.	Special Subject: Clinical Lecture by Mr. Higgs.
Tues.,	" 16.	Prof. Fraser and Prof. Gask on duty.
Wed.,	" 17.	Surgery: Clinical Lecture by Mr. L. Bathe Rawling. Cricket Match v. Richmond. Away. Tennis Match v. Royal Artillery (Woolwich). Home.
Fri.,	" 19.	Sir Percival Hartley and Mr. L. Bathe Rawling on duty. Medicine: Clinical Lecture by Sir Thomas Horder. Last day for receiving matter for the July issue of the Journal.
Sat.,	" 20.	Cricknet Match v. Guy's Hospital. Home. Tennis Match v. Winchmore Hill, L.T.C. Home.
Mon.,	" 22.	Special Subject: Clinical Lecture by Mr. Elmslie.
Tues.,	" 23.	Sir Thomas Horder and Sir C. Gordon-Watson on duty. Tennis: 3rd Round Inter-Hospitals Cup.
Wed.,	" 24.	Tennis: 3rd Round Inter-Hospitals Cup.
Fri.,	" 26.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty. Medicine: Clinical Lecture by Dr. Gow. Cricket Match v. Reading University. Away. Tennis Match v. Royal Artillery (Woolwich). Away.
Sat.,	" 27.	Special Subject: Clinical Lecture by Mr. Russell.
Mon.,	" 29.	Dr. Gow and Mr. W. Girling Ball on duty. Swimming: Inter Hospitals Final.
Tues.,	" 30.	

EDITORIAL.

WARING WARD.



ON March 25th, at the sanction of the quarterly Court of the Governors, Lord Stanmore unveiled a tablet in Waring Ward commemorating the long service of Sir Holburt Waring to the Hospital. The inscription on the tablet is here printed: "This Ward is named by the Governors of the Hospital as a mark of appreciation of the guidance and valuable service given by Sir Holburt Waring, M.S.Lond., F.R.C.S.Eng. in connection with the construction and equipment of this surgical block and the operating theatres adjoining. And in recognition of his distinguished services as an Assistant Surgeon (1902-9) and Surgeon (1909-31) the General Court has elected Sir Holburt Waring a Consulting Surgeon and a Governor of this Hospital. 23rd April 1931"

The erection of a tablet in a ward named after a surgeon during his lifetime is a most unusual procedure; and Sir Holburt Waring is to be congratulated on the honour done to him as well as on being made a Governor of the Hospital.

* * *

DINNER TO SIR HOLBURT WARING.

On the occasion of the retirement of Sir Holburt Waring from the active Staff of the Hospital he was entertained to dinner by his old house surgeons at the Langham Hotel on May 5th. Since his appointment to the full Surgical Staff of the Hospital in 1909 Sir Holburt has had no fewer than fifty-five house surgeons, though of course during the war period tenure of this office was often very brief. Of this number thirty-three were present—surely a record gathering for such a dinner to an old chief. Mr. A. L. Moreton, the chairman, spoke of the great work which Sir Holburt had carried out in

the Hospital and in the Medical College—a work in which that rare combination of vision and meticulous care of detail had gone hand in hand, and a work the importance of which had been recognized in the naming of "Waring" Ward. Before proposing Sir Holburt's health Mr. Moreton presented a mazer, bowl, the gift of the old house surgeons. Sir Holburt, in reply, not unnaturally recalled some of his early memories of the Hospital, of an era so close in time, yet so remote in its surgical medievalism. In regard to his house surgeons, Sir Holburt said he considered them as his surgical children, and that though each in turn had merited the epithet "the worst house surgeon he had ever known," the harshness of their surgical infancy had apparently been justified in its results.

To the good wishes of these especial surgical children are joined those of Sir Holburt's old pupils, that health and happiness may be his in what in name, but not in fact, we must call his retirement.

A special correspondent has sent the following report:
BRIGHTER JUMBLE SALES.

STRANGE SCENES IN THE OLD SURGICAL BLOCK.

On Thursday, May 21st, numbers of people, mostly women, were seen tearing across the Square and surging round the stair-case of the old Block. They were not patients coming to visit the ghosts of their old friends, but buyers at the huge Jumble Sale magnificently organized and run by Mrs. J. E. H. Roberts and Mrs. Elmslie, ably supported by members of the Women's Guild. A striking and what proved to be a most attractive feature of the Sale was a giant lucky dip and canteen, most generously provided and run by Mrs. Hinds Howell and her friend Mrs. Harris and their many helpers. The whole affair was a howling (screaming) success and went with a roar from start to finish. Dying was very brisk—in fact so brisk that a stalwart member of the City Police had to be called in to preserve law and order. The admiration of all will go to the noble efforts of the many ladies for their great energy and enterprise. The result of the joint efforts, we understand, amounts to about £238.

PROFESSOR WILKIE.

We extend a hearty welcome to Prof. D. P. D. Wilkie, Professor of Surgery in the University of Edinburgh, who is coming to take charge of the Surgical Professorial Unit from Monday, June 1st, until Friday, June 12th.

On Thursday, June 4th, he will address the Abernethian Society on "Surgery in Edinburgh in the Time of John Abernethy."

THE WEEK-END POST-GRADUATE COURSE.

The Week-end Post-Graduate Course, advertised for June 26th and June 27th, 1931, is apparently proving popular. It is of the nature of an experiment which, if it prove successful, will be repeated. The subjects chosen have a wide application and will be dealt with on practical lines. There are still a few vacancies.

NINTH DECENNIAL CLUB.

The Dinner of the Ninth Decennial Contemporary Club will be held at the Langham Hotel on Wednesday, July 1st, at 7.30 p.m. Dr. C. F. Hadfield will take the Chair. The secretaries are Mr. R. C. Elmslie and Dr. C. M. Hinds Howell.

PAST V. PRESENT CRICKET MATCH.

The *Past v. Present* match will be played on Saturday, June 13th, at 11.30 a.m. Gentlemen wishing to play should notify Dr. Geoffrey Bourne at St. Bartholomew's Hospital or at 47, Queen Anne Street, as soon as possible.

JOHN LANE PRESENTATION.

The John Lane Presentation Committee desire cordially to thank the members of St. Bartholomew's Hospital for their help in ensuring the success of the Presentation. The Presentation will consist of a gold watch and chain, together with a cheque, a short address, and a list of the subscribers.

CAMBRIDGE UNIVERSITY MEDICAL SOCIETY BALL.

This event will take place on Friday, June 12th, in Cambridge. Information may be had from Mr. P. W. Ingram, 25, Green Street, Cambridge.

Congratulations to Prof. Kettle, Sir Bernard Spilsbury and Dr. R. Hilton on being made Fellows of the Royal College of Physicians.

Congratulations to Dr. R. R. Armstrong and Mr. H. Burt-White, who have been awarded the Nichols Prize of the Royal Society of Medicine for their joint work on puerperal sepsis.

Congratulations to Mr. E. W. Bintliffe, who has been awarded the Dunn Exhibition in Anatomy for 1931.

APOLOGY

In the May issue of the JOURNAL the two blocks illustrating Dr. Chandler's article were reproduced by the courtesy of the Genito-Urinary Manufacturing Company, whose pardon we publicly beg that due acknowledgment was not then made.

BRITISH MEDICAL ASSOCIATION.

*Ninety-ninth Annual Meeting, Eastbourne,
July 22nd-24th, 1931.*

The following St. Bartholomew's men are holding office or taking part in the proceedings:

Medicine.—Dr. GEORGE GRAHAM is a Vice-President. Sir THOMAS HORDER will open the Discussion on the Treatment of Septicæmia, and Prof. F. R. FRASER that on Exophthalmic Goitre.

Surgery.—Mr. R. OGIER WARD will open and Dr. E. J. H. ROTH will speak in the Discussion on Recent Advances in Diagnostic Methods in Renal Affections.

Gynaecology.—Dr. W. H. F. OXLEY will speak in the Discussion on the Management of Breech Labour.

Diseases of Children.—Dr. CHARLES F. HARRIS is a secretary.

Pathology and Biochemistry.—Dr. CANTI is a Vice-President. Sir W. DALRYMPLE-CHAMPNEYS will open the Discussion on Milk-borne Diseases, other than Tuberculosis.

Public Health.—Sir GEORGE S. BUCHANAN is President. Dr. G. MURRAY LEVICK will open the Discussion on Organized Treatment of Infantile Paralysis.

Neurology and Psychological Medicine.—Prof. A. J. HALL will speak on Intra-Cranial Hæmorrhage.

Oto-Rhino-Laryngology.—Mr. BEDFORD RUSSELL and Mr. MUSGRAVE WOODMAN are Vice-Presidents. Sir JAMES DUNDAS-GRANT will read a paper on The Nasal Element in Spasmodic Asthma, and Mr. F. W. WATKYN-THOMAS will open the Discussion on Vertigo.

Ophthalmology.—Mr. E. W. BREWERTON will read a paper on Sclerectomy, its Difficulties and Dangers.

Dermatology.—Dr. A. C. ROXBURGH is a Vice-President. Dr. H. D. HALDIN-DAVIS will read a paper on Onychia as an Occupational Dermatitis.

Orthopedics.—Mr. R. C. ELSLIE will speak on Transplantation of Bone.

Hydrology and Climatology.—Sir HENRY GAUVAIN will speak on The Use and Abuse of the Seaside for Delicate Non-Tuberculous Children.

A RADIOGRAPHIC STUDY OF AN ENCYSTED PLEURAL EFFUSION.

An encysted pleural effusion involving all the interlobar surfaces is rarely seen demonstrated by X-rays. It seems worth while recording this case, to show the importance of the lateral view in the further investigation of abnormal appearances in radiograms of the chest. It must be recognized that a great deal can be learned in such a case from a screen examination combined with radiograms taken in oblique and lateral positions before methods are resorted to which cause more discomfort and inconvenience to the patient, such as lipiodol injections, paracentesis, diagnostic pneumothorax or bronchoscopic investigations.

Anyone familiar with the modern methods of interpretation of X-ray appearances is able to say quite definitely that this patient had a pleural effusion at the left base and an encysted effusion on the right side, separating the septa between the upper and lower, and upper and middle and lower lobes.

History of present condition.—M. O., æt. 55, a tailor, was admitted to St. Bartholomew's Hospital under care of Dr. A. E. Gow on May 7th, 1930, complaining of shortness of breath on exertion. Eleven months previously, following a motor ride, he had an attack of dyspnoea and pain in the left side of the chest. Shortness of breath continued in varying degree; there was no history of hæmoptysis, of sweats, or of cough. Six weeks previous to his admittance he had a sudden dyspnoea accompanied by a pain in the chest and a tugging sensation at the neck. The dyspnoea was intermittent and recurred. He had lost one stone in weight. A fortnight before admission two and a half pints of blood-stained fluid were aspirated from the left chest.

Past history.—He had a history of recurrent hæmaturia and an indefinite history of phthisis thirty years ago.

On admission he was apyrexial, with a pulse frequency of 80. The respiration-rate was 20 per minute. He was coughing up a small quantity of muco-purulent sputum, in which tubercle bacilli could not be demonstrated at three separate examinations. Blood Wassermann and Sigma tests were negative.

The physical examination showed that the chest was well covered, and that the left side did not move as freely as the right; the apex-beat was in the fifth space in the nipple line.

Friction was heard above and to the outer side of the left nipple. On the right side the percussion note was impaired between the spine and the vertebral border

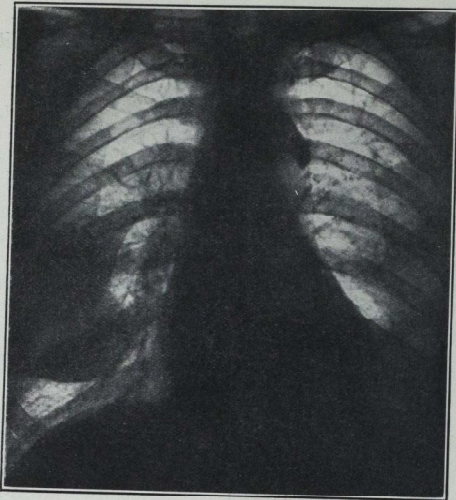


FIG. 1.—ANTERIOR VIEW TAKEN 9.5.30.

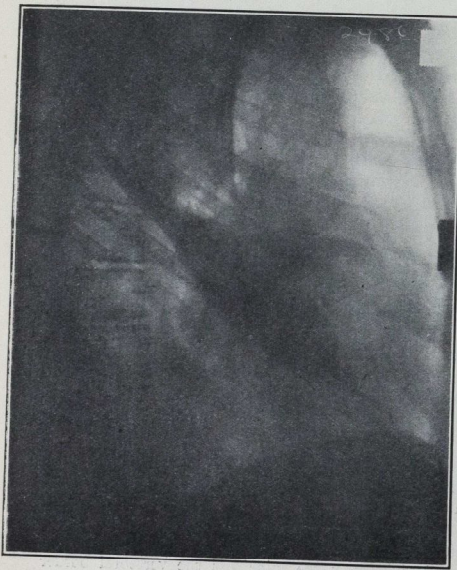


FIG. 2.—RIGHT LATERAL VIEW TAKEN 9.5.30.

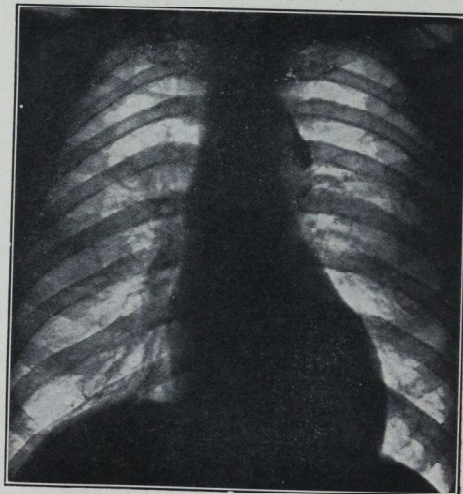


FIG. 3.—ANTERIOR VIEW TAKEN 23.5.30.

of the scapula. The breath-sounds in this area were bronchial in character and over a small area there was whispering pectoriloquy. Elsewhere the breath-sounds were vesicular. *Râles* were audible all over the back, save only at the left base.

RADIOGRAMS.

Diaphragm.—The radiograms taken on May 9th, 1930, show that the right diaphragm outline appears normal. The left diaphragm outline cannot be seen.

Heart.—The heart is enlarged slightly to the left.

Aorta.—The mediastinal shadow is slightly widened, but there is no indication to show that the enlargement is due to the aorta itself.

Hila.—The right hilum is diffuse and contains some dense foci. The left hilum contains one large calcareous mass with some smaller dense foci below it.

Right lung field: Upper zone.—The apex is dull; the dullness is seen to be due to thickening of the pleura.

Mid zone.—The markings are consistent with normal.

Lower zone.—A large homogeneous opacity with clear-cut margins is seen superimposed upon the fourth and fifth spaces (Fig. 1); it is of a peculiar shape, and the true lateral view (Fig. 2) shows it to be lying obliquely in the plane between the upper and lower lobes; anteriorly it has two cornua, the lower one of which reaches and is attached to the diaphragm. The upper one runs anteriorly and towards the mid-line. The diaphragm itself is moderately well outlined.

Left lung field: Upper zone.—The apex is dull and the dullness is seen to be due to thickening of the pleura.

Mid zone.—Numerous areas of calcareous mottling are seen.

Lower zone.—The costo-phrenic angle is obscured by a triangular opacity with an indefinite upper margin.

X-RAY DIAGNOSIS.

- (1) There is a healed tuberculous lesion in the left upper and mid zones.
- (2) There is a pleural effusion at the left base.
- (3) There is an encysted interlobar effusion between the right upper and lower lobes, with a communicating projection between the upper and middle lobes.
- (4) There is no evidence of new growth.

On May 22nd, 1930, the signs had cleared on both sides, but the patient was still bringing up one to two ounces of purulent sputum.

The radiogram taken on May 23rd, 1930 (Fig. 3), showed that both diaphragm outlines now appeared to be clear, although they were a little uneven. The apex

of the heart was well defined. The pleural thickening at the apices remained, and the calcareous deposits in the left upper and mid-zones and the left hilum persisted. The right lung showed complete disappearance of the opacity due to the interlobar effusion; the only remaining indication of it was the visible interlobar septum between the upper and middle lobes, which is so often seen in the normal radiogram. On the left side the triangular opacity which obscured the costo-phrenic angle had disappeared.

This case is published to illustrate the rapidity with which pleural effusion, whether of the type usually seen on the left side, or encysted, as is so rarely seen on the right side, can be absorbed, leaving practically no radiological signs.

It is also of interest to note the radiological "surface markings" of the septa separating the lobes of the right lung, and to note that the routine oblique view did not give any helpful information as to the condition present on the right side.

I am greatly indebted to Dr. A. E. Gow for permission to publish this case and for his assistance and collaboration.

J. V. SPARKS.

A CASE OF LEUKO-SARCOMA.

THIS case is reported as an example of the rare condition named by Sternberg (1) "leuko-sarcoma," intermediate in character between lympho-sarcoma and lymphatic leukaemia.

The patient was a boy *et. 16*, who was admitted to the Hospital suffering from severe cough, dyspnoea and swellings in the neck, axillae and groins. The following is a brief account of the case:

4 months: Onset of vague malaise and depression; pains in legs on walking.

3 months: Cough began; swellings in neck, axillae and groins appeared gradually and almost simultaneously. Marked weakness; night sweating; loss of weight.

7 weeks: Took to his bed; unable to lie flat because of dyspnoea. Abdomen swollen; occasional epistaxis.

6 weeks: Much worse; cough continuous. Skiagram revealed mediastinal mass. Blood-count: white 34,800, 63% being "large mononuclear cells resembling myeloblasts." Temperature varied between 99° and 102°. Wassermann negative. Treated by drugs for myeloid leukaemia.

7 days: Sudden onset of oedema of left arm, chest and face (principally left side). Bruising of both orbits; rash on face. Haemoptysis began. Legs were not swollen. Appetite was poor, but there was no nausea nor vomiting. Frequent frontal headaches. Bowels regular.

Past history.—Always healthy, except for an attack of diarrhoea lasting three weeks, just before the onset of the present illness.

Examination.—Extremely dyspnoeic; frequent prolonged but ineffective coughing; cyanosed. Face oedematous, especially on left side; left eye almost closed. Slight traces of "black eye" on both sides; fading purpuric rash on face. Pupils equal, reacting

normally; no conjunctival nor retinal hæmorrhages. Tongue clean and moist, tonsils small, teeth good; no ulceration in mouth.

Neck oedematous; in the neck, axillæ and groins many enlarged glands were felt, some soft, some stony hard, varying in size from

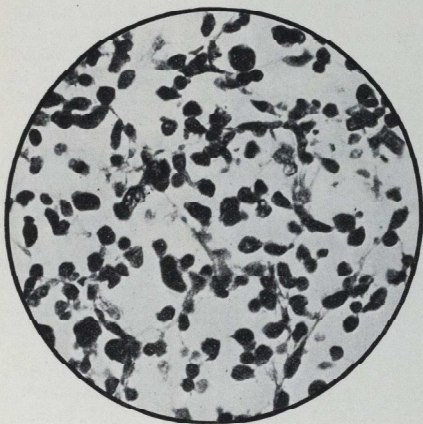


FIG. 1.

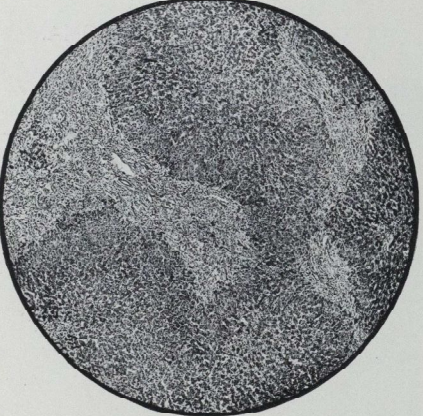


FIG. 2.

$\frac{1}{4}$ in. to 1 in. in diameter, attached to one another but not to the skin, which was not discoloured. No tenderness. Chest oedematous, an inch of pitting. Enlarged veins present. Very little movement on respiration. Heart apparently normal. Lungs: Dullness everywhere, except on the right side below the clavicle and at the back; right axilla dull. Breath-sounds vesicular except at right base and axilla, where there was bronchial breathing. Sounds weaker

on left side. Coarse râles and rhonchi everywhere. Pulses equal; blood-pressure 120/65, equal on both sides. Abdomen oedematous, moving poorly; dilated veins seen. Liver and spleen both enlarged to 5 in. below costal margin; no tenderness, no signs of free fluid. Limbs oedematous on left side; right arm and leg normal. Reflexes normal. Urine contained a trace of albumen, but no Bence-Jones protein. Sputum was blood-stained; no acid-fast bacilli. Blood-count: reds 4,200,000, Hb 67%, whites 22,400, of which 53.5% were small lymphocytes, 29.5% large lymphocytes and lymphoblasts; nucleated reds, punctate basophilia and polychromasia were present to a slight extent.

Diagnosis.—Leukæmia, probably acute lymphatic.

Treatment.—X-rays, daily doses of 1 H. to the abdomen. Palliative measures for the cough: Brompton lozenges seemed to give some relief.

Course.—In spite of the treatment, the patient became steadily worse; fluid appeared at both bases, epistaxis became more frequent and severe. Small retinal hæmorrhages were observed a few days before death, which occurred 14 days after admission. The patient's temperature varied between 97° and 99°, rising to 103° in the terminal stages; respiration was 18–24 throughout the illness; pulse 110 to 130. The white count fell to 16,200 after six doses of X-rays, the percentages of lymphocytes and lymphoblasts remaining the same as before.

Post-mortem examination.—A large mass was found in the anterior superior and posterior mediastinum, infiltrating the parietal pericardium and the left upper portion of the parietal pleura; it was firm and homogeneous, with a glistening white cut surface. The heart was almost surrounded by the mediastinal mass, and was small, pale and flabby. Large firm discrete glands were found in the neck, axillæ, groins and mesentery; their cut surfaces were similar to that of the mediastinal mass. The left lung was collapsed; trachea and larger bronchi were congested. The liver was large (7½ lb.), pale and fatty. The spleen was much enlarged, homogeneous and greyish-red in colour. Kidneys were pale and slightly enlarged. The bone-marrow of the femur showed marked activity, the "red" marrow being much increased in amount and brownish in colour. Lacrimal and salivary glands were not enlarged.

Microscopic examination.—Lymph-glands and the mediastinal mass showed lymphocytic infiltration as in lymphatic leukaemia. Some larger mononuclear cells were also present (Fig. 1). The spleen was packed with similar cells, but the Malpighian bodies could be distinguished. The liver showed lymphocytic infiltration, and also early multilobular cirrhosis with marked proliferation of the bile-ducts (Fig. 2).

It will be seen that this case resembled acute lymphatic leukaemia in many respects, with the additional feature of an apparently malignant mediastinal tumour. It differed from a lympho-sarcoma in that the spleen, marrow and distant lymph-glands were involved. It is difficult to account for the unexpected cirrhosis of the liver; this is not found in lymphatic leukaemia except in so far as atrophy of the liver-cells makes existing fibrous tissue more obvious. It could not be accounted for by any peculiarity in the boy's diet, nor by a venous congestion of four months' standing. A case of lymphatic leukaemia is reported by Mosse (2) in which fatal cirrhosis followed X-ray treatment; it was thought to be due to damage done to the liver-cells by the sudden destruction of large numbers of white blood-cells. Cirrhosis of the liver is found unexpectedly in a certain number (2–7%) of autopsies on children. It is said that toxic absorption from the alimentary canal in rickety children may cause it (3). In this case, however, there were no bony deformities to suggest rickets.

Sternberg introduced the term "leuko-sarcoma," and applied it to cases in which a leukæmic blood picture was associated with an apparently malignant tumour. He quoted six cases in which the abnormal cells found in the blood were identical in appearance with those of which the tumour was composed, both being large mononuclear cells resembling large lymphocytes or their precursors. A survey of the literature since then reveals at least 118 cases which appear to fall into this category, and in 17 of which general enlargement of the

lymphatic glands appeared before the leukæmic blood-picture developed. The large cell predominates in most cases, but in some cases small cells were found in both the tumour and the blood-picture; in several cases the blood-picture gradually altered from small cells to large. In the majority of cases the infiltrating tumour is found in the mediastinum, often in the situation of the thymus gland; other sites are the retro-peritoneal tissues, the dura mater, the breast, the pelvis and the cervix uteri.

Ninety per cent. of cases are between the ages of 8 and 30. Loss of weight, malaise, general enlargement of the lymph-glands, cough and dyspnoea are the commonest symptoms. The liver and spleen are also enlarged, and signs are found of a tumour in the mediastinum or elsewhere; the blood-picture is that of lymphatic leukaemia, usually of the large-celled type. 96% of cases follow an acute course and die within a year. X-ray treatment to the tumour-mass gives temporary relief, and may possibly prolong life for a few months. Autopsy findings are (i) general glandular enlargement with infiltration of bone-marrow and abdominal organs, as in lymphatic leukaemia; (ii) an apparently malignant tumour of the mediastinum or elsewhere (4–14).

Sternberg considers these cases to be different from leukæmias in nature, and regards the cells found in the blood as being tumour-cells, distinct from lymphocytes and their precursors, having more cytoplasm than lymphocytes and a reticulated and vacuolated nucleus. He classifies leuko-sarcoma with the chloromata, and draws the line here so far as neoplasm is concerned, regarding leukaemia as non-neoplastic. Naegeli, Turck and others regard leuko-sarcoma as a form of leukaemia, in which disease tumour-like infiltrations may occur. In the more recent literature cases are found illustrating every intervening stage between lymphatic leukaemia and lympho-sarcoma. It appears that the leukæmic blood-picture must be regarded as a variable and non-essential feature, since it may be absent in cases which are clinically and histologically leukaemia (the so-called "pseudo-leukaemia"), and may be present in cases which are clinically and histologically lympho-sarcoma. The cells in the blood in leuko-sarcoma are indistinguishable from lymphocytes and their precursors. The histology of lymphatic leukaemia, leuko-sarcoma and lympho-sarcoma is so similar that these conditions cannot be distinguished by sections alone. Moreover, these three conditions appear to be equally radio-sensitive. It is difficult to resist the idea that these three conditions are different manifestations of the same disease. It is suggested that any case of lympho-sarcoma may become generalized and develop a leukæmic blood-picture, if the patient survives long enough for the disease process

to involve the bone-marrow. Three such cases are quoted by Evans and Lecutia (7), and it is asserted that more of these cases occur nowadays than formerly, owing to the extensive use of X-rays in the treatment of lymphosarcoma.

Regarding the three conditions as variants of the same disease, we may say that in early life an acute course is usual, the disease involving the lymphatic tissues of the mediastinum, neck or intestine, and spreading locally or generally, giving rise to lympho-sarcoma or acute lymphatic leukaemia. In later life the course is slower, and the primary focus may be in any part of the lymphatic system. It is probable that the leukæmic blood-picture depends on the involvement of the marrow. Ewing, however, states that the marrow may be involved in cases of "pseudo-leukaemia," and suggest other factors, such as the integrity and patency of blood and lymph paths (15). Most authors agree with Ewing that the widespread lesions in lymphatic leukaemia and leuko-sarcoma are embolic in origin, and not due to local hyperplasia of pre-existing lymphoid tissue.

The chief obstacle to regarding lymphatic leukaemia as a neoplasm appears to be the difficulty in accounting for acute and fulminating cases. Sternberg believed that such cases were caused by septicaemia derived from secondary infection of the mouth lesions. Streptococci of the *salivarius* type have actually been found in the heart's blood of such cases (16). The fact that the disease is invariably fatal, and the existence of atypical cases with malignant features, have been taken as indications of the neoplastic nature of the process. If we can identify lymphatic leukaemia and lympho-sarcoma as the same disease process, we have a further reason to accept the neoplastic conception. This does not exclude a complex aetiology, as Ewing points out. Young (17) produced lymphatic leukaemia in mice by injection of virus from a mouse epithelial tumour. Ellermann has produced lymphatic leukaemia in fowls by inoculating cell-free filtrate of mouse carcinoma.

The alternative is to regard lymphatic leukaemia and lymphosarcoma as metabolic disorders in which chemotaxis is the principal factor. It is stated that the lymphoid infiltrations are similar to those found in tissue cultures under the chemiotactic influences of various substances. This explanation is vague and somewhat unconvincing.

Leuko-sarcoma can hardly be regarded as a clinical entity. No sharp lines can be drawn anywhere between lymphatic leukaemia and lympho-sarcoma. For the sake of convenience, however, there is a class of case intermediate in nature between these two conditions, and to which the term "leuko-sarcoma" may be applied.

I am indebted to Prof. Fraser for permission to publish this case.

REFERENCES.

- (1) STERNBERG.—*Zeitschr. f. Heilk.*, 1904, xxv, no. 7; *Ziegler's Beit.*, 1905, xxxvii, 437; *ibid.*, 1915, lxi, 75; *Wien. klin. Woch.*, 1908, xxi, 475; *ibid.*, 1920, 553.
 - (2) MOSSE.—*Berl. klin. Woch.*, 1908, xlvi, 1219.
 - (3) DICKINSON.—*Med.-Chir. Trans.*, 1860, lii, 359.
 - (4) WEBER.—*Amer. Journ. Med. Sci.*, 1916, clii, 231.
 - (5) O'KELLY.—*Dublin Journ. Med. Sci.*, cxxxvii, 409.
 - (6) DICKINSON and LWOW.—*Lancet*, 1927, ii, 489.
 - (7) EVANS and LECUTIA.—*Amer. Journ. Roent.*, 1926, xv, 497.
 - (8) WEBSTER.—*Johns Hopkins Hosp. Rep.*, 1920, xx, 251.
 - (9) BULL and CLELAND.—*Med. Journ. Austral.*, 1927, ii (suppl.), 196.
 - (10) McLEAN and FIDDES.—*Ibid.*, 1928, i, 402.
 - (11) RICHIER.—*Amer. Journ. Path.*, 1928, iv, 285.
 - (12) HUNTER.—*Glasgow Med. Journ.*, 1928, cix, 1.
 - (13) HENSEL.—*Med. Journ. and Record*, 1928, cxxviii, 528.
 - (14) FLASHMAN and LEOPOLD.—*Amer. Journ. Med. Sci.*, 1929, clxxvii, 651.
 - (15) EWING.—*Neoplastic Diseases*, 1928.
 - (16) FORBES and LANGMEAD.—*Proc. Roy. Soc. Med.*, 1908, i, 128.
 - (17) YOUNG.—*Edin. Med. Journ.*, 1922, xxviii, 233.
- W. S. BAXTER.

1st Out-patient mother, with little girl, to inquiring Chief Assistant: "Discharge from ear."
C. A. to 2nd ditto, with ditto: "What does she complain about?"
2nd ditto: "Discharged from Sandhurst."
C. A.: "Oh! not from ear?"
2nd ditto: "Yes, from 'ere."

SOME NOTES ON MEDICINE IN THE CLASSICAL GREEK DRAMATISTS.

THE History of what man has accomplished," says Carlyle, in a much-quoted passage, "is at bottom the History of the Great Men who worked here." Great men, however, wide as their influence may be on their contemporaries, are nevertheless the product of their own age, and as poets in general, and Greek Dramatists in particular, are no exception to this rule, their utterances may fairly be considered, within limits, to be determined in each individual case as representative of the opinions of their generation. Further, not only were the plays the product of the dramatists' individual environment and education, but they were produced for performance at public religious festivals, at which most of those which have survived met with the approval of a critical and well-educated audience of the poet's contemporaries.

With the technical side of medicine we naturally do not expect the poet or his audience to be greatly interested. To them, as laymen, the problems with which medicine deals presented themselves as part of the great problem of suffering, in which the bodily discomfort experienced by a sick man is regarded as of the same nature as the mental distress due, for instance, to the loss of friends or fortune. That medicine deals with states of the body due to the working of forces which we now call natural causes is a truth which was but slowly grasped in Greece, even as the modern world is but slowly coming firstly to recognize it, and then to act on it by giving preventive medicine in all its branches the scope which it deserves. In a primitive society all misfortunes, whether physical or otherwise, tend to be ascribed to interference by the gods in human affairs, owing generally to some infraction of the divine law; and thus the treatment of disease comes within the province of the priest, since he alone is supposed to know what offence has been committed, and by what rites, magical or otherwise, pardon may be secured and the sufferer restored to health. Gradually the priesthood gains by observation and experience a knowledge of disease which is handed on and increased from generation to generation, and thus forms the basis of clinical medicine. Thus we have the original association of medicine, magic and religion, of which Rivers has said that "each connotes a larger group of social processes by means of which mankind has come to regulate his behaviour towards the world around him, until amongst ourselves those three groups are more or less sharply defined." Although such an association

originally existed in Greece, and the process of separation took centuries, it would naturally be a gross travesty of the truth to represent the educated Athenian of the fifth century B.C. as a believer in the crude ideas which Rivers found amongst the Melanesians, or in those which existed in Greece in previous ages. In medicine, as in other branches of knowledge, the Greeks made their characteristic contribution to human progress by the application of the clear light of reason, so that in the age of the great Greek dramatists—the age of the greatest achievements of Greek genius—we find Hippocrates at work on the evolution of a system of medicine, based on observation and logical deductions therefrom which is still the foundation of modern practice.

That such a change should be wrought and leave no trace of its having taken place is not to be expected; nor should we look in vain for such traces—often very interesting relics—in so conservative a production as the essentially religious dramas of Æschylus and Sophocles. In the opening scenes of the *Œdipus "Tyrannus,"* for instance, Sophocles shows the elders of Thebes assembled to find means of staying the plague by which the city is being devastated, and to hear the report of Creon, who has been sent to Delphi to consult the Pythian oracle of Apollo, the God of Healing. The answer returned by the oracle was that they should "drive out from the land the defiling thing"—in this case *Œdipus* himself, whose killing, in self-defence, of a man who afterwards proved to be his own father, was regarded by the oracle as the cause of the plague. In this case we have authentic evidence as to the similarity between the traditional view of causation and the popular beliefs of the time; for when the plague broke out in Athens in 430 B.C. men's minds also turned to oracles. As the plague occurred at the beginning of the Peloponnesian War, they bethought themselves of an oracle which said, "A Dorian war shall come, and with it death." There was, however, a dispute as to whether the last word of the oracle was correctly reported, or whether it should be a similar one—like our own word "dearth," which meant "famine." Owing to this ambiguity, we have the chance of seeing what an educated Athenian, such as Thucydides, thought of such matters, for he says, "I fancy, however, that if another Dorian war should ever occur, and a dearth should happen to accompany it, the verse will probably be read accordingly."

Similar examples of the belief that disease is due to direct intervention of supernatural powers in human affairs are, of course, numerous. The madness of Ajax was attributed to the goddess Athena, and that of Hercules to Hera. In fact, madness was regarded as a particular infliction from the gods, as evidenced by

the fatalistic and malignant cynicism of the much-quoted saying that "Those whom the gods wish to destroy they first drive mad." Of this view of the causation of disease Hippocrates speaks in his treatise, *On the Sacred Disease*, i.e. epilepsy, in which he says "It does not appear to me to be of more sacred origin than other diseases. Men, however, have, on account of their inexperience and superstition, believed that there is something divine in its nature, as in its cause, because it does not in any way resemble other diseases. If they consider it to be divine because it is wonderful, then there will be many divine ailments and not one. Further, it is an insult to the gods, because if the body were possessed by a god it should be pure." Incidentally, it is to be noted that ideas as to extraordinary and supernatural causation of disease have by no means disappeared at the present day and in our own country—as witness the belief that the misfortunes which befell those who re-open the tombs of the ancient Pharaohs were due to the disturbance of vindictive "elementals."

With the recognition of the fact that disease has a cause—whether supernatural or otherwise—a definite start has been made in the study of medicine. In due time ætiology will be supplemented by diagnosis directed to the discovery of the cause; by prognosis, to determine how long the cause and its effects are likely to act; by study of treatment, to remove or nullify the cause; and by prophylaxis, to avoid giving the cause a chance to act. So long as the supernatural origin of disease is maintained, the essentials of prognosis and treatment are determined solely by due placation of the wronged deity, and prophylaxis consists in the avoidance of impious conduct. Diagnosis, however, in the case of the polytheistic mythology of the Greeks, involved more complicated measures to determine which deity was at work. Hence the need for augurs and seers, of whom Teiresias, in the *Œdipus* trilogy, is an example. The augur, who did not confine himself entirely to medical work, but also advised as to the best time for transacting state business and similar matters, drew his deductions from the movements of sacred animals and from the appearance of sacrifices. There is little doubt that such knowledge as the Greeks possessed of anatomy owed much to the inspection of the organs of sacrificial animals, while we know that the Pythagoreans studied animal anatomy, even as, at a later date, Galen made most of his anatomical studies on animals. It may be also that the humoral pathology of Hippocrates, which regarded life as being intimately bound up with the interaction of the four primary fluids (blood, yellow bile from the liver, black bile from the spleen, and phlegm), owed its origin to

augury, since the seers attached much importance to the state of the blood and colour of the bile found in the sacrifices; and to "the favourable appearance of streaks in the gall-bladder and liver" (*Æsch., Prom. Vinct.*, 503). That this view of pathology was widely accepted and appeared plausible in the eyes of the people we know from many references to it in lay literature—among the dramatists chiefly in Aristophanes, who frequently mentions the "melancholic" temperament due to an excess of black bile. These ideas seem strange to us, but it must be remembered that when the knowledge of anatomy and physiology—not to mention the other sciences which are ancillary to medicine—is in a rudimentary state and contains many errors, precise views as to aetiology, diagnosis and pathology are impossible; and medicine, ill-informed as it must be in the absence of these essential elements, has perforce to devote itself chiefly to prognosis and treatment, as being the subjects with which most progress can be made when reliance has to be placed almost entirely on observation and experience.

Prognosis, to which Hippocrates devotes a whole treatise, and also treatment, bulk very largely in the *Corpus Hippocraticum*, and, since treatment is the part which, more than any other, interests laymen, we might expect to find, and in fact we do find, that the dramatists are also greatly interested in it. In fact the two passages which treat of medical matters in greatest detail are concerned with treatment. The first of these is where Prometheus describes his gift of the healing art to man (*Æsch., Pr. Vinct.*, 487 *et seq.*); the second is the burlesque by Aristophanes in the "Plutus" of the curative procedures of Temple medicine. Prometheus makes reference to the various methods known to the Greeks of administering drugs. These were as draughts, in solid form, as plasters or poultices (mentioned also in the *Acharnæ* of Aristophanes), and as scents or inhalations. Many of the devices of modern dispensing were, of course, unknown. Hippocrates himself, however, does not seem to have been a great believer in drugs; and for most of the three hundred constituents of the so-called Hippocratic Pharmacopœia we are dependent on references in a treatise on gynaecology which was probably the product of the school at Cnidus, many of whose doctrines were at variance with the Hippocratic teaching of the Coan school. Hippocrates taught that chief reliance should be placed on the healing power of Nature, without which drugs are of no avail, and that all measures should be taken to help Nature to combat the disease. In one much-quoted phrase he speaks of the physician as being the "servant of Nature"—a rôle which, even to-day, we might with advantage strive to fill better

than we do. Fortunately pathology is now coming to the aid of common sense and, reinforced by experience of the futility of many pharmacological and surgical procedures, is helping to lend force to the opinions enunciated so long ago.

Besides drugs, the knife and cautery were also recognized methods of treatment, as might be expected in a country like Greece, where the frequent campaigns of the various city states made war wounds so common. There are various references to surgery in the *Iliad*; and although in Homeric times it was apparently thought that hæmorrhage could on occasions be stopped by incantation, Sophocles supports the surgeon as against the magician when he says, "'Tis not for a skilful leech to whine charms and incantations over a sore that craves the knife" (*Ajax*, 581). In this connection it is interesting to note that although Homer speaks of Machaon as taking more interest in surgery, while Podalirius is more concerned with Medicine, the two branches of the profession were not so sharply divided as they are to-day. We know, however, from the Hippocratic oath that certain operations, such as cutting for stone, were regarded as in the province of the specialist.

The ceremony of "Incubation" or temple-sleep, to which Aristophanes makes a long reference (*Plutus*, 405-6 and 653 *et seq.*), was a well-recognized part of the cult of the demigod Æsculapius, the patron of all healing arts, as practised in his shrines at Epidaurus, Cnidus, Cos and other places. These shrines were famous throughout the Greek world, and attracted sufferers from all parts. In addition to being places of worship, they corresponded in many ways to the spas of modern times in that they were on sites specially selected as healthy, and usually near medicinal springs where, in healthy surroundings, patients could undergo courses of exercise and dietetic, hydropathic or other forms of treatment. After suitable preparation by baths, fasting and similar measures the patients were allowed into the temple, where, after a further ritual of innunction and cleansing, they spent one or more nights at the foot of the great statue of Æsculapius awaiting a divinely-inspired dream which should show the cure for their sickness. From the references in Aristophanes and elsewhere it seems probable that the priests—one of them in the earliest times being dressed to represent Æsculapius himself—suggested various curative measures to the patient, or in some cases even performed manipulations on him, while he was in the somnolent condition induced by his previous exertion, and that these suggestions were afterwards attributed to divine revelation. The measures advised were usually of a rational and commonsense nature, such as exercise by riding or

hunting, a course of dietary, purgation, bleeding or similar procedures.

The cult of Æsculapius is of great importance in the history of Greek medicine, as forming part of the evolutionary progress which started in early times with a religious and priestly régime, and reached its highest development in the work of Hippocrates. It was inevitable that the priests should come to have great experience of disease and its treatment, especially as votive tablets were placed in the temple by the grateful sufferers giving details of their diseases and of the measures which gave them relief. Whether or not, as some hold, this "recording of cases" formed the basis of the *Corpus Hippocraticum* is much disputed, but it certainly provided a large body of records on which treatment of a more and more effective, if still empirical, nature could be founded. As time went on there came into existence a class of non-priestly temple-physicians who devoted themselves to the medical rather than to the religious side of the cult, and spent their time in the study of such subjects as gymnastics, balneology and climatology (*cf.* Hippocratic treatise *On Air, Waters and Places*). It was to this class of physician that Hippocrates belonged, and from this basis that he worked out his system of medicine. As Garrison says, "Hippocrates dissociated medicine from theology and philosophy; crystallised the loose knowledge of the Coan and Chidian (temple) schools into systematised science, and gave physicians the highest moral inspiration they have. . . . Before the age of Pericles the Greek physician was either an associate of priests in time of peace or a surgeon in time of war. To Hippocrates, Medicine owes the art of clinical inspection and observation, and he is above all the exemplar of that flexible, critical, well-balanced mind, always on the look-out for sources of error, which is the very essence of the scientific spirit. Hippocrates virtually founded the bedside method."

As might be expected, the high professional and ethical standards of the Hippocratic tradition were not always maintained, and thus there was material for the satire of Aristophanes and others, no less than at a later date for that of Molière and Bernard Shaw. It is to be remembered, however, that there was no particular standard of knowledge required for practice. Anyone could set up as a doctor and thus bring medicine into such discredit that Aristophanes could, with some justice, class doctors with "quacks, bards bombastic, star-interpreters and wonder-working cheats." (*Nubes*, 332). That the Hippocratic advice as to suavity of manner and elegance of dress was also liable to perversion is suggested by Aristophanes' reference to physicians as "lazy, long-haired, foppish individuals

with rings and carefully polished nails." Further light on this subject would no doubt have been furnished by the various plays—of which there were at least four—called "The Doctor," which have unfortunately been lost. References in the surviving fragments of Menander, whose "Comedy of Manners" might be expected to help, are few in number. In one such reference he speaks of "Physicians, who by way of building a towering reputation are wont to diagnose insignificant troubles as great ones and to exaggerate real danger" (*Men. Frag.*, 497 K.).

Such are some of the references, serious and otherwise, which the Greek dramatists make to medicine. As might have been expected, these references are usually of a general nature, and more concerned with principles than with details of practice. Even when a wound and its effects and an attempt to secure its healing form the main theme of a play, as in *Philoctetes*, there is no particularization. It would be a breach of the canons of art if there were. Like the beauty of Helen of Troy, which is the mainspring of action in the *Iliad*, the wound is nowhere described.

J. A. STRUTHERS.

SOME BART'S ORATORS.

I. SIR JAMES PAGET.

The silver voice that withed the cæno,
Or thrilled with noble eloquence,
Has passed into the void immense
Where stillness reigns.*



ON February 13th, 1877, in the theatre of the Royal College of Surgeons, a distinguished audience had assembled, which included the Prince of Wales, the Duke of York, Gladstone, and Huxley. A gradually deepening fog had crept in from the street and was saturating the atmosphere. While it rendered the outline of the various figures hazy and insecure, it emphasized the keenness of the faces and the scarlet of the gowns. Under Reynolds's portrait of John Hunter stood the fine, tall figure of one of the greatest orators of his profession and indeed of his generation. His voice was arrestingly soft, suave, and measured, with a beautiful cadence in the sentences which lingered in the memory like the music of Mozart. Slowly he spoke and fluently for the full hour without once hesitating or for a moment forfeiting the charm of his voice on which a

* G. C. Garratt, "In Memoriam Sir James Paget."

distinct Norfolk accent bestowed added attraction. By slight and appropriate pauses which as it were naturally interrupted his exquisite flow of words, Paget introduced an air of perfect spontaneity into an oration which had in reality—indeed like every one of his public speeches—been prepared most carefully: scribbled in his carriage on torn pieces of paper, written out word for word as it was in the end to be delivered, learnt by heart, and rehearsed for the last three weeks to his wife. When he came to deliver the oration, Paget had his notes in his pocket but he had no occasion to consult them. While no gesture of any sort spoilt the quiet dignity of his delivery, he had permitted himself one little "stage-trick," at once dramatic and effective: when making use of a short quotation, instead of repeating it, he read it from half a sheet of paper which he drew out of his breast pocket.

"When time and the favour of my colleagues in the Council brought to me the occasion of delivering the Hunterian oration, I thought it right to study afresh the character of John Hunter. And now I beg your leave to tell some of the facts and thoughts to which, in my study, I have been led—chiefly to tell, if I can, what were the motives of John Hunter in his scientific life; what were the chief characters and what the method of his work; to tell, also, some of his achievements, and of the lessons that may be read in the story of his life."

The following quotations are selected out of their context, as being most representative of Paget's style:

"In mere idleness or necessity, with no other reason than that there seemed nothing else to be done, John Hunter drifted into the opportunity of scientific study—drifted into the career in which he was to become great among the greatest men of science, and among all surgeons of all times the most renowned."

"I cannot doubt that in the contemplation of the order and mutual fitness in a great field of scientific truth there may be, to some high intellects, a source of pure delight such as are the sensuous beauties of nature to the cultivated artist-mind, or virtue to the enlightened conscience. I believe that in contemplation such as this Hunter enjoyed a calm, pure happiness. So Reynolds, his friend, seems to tell of him. In that masterpiece of portraiture, which teaches like a chapter of biography, Hunter is not shown as the busy anatomist or experimenter pursuing objective facts; the chief records of his works are in the background; he is at rest and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law which can be only intellectually discerned. The clear vision of that world was his reward."

"He was growing old; he had lately been very ill,

and he knew that he was in instant peril of that sudden death in which, at last, he fell; he was poor, for all that he could earn, and more, he needed for his collection; and he was overworked in practice and in the duties of Surgeon-General to the Army. Yet 'he would stand for hours, motionless as a statue'; patient and watchful as a prophet, as if he were sure that the truth would come, whether in the gradual unveiling of new forms, or in the clearing of some mental cloud, or as in a sudden flash, with which, as in an inspiration, the intellectual darkness becomes light."

Speaking of the death of Sir William Fergusson:

"Fergusson is gone: the greatest master of the art, the greatest practical surgeon of our times; and men can no longer watch the eyes that were so keen, or try to imitate the hands that were so strong and yet so sensitive and swift and light; or wonder at the ready and clear knowledge, the prompt invention, the perfect calmness in the midst of danger. These all are gone, and with them all that multiplied tenfold their charm—the warm heart, the friendliness, the generous rivalry, the social grace. These, too, are gone; but the memory of his lessons will remain with us."

If these sentences are read aloud, they reproduce the actual cadences of Paget's speech; though only those who knew him can recall his pleasant voice.

The moving beauty of Paget's lofty thoughts and the simple grandeur of his philosophical sentences so stirred Gladstone that he divided mankind into two sets—the happy minority who had heard the oration, and the majority who had not had the good fortune. At the Hunterian dinner in reply to Gladstone who had proposed his health, Paget said: "There is only one way in which it may be possible to surpass Mr. Gladstone as an orator, and that way I will proceed to put in practice. You all know that, although speech may be silvery, silence is golden. You shall have the gold."

On August 3rd, 1881, Sir James Paget gave the Inaugural Address at the International Medical Congress in London before an audience the like of which had never before been seen. Over 3,000 medical men were assembled, and there were present the Prince of Wales, the Crown Prince of Germany, Pasteur, Koch, Virchow, Volkmann and Charcot. Paget had spent a morning alone in Richmond Park rehearsing the address, which, when delivered, was a lay-sermon of harmonious phrases and uplifting thoughts.

"We may read the history of the progress of truth in science as a palæontology. Many things which, as we look far back, appear like errors, monstrous and uncouth creatures, were, in their time, good and useful, as good as possible. They were the lower and less perfect forms of truth which, amid the floods and stifling

THE ANCESTRY OF KAI LUNG.

(With apologies to Mr. Ernest Bramah.)



HE physician Tao Ho was noted throughout several provinces for the subtle comprehensiveness of his aphorisms, and the searching replies with which he illuminated the immature deductions of those—and they were many—possessed of larger heads and smaller powers of sustained logic than himself.

A respectful silence, therefore, fell upon the Hall of the Conferring Mandarins as Tao Ho rose from his seat to describe the curious personal history of Kai Lung, the skilled story-teller, who even now lay before him, meditating upon the misguided but praiseworthy persistence of the lower forms of life. For this pursuit he was very favourably placed, as he lay supine on a wheeled litter, his head immediately below an exceptionally agile but somewhat retrograde spider pendent from the ceiling. He was thus but dimly aware of the awe-instilling semicircle of mandarins ranged on seats behind his head, and the mob of comparatively negligible onlookers before his upturned feet. The stream of ill-bred curiosity emanating from the latter in no way diverted him from his fixed scrutiny, for he was not only contemplative by nature, but felt also some personal anxiety as to the probable movements of the insect above him.

"The fortunate person," began Tao Ho, addressing his peers, "who now basks in your enlightened consideration is one of studious and inoffensive habits, who has observed diligently all the prescribed Rites and Ceremonies, and placed himself beyond reasonable reproach in his solicitude for the comfort and respectable status of his ancestors in the Upper Air. He appears, however, to have been less painstaking in his propitiation of the lower Beings, for one of undoubted malevolence has taken up its position in the unworthy stomach of Kai Lung, giving rise there not only to a swelling palpable by the skilled hand, but also to sensations of a peculiarly revolting intensity. These, which cause him at frequent intervals to writhe incapably upon the ground, he describes as 'a gnawing, burning pain, like a ball of fire.'

"I sometimes say that the descriptive gifts of such a one as the professionally eloquent person before us lie rather in his admitted mastery of the classical analogies than in the accuracy of his subjective observations. The earth-demon in question—for so it seems to my opaque understanding—has taken the form of a solid, spherical, entirely non-luminous mass: this, when

atmospheres of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold. This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we cannot hope to complete, and in which we see continual and sometimes disheartening change."

Though usually his public utterances were studiously rehearsed, when he had to speak extemporaneously, Paget was famed for his easy flow of thought and his happy choice of expression, seen to best advantage in his after dinner speeches. "I always had the power of what is called 'extempore' speaking: I do not remember to have ever been without it."* Though in their finish and exquisite command of language his speeches never failed to be impressive, perhaps at times they may have been just a little too austere. Paget seldom tried to be witty, and there were no stories to relieve the seriousness of his thoughts. In his younger days he had been subject to frequent and severe attacks of pneumonia, and the acute and sympathetic ear could sometimes detect a slight catch in his breath. With people who spoke in broken sentences he often showed signs of irritation, and in public speaking he exacted from others the same standard of perfection as from himself. "A pretty good speech," he would say, "what would you say if you were offered a pretty good egg?"

In retrospect it would appear that his genius for speaking and lecturing was one of the most powerful influences which determined Paget's career, and which has made him a living force even to a generation that never knew him. The music of his words which are the guardians of his immortality can never die; mute but quickening his thoughts endure and bear his spirit through the ages.

W. R. BERR.

But for the kindly help of the late Stephen Paget and Alban Doran, of the Bishop of Chester. Sir John Bland-Sutton, Sir George Makins, and Sir D'Arcy Power, this sketch would never have seen the light.

* *Memoirs and Letters*, 1901, p. 131.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Bulletin de l'Hôpital Saint Michel—The Charing Cross Hospital Gazette—The Clinical Journal—L'Echo Medical du Nord—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital—The Journal of the Medical Association of South Africa—King's College Hospital Gazette—The London Hospital Gazette—Medical Times and Long Island Medical Journal—The Nagoya Journal of Medical Science—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Journal—The Royal Dental Hospital Magazine—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—Sydney University Medical Journal—University College Hospital Magazine—The University of Toronto Medical Journal.

struck with a perceptive finger, does not emit the gong-like tones produced by the air demons which commonly infest this organ, nor the vapours which a thoughtful inquirer might reasonably expect from an undisputed fire-demon.

"It has of late occurred to the elegantly-disciplined mind of Kai Lung that the increase in the ungratifying activities of this Being has been associated with a corresponding diminution in the length of his own pig-tail—a change which he had previously attributed to his habit of masticating the end of this highly ornamental appendage during long hours devoted to the study of antique legends. Fearing lest the sight of this abbreviated pig-tail, like that of a too-often-pruned pear tree, might have caused unwitting offence to some truculently disposed earth-demon, he has recently refrained from the habit by a creditable effort of will, but the demon has greeted this gesture with an attitude of stubborn non-appreciation. It has remained equally indifferent to the usual dispersing charms administered by this dimly seeing one, who now gropes for light from the effulgent constellation of your counsels."

When Iao Ho had finished speaking, the other mandarins rose in the order laid down in the Tables of Ceremonies and uttered their spoken opinion. The first was one Fu Chan, a physician of almost limitless experience: "It has been the trivial task of this person," he said, "to collect and enumerate fifty-seven dissimilar variations of demonic possession of the stomach. Since, however, the uniquely afflicted Lung has shown this list to be discouragingly inadequate, it seems (to one wholly devoted to the Higher Truth) an obvious duty to invite an expert Investigator with the Knife to probe the question more directly. By this means the least that may be achieved is that the unexpected entry of bright daylight into the stomach of Kai Lung may persuade the earth-demon to quit it permanently. Moreover, if the enthusiastic researches of the expert are rewarded with an even more far-reaching sequel, we shall be enabled thus to examine and discuss in more refined leisure not only the distinguished stomach of Kai Lung, but any other vital part which may throw light on the malign influences at present at work within him."

At this point the reposeful atmosphere of the conference was seriously impaired by a breach of the Rites and Ceremonies for which those compiling the Tables had failed signally to provide. An elderly person, showing definite signs of uncultured but powerful emotion, rose suddenly from his seat among the inferior ones and cried aloud, "Erudite but irresponsible Fu Chan! If the rapidly vibrating teeth of Kai Lung allowed him to express himself in articulate phrases,

you would perceive that he shows no marked inclination to pursue the Higher Truth in the remote future while separated from his companionable stomach."

Apart from the admitted squallor of the sentiments expressed, the intrusion of so degraded a person upon the inspired council of the mandarins resembled, in its effect upon the minds of those present, the unlooked-for appearance of a sharp boulder through the bottom of a stately and well-laden junk. Hong Sen Hien, a mandarin renowned for his unsurpassed intimacy with the classics, assumed the aesthetically alluring hue of a well-sunned peach, and was thrown into violent tremors by the intensity of his feelings. Even the serene Tao Ho permitted both his eyebrows to rise a perceptible distance.

There was one, however, whose extraordinary powers of lucid enunciation had never yet been impaired, nor his facial expression deranged, by any unpremeditated emotion. This one now took up the golden thread of speech as though it had not been cut: "Incomparable Tao Ho, it has been said, 'A sword drawn against an under-estimated foe proves often two edged.' To avoid such a complication may it not be wiser to render this somewhat problematic demon dissatisfied with his present lodging? With this end in view, and to propitiate the more favourably disposed of the Dwellers Above, this person would counsel not only Kai Lung, but his whole family also, to avoid green tea, sweetmeats, shark's fins, birds'-nest soup, serpents preserved in oil, peaches, walnuts, fruits stewed in fat, and all exhilarating delicacies, and to take—only—rice."

The previous degraded interrupter was heard to inspire deeply, but was instantly suppressed by several brisk blows from the well-directed chairs of those who sat near him. The august mandarin Ah Ging then spoke, as his custom was, with lips not visibly separated: "Shortly after this person had been initiated into the mysteries of the Physicians, a case exactly resembling the one in question made an indelible mark upon his inept but retentive mind. Unfortunately the individual involved still awaits the call to a vacant couch on which his disorder may be suitably investigated."

The mandarin Hong Sen Hien, once more master of his limbs, now professed harmonious agreement with all the previous speakers, and suggested that a powerful charm, consisting of three gadflies and a vampire bat, should be applied to the seat of Kai Lung's dolour. This proposal, however, was couched in the dialect of so remote a dynasty as to be unintelligible to the assembled mandarins. In any case their attention was for the moment diverted by the entry of the Supervisor of Morbid Processes, a high official whose important duties seldom permitted him to attend the ordinary conferences

STUDENTS' UNION.

CRICKET CLUB.

The 1st XI have played only two matches this season. The games against the Wanderers and Winchmore Hill were both scratched on account of the weather. The game against Southgate was won by 5 runs, and that against Hampstead drawn. R. M. Kirkwood played a good innings against Hampstead, scoring 56 not out; Wedd got 5 wickets for 25, and W. H. Gabb 5 wickets for 31. The "Past v. Present" match is being played on Saturday, June 13th, at 11.30. It is hoped that as many past and present members as possible will come up to the ground and bring their friends.

W. H. GABB,
Hon. Sec.

TENNIS CLUB.

Both sides are so far unbeaten, though unfortunately three matches have already been scratched. The 1st VI beat St. Thomas's Hospital by 6 matches to 3, and King's College Hospital more easily by 8 matches to 1. Though neither were cup-ties, the results augur well for our chances in the cup matches later.

It was very disappointing that our match with Balliol had to be abandoned owing to rain, as it was our first fixture with them, and a lead of 3 matches to none promised a good chance of winning.

The 2nd VI have so far played only one match, being deprived by rain of two others. Against R.M.A. (Woolwich) they won by 6 matches to 3, each pair losing one match. The first round of the Singles Tournament was concluded on May 10th, with very few scratched matches. The next few rounds will have to be played off quickly, as even with an entry of 106 the tournament must be concluded by early in July.

THE BOAT CLUB.

The United Hospitals Regatta was held at Putney on the afternoon of Wednesday, May 13th. This year only Guy's, St. Thomas's and Bart's entered for the eights, and it was decided to row the race from Hammersmith to Putney instead of in the reverse direction, as previously done, as the former provided a better finishing straight.

The Bart's VIII had been training on the Tideway for the previous two and a half months, and had had the advantage of the excellent coaching of R. Close-Brooks, of London R.C. With the whole of last year's crew still available, and with the advent of several "May colours" from Cambridge, the selection of a crew had proved some difficulty, and it was only with reluctance that two of last year's crew were dropped and the final order adopted.

We had the fortune to draw the Surrey station, which gave us the inside position on the Harrod's corner as well as the best of the tide. After a minute's rather scrappy rowing, we found ourselves with a length's lead over the other two crews, who were about level, and so, coming into a head wind and rough water, we settled down to a long, steady stroke, which had the immediate effect of still further improving our position. Knox (cox), seeing the water was very rough on the Middlesex shore, kept well to the Surrey side near the mile-post. At the Fulham football ground we were more than 2 lengths' lead, and this we maintained to the finish without undue effort.

In the race for light fours over 1 mile we again had the advantage of the draw for stations, obtaining the middle berth. Thomas's started at the faster stroke and obtained three-quarters of a length lead in the first ten strokes; Guy's started poorly, and were not subsequently concerned in the race. Thomas's then steered towards the Surrey shore, forcing us out of our course, for which they were warned by the umpire. At Beverley Brook the Bart's IV gave her ten, and were able to reduce slightly the lead of the Thomas's crew, but they again increased their advantage and won by 1 length, Guy's being many lengths behind.

Crews:
VIII: Bow, F. Radcliffe; 2, W. T. C. Barry; 3, J. Wilson; 4, G. Wynne-Thomas; 5, W. Wilson; 6, R. H. H. Williams; 7, R. G. Orr; stroke, O. S. Tubbs; cox, R. Knox.
IV: Bow, F. Radcliffe (steers); 2, R. H. H. Williams; 3, W. Wilson; stroke, O. S. Tubbs.

of the mandarins. Even now he was moving swiftly on some benevolent errand, followed by four white-robed disciples, whose rapid breathing indicated either that they had been attempting to accompany their eminent master for some distance, or that the breath had been driven suddenly from their unprepared breasts by one of the startling conceptions which ever and anon emerged like many-coloured rockets from his inspired lips. Glancing rapidly at the recumbent body of Kai Lung, he inquired with admirable economy of syllables whether that person's condition were not due in part at least to poor stock, and passed on, not tarrying for a reply.

The power of speech had by now been restored to Kai Lung, who said diffidently, "If the ever-to-be-respected physician who has just left us was condescending to refer to an indiscriminate selection of soup, it has never been this person's —"

"No," replied Tao Ho, "No. Oh no. Prolonged acquaintance with the honourable Supervisor's verbal habits leads one to suppose that his inquiry was directed towards the possibly leprous and contaminated condition of your immediate ancestors."

For the next few moments the Hall of Conference divested itself almost completely of its traditional atmosphere of dignified contemplation. The elderly person previously referred to, who, it was now noticed by some, bore a striking facial resemblance to Kai Lung himself, suddenly exhibited an agility quite inconsistent with the venerable length of his moustaches. Treading heavily over the heads and shoulders of the intervening onlookers, he projected himself with a loud cry into the space set apart for the mandarins. Here he seized the wheeled litter on which Kai Lung still lay, and propelled it violently from the Hall. During this process the swiftly-moving litter came into sudden and unrestrained contact with three more of the white-robed ones, who, less active than their fellow-disciples, were still striving to overtake the Supervisor of Processes. All three were overturned and passed into the Upper Air without further opportunity for discussion.

"I have been credited," observed Tao Ho, "with the saying that, in the matter of prudent discrimination, a disgruntled man is in no way superior to an unruffled goldfish." W.

ABERNETHIAN SOCIETY.

At the Annual General Meeting of the Abernethian Society, held on April 30th, 1931, the following officers were elected:
Presidents: R. G. M. Fawcett, L. P. Jameson-Evans.
Vice-Presidents: W. D. Coltart, H. W. Rodgers.
Secretaries: G. D. Kersley, J. M. Jackson.
Extra Committee-men: W. Leishman, A. J. Owston.

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

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients	Dr. G. Graham at 9 a.m.	Prof. Fraser and Dr. Hilton at 9 a.m.	Dr. Geoffrey Evans at 9 a.m.	Dr. F. G. Chandler at 9 a.m.	Prof. Fraser and Dr. Carmichael at 9 a.m.	Dr. G. Bourne at 9 a.m.
Surgical Out-Patients	Mr. Paterson Ross at 9 a.m.	Mr. R. M. Vick at 9 a.m.	Mr. J. B. Hume at 9 a.m.	Prof. Gask at 9 a.m.	Mr. J. E. H. Roberts at 9 a.m.	Mr. Keynes at 9 a.m.
Diseases of Women	Dr. Shaw at 9 a.m.	—	Dr. Donaldson at 1.30 p.m.	—	—	Dr. Shaw at 9 a.m.
Ante-Natal Clinic	—	—	—	Dr. Donaldson at 12.15 p.m.	—	—
Orthopaedic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. R. C. Elmslie at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. F. C. W. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. F. C. W. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. T. H. Just at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. T. H. Just at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—
Skin Department	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips at 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—
*X-Ray Department	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.
*Exercises and Massage Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. to 1 p.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. to 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.
Dental Department	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m.	†5 to 7 p.m.	—	11.30 a.m. New cases only, 2 to 3 p.m.	—
Venereal Department	Men, 5 to 7 p.m.	Women and children, 4 to 6 p.m.	—	Men, 12 to 2 p.m.	Women and children, 12 to 2 p.m.	—
Plastic Surgery	Sir Harold Gillies at 2 p.m.	—	—	—	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.
† These hours are intended for patients who cannot attend at mid-day.

May, 1931.

CORRESPONDENCE.

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

DEAR SIR,—Although almost certain to be accused of pedantry, may I crave the hospitality of your columns in order to protest against the indiscriminate and incorrect use of the Dead Languages by the makers of proprietary preparations vice the Dead Languages nostrums? The commonest form of this is the hybrid word that can claim descent from neither Latin nor Greek, but a bit from both, such as phanodorm, cholubium, lactogen, and cacophonous nightmares, such as reotopaniline. Surely some sort of a tribunal could be appointed who could reject such words before they indeed, we ourselves are far from blameless in this respect; to quote only a few examples—aciphilus, rectocele, intratracheal, intradrenal, and ovariotomy. "Subplenic" is a hideous word; either "hypophrenic" or "subdiaphragmatic" is preferable. "Laparotomy" is a misnomer, and should be confined to an incision in the flank; and yet the purist who would dare to write "exploratory celiotomy" on his operation list would certainly be laughed at.

In the matter of pronunciation, too, we are often at fault. "Abdomen" and "mesocolon" are frequently mispronounced; and it is the usual thing for "haemsiderin" to sound as though it had something to do with a well-known beverage manufactured from apples.

Ellesmere, I am, etc.,
Shropshire; A. BARNSELY.
May 17th, 1931.

THE RUGBY CUP.

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

SIR,—The victory of Bart.'s team this year (1931) in the final Inter-Hospital Rugby Football contest reminds me that I had the good fortune to captain the Bart.'s Rugby team which secured the trophy in 1881, which, if my arithmetic does not fail me, is just half a century ago. This discovery came upon me somewhat as a shock: I had not realized that the match was played so long ago. Doubtless to Bart.'s men of to-day 1931 seems a long way ahead, but I can assure them that when that year arrives, 1931 will not seem to belong to a dim and distant past.

Present Bart.'s men may like to know something of the 1881 winning team. C. O. B. Harding and Arthur Roberts (staunch friends who have only recently died) were two of the best men—Harding a sterling full back, Arthur Roberts one of the best "quarter backs" in England. Howe, a Cambridge man, who early succumbed to tuberculosis, was a remarkably clever dribbler. Jack Jessop, a physical specimen of manhood (he might have sat for Pheidias), was a forward worthy to play for England; he fell fighting as a combatant officer (colonel) in the Great War.

Our team won, I think I may say, deservedly and without difficulty, but not without taking great pains to prepare ourselves. The aims we set before us were:

- (1) To keep thoroughly fit, so that there might be no stragglers on the field (such as one may sometimes see even in good matches).
- (2) To play a quick, loose game—stone-wall scrummages were barred. It was just at that time that Blackheath started the loose game, and its advantages were quite obvious to me.
- (3) To practise dribbling. It is of great value in the Rugby game to be a skilful dribbler, such as Howe was, and we used to practise this art in Charterhouse Square near by.
- (4) To practise passing and drop-kicking.
- (5) To avoid cocksureness, and strive to leave as wide a margin of superiority (or shall I say safety) as possible.

These were some of our aims. In order to achieve success in team games it is necessary to formulate a definite plan of action and to get members of the team to adhere to it. As little as possible must be left to chance.

After the match Mr. Willett, Surgeon to the Hospital, congratulated us in a neat speech and drank our health out of the Cup, which is now, I take it, resting in the College Library.

May I offer my hearty congratulations and good wishes to Captain Taylor and his men.

Yours sincerely,
HARRY CAMPBELL.

REVIEWS.

CLINICAL EXAMINATION AND SURGICAL DIAGNOSIS. By FELIX LEJARS. Translated by HELEN C. SCOTT. (London: Jonathan Cape, 1931.) Pp. 854. Illustrated. Price 50s. net.

We welcome this book, the second by Prof. Lejars to be translated into English, for his book on Urgent Surgery, the English version of which appeared some years ago, has come to be valued by many. This book on Surgical Diagnosis is written, not in the formal style of many such books, but from knowledge based on vast clinical experience. The subject of clinical examination is not neglected, and numerous illustrations show the various methods of examining different parts of the body. The charm of this book lies in the delightful style of the writer, so well preserved by the translator. A subject such as abdominal enlargement is taken, is illustrated by accounts of cases which have occurred within the author's experience, and from these is built up the whole differential diagnosis of the part under consideration. As is necessary in this type of book, there are illustrations not only of actual cases, but also of methods of examination—those of abdominal palpation being particularly good. The illustrations are all clear and plentiful (there are indeed more illustrations than pages in the book) though they are not very artistic. In an English version we wonder why the translator has kept the term "hygroma" throughout the book instead of using the more usual word "cyst."

To the senior student of medicine (in the widest sense) who has time to relax from the strenuous study of standard text-books we can strongly recommend this book of Prof. Lejars, as one from which he can easily gain valuable clinical knowledge from his annals.

THOMSON AND MILLS'S MANUAL OF SURGERY. By ALEXANDER MILES, M.D., F.R.C.S., and D. P. D. WILKIE, M.D., F.R.C.S. Vol. I: General Surgery. Eighth edition. (Humphrey Milford, Oxford University Press, 1931.) Pp. xvi + 574. Price 12s. 6d. net.

This well-known work enters upon a new era for two reasons: firstly Prof. D. P. D. Wilkie becomes a co-editor with Mr. Miles, and secondly, twenty-one coauthors have each undertaken the revision of the section of the work in which he is particularly interested. The editors can justly claim that the work faithfully presents the present-day position of surgery, particularly the Edinburgh School. The pathology is essentially practical. The few pages on whitlow, illustrated by excellent diagrams, are amongst the best that we have seen. The authors' insistence on passive hyperæmia as a valuable treatment in infections makes it one of the most striking features of the section. Bier's constricting bandage is too often looked upon as a relic of ancient usage, to be put in the museum with tortoise-shell handled bistouries and old cupping-glasses. The authors make no mention of vaccines or sera in the treatment of acute infections such as septicæmia, except to say that anti-streptococcal sera are of no value in erysipelas. The treatment of generalised infections by blood-transfusion, which appears to be one of the most valuable measures, especially in desperate cases of pyæmia, is also neglected. The section on tetanus is masterly; it would be hard to imagine a finer description. The treatment of malignant disease by radium and X-rays is mentioned with caution, and due regard is given to the fact that it is still far from being the universal remedy for all cases. It is noted that it is more efficacious in rodent ulcer than in deeper growths. The tannic acid treatment of burn is well presented. Blood-transfusion in infants through the anterior fontanelle is described, but no warning is given of its dangers, which according to some authors, outweigh its advantages. The increase in size is small and is due mainly to the additional illustrations. These are profuse, and show a high standard of photography. The reproductions of X-ray plates are particularly fine.

The names alone of the editors of this book are sufficient to guarantee its excellence, and it maintains its place in the forefront of standard surgical text-books.

TAYLOR'S PRACTICE OF MEDICINE. By F. P. POULTON, M.A., M.D., F.R.C.P., with the assistance of C. P. SYMONDS, M.A., M.D., F.R.C.P., H. W. BARBER, M.A., M.B., F.R.C.P., and R. D. GILLESPIE, M.D., M.R.C.P. Fourteenth edition. (London: J. & A. Churchill, 1930.) Pp. xvii + 1074. 64 plates (12 coloured), and 103 text-figures. Price 35s. net.

Forty years have elapsed since the first, and five since the last edition of this book was published. During the first period the field of medicine has widened and deepened so that no single man dares to cover the whole with authority. "Sir Frederick Taylor and Sir William Osler will perhaps have been the last to have made the attempt," wrote Dr. Ponsonby, regretfully, in 1922. If one cannot but be struck by the benefit which accrues from the method of importing co-editors, though the thought lingers that the logical conclusion of the matter is a complete conversion to the semi-system status of "Price" and "Ceil".

During the second period, since the thirteenth edition, medicine has changed in certain branches to such an extent that many articles have had to be rewritten, including those on the allergic state, asthma, the pathology of pneumonia and fibroid lung, intrathoracic neoplasms, diverticulitis, pernicious anaemia, diseases of the spleen, pituitary disease, rickets, lead poisoning, and kidney disease. The account of acute rheumatism now includes chorea. Dr. Poulton again affirms his belief in the value of illustrations in the practical way of increasing their number. The new radiograms are extremely good. The book is a credit to the Guy's School of Medicine.

One word of praise is due to Messrs. J. & A. Churchill; the standard of their "text-books" and the value of their "Recent Advances" series place them in the front rank of medical publishers.

LECTURES ON DISEASES OF CHILDREN. By ROBERT HUTCHISON, M.D., F.R.C.P. Sixth edition. (London: Edward Arnold, 1931.) Pp. viii + 487. Price 21s. net.

The reappearance of a book that has long been regarded as a medical classic calls for little more than a word of cordial welcome from a reviewer. This series of lectures has been a favourite those many years with medical students, or at least with those of them who appreciate the flavour of clinical wisdom, served in simple English style for their consumption. Without going into detail, the author presents a general view of his subject so that we can follow his method of approach to diagnosis, and—what is greatly appreciated—take his advice in treatment.

MONOGRAPH ON BIOCHEMISTRY. ENZYMES. By J. B. S. HALDANE. (London: Longmans, Green & Co., 1931.) Pp. 235. Illustrated. Price 14s. net.

This monograph makes an excellent addition to the Biochemistry Series. It may be considered as a sequel to Bayliss's work on the same subject, which it in no way displaces. The subject is treated from the kinetic standpoint, and inevitably the reader finds himself embarking on a sea of mathematics. Much of it is fairly plain sailing, but Chapter V can have an appeal only for those whose mathematical education has been of the "higher" order. This chapter, dealing with the course of enzymatic reactions and mathematical theory, is one of the most original in the book. Many of the other chapters suffer from compression of the subject-matter. So much is treated on each page that it is necessary for the reader to have a fair acquaintance with the original literature of the subject in order to get the most out of the book itself.

The final chapters on the more general properties, the methods of purification and the theories of enzyme action are particularly too brief, and would, if extended, greatly improve the general balance of the book.

There appears to be little advantage in restricting the meaning of "co-enzyme" to the "heat stable crystalloidal organic substances of fairly high specificity associated with an enzyme in nature." Until more is known about concomitant substances, both organic and inorganic, crystalloidal and colloidal, it would be better not to attempt to define such terms as "co-enzymes." The term "complement" should be reserved for the immunological substance present in blood-serum. The conclusion (on p. 120) that amylase may adsorb a layer of dihexosan molecules, but can hardly adsorb a layer of starch molecules, which are very large, is not warranted by

experiment. On p. 125 the author states that resting *B. coli* "reduces" a large number of substances. Surely he means "oxidises"!

The book, if well digested, will be useful for those interested in the modern developments of enzymic chemistry.

THE NOTE-BOOK OF EDWARD JENNER IN THE POSSESSION OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON. (Oxford University Press: Humphrey Milford, 1931.) Pp. vii + 49. Price 3s. 6d. net.

This manuscript note-book, written in Jenner's hand and printed now for the first time, became the property of the Royal College of Physicians in 1888. Of its authenticity there is, as Dr. Chaplin points out in the preface, no doubt. The period covered is from 1787-1800, and the subject-matter concerns chiefly and most interestingly the habits of the cuckoo. In a short but illuminating essay on "Edward Jenner, M.D., as a Naturalist," written by Dr. Dawrey Drevitt at the request of Sir John Rose Bradford, the importance of these observations is explained, together with their relation to the contemporary natural history. The observations in this note-book formed the basis of a communication to the Royal Society in which Jenner showed that it was the young nestling cuckoos who destroyed the rightful occupants of the nest—a state of affairs that was incredible to most naturalists of his day. The other notes refer to the finding of hydatids in the bodies of various domestic animals, which led Jenner to the theory that tuberculosis was closely allied to hydatid disease. The note-book gives one an insight into Jenner's way of experimenting, and shows that application to observations of natural phenomena, which had, in the matter of vaccination, such far-reaching results for mankind. A photograph of Lawrence's portrait of Jenner makes an attractive frontispiece, and the pleasant make-up of the book is what is expected of the publisher.

A HANDBOOK FOR NURSES. By J. K. WATSON, M.D. Ninth edition. (Faber & Faber, 1931.) Pp. xii + 1055. Price 10s. 6d.

Dr. Watson is modest in calling this volume a "handbook," which, by virtue of its thousand and fifty-two pages and copious illustrations and index almost deserves the name "system of nursing." Since the last edition only two years ago the author has revised the whole work "drastically," and has re-written much of it. Furthermore, the volume has obviously gained in value from the assistance of Miss Cowlin, Miss Sims and Miss Simmonds, who have dealt with the practical nursing and invalid cookery sections. The radium and diathermy section is fascinating, dealing briefly with the discovery and romance of radium, and containing an especially valuable table of rules for the preparation and supervision of a patient undergoing treatment in order to prevent accident or loss. The section on anaesthetics is sound and common sense: "Do not be in a hurry to rouse the patient if all is well; let him sleep as long as he will," might be taken to heart by those who are inclined to smack the patient's face and tell him to "wake up"—possibly this is a factor in some cases of post-anaesthetic vomiting. Spinal anaesthesia, "pericaine," combined gas and oxygen and local infiltration are fully discussed. The limitations of the ethyl chloride spray are noted. The two coloured anatomical plates in the first section are well done, but the second transparent sheet is confusing, containing the nerves and vessels of the front and back side by side. The anatomy is clear, the physiology a trifle too full; the section on the blood makes heavy going for a nurse who does not really want to know that red blood-cells have a diameter of $\frac{1}{2000}$ th of an inch in mammalia "except that they are smaller in the deer and larger in the elephant." Dr. Watson's zeal for comparative anatomy reveals itself more than once. The picture on p. 35 reproduced from QUAIN'S *Anatomy* is far from clear, and would have been better replaced by another. The rest of the work is lucidly and lavishly illustrated by simple outline drawings, diagrams and photographs. The page of drawings (p. 238) illustrating digital compression of vessels is worth twenty of explanation. Hardly any of the routine instruments and appliances used in the wards, theatre or in private nursing are missing. No nurse need ever seek knowledge and go away unsatisfied from this astonishingly complete book, and a nurse going forth into private practice need never feel afraid of being found wanting in some unexpected emergency if she carries this volume in her bag. The price of half a guinea makes it really a cheap book—it is worth double.

A HANDBOOK FOR SENIOR NURSES AND MIDWIVES. By J. K. WATSON, M.D., Capt. R.A.M.C. Second Edition. (Oxford Medical Publications, 1931.) Pp. xix + 676. Price 12s. 6d.

Throughout this book the teaching is sound and explicit, the highest authorities being followed in each section. The medical section is curiously short and inadequate, no reference being made to cardiac, renal or respiratory diseases. Encephalitis is fully dealt with, but no other chapter on smallpox, but the nurse will have to refer elsewhere for the other fevers. The chapter on cancer very properly stresses the necessity of early diagnosis; it would surely be an advantage to add to this chapter a discussion of the symptoms and signs which should lead to a suspicion of early malignant disease in the different organs of the body.

The surgical and obstetrical sections are remarkably good, the commoner conditions being discussed at length. A useful section deals with diseases of children.

This book, together with the author's more elementary text-book for nurses, is intended to supply all the information a nurse requires in medical, surgical and obstetrical matters. In view of the shortcomings of the medical section, it can scarcely be said that this intention has been realized.

RECENT ADVANCES IN RADIOLOGY. By PETER KERLEY, M.B., B.Ch., D.M.R.E. (London: J. & A. Churchill, 1931.) Pp. viii + 324. 120 illustrations. Price 12s. 6d. net.

The first part of the book covers briefly almost the whole field of X-ray diagnosis, recent advances being, as it were, incorporated into the work, so that it forms a very up-to-date text-book of radiology. The text is clearly written, and mainly concerned with a description of the X-ray appearances, but the aetiology and pathology of many of the conditions described are also referred to, and so the clinical and radiological sides are well co-related. There are very numerous and excellently reproduced radiograms illustrating the conditions described.

The second part deals briefly with X-ray therapy, and unfortunately is marred by two errors. The first is a misstatement of the international "r" unit of measurement, which is not derived from a radium balance as the author states, but is derived from a measurement of the ionization current produced by the X-ray beam itself. The second is in using this unit of measurement without any reference to the quality of the X-ray beam, or the time during which it was administered. At the end of each chapter is an excellent bibliography, while at the end of the book there is an index of the authors referred to, as well as a general index, which makes the book not only generally useful, but also admirable as a reference book for anyone wishing to study any isolated problem connected with radiology.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By SIR WILLIAM HALE-WHITE, K.B.E., M.D. Twentieth edition. Revised by A. H. DOUTHWAITE, M.D., F.R.C.P. (London: J. & A. Churchill, 1931.) Pp. viii + 712. Price 10s. 6d.

This little green book with its imposing title has been one of the most popular of its kind among students and practitioners since 1892. That it has reached a twentieth edition is sufficient evidence of its usefulness. The more important additions are sections dealing with ephedrine, quinine, avertin, liver, lipiodol, uroselectan, parathionine and novasurol.

HANDBOOK OF DIETS. By ROSE M. SIMMONDS, S.R.N., Dietician to the London Hospital. (London: William Heinemann, Ltd., 1931.) Pp. vii + 108. Price 7s. 6d.

In this useful little volume are collected together height and weight tables, food value tables and details of every common type of diet, together with numerous recipes for high and low calcium dishes, diabetic dishes, high fat foods, various ways of preparing liver, and also some useful hints on feeding infants and older children. These diets have been used in the London Hospital during the past two years, and are therefore of proved value. The book will be very useful to the general practitioner.

AN INTRODUCTION TO PRACTICAL BACTERIOLOGY. By T. J. MACKIE, M.D., D.P.H., and J. E. MCCARTNEY, M.D., D.Sc. Third edition. (Edinburgh: E. & S. Livingstone, 1931.) Pp. xv + 427. Price 10s. 6d.

This valuable handbook requires no introduction to laboratory workers, for whose use it is intended. The present edition has been revised throughout. After preliminary chapters on the general characteristics of micro-organisms and the problems of immunity, the authors describe the use of the microscope, and give detailed instructions for the use of dark-ground illumination and the focusing of the hanging drop. The following chapters deal with the cultivation and staining of bacteria, serological methods, animal experiments and water analysis. The next chapters deal with bacteriological diagnosis, the characterization and occurrence of pathogenic bacteria, protozoa and fungi, and the methods of bacteriological investigation of various infections, including practical hints of great value to the laboratory worker. There is a good summary of interest only to veterinary workers are fully described in smaller print.

The book is almost a necessity to laboratory workers, and it is confidently recommended to every pathological clerk who takes more than a passing interest in bacteriology.

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

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Exercise and the Medical Man." *Practitioner*, May, 1931.

ANDREWS, C. H., M.D. "Immunity in Virus Diseases." *Lancet*, May 2nd and 9th, 1931.

ARMSTRONG, R. R., M.D., M.R.C.P., and JOHNSON, R. S., M.D., M.R.C.P. "Concentrated Anti-pneumococcal Serum in the Treatment of Lobar Pneumonia." *British Medical Journal*, April 25th, 1931.

BAXTER, W. S., B.A., M.R.C.S. See CULLINAN and BAXTER.

BLACKABY, E. J., M.R.C.S., D.T.M.&H. "A Case of Multiple Osteochondromata with Obstructed Labour." *British Medical Journal*, April 25th, 1931.

BROWN, W. G. SCOTT, M.B., F.R.C.S. "Cavernous Sinus Thrombosis: A Fatal Complication of Minor Facial Sepsis." *Lancet*, May 2nd, 1931.

CASTLETON, L. I. M., M.D. "Cerebral Hemorrhage Following Meningitis in a Child." *Lancet*, April 25th, 1931.

CHANDLER, F. G., M.A., M.D., F.R.C.P. "Thoracoscopic Technique Influenced by Type and Position of Adhesions." *Lancet*, May 2nd, 1931.

CULLINAN, E. R., M.D., M.R.C.P., and BAXTER, W. S., B.A., M.R.C.S. "A Case of Malignant Endocarditis (Pneumococcal) with Early Calcification and with Calcareous Renal Emboli." *American Heart Journal*, February, 1931.

GAINSBOROUGH, W. FREDERICK, M.D., M.R.C.P. "A Case of Congenital Hypertrophic Pyloric Stenosis." *Archives Disease in Childhood*, April, 1931.

JOHNSON, R. S., M.D., M.R.C.P. See ARMSTRONG and JOHNSON.

JONES, W. HOWARD, M.B., B.S. "Dirocaine in Spinal Anaesthesia." *Lancet*, May 2nd, 1931.

LOYD, ERIC I., F.R.C.S. "Femoral Hernia in a Boy of 5 Years." *British Journal of Surgery*, April, 1931.

LOYD, W. E., M.D., M.R.C.P. (R. R. TRAIL, M.D., M.R.C.P., and W. E. L.). "The Transatlantic Scholarship Tour: Impressions of Radiological Work." *Tubercle*, May, 1931.

MILES, W. ERNEST, F.R.C.S. "Ano-Rectal Fistulae: Their Classification, Pathology and Treatment." *Practitioner*, May, 1931.

MORLOCK, H. V., M.C., M.D., M.R.C.P. "The Modern Conception of Early Phthisis." *British Medical Journal*, April 25th, 1931.

POWER, SIR D'ARCY, K.B.E., F.R.C.S. "John Abernethy, 1764-1831." *British Medical Journal*, April 25th, 1931.

SHORE, T. H. G., M.D., F.R.C.P. "An Unusual Case of Tetanus." *Lancet*, April 25th, 1931.

SUVANNA, SHANN, M.R.C.S. "Treatment of Tetanus by Intrathecal Injection of Carbolic Acid." *Lancet*, May 16th, 1931.

THROWER, W. R., M.B., B.S., M.R.C.P. "The Treatment of Some Urinary Infections." *Clinical Journal*, May 6th, 1931.

EXAMINATIONS. ETC.

University of Cambridge.

The following Degree has been conferred:
M.D.—Brown, W. C. S.

Royal College of Physicians.

The following have been elected *Fellows*:

Haldin-Davis, H. D., Hilton, R., Kettle, E. H., Spilisbury, B.

The following have been admitted *Members*:

Beare, F. H., Hackett, C. J., Levitt, W. M., Preiskel, D.

Conjoint Examination Board.

Final Examination, March, 1931.

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

Barigrasser, S., Beard, A. J. W., Bharucha, D. R., Briggs, G. D. S., Chamberlain, L. P. B., Cimmering, S., Cunningham, G. J., Evans, L. P. J., Fraser, A. C., Freeth, W. O., Godwin, S. E., Hackett, L. J., Halper, H. T., Hunt, J. H., Jaenach, F. J. V., Kersley, G. D., Knox, J. S., Liberis, A., List, H. M., O'Connell, J. E. A., Scott, P. G., Smith, D. A., Stamp, T. C., Staunton, H. W. G.

R. L. E. Downer has been elected a member of the British College of Obstetricians and Gynaecologists.

CHANGES OF ADDRESS.

BOURNE, G. 47, Queen Anne Street, W. 1. (Tel. Welbeck 1035.)

CULLINAN, E. R., 81, Harley Street, W. 1. (Tel. Welbeck 1834.)

DAVIES, J. LLEWELLYN, 5, Wellington Circus, Nottingham.

KLABER, R., 81, Harley Street, W. 1. (Tel. Welbeck 1834.) 17, St. Edmund's Terrace, N.W. 8. (Tel. Primrose 6164.)

LANOHORNE, D. A., The K.A.M.C. Depot, Crockham, Near Fleet, Hants.

MORGAN, L. S., Greyholme, Henley-on-Thames.

PALMER, C. SPENCER, Underhills, New Road, Teignmouth, South Devon.

APPOINTMENTS.

DOWNER, R.L.E., M.D.(Lond.), appointed by the Salop County Council as Obstetrical Consultant for the County.

HOGG, W., M.R.C.S., L.R.C.P., appointed Senior House Surgeon to the General Infirmary, Burton-on-Trent.

ROBB, W. A., M.D., M.R.C.P., appointed Pathologist to the Royal Devon and Exeter Hospital, Exeter.

BIRTHS.

BELLAMY.—On May 18th, 1931, at 27, Welbeck Street, W. 1, to Elsie, wife of Dr. W. A. Bellamy—a daughter (Rosanne).

CLARK.—On March 17th, 1931, in Pretoria, South Africa, to Phillis, wife of Bernard Maule Clark, M.R.C.P.—a son (Roger Maule).

HOWELL.—On April 30th, 1931, at Tudor House, Tenby, to Vera (née Harries), wife of Handley Howell, M.R.C.S., L.R.C.P.—a son.

MENNAIR.—On May 13th, 1931, at 27, Welbeck Street, W., to Grace (née Buist), the wife of Arthur J. Menair, F.R.C.S.—a daughter.

OKELL.—On May 14th, 1931, at Graunge Lane, Winsford, Cheshire, to Hilda Margaret (née Dutton), wife of Dr. Robert Okell—a daughter.

TAYLOR.—On May 2nd, 1931, at Tunbridge Wells, to Dr. and Mrs. A. F. Taylor, of Mayfield, Sussex—a daughter.

MARRIAGES.

ALDRIDGE—OPENSHAW.—On April 28th, 1931, at Hendon St. Mary's, Dr. John Aldridge, only son of Mrs. Constance Aldridge, of 31, Holland Park Avenue, W. 11, and the late George Aldridge, and grandson of the late John Rees Gabe, M.D., to Betty, daughter of Mr. and Mrs. J. de R. Openshaw.

FELLS—FRANKS.—On May 20th, 1931, at Highbury Chapel, Bristol, Roy R. Fells, M.B., 12D, Cotham Road, Bristol, to Rosalind, daughter of Dr. and Mrs. Franks, Western College, Bristol.

MUIR—STIRLING.—On May 16th, 1931, at the Friends' Meeting House, Bournemouth, Dr. D. Miller Muir, of Exeter, Devon, to Eleanor, only daughter of Mrs. and the late Thomas Stirling, of Bearsdon, Dumbartonshire.

ORMEROD—MARTIN.—On May 16th, 1931, at All Saints' Church, Woodford Wells, Essex, by the Ven. Archdeacon of Southend, assisted by the Rev. E. W. Ormerod, M.A., brother of the bridegroom, and by the Vicar, the Rev. T. C. R. Moore, M.A., Thomas Laurence Ormerod, M.B., youngest son of the late Dr. J. A. Ormerod, F.R.C.P., of 25, Upper Wimpole Street, W., to Margaret Muriel Challis, second daughter of Mr. and Mrs. H. C. Martin, of Elm View, Woodford Green.

SCOTT—CAIRNS.—On May 9th, 1931, at Holy Trinity, St. Marylebone, by the Rev. G. F. Saywell, Rector, and the Rev. C. C. Snell, Vicar, Littlehampton, Philip Geoffrey Scott, B.A.(Cantab.), M.R.C.S., L.R.C.P., second son of Sidney Richard Scott, F.R.C., and Mrs. Scott, of 130, Harley Street, London, to Margaret Elizabeth, elder daughter of Mr. and Mrs. Andrew Cairns, of Littlehampton, Sussex.

DEATHS.

BONTOR.—On May 8th, 1931, at a nursing home, Hampstead, Sidney Algernon Bontor, M.D., of 61, Lancaster Road, Hampstead, late of Great Berkhamsted, Herts.

GLYNN.—On May 12th, 1931, at Bryn Bella, St. Asaph, Thomas Robinson Glynn, M.D., F.R.C.P., Emeritus Professor of Medicine, University of Liverpool, aged 90.

HYDE.—On April 29th, 1931, at Woodrough, Bramley, Guildford, Dr. H. Feeney Hyde, aged 63.

MILNER.—On May 12th, 1931, suddenly, at Reading, Dr. S. W. Milner, late of Bere Alston, Devon, and late Captain R.A.M.C., dearly loved husband of Leah Milner, and son of the late Rev. Thomas Milner, of Malton, Yorks.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXVIII.—No. 10.]

JULY 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

Fri.	July 3.	Prof. Fraser and Prof. Gask on duty.
Sat.	.. 4.	Cricknet Match v. Old Paulines. Away.
Tues.	.. 7.	Tennis Match v. Staff College (Camberley). Away.
		on duty.
Fri.	.. 10.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Sat.	.. 11.	Cricknet Match v. Hornsey. Home.
		Tennis Match v. St. George's Hospital. Home.
Tues.	.. 14.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Fri.	.. 17.	Dr. Gow and Mr. W. Gieling Ball on duty.
Sat.	.. 18.	Cricknet Match v. R.A.F. (Halton). Home.
Tues.	.. 21.	Prof. Fraser and Prof. Gask on duty.
Fri.	.. 24.	Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Tues.	.. 28.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Fri.	.. 31.	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.

EDITORIAL.

THE HARVEIAN SOCIETY.

THE centenary meeting of the Harveian Society at St. Bartholomew's Hospital, under the chairmanship of Sir Thomas Horder, was an unqualified success. Dr. Raymond Crawford's address has been published in abstract in the *Lancet* and the *British Medical Journal*. Perhaps the most striking part of the programme was Mr. Keynes's exhibition of the Harvey books. We publish a short account of the proceedings on p. 205.

* * *

A CASE OF CHOREA TREATED WITH NIRVANOL.

We have received from Dr. David Imber, of Luton, the notes of a case of chorea treated with nirvanol. The patient, a boy, æt. 17, was first seen at the time of onset of the movements. "The usual remedies" being ineffective, nirvanol was exhibited at the beginning of the third week, 4½ gr. being given during each 24

hours. Nine days later a scarlatiniform rash appeared, and the drug was omitted, 40 gr. having been given. The rash lasted for six days, and after a further five days, actually during the sixth week of the disease, all movements ceased. There had been no evidence of cardiac involvement, and two weeks later the boy returned to school. There had been no recurrence of movements after eight months.

We publish this abstract of Dr. Imber's notes, because the real value of nirvanol in the treatment of chorea is as yet undetermined. The difficulty in assessing the value of any treatment of a self-limited disease, such as chorea, is well illustrated. In this connection we would refer our readers to an interesting series of cases discussed by Dr. East and Dr. E. R. Cullinan in the *Lancet*, (1930, ii, 190).

* * *

POWELL'S PRACTICAL PREPARATIONS.

Under this title there will be known to future generations of students and nurses at St. Bartholomew's the book which Messrs. Faber & Faber have recently published for Sister Hope. A review appears on another page, but we should here like to congratulate Sister Hope on her enterprise in publishing such a useful guide for the benefit not only of nurses, but also of doctors and students, and on her industry in manufacturing the time in which to commit to paper the results of her experience. The book, which costs 3s. 6d., can be obtained from Messrs. Evans & Witt.

* * *

THE SURGICAL PROFESSORIAL UNIT OUT-PATIENT MORNINGS.

In the June issue of the JOURNAL a list of times of attendance in the Out-Patients' Department contained an error, for which the editors apologize, though accepting no responsibility for its inclusion. Surgical out-patients are taken by Prof. Gask on Mondays, and by

Mr. Paterson Ross on Thursdays. It is intended that this out-patient time-table shall be published in future in October and in April, alterations which occur between these months being noted in the Editorial.

* * *

MANNERS MAKYTH MAN.

A distinguished consulting physician to St. Bartholomew's Hospital happened to be in his club one day, when he was asked to see one of the members who had cut his hand while carving a loaf of bread. Having no appliances for dressing the wound, he escorted the injured one to the casualty department of his own hospital, where he saw the medical officer on duty and explained his errand. Said the latter to the patient, "Go into that room and I will attend to you," and then, turning to the eminent consulting physician, he remarked, "Sit over there, daddy, and take your hat off."

* * *

At the request of the Appeal Department, we enclose in each copy of the JOURNAL a descriptive booklet advertising various motor-car badges, ash-trays, etc., stamped with the Hospital crest and the figure of St. Bartholomew. We understand that all of these articles are to be sold to St. Bartholomew's men for half the marked price. Orders and remittances should be sent to Dr. Nunn, c/o the Hospital Appeal Department, St. Bartholomew's Hospital.

SCHOLARSHIP RESULTS.

Hichens Prize	Not awarded.
Kirkes Scholarship	Beal, J. H. B.
	Prox. access. Roberts, L. O.
Senior Scholarship	Latter, K. A.
Junior Scholarship	1. Nash, D. F. E.
	2. Moynagh, D. W. } Equal.
	Bohn, G. L. }
Harvey Prize	Bincliffe, E. W.
Foster Prize	Latter, K. A.
	Certificate Sheehan, D. J.
Treasurer's Prize	Bohn, G. L.
	Certificate Nash, D. F. E.
Bentley Prize	Langenberg, E. R.
Wix Prize	Jackson, J. M.
Matthews Duncan and Gold Medal	Medal not awarded.
	Prize Jackson, J. M. } Equal.
	Westwood, M. J. }
	Prox. access. Scott, R. B.
	Langston, H. H.
Brackenbury Scholarship in Medicine	Harris, C. H. S.
Burrows and Skynors Prize	Harris, C. H. S.
Brackenbury Scholarship in Surgery	O'Connell, J. E. A.
Walsham Prize	Beal, J.
	Prox. access. Scott, R. B.
Willett Medal	O'Connell, J. E. A.
	Prox. access. Partridge, G. T.
Shuter Scholarship	Smart, J.

SURGERY IN EDINBURGH IN THE TIME OF ABERNETHY.

Summer Sessional Address delivered before the Abernethian Society.

By Professor D. P. D. WILKIE,
Professor of Surgery, University of Edinburgh.



CONSIDER it one of the special privileges of the post which I now hold, through the kindness and courtesy of your Board of Governors, to have the opportunity of addressing a Society bearing the honoured name of Abernethy. If acquisitiveness be a character of the Scottish race, you will not be surprised if I seek to prove that Abernethy had a sufficiency of Scottish blood in his veins to justify me in claiming him as a Scot, and to account for his remarkable career among you! The residence of his forbears in Northern Ireland served but to temper the steel of their Scottish character.

Abernethy is rightly singled out as the man who founded the real surgical teaching school of Bart's, the man who more than any other spread and amplified the teaching of John Hunter, and who left behind him a tradition which you as a Society foster, perpetuate and prize. It may be not without interest to consider what was happening in the Edinburgh School during these years when Abernethy studied, practised, and finally ruled in the surgical world of London.

In 1764, the year of Abernethy's birth, a lad of 15 years, Benjamin Bell by name, was apprenticed to Mr. James Hill, a surgeon in Dumfries. Two years later Benjamin came to Edinburgh and studied under Monro *secundus*, who had just succeeded his father as Professor of Anatomy. None too well off and the eldest of a family of fifteen, young Bell applied himself with great energy to the study of anatomy. Monro recognized his talent and encouraged his ambitions towards surgery.

At this time Edinburgh had an unrivalled reputation in medicine, but in surgery it was far otherwise, and Bell wisely decided to spend two years in Paris and London in surgical study. He worked under John Hunter, whom he described as "the most agreeable and, at the same time, the most useful acquaintance I ever met with." On his return to Edinburgh he started in practice and rapidly acquired a reputation, so that at the age of twenty-four he was elected a surgeon to the Royal Infirmary. A serious accident laid him aside for two years and threatened an abrupt ending to his career. Under the skilful care of Alexander Wood he made eventually a good recovery. Wood was then the leading surgeon in Edinburgh. Popularly known as "Lang Sandy Wood," he was a genial eccentric. He was wont to visit his patients with a raven on his shoulder and followed by

a pet sheep! He was the founder of many dining clubs, some of which are still extant, and in so far as he was the embodiment of good-fellowship among professional brethren, he left a shining example to the profession.

Benjamin Bell is regarded by many as the founder of the School of Surgery of Edinburgh. He was undoubtedly a great surgeon and, whilst his name is not attached to any permanent contribution to surgery, his views on inflammation, the value of massage, and the introduction of flaps in amputating, were all ahead of his time. His descendants held prominent positions in the Edinburgh Medical School during the next century, the last being Dr. Joseph Bell, whose uncanny powers of observation impressed Conan Doyle and inspired the tales of Sherlock Holmes.

During the period of twenty years from 1862 onwards many students from the American Colonies came to Edinburgh, and most of the men who were destined to lay the foundations of medical education in the New World took the Edinburgh degree. Among them may be mentioned John Morgan and William Shippen, who founded the Department of Medicine in the College of Philadelphia, the first medical school in America. Following them came Benjamin Rush, who brought fame to the Philadelphia medical school, and has been called the Sydenham of American medicine. Likewise Samuel Bard, who founded the first medical school in New York, and George Buchanan, who assisted in the formation of the Baltimore medical school, studied in Edinburgh. Later came Caspar Wistar, the famous anatomist, and Philip Syng Physick, the pupil of John Hunter, who interpreted the teachings of that master surgeon to the New World as Abernethy did to the old. It was little wonder that the traditional teaching methods of the Edinburgh medical school were followed in America for well-nigh a century, until, indeed, the clinic system of the continental schools was grafted on the older stem, late in the nineteenth century.

The name of Bell was associated with surgery in Edinburgh for well-nigh two centuries. John Bell (Fig. 1) was born in 1763, one year before Abernethy. He came of a talented family and, if never so widely known as his younger brother, Sir Charles Bell, he may be said to have founded the School of Surgical Anatomists, and for this, if for nothing else, his name may be held in honour in this Society. A literary man and an artist, his lectures and his anatomical plates rightly brought him fame in his day. His doctrine of the anastomosing arteries was an important contribution, as it led to an arrest of the indiscriminate amputation of limbs for gun-shot wounds of the main arteries which was prevalent at the time.

But for his querulous and disputatious disposition John Bell would probably have made even greater

contributions than he did to the advance of surgery. Soured by his unjust exclusion from the Staff of the Royal Infirmary, he spent much of his time in the writing of scathing pamphlets regarding the views and characters of his contemporaries, and in particular of Dr. James Gregory, of powder fame, who in a considerable volume had assailed him under the pseudonym of "Jonathan Dawplucker." His *Discourses on the Nature and Cure of Wounds* and his great *Principles of Surgery* are classical works written in convincing and incisive style and embellished with original engravings of great beauty.

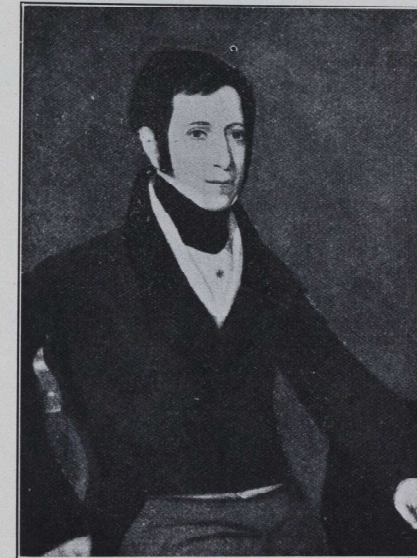


FIG. 1.—JOHN BELL (1763-1820).
Original in the Wellcome Historical Medical Museum, London.

In John Bell's time numerous students from America flocked to Edinburgh, and his teaching was thus reflected in American surgery. It was from a lecture of his on ovarian tumours, in which the suggestion was thrown out that surgical removal of such tumours might be possible, that Ephraim McDowell (Fig. 2) got the inspiration which prompted him in 1809 to perform successfully the first ovariectomy on Mrs. Crawford in Danville, Kentucky. McDowell sent an account of his first few cases to his old teacher who, broken in health and disappointed, was ending his days in Italy. By what we

would like to think was a mistake the manuscript never reached Bell, who was deprived of what would surely have been a solace in his exile. After his death his last book, *Observations on Italy*, was published. This book, illustrated by beautiful original drawings, has been described as one of the best books on travel ever written by a medical man.

It would be interesting to know whether Bell and Abernethy ever exchanged views on surgical matters. In downright honesty, fearless exposure of mistakes in

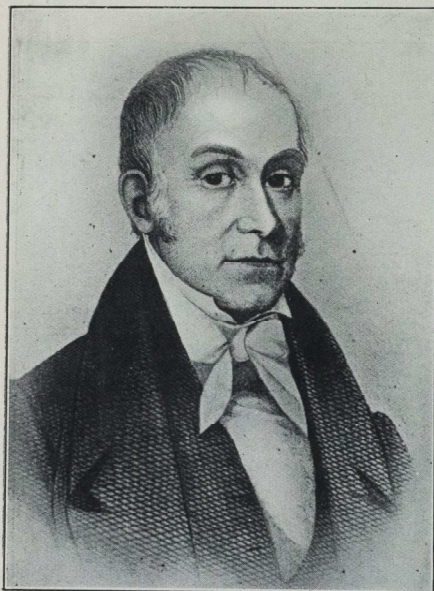


FIG. 2.—DR. EPHRAIM MCDOWELL.

prevalent doctrine and a tendency to conservatism in surgery both men had much in common, and both left a lasting impress on the teaching of their respective schools.

Of his brother, Sir Charles Bell, who was ten years his junior, and who was driven from Edinburgh by his exclusion from the Infirmary Staff, I will say little, for the greater part of his career was spent in London. He contributed, however, so largely by his wonderful drawings to the illustration of his elder brother's *Anatomy of the Human Body*, and had already published his own *System of Dissections*, that he had a European

reputation ere he left Edinburgh for the south. He did not return to Edinburgh to occupy the Chair of Surgery till after Abernethy's death. Meanwhile he had achieved world-fame, and his contributions to the anatomy and physiology of the nervous system were epoch-making. He differed from Abernethy on the burning question of the employment of the experimental method as opposed to the purely observational method of acquiring knowledge, and it must be conceded that the results which he achieved by his controlled experiments vindicated his views. In the Museum of the Royal College of Surgeons of Edinburgh are to be found his anatomical preparations, and also the series of water-colour drawings of gun-shot wounds made at Brussels after the Battle of Waterloo.

The beginning of the nineteenth century saw the Edinburgh Medical School at the height of its fame, and at this time there arose three surgeons whose names are still known to all students of surgery—Liston, Syme and Fergusson. All three were first anatomists and then surgeons. In their day, when anatomy and surgery were so intimately related, the anatomist occupied a larger place in the public eye than he does to-day. No description of surgery in Edinburgh in the early decades of the nineteenth century would therefore be complete without mention of Robert Knox, who, although never a surgeon, was the greatest teacher of anatomy of his day (Fig. 3). The hopeless incapacity of the third Monro as a teacher in the University drove the students to the extra-mural class of Robert Knox, who had a remarkable power of lucid exposition and was a master of dramatic presentation. At one time his class numbered over five hundred, and included ministers, scholars, clergymen, noblemen, artists and men of letters, besides medical students. A liberal education was considered incomplete without attendance on the lectures of Robert Knox. By a most unkindly turn of Fate his popularity was soon to give place to public obloquy, for on him was turned the public fury which followed the exposure of the crimes of Burke and Hare. These two debased Irishmen conceived the plan of supplying bodies for the dissecting rooms at less trouble and danger to themselves than could be effected by the methods of body-snatching, commonly practised by the "Resurrectionists" of the time. Their method was to entice friendless people into their house in the West Port, stupefy them with drink, and then suffocate them and sell their bodies to the porters of the various dissecting-rooms. At least sixteen people were murdered before Burke and Hare were apprehended. Hare turned King's evidence, and Burke was condemned to be hanged and dissected. There was great competition among the students to be allotted to a "part" on Burke,

and my grandfather was one of the fortunate ones and shared an arm! The last of the murdered bodies was found in Knox's dissecting-rooms and the brunt of the public anger turned on him. This incident, whilst it brought about the discomfiture of Knox, who was entirely innocent of the source of the bodies, led to the passage of the Anatomy Act and to the end of Resurrectionist practices in this country.

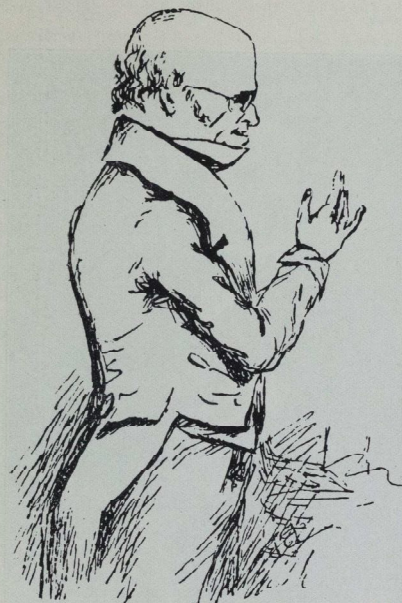


FIG. 3.—ROBERT KNOX (1791-1862).
(From a sketch made by Edward Forbes, the naturalist, while a member of Knox's class.)

Among Knox's pupils and demonstrators was a tall, handsome youth with an ever cheery face, William Fergusson, almost as popular a teacher as Knox himself. Fergusson stood by Knox in the dark days which followed the Burke and Hare revelations. He had determined on a surgical career, and to fit himself in the use of the scalpel he made the wonderful series of dissections of the blood-vessels of the limbs and the neck, which are still preserved in the Museum of the College of Surgeons in Edinburgh. In due time he was appointed as Surgeon to the Royal Infirmary, but shortly thereafter he was invited to occupy the Chair of Surgery at King's College, where he became, in the words of Sir James Paget, "the

great master of the art, the greatest practical surgeon of our time."

But I have advanced too fast, for senior to Fergusson and equal in fame came Liston and Syme.

Robert Liston (Fig. 4) was born in 1794. A man of remarkable physique and commanding personality, he acquired a thorough training in anatomy under John Barclay, who, besides being a distinguished anatomist,

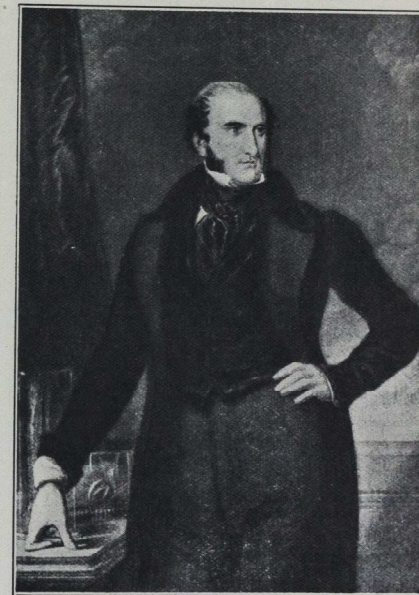


FIG. 4.—ROBERT LISTON (1794-1847).

gained repute as a scholar of Greek, Mathematics and Hebrew. Liston's ambition was a career in surgery and, as was usual at that time, he decided to approach surgery through anatomy. After a period of post-graduate study in London under Blizard at the London and Abernethy at Bart's, he returned to Edinburgh and became a demonstrator under Barclay. Later he started teaching anatomy independently with young James Syme as his assistant. His chief difficulty was to get bodies for dissection, for to compete with the experienced agents of Monro and Barclay was no easy matter. According to Christison, it was no uncommon occurrence for one party to have a look-out man sitting

on the church-yard wall in the dangerous dusk, ready to drop down on the first appearance of the rival party and appropriate the grave by striding across it. Liston and his friends were not above taking part themselves in such nocturnal adventures, and pistols were occasionally used in these graveyard encounters.

In any case Liston got sufficient bodies to meet the needs of an ever-increasing class. Surgery was included in the teaching, and as both Liston and Syme were surgeons' clerks in the Infirmary they were not without the clinical experience to illustrate their lectures. Liston rapidly acquired a reputation as an operating surgeon by dealing successfully with patients in their own homes after the Infirmary surgeons had turned them down as inoperable. So numerous were the cases treated outwith the hospital and so insistent were the reports of the pioneer work which the two young men were doing in the kitchens of the Cowgate and Canongate, that jealousy was aroused among the not over-competent surgical staff of the Infirmary. Rumour got about that Liston was abusing his privilege as a clerk in the Infirmary by inducing patients to leave the hospital and be operated on by him in their homes, and by openly criticizing the surgical practice of the regular hospital staff. The upshot was that the Managers passed a resolution excluding Liston from the Royal Infirmary. Liston appealed to the College of Surgeons but got no support. For five years he worked as the Ishmaelite until his claims to appointment to the Infirmary Staff could no longer be gainsaid. It is to his great credit, and it must ever be an encouragement to the unsuccessful applicant for a hospital post, that during these five years in the wilderness he did the work on which his ultimate reputation largely rested. It was during this time that he performed the operation on which, in his own belief, his fame depended.

The case was that of a boy, æt. 16, who suffered from a large aneurysm of the subscapular artery which had partly destroyed the scapula, and who, after a consultation of the whole Surgical Staff, had been discharged as incurable. Liston operated on the lad, in a small, badly lighted room, and successfully combined the extirpation of the aneurysm with the first recorded excision of the scapula. The publication of this, along with a series of other cases of aneurysm, established Liston's position as one of the boldest and most successful operating surgeons of the day. In the same year, and whilst still but twenty-six years of age, he contributed to the Royal Medical Society his "Dissertation" on *Fracture of the Neck of the Femur*. In this he disputed the view of Sir Astley Cooper that excess of synovia prevented union, and the view then prevalent that such fractures will not unite. He advocated the use of the

long splint introduced by Desault, and secured extension by means of the perineal band. He laid no claim to the invention of the long splint, but it has since borne his name.

It is sad to have to record the embittered quarrel which arose between Liston and Syme, who had worked together and assisted each other as brothers for many years. Both headstrong and ambitious, the one became jealous of the success of the other, and each set out to spoke the other's wheel. Syme was not appointed to

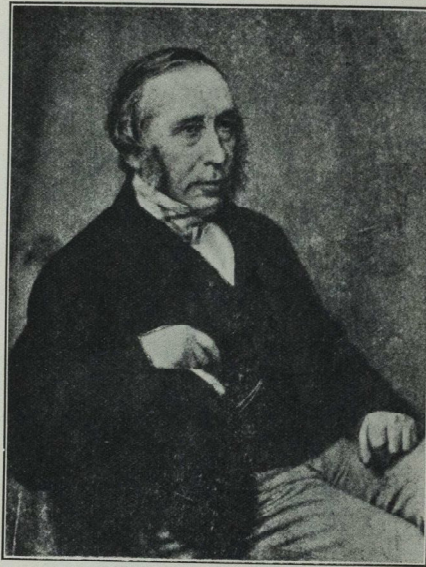


FIG. 5.—JAMES SYME (1799-1870).

the Infirmary because the Managers feared unseemly scenes before the students if both were on the staff at one time! Liston effectively prevented Syme's election to the Chair of Surgery in the Royal College of Surgeons, and the final break came when Syme was appointed Professor of Clinical Surgery in the University in preference to his senior colleague. When two years later Liston received an invitation from University College to the Chair of Surgery there, he severed his connection with Edinburgh, which lost one of her most distinguished and accomplished sons. When five years later Liston wrote offering a reconciliation, Syme eagerly

welcomed the offer, and they remained fast friends till Liston's death.

Liston was probably one of the most daring, rapid and skilful operating surgeons of all time. It is interesting to note that, whilst he represented at their best all the qualities required of a surgeon of the pre-anæsthetic period, he was the first surgeon in this country to use ether for a major operation.

This brings me to James Syme (Fig. 5), the assistant and young colleague of Liston, and one of the outstanding figures in British surgery. Although Syme was just rising to fame when Abernethy was relinquishing active surgical practice, the two men had much in common. Both were students of chemistry. As a youth Syme had a private chemical laboratory fitted up in his father's house, and founded a students' Chemical Society as a first-year student of medicine. As a result of his experiments on coal-tar he discovered a solvent for indiarubber, and found that by brushing on to silk cloth a solution of rubber he rendered it waterproof. The publication of his paper was delayed, and meantime Mr. Mackintosh, of Glasgow, took out a patent for the process, otherwise we should now associate Syme more with the putting on of our raincoats than with the taking off of a foot!

Like so many others, Syme graduated to surgery through anatomy. He was, however, always impatient in the dissecting rooms and spent all his evenings in the hospital. His path was no easy one. He was a very shrewd observer and clear thinker, and, moreover, fearless in his comments on the surgical practice of his day. He had firm friends but not a few enemies, and the door to advancement was often barred to him. At the age of twenty-four Syme established his position as an operating surgeon by performing successfully the first amputation at the hip-joint in Scotland. Assisted by Liston, he used the method taught him by Lisfranc, and he has left us a very graphic description of this formidable operation performed without anæsthetic.

Syme rapidly acquired a surgical practice, and that without the prestige of a hospital appointment. Barred from the Infirmary, he started a private hospital of his own with twenty-four beds, in close proximity to the University, and here he worked out his operations for the excision of joints as opposed to amputation—then the recognized treatment. His clear and impressive teaching of surgical pathology, the noted accuracy of his diagnosis, and his unerring judgment of the limitations and possibilities of surgery, attracted both students and patients to his private hospital, and left Liston as his only serious rival in surgery north of the Tweed. It came as no surprise, therefore, when he was elected in preference to Liston to the Chair of Clinical Surgery and a charge in the Royal Infirmary. In 1842

he first performed the amputation which bears his name. Prior to this (1840) he performed for the first time the operation of external uelctotomy. When introduced to the profession, some four years later, this operation became the subject of probably more acrimonious and bitter discussion than has raged round any other surgical procedure. John Lizars, well known as one of the early ovariologists and a jealous rival to Syme, led the fight, which was not confined to the medical press, but extended to newspapers and magazines, and a whole series of pamphlets and booklets. This notwithstanding, the operation earned an established place among standard surgical procedures.

Many of the descriptions of Syme's operations are classic. A breast operation in the pre-antiseptic days is immortalized in John Brown's *Rab and his Friends*. It is perhaps the aneurysm operations, for which he was so justly famous, that lend themselves to graphic description. The following report of a case of gluteal aneurysm is typical:

"I. C.—, æt. 44, from Carlisle, was admitted on June 6th last, suffering from a very formidable aneurism of the left buttock. He stated that seven years ago, having been employed in cutting willows for basket-making, he placed in his coat-pocket the knife employed for this purpose, which had a long, narrow and sharp blade, with a large, thick wooden handle, and then threw the bundle of osiers which he had collected over his shoulder. In doing this he struck the knife with such force as to drive it deeply into the hip and caused the blood to flow with great profusion. Soon afterwards he was found lying in a very exhausted state by some children, who had him conveyed to the Carlisle Infirmary, where, bleeding having ceased, the wound was dressed superficially, and healed, with the result of a pulsating tumour, the size of an orange, being formed at the part. This had occasioned little inconvenience, and rather been a subject of amusement to himself and friends, until lately, when it suddenly enlarged and became the source of pain, which was constantly severe, but occasionally increased to a degree that was almost intolerable. He had on this account again applied to the Carlisle Infirmary, and resided there for two or three weeks, during which an embrocation had been employed and a plaster prescribed. He then left the hospital, and was recommended to my care by Dr. Elliot.

"On examination I found an enormous tumour measuring more than 13 in. across, in both of its directions, extremely tense, and pulsating strongly, while the pain had become still more intolerable through the fatigue of travelling. It was evident that there should be no delay in resorting to some effectual means of relief, and of these, I could not hesitate in preferring the old operation, since, although the case was more favourable for ligature of the internal iliac than the one in which I had recently operated, from the greater thinness and laxity of the muscular coverings, the large size of the tumour was opposed to the process of coagulation and absorption, while the patient's history clearly shows that the vessel must be within reach at the seat of injury. I therefore resolved to follow this course, and proceeded to do so on the 14th.

"The patient, having been rendered unconscious, and placed on his right side, I thrust a bistoury into the tumour, over the situation of the gluteal artery, and introduced my finger so as to prevent the blood from flowing, except by occasional gushes, which showed what would have been the effect of neglecting this precaution, while I searched for the vessel. Finding it impossible to accomplish the object in this way, I enlarged the wound by degrees sufficiently for the introduction of my fingers in succession, until the whole hand was admitted into the cavity, of which the orifice was still so small as to embrace the wrist with a tightness that prevented any continuous hæmorrhage. Being now able to explore the state of matters satisfactorily, I found that there was a large mass of dense fibrinous coagulum firmly impacted into the sciatic notch, and—

not without using considerable force—succeeded in disengaging the whole of this obstacle to reaching the artery, which would have proved very serious if it had been allowed to exist after the sac was laid open. The compact mass, which was afterwards found to be not less than a pound in weight, having been thus detached, so that it moved freely in the fluid contents of the sac, and the gentleman who assisted me being prepared for the next step of the process, I ran my knife rapidly through the whole extent of the tumour, quickly turned cut all that was within it, and had the bleeding office instantly under subjection by the pressure of a finger. Nothing then remained but to pass a double thread under the vessel, and tie it on both sides of the aperture.

"The patient did perfectly well after this operation, with the exception of complaining that he felt pain at the upper part of the thigh, for which I could not satisfactorily account until about three weeks afterwards, when I discovered a deep-seated abscess lying over the sciatic nerve. The matter having been evacuated by a free incision, there was immediate and complete relief, so that the patient was dismissed on July 29 perfectly free from complaint, and was soon afterwards able to resume his occupation."

A remarkable personality, a man who "never wasted a word, a drop of ink or a drop of blood," he attained to a unique pre-eminence in British surgery, and influenced among others his future son-in-law, Lord Lister. Lister had little less than homage for his "father in surgery," and certainly his own investigations were aided, if not made possible, by his old Chief.

Hear Lister on Syme:

"Mr. Syme may be said to have been a surgeon in all supreme, complete in every part. In clear perception and luminous exposition of surgical principles, both pathological and practical, he stood unrivalled; yet he was equally conspicuous for the correctness of his diagnosis, his originality and ingenuity in device, and his admirable excellence in execution. His success was due not merely to his great intellectual gifts and manual dexterity, but full as much to his genial, sympathizing love, alike for patient and student, his transparent truthfulness, and his exalted sense of honour. These noble qualities made him keen in the pursuit of his science, single-minded and earnest in the discharge of surgical duty, and influential for good in an immeasurable degree with those who came within the range of his personal teaching."

His house, Millbank, in the south side of Edinburgh, has lately been acquired by the Infirmary as a convalescent home. Here Syme pursued his favourite pastime of gardening; here Lister was married, and here to the old man were unfolded all the possibilities of the system which Lister evolved, and which was destined to revolutionize surgery. The spirit and ideals of Abernethy were carried on in the northern capital with singular truth and fruitfulness by Syme, and we salute them as the two inspiring forces in British Surgery in the early nineteenth century.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Bulletin de l'Hôpital Saint-Michel—Bulletins et Mémoires de la Société de Médecine de Paris—Cambridge University Medical Society Magazine—L'Echo Médical du Nord—The G.P.—Guy's Hospital Gazette—The Hospital—The London Hospital Gazette—The Medical Journal of Australia—Medical Times and Long Island Medical Journal—The Nursing Times—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—The University of Toronto Medical Journal—University College Hospital Magazine—University of Leeds Medical Society Magazine.

A CASE OF ACUTE TUBERCULOUS PERICARDITIS.

IN the absence of any demonstrable tuberculous focus in the lungs or elsewhere, the possibility of diagnosing acute tuberculous pericarditis is sufficiently uncommon to attach particular interest to the history and clinical observations in the following case.

The patient, a schoolboy, *et. 17*, came of a healthy, long-lived Jewish family, in which there was no history of rheumatism or tuberculosis in any form. As a child he was delicate, but suffered only from measles and whooping-cough; as a boy he was strong and healthy, played games and never had sore throats, cough or other evidence of rheumatic or tuberculous disease. Immediately before his illness he had been overworking for an examination, but was apparently in fair health and, as far as was known, had not been in contact with an open case of tuberculosis.

The history of the illness was briefly as follows:

4 days: Shortness of breath and epigastric pain on deep inspiration. Constipated but no fever, sore throat or joint pains.

3 days: Condition unchanged except for a short sharp cough accompanied also by epigastric pain.

2 days: Felt ill and went to bed, where the shortness of breath was much less marked. Influenza diagnosed, and constipation treated by his doctor.

1 day: Anorexia and vomiting with pain still localized in the epigastrium and accentuated by inspiration. Cough no longer present.

Palpitations and præcordial pain were absent throughout, and although there was some fever immediately prior to admission, there was no sweating or pains in joints or muscles.

Condition on admission.—Temperature 100°6, pulse 80, respirations 24. The boy was pale and ill-looking, not cyanosed, and most comfortable lying either flat or on his right side. At rest there was no tachypnoea, dyspnoea or pain; the tongue was furred and the fauces inflamed, the tonsils being small and fibrous. A thick purulent discharge was seen to come from the nasopharynx, but no enlarged glands or nodules could be felt. The chest was symmetrical and moved poorly. Cardiac impulse was diffuse and the apex-beat could not definitely be localized, but was approximately 5½ in. from the midline in the fifth space.

The area of cardiac dullness was triangular in outline and extended upwards to the second rib, outwards on the right side to 1½ in. from the midline, and on the left to 1 in. beyond the apex-beat.

The sounds, which were muffled and low-pitched, both at apex and base, were quite irregular in rhythm and suggested auricular fibrillation. No bruits could be heard, but there was a definite friction-rub over the præcordium. Ventricle rate was 160–170.

The pulse was frequent (80–100), totally irregular and feeble. Blood-pressure 120/80. There was some tenderness, but no rigidity over the upper half of the abdomen, the liver being enlarged to the level of the umbilicus and slightly tender. The spleen was not palpable and there was no ascites. The limbs were natural, œdema being absent. The urine contained urates and a trace of albumen.

COURSE.

The patient was put on salicylates, and on the day following admission the heart became regular, but a marked pulsus paradoxus developed. The temperature fell in the morning but rose in the afternoon to 102° and there was some dyspnoea.

250 c.c. of blood-stained pericardial fluid were removed by aspiration midway between the apex-beat and the left limit of cardiac dullness; this relieved the dyspnoea and improved the pulse.

The fluid was found to contain many red cells, and polymorphonuclears and lymphocytes in slightly larger proportions than in normal blood. Cultures were sterile and no tubercle bacilli were seen.

Blood examination showed a leucocytosis of 13,700 and a hæmoglobin of 74%. The electrocardiographic tracing was normal and the Wassermann reaction negative.

An evening rise of temperature persisted in spite of salicylates, and three days after admission the heart again became irregular. Paracentesis pericardii was repeated and 390 c.c. of deeply blood-stained fluid were removed, with immediate relief of symptoms, the normal rhythm of the heart being restored. A provisional diagnosis of tuberculous pericarditis was now made, and a guinea-pig injected with pericardial fluid.

The patient improved for three days, when pulse and respirations again rose and he vomited. Examination now showed signs of fluid at the left base, and 270 c.c. of pale opaque yellow fluid containing a few polymorphs, large endothelial and red cells and many lymphocytes were removed. Cultures were sterile and no tubercle bacilli were found.

Fleuritic pain followed paracentesis, and pericardial, pleuropericardial and pleural friction co-existed for a short while on the left side of the chest. The pleural effusion returned but was later reabsorbed, and the cardiac condition gradually improved, the pulsus

paradoxus disappearing about two weeks after admission.

Evening fever continued but there was no cough or sputum, and no definite evidence of pulmonary tuberculosis could be obtained by physical or X-ray examination. Six weeks after the onset the electrocardiogram showed inversion of T in all leads, but was in other respects normal.

Post-mortem examination of the guinea-pig now showed scattered tuberculous lesions, and tubercle bacilli were seen in large numbers.

Temperature and pulse gradually settled, pericardial friction disappeared and the patient gained greatly in weight.

Two weeks later the pulsus paradoxus reappeared with signs of adherent pericardium; this irregularity persisted with a pulse-rate of 100–110 and signs of thickened pleura in the left axilla until his discharge to a sanatorium fifteen weeks after the onset of symptoms.

COMMENTS.

By far the commonest cause of acute pericarditis in a boy of seventeen is rheumatic fever, but in the absence of this disease, of septicæmia or of a direct spread from some septic focus in lung or pleura, tuberculous infection must be considered as the most probable cause.

Although the presence of paroxysmal auricular fibrillation pointed to a degree of cardiac involvement commonly found in rheumatic carditis, and not generally recognized in tuberculous disease, the absence of previous rheumatic infection, of respiratory and cardiac distress and of any evidence of valvular lesions made a diagnosis of rheumatism unlikely.

The deeply blood-stained pericardial effusion was not diagnostic, for while it is the rule in acute tuberculous pericarditis, it is not uncommon in rheumatic cases to find hæmorrhagic fluids, although usually of less intensity.

The pleural effusion, in view of the great size of the pericardial sac, was at most only suggestive of a tuberculous infection by virtue of its high lymphocyte content.

Tuberculous pericarditis may be primary, or secondary to disease of the lungs, pleura or mediastinal glands. The clinical picture in the former group is that of acute tuberculosis, either general or, as in the case described, with symptoms of acute localized disease of the pericardium.

The onset, physical signs and character of the effusion in this case may be considered as typical, but the degree of immediate recovery exceptional in a disease with such a bad prognosis.

The occurrence of auricular fibrillation is said not to be uncommon by those who see much of this comparatively rare disease.

Whether certain cases of Pick's pericardial pseudo-cirrhosis represent a later chronic stage of this disease is impossible to say, but should this patient survive his acute attack, as seems likely, it will be interesting to observe whether he presents the features of this latter condition.

I wish to thank Prof. Fraser for his kind permission to record the notes of this case.

W. G. OAKLEY.

CLIO BY THE BEDSIDE.

An address given before the Section of History of Medicine, Royal Society of Medicine, December 3rd, 1930.

FROM the Casualty Room of a Children's Hospital in the East End of London, re-echoing the coughs and screams of its youth, 'tis a far cry to the peace of a Library and the wisdom of scholars. In an atmosphere throbbing with academic grandeur, historical learning, and literary grace, a blushing recruit must needs identify himself with the central figure of a Bateman cartoon.

When Alban Doran of blessed memory was still among us, his exquisite courtesy, his unembarrassed charm, his enviable sense of leisure, his very skullcap, gently enticed the mind into thoughts of a gracious and stately generation now no more. The busy and enlightened age in which we live and move and have our being has sternly disciplined itself to associate the doctor's robes with the occasional and fleeting demand of academic solemnities. How sluggishly our eyes react to the dim light of outworn conventions. Bestriding the world of knowledge like a Colossus, we refuse to kneel to the graven images before which the prejudice of our intellectual fathers worshipped and fell down. Swimming with the tide of an ever restless advance, we have no time for professional make-believe, no place for stateliness, and the seeking after that dignified leisure of mind and behaviour which was the satisfaction of a former generation has become the melancholy regret of those who sadly style themselves children of Apollo. In the crowded life of a changing world, the caprice of fashion alters men and manners; virtues become conventions, and conventions prejudice and false pretence. The spirit of the times is democratic,

and I crave forbearance for the pious thought that to-day even so august a person as a Regius Professor travels by tube. It pleases my fancy to imagine that to him also much virtue and a deeper meaning may be contained in its familiar kindly advice: Follow the Red Line for Piccadilly. It is about the Red Line that I wish to speak to you this afternoon.

The elaborate edifice of modern medicine has not sprung up from the ground like a mushroom in the night. Each generation has put its hand to the task, has toiled and laboured to complete its superstructure. Its bricks represent the years, its floors the centuries. Proudly it soars to the high heaven, a fabulous golden palace, with many chambers ill explored, in which the poor student is apt to lose himself as in a diabolically cunning maze. It is the bitter tragedy of medical education that for him there is no red line to guide his footsteps in time of trouble. The curriculum is overcrowded, and the student overburdened with lectures, demonstrations, books, and journals. The fever of enthusiasm racing through his veins, headlong he plunges into the boundless and turbulent ocean of modern medical literature, where his frail body is cruelly tossed by the violence of the waves, and no promise of land ever greets his tired eyes. In the end he drifts into the still backwaters—the library, where, row by row, books as dead inside as out patiently wait upon their shelves, and the dust—as Stephen Paget would say—is thick on *opera omnia*. No one has the time or inclination to read them, or the heart to throw them away. Every day, every hour, brings its problems to which the books return no answer, and the encyclopædias are for ever mute. In his bewilderment the student turns to the wards to clarify his knowledge and to orientate his thoughts. His is a longing which reality can never wholly appease, to prolong the gift of life beyond the allotted span and to hold the grimness of death at bay. And ever is time urgent, experience deceitful, and judgment difficult. Thus he numbers his days toying with the serpent of Epidaurus, now coaxing him into half-hearted acquiescence, now bullying him to dogged obedience; never really quite confident, always just a little afraid of this terrible weapon in his hand.

The spirit of history is the Red Line which I would draw along the uphill path of the student in the busy days of his unfolding; across the high pinnacle proudly scaled by the young graduate in the glory of his waiting time; along the endless highroad wearily trodden by the practitioner, with the increasing disillusionment of advancing years so often, alas! looking neither before nor after; straight through the consultant's hothouse with its oriental wealth of phantastic beauty and intoxicating fragrance; a red line also to encircle the still

meadow where the medical man seeks rest and peace for his declining days.

With the ever-growing multiplicity of studies grinning broadly in our face, how with the best will in the world can we introduce the History of Medicine into the curriculum as a compulsory subject? Who among us is so bold that he would graciously assume the responsibility of filling the student's mind with historical knowledge—a masterly indiscretion in dietetics, manifesting itself, always in mental sluggishness, sometimes in obstinate constipation, more often in intractable flatulence and diarrhoea?

Men and women, met within the hallowed walls of the Eternal City, have recently besought the governments of all the civilized lands to make the science which our section has so much at heart a compulsory study for medical students. And their fine linen is the righteousness of saints. They have allowed themselves to be dazzled by the splendour of their rash resolution, and their responsibility towards the quick and the dead is enormous beyond reckoning. By your kind grace, Sir, I lift up my voice to protest in most categorical terms against this violation of Clio's Temple. Let me urge you, the high priests by her altar, and you who worship in the congregation, to cultivate the higher ambition of training the student to pursue historical wisdom, not historical knowledge. Though knowledge may come to him but as an honoured guest, wisdom will linger by his hearth until the fire sinks. Stop your ears against the Circean music of the Eternal City. Make up your minds to breed students who approach their problems, their difficulties, from the historical point of view, and all else shall be added unto you. This is a bold, an ambitious resolution, but take heart in the eloquent pleading of that master mind in our Israel, Thomas Fuller, so often on Sir William Osler's lips.

"History maketh a young man to be old, without either wrinkles or grey hairs; privileging him with the experience of age, without either the infirmities or inconveniences thereof. Yea, it not only maketh things past present, but inableth one to make a rational conjecture of things to come. For this world affordeth no new accidents, but in the same sense wherein we call it a new moon, which is the old one in another shape, and yet no other than what had been formerly. Old actions return again, furnished over with some new and different circumstances."

Though the road wind uphill all the way, the historical spirit is the Red Line along which the student in the very end will reach the Delectable Mountains; and his will be richer greater even than the hand of Pizarro had ever touched. Acquired in the plastic years, the historical spirit will give to the student's mind that fine

edge of perspicacity so needful in life's grim battle, that essentially sober and often humorous sense of proportion and, indeed, of one's limitations, which is the breast-plate of recruit and veteran alike. It is only at the bedside that the spirit of history can be caught. This is the beginning and the end of wisdom. All else is folly. Just as some people believe medicine to be an art best practised at the bedside, so I believe its history to be best taught and learnt in the wards. Having once successfully resisted the temptation to imprison the History of Medicine in the library, behind the desk, or within the narrow circle of medico-historical societies, it is not difficult to launch the attack, triumphantly to lead Clio Medica into the wards, and to rejoice in her remarriage with her lord and master, Clinical Medicine, from whom she has so long been divorced.

Let the student begin his acquaintance with medical history with a study of the great diseases of which daily he sees examples in his wards: Tuberculosis, syphilis, pneumonia, nephritis, goitre, appendicitis, heart disease. It would be well for him to know their history as intimately as their natural history. Take tuberculosis. Of this disease he may have too much knowledge already. How often is he not handicapped and indeed embarrassed by the extent and depth of his learning. And yet how pathetically hazy and grotesquely disjointed are his fundamental ideas on the evolution of clinical and pathological knowledge and on the change that has taken place in the hygienic and humanitarian outlook. The exquisite clinical observations of those keen students of nature, the Greeks, lacking the saving grace of clinico-pathological correlation and interpretation, are repeated daily by many a Hippocratic soul in the modern world of general practice. From the time of Hippocrates, we as a profession have recognized a tuberculous soil or Aulage, the *habitus phthisicus*, but until 1500 there was no morbid anatomy or pathology, and even that master of the art of accurate clinical observation by the bedside, Sydenham, belittled the value of post-mortems. One of the first to have conducted autopsies with the object of determining the cause of death was a general practitioner, Antonio Benivieni, who died at Florence in 1502. The man who made post-mortems really fashionable and founded the science of morbid pathology upon which scientific medicine is based was Morgagni. Working in his spirit, Laennec correlated the physical signs and anatomico-pathological features of a variety of pulmonary conditions, including consumption, sowing the seeds of inspiration, the fruit of which he was himself not privileged to taste. Every "lung" case in the wards should give the student the chance to appreciate the value and indeed the meaning of Laennec's work, should give him a first-hand introduction to his writings,

and stimulate his youthful enthusiasm to fresh and glowing endeavour. The green years are on his side, and never was time richer in promise or more laden with rewards for young observers by the bedside battling with problems which the restless and insatiable devotion of their fathers had never wholly solved. The name of Koch is familiar to every student, but how much of the man does he really know, of the times in which he lived, of the spirit of prejudice against which he struggled, of the difficulty of his crowning achievement, of the limitations of his victory? Osler was fond of comparing the cordial welcome of the pallid spirochete with the chilly reception of the tubercle bacillus. What of the modern Kochs? Is it possible for men to day treading the weary mill of general practice to do original work such as will change the face of their craft and relieve the burden of mankind? How often, indeed, is the fault in our stars rather than in ourselves that we are underlings!

Take again the history of appendicitis. How slow of recognition has this disease been in the Annals of Medicine and how stepmotherly the treatment dealt out to it in the pages of our surgical text-books of even one hundred years ago! What Howard Kelly calls the aggressive surgery of the appendix is a posthumous child of the Listerian revolution. To-day operations for appendicitis are successfully performed in mid-Atlantic. To me the diagnosis of appendicitis remains one of the most baffling problems in the whole of medicine, calling for vast clinical experience which I singularly lack, vast clinical acumen which I never hope to attain, and vast clinical courage which I possess in abundance. Centuries of medical thought had been imprisoned in the all-embracing conception of "abdominal pain," until a few adventurous minds discovered—or should it be "invented" (I speak as an historian, not as a clinician)—"perityphlitis," which promptly hypnotized the profession. The trance was rudely broken by Reginald Fitz of Boston, who made every medical man face to face with a case of appendicitis catch his breath and watch the progress of the disease with knife in hand. In the life of every practitioner comes the dilemma acute and infinitely menacing of when to operate once the disease is diagnosed and when to stay his hand. This dilemma is vividly portrayed in the pages of history. Treves, the most successful surgeon in London in his day, advocated delay in the acute cases until the peritoneal suppuration had become circumscribed. And yet time and again delay proved disastrous, especially in the young, where perforation quickly led to the tragedy of death. His younger daughter was felled by the disease before the surgeon's knife could save her, and Treves's cup of triumph became a cup of bitterness. By studying

the errors and the stubbornness of the past, the practitioner is enabled to see his own problems in an entirely new light.

The multiplication of examples is a weariness of the flesh, but consider for a moment the evolution of cardiac therapeutics. In this age of therapeutic resourcefulness the treatment of heart disease is a favourite examination subject. Yet how rare is it to encounter even among University Gold Medalists one who has incorporated into his personality the various eventful phases through which that master drug, digitalis, has passed. How many, indeed, have far advanced beyond its popular phase represented by the old woman who with it cured the principal of Brasenose? The majority of students are entrapped in its empirical phase so gloriously exemplified by William Withering. The heart of the minority is in its scientific stage which Cushman and others have made immortal. There are those among us who attach undue importance to the presence of a cardiac murmur. The louder the murmur, the nearer the beating of the wings of the Angel of Death. There are those among us whose hearts dance with the many new preparations of digitalis which thoughtful manufacturing chemists temptingly display on our breakfast tables and alluringly serve with our lunch and dinner. And yet the great Mackenzie knew of no better preparation of the drug than the commonplace tincture. The history of medicine teaches the wise to think kindly of the current fads in treatment, giving them that true humility of outlook which they themselves seldom appreciate, their enemies always, their colleagues never.

It is my loyal and unshaken conviction that all will practise the Art of Medicine better for knowing its history. How, then, should medical history be taught to the students and to the practitioners of medicine? I cannot help feeling that, if only they cultivate the sense of historical curiosity, it matters little if they acquire their historical wisdom in a haphazard and uncertain fashion. The object, you will agree, is to develop a taste and to perfect a point of view. It is the chief attraction of medical history that as a subject for teaching in the hands of its exponents it is ever plastic. Its biographical approach appeals to those who love their forebears as whole-heartedly as they do their profession. It is, indeed, a subject in the attractive presentation of which you, Sir, excel above your fellows. Others take delight in studying the history of the great diseases, or the great drugs, and the amazing progress of ideas and ideals leaves them breathless with wonder. So it is a love and a true appreciation of historical medicine is fostered and circle by circle spreads and spreads.

In the last fifty years men have lived in the midst of

momentous happenings and of epoch-making discoveries. Living in the glory of history in the making, they have had no time, no inclination, to chronicle the affairs of their day and to review them in their correct historical perspective. Living so close to the dramatic events, it was difficult for them to realize their significance. But now do we not feel in our heart of hearts that time is ripe for a stern and critical review of what has been accomplished? Here the call is for the individual worker.

What of the future? The cleavage of medicine into its separate compartments has necessitated an elaborate system of team-work, and it is in team-work that the hope of its history lies. There is no room in Clío's temple for professional historians, no room for men in whom the growth of an intellectual passion has become degraded into the obsession of fixation. There is room in her service for highly trained specialists, whose legitimate specialization is the fruit of long years of competent medicine and surgery. The clinician, the laboratory worker and the historian should be inseparable intellectual companions. But as it is, the field of medical history is littered with people short of breath and full of gossip. Their leisure is infinite, their pen and tongue never idle. Their writings are ill-smelling: the odour of littleness clings to them. Ever rashly they embark upon historical adventures which neither medically nor historically they are competent to undertake, thus wounding the good repute of the History of Medicine. The man who talks much at scientific meetings is considered a bore but he who writes much in the journals is a useful member of society. Such is the irony of life.

Let me conclude by reminding you of the most perfect medical historian who ever lived, Sir William Osler. His was a careful training in clinical medicine and pathology, an unrivalled clinical acumen. His knowledge of every aspect of his science was as wide as his interest in everything human was glowing. With his serenity of outlook, his thrilling vitality, his engaging freshness of pen and tongue, his unsurpassed ability to inspire friendship and enthusiasm, with his reverent love of life and of all who lived heroically, he personified the happiest alliance between intellectual and scientific abstractions and the care of the good of the race. By using the spirit of history to leaven medicine rather than to replace any one particular subject, he made the colour return into faded truths. His was the divine gift to separate the quick from the dead, to magnetize the dead into life. Old sterile observations became pregnant with meaning. Inspired by the loftiest ambition and lovingly lavish in sacrifice of time and of health for the advancement of his Art, this intellectual giant, proud father of so many noble and devoted sons in England

and in America, trained no one to be his successor in the sacredness of his historical mission: no evangelist to carry to the four corners of the earth his uplifting gospel of the spirit of history. When Osler laid Clío's mantle down, there was no one worthy to take it up. There were many disciples but none had the benediction of his friendship and the fervour of his teaching raised to the stature of high priest. With infinite piety which may almost be called a religion Harvey Cushing has striven to make Osler live once again; and men in this country and beyond the salt sea, with unquenchable devotion to the faith that is in them, vie with one another in keeping his memory green. But I know that he is dead: and the chair which he occupied among us remains empty.

W. R. BETT.

CENTENARY OF THE HARVEIAN SOCIETY.



THE year 1931 has been outstanding in producing two important centenary celebrations at this Hospital. On April 20th the Abernethian Society met to commemorate the 100th Anniversary of the death of John Abernethy and on June 11th, the Harveian Society of London were invited to commence their three-day celebrations by holding a meeting in Harvey's Hospital. The assembly was held in the Great Hall under the presidency of Sir Thomas Horder and many noted members of the profession were present, among whom were Prof. Welch, representing the Harveian Society of New York, and Dr. Eliot Dickson, the President of the sister society of Edinburgh.

Dr. Raymond Crawford delivered an address on "The Place of Medical Societies in the Progress of Medicine," in which he outlined the life-history of the outstanding medical societies in Great Britain. He mentioned that the Harveian Society of Edinburgh had risen "out of the ashes of an older Æsculapian Society" towards the end of the eighteenth century (1782), and "was true to Harvey's injunction as to the importance of cherishing actively the spirit of good fellowship as an assurance of usefulness and stability." Among the degrees conferred by it were "Doctor of Mirth and Social Joy" and "Doctor of Merriment."

The Harveian Society of London was launched on September 15th, 1831, as the West London Medical Society, but within a fortnight changed its name "in token of the intent strictly to adhere to the course of observation and induction so successfully pursued by the illustrious discoverer of the circulation of the blood."

The Harveian Society of New York was founded in 1905 with the object of conveying knowledge, gained in laboratory investigation by experts, to the medical profession generally. Its prosperity has increased so far that at the present time it has nearly caught up the Scottish Society.

Dr. Crawford touched briefly upon Bacon's conception of a universal scientific federation, and his allegorical picture of Salomon's house in the ideal Commonwealth of Bensalem representing the organization by which his plan would be effective. Harvey's place had not received due recognition in the life-history of medical societies, while the Royal Society had led the way "in promoting the mutual exchange of views by means of discussion and in the publication of transactions." The march forwards of scientific progress depends not so much upon individuals as upon groups of workers who join hands in the pursuit of truth, and the remainder of the address dealt with the rise of other medical Societies in London and the provinces.

Sir Humphry Rolleston accorded a vote of thanks to Dr. Crawford after drawing attention to the appropriate setting for the holding of such a special meeting. Sir Thomas Horder, on behalf of the Harveian Society, then presented medals to Dr. Dickson and Prof. Welch, struck in honour of the occasion, as links of fellowship between the three societies of London, Edinburgh and New York. The meeting adjourned for tea and to inspect an exhibition of Harveian relics and Hospital treasures which had been arranged under the direction of Mr. Geoffrey Keynes. Of especial interest were two autographed letters of Harvey's, Martin Bounde's pewter inkstand which was used by Harvey when he attended at the Hospital, and Harvey's own copy of *De Generatione Animalium*, with annotations on Aristotle in his hand, lent by Mr. F. C. Pybus, of Newcastle. Members of the Society were finally shown over the new Surgical Block by Mr. Rawling.

The centenary celebrations concluded after the Buckston Browne Dinner at the Grocers' Hall on Friday with a pilgrimage to Harvey's tomb at Hempstead in Essex on Saturday. Those who went to Hempstead had the uncanny experience of viewing the rows of coffins and lead shells belonging to past members of the Harvey family lying in the vault under the church. The members of the Society then proceeded to Rolls Park, Chigwell, where they were received by Lady Francis Lloyd and were able to inspect the interesting family portraits.

J. M. J.

BRONCHIAL BREATHING ALSO A SIGN OF FLUID.*

IT was a wild and stormy night. Rain and hail lashed the beaming, healthy features of Dr. de Veray Young as he made his way from his car up the steep path that led to the cottage on the Yorkshire moor-side, wherein lived the sweetest creature, let Phyllis be her name, the only daughter of Bill the quarryman. Phyllis, three days before, had been seized with a pain in her left side. Her temperature was high. Her breathing was quick and laboured. She puffed and she blew. She had a short dry cough. There had been no rigor, no vomiting. She did not look toxic. Yet over the side affected dullness soon appeared. The breath-sounds receded into the distance. Vocal resonance became bleating, like the voice of the lambs nestling against the old sheep's side on the moor. The evening of this visit, however, presented the young doctor from St. Bartholomew's with a new and disconcerting phenomenon. Lifting the soft white arm and placing it on the head, nestling it as it were on her hair, which fell devastatingly about her ears, he listened in the axilla and behold—*loud bronchial breathing*. Rising up, like Achilles, he paced up and he paced down—in thought of course, for to Bill, and still more to Phyllis, he must appear, not Dr. Young the uncertain, but Dr. Young the lineal descendant of Æsculapius, crammed with the wisdom and the learning of all the ages. In him knowledge full, complete and absolute. At least so he thought. Bill knew better. And so said he to himself thus: "Pneumonia it cannot be—the onset! She does not look toxic. No rusty sputum! Besides, the girl looks rather better, not worse. Is it a pleurisy with effusion as I thought, but if so why the bronchial breathing? Is it an acute fulminating empyema? Surely not, for if so her condition would surely be much worse, not better." Now he had been up all the previous night at a confinement, all day he had worked driving from village to village, the friend of all. He had still more to do, and already it was getting late. For a moment he allowed his mind to fall into a dream state—"Oh," said he, "for a microscope wherewith to do a leucocyte count, oh, for a pocket X-ray apparatus." Then common sense came whispering over his shoulder and said, "And if you had both, my boy, would you have time to use them? What of Bessie Sykes and old Jack

* No apology is deemed necessary for this ebullition of facetiousness. That there is a widespread misconception of the matter is without doubt, and though some books contain the truth concerning it, many are misleading or in error.

Mountain and the others wanting you? and if you had got the time would you absolutely rely on your findings? Are there not simpler and surer methods? In any case there is no need for anything more to be done now: go home, think it over and read." Finishing his work, therefore, and with Phyllis's bronchial breathing still disturbing his thought, he came home, tucked his gleaming car into its stable, washed his hands, had a drink of some good sherry that old Squire Appleton had sent him as a present, and then turned to his medical tomes. *Aids to Medicine*. No help. Surely the next would fail him not, the famous *Pusher and Back*. Yet fail it did. Then quoth he: "I wonder if that old blighter said anything about this in those tutorial lectures we were forced to attend, or at least forced to attend a number of times sufficient for a simple mechanism to do the rest?" "Ah!" said he, ruminating, "I did go to this one. Pleural Effusion—Signs—Diagnosis—Differential diagnosis. Ah! What is this? 'It is a common fallacy widespread amongst our profession that bronchial breathing denotes solid only and not fluid. So untrue is this that I would say that bronchial breathing is a characteristic sign of fluid. In fact, if I have to explore a chest and I am uncertain where to go, I would choose that part where the bronchial breathing is most intense. Furthermore, if one is in doubt about the existence of fluid and it is important to know, or if the nature of the fluid is uncertain, then the one and only certain arbiter is the exploring needle. A fine hypodermic needle of sufficient length is all that is required as a rule. It should be inserted painlessly and carefully, as you would like your own chest punctured. By the intelligent use of 2% novocain, and remembering that there are only two painful places, the skin and the parietal pleura, it is possible to explore, and to repeat it several times, if needed, with no pain, and no distress and no discomfort to the patient.' Ah! well," he concluded, "the old fool knew more than I gave him credit for."

The next morning, armed with this knowledge, he again saw Phyllis. The dullness was now as high as the second rib. In the manner described he explored the chest and drew out a syringe-full of clear limpid yellow fluid. He went just where the bronchial breathing was loudest. Very rightly he decided not to interfere further, and in three weeks all the fluid had gone and the temperature was normal, and before long a rather limp but still most attractive Phyllis was allowed to sit up in a chair for a short time. And remembering Phyllis's two elder sisters, who lay in the shade of a centuries old yew tree, just beyond the north transept of the Norman Church which was the pride of the countryside, having died, both of them, of a decline, Dr. Young emphasized

in no measured terms the importance of nearly a year's careful convalescence on sanatorium lines. Now Phyllis's father was a man of intelligence, and he trusted Dr. Young. Moreover, Phyllis was the very apple of his eye, and he saw to it that every rule was carried out. And we are glad to relate that her convalescence was uninterrupted, and Phyllis grew in health and beauty until she almost rivalled in fame and was certainly more looked at than the old Norman Church on the hill.

ANNUAL ATHLETIC SPORTS.

The Annual Athletic Sports were held at Winchmore Hill on Saturday, May 30th. Weather conditions were moderately good, though the track was still rather heavy after the recent rains. The number of spectators was well up to average, and with good entries in all events, an interesting afternoon was promised.

The general standard of athletics at Bart.'s has been improving for several years, and this year we have found a very good team of sprinters.

Outstanding among these was J. G. Nel, who won the 220 Yards, 120 Yards Handicap, and also the Long Jump. His time of 27 sec. in the 220 yds. equalled the fastest since the days of Adolphe Abrahams, so when one considers what room for improvement there is in his style, one feels that here we have a champion in the making. His chief fault becomes very obvious when he is making a real effort—he lifts his feet far too high behind him, the result being that the harder he tries the slower he runs.

T. L. Benson, another "fresher" to the team, showed great possibilities, though none of his performances were outstanding. Though never having pole-vaulted before he cleared 8 ft. 6 in. He won the 120 Yards Hurdles, and has since been training carefully. The result is that his technique has improved immensely, so next year he should be a useful hurdler.

Hill, as usual, was clocked to do 10½ in the 100 Yards. The 880 Yards Handicap provided a great duel between the two scratch men, J. K. Strong and J. W. Perrott. Perrott, who is perhaps the most promising of the newcomers, has been showing excellent form this season, so fully justified his reputation. Strong had to run very hard to beat him in the excellent time of 2 min. 2½ sec. The Mile was yet another fight between these two, but here Strong's superior stamina told, and he had no difficulty in finishing first. He has won this event for the last three years. W. H. Jopling, who showed such good form last year, won the 440 Yards comfortably from Strong, who was some 2 yards behind.

In the field events most interest was attached to the Pole Vault, which is a new item in the Bart.'s Sports, and here J. Shields made the first ground record of 10 ft. Shields also won the Weight and was second in the Hammer. In these two events the holder of both, G. D. Wedd, did not defend his titles.

The distribution of prizes by Mrs. Fraser concluded an excellent afternoon's sport. We wish to thank her for a duty generously undertaken and gracefully performed.

Prof. Fraser acted as referee, while Dr. Morley Fletcher, Prof. Cash, Mr. Girding Ball, Mr. Ainsworth-Davis and Mr. Bedford Russell acted as judges. The time-keepers were Mr. Just and Sir Charles Gordon-Watson. Mr. H. B. Stallard acting as starter.

RESULTS.

100 Yards: 1, J. R. Hill (holder); 2, J. G. Nel; 3, J. H. Pierre. Won by 3 yds. Time, 10½ sec.
220 Yards: 1, J. G. Nel; 2, T. L. Benson; 3, W. H. Jopling. Won by 2 yds. Time, 27 sec.
440 Yards: 1, W. H. Jopling; 2, J. K. Strong; 3, A. Papert. Won by 2 yds. Time, 54½ sec.

880 Yards Handicap: 1, J. R. Strong (holder), scr.; 2, J. W. Perrott, scr.; 3, H. B. Lee, 30 yds. Won by 10 yds. Time, 2 min. 24 sec.

1 Mile: 1, J. R. Strong (holder); 2, J. W. Perrott; 3, H. B. Lee. Won by 5 yds. Time, 4 min. 52 sec.

3 Miles: 1, J. R. Strong (holder); 2, H. B. Lee; 3, G. Dalley. Won by 1/4 mile. Time, 15 min. 58 1/2 sec.

120 Yards Hurdles: 1, T. L. Benson; 2, D. P. Viljoen; 3, R. H. Carpenter. Won by 2 yds. Time, 18 1/2 sec.

Putting the Weight: 1, J. Shields; 2, J. H. Pierre; 3, R. T. Simcox. 31 ft. 3/4 in.

Throwing the Hammer: 1, J. H. Pierre; 2, J. Shields; 3, R. T. Simcox. 73 ft. 1 in.

Long Jump: 1, J. G. Nel; 2, J. H. Pierre; 3, C. B. Prowse. 20 ft. 5 in.

High Jump: 1, C. B. Prowse (holder); 2, T. L. Benson; 3, C. M. Dransfield. 5 ft. 4 in.

Pole Vault: 1, J. Shields; 2, C. B. Prowse; 3, T. L. Benson. 10 ft. (ground record).

120 Yards Handicap: 1, J. G. Nel; 2, B. A. Thomas; 3, R. T. Simcox. Time, 12 3/8 sec.

INTER-HOSPITAL SPORTS.

The 6th Annual Inter-Hospital Sports were held on Saturday, June 13th, at the University of London's track at Molsputi Park. The weather was ideal, with very little wind, and the number of spectators was well above the average of the past few years. The track, which had only been in use for three weeks, already compared favourably with the best in London, and undoubtedly will be one of the best in the country in the course of a season or two.

It was to be expected, therefore, that fast times would be recorded. This proved to be the case, on most of the times were very near "Varsity standard." Not for a great number of years has the competition been so keen and the general standard so uniformly high. Records went by the board in the Weight-Putting, the 120 Yards Hurdles and the 440 Yards Hurdles, while many others were narrowly missed.

As was the case last year, the meeting resolved itself into an exciting tussle between Bart's and St. Thomas's for possession of the Shield. Both teams were stronger than last year, and St. Thomas's were materially helped by the inclusion in their team of L. R. J. Rinkel, the Cambridge "blue."

When the Sports proper began on Saturday afternoon, Bart's were already 10 points to the good, C. B. Prowse having cleared 5 ft. 8 in. to win the High Jump, and J. R. Strong having won the 3 Miles some days previously. Our hopes of becoming champions were therefore high.

Thomas's, however, settled down to their task and were soon level with Bart's, Kinkel and Bond winning the 100 Yards and the Pole Jump for our great rivals. Kinkel also won the 220 Yards in very fast time, and J. R. Hill and J. G. Nel did well to score for third and fourth places in these events.

G. D. Wedd, our field events "strong man," had a fine contest with D. R. Narang, the Indian Olympic weight putter, and though failing to beat him, secured second place. He later won the Hammer with a throw of just under 100 ft.

In the 880 Yards, I. R. Strong and J. W. Perrott gained second and third places, and an hour later filled second and fourth places respectively in the 1 Mile. Perrott's achievements were very creditable, and he shows promise of great things in the future. As yet he lacks the strength necessary for a fast finish, but a season of cross-country should give him the stamina he requires.

C. E. D. H. Goodhart ran a great Quarter-mile for Bart's, winning in the good time of 52 1/10 sec. W. H. Jopling was badly "boxed" at the first corner, and could only finish third.

The last event of the afternoon was the 1 Mile Medley Relay. The last event of the afternoon was the 1 Mile Medley Relay. We won with 20 yds. to spare. This event has a special significance for us, as we have won it for the last nine years, and have almost come to consider the Relay Cup as our personal property. This year the Half Mile stage was run first, and Strong, though tired after his efforts, secured a 10 yds. lead. This was improved by Jopling, who had run in the Quarter-mile about fifteen minutes

previously, Nel and Hill drawing further away from the Thomas's sprinters. The chief feature of our success was the baton-changing, the result of systematic practice.

J. R. Strong, who had won the 3 Miles, and was second to Claydon in the 880 Yards and the 1 Mile, was awarded the British Medical Association Cup for the best all-round performance of the afternoon. St. Thomas's retained the Shield with 53 pts., Bart's being 2 points behind. King's were third with 27 pts., and a number of other hospitals also ran.

Mrs. Just gave away the prizes.

RESULTS.

100 Yards Challenge Cup: L. R. J. Rinkel (St. Thomas's), 1; J. E. Read (King's), 2; J. R. Hill (St. Bartholomew's), 3. Won by inches. Time, 10 1/10 sec.

High Jump: C. B. Prowse (St. Bartholomew's), 5 ft. 7 1/2 in., 1; G. S. V. Organe (Westminster), 5 ft. 7 in., 2; G. H. Gibson (St. Thomas's), 5 ft. 6 in., 3.

Putting the Weight: D. R. Narang (London), 41 ft. 9 in. (record), 1; G. D. Wedd (St. Bartholomew's), 39 ft. 5 in., 2; M. W. Lloyd Owen (St. Mary's), 36 ft. 11 1/4 in., 3.

Three Miles Challenge Cup: J. R. Strong (St. Bartholomew's), 1; P. M. Smith (London), 2; H. B. C. Sandiford (St. Thomas's) (holder), 3. Time 15 min. 47 3/8 sec.

Pole Vault Challenge Cup: L. T. Bond (St. Thomas's) (holder), 11 ft., 1; R. H. Bailey (King's), 10 ft. 6 in., 2; J. Shields (St. Bartholomew's), 3.

Half Mile Challenge Cup: C. W. J. Claydon (King's) (holder), 1; J. R. Strong (St. Bartholomew's), 2; J. W. Perrott (St. Bartholomew's), 3. Won by 12 yards. Time, 2 min. 1 sec.

440 Yards Hurdles: R. T. Norman (St. Thomas's), 1; J. F. F. Bloss (St. Thomas's), 2; R. Richmond (St. Mary's), 3. Won by inches. Time, 59 1/2 sec. (Hospital record.)

220 Yards Challenge Cup: L. R. J. Rinkel (St. Thomas's), 1; J. E. Read (King's), 2; J. G. Nel (St. Bartholomew's), 3. Won by 4 yards. Time, 22 1/2 sec.

Long Jump: C. J. P. Pearson (St. Thomas's), 20 ft. 3/4 in., 1; G. S. W. Organe (Westminster), 19 ft. 24 in., 2; J. G. Youngman (St. Bartholomew's), 19 ft. 10 in., 3.

120 Yards Hurdles Challenge Cup: J. F. E. Bloss (St. Thomas's) (holder), 1; G. J. McFarlane (St. Thomas's), 2; R. Richmond (St. Mary's), 3. Won by 6 yards. Time, 15 1/2 sec. (Hospital and ground record.)

440 Yards Challenge Cup: C. E. D. H. Goodhart (St. Bartholomew's), 1; F. E. Burns (King's), 2; W. H. Jopling (St. Bartholomew's), 3. Won by 8 yards. Time, 52 1/10 sec.

Throwing the Hammer Challenge Cup: G. D. Wedd (St. Bartholomew's), 98 ft. 10 in., 1; C. W. Maisey (St. Thomas's), 78 ft. 7 in., 2; R. T. Simcox, (St. Bartholomew's), 67 ft. 9 in., 3.

One Mile Challenge Cup: C. W. J. Claydon (King's), 1; J. R. Strong (St. Bartholomew's), 2; H. B. C. Sandiford (St. Thomas's), 3. Won by 3 yards. Time, 4 min. 37 1/2 sec.

One Mile Relay Challenge Cup (880, 440, 220, 220)—St. Bartholomew's (J. R. Strong, W. H. Jopling, J. G. Nel and J. R. Hill), 1; St. Thomas's, 2; King's, 3; St. Mary's, 4. Won by 20 yards. Time, 3 min. 47 1/10 sec.

STUDENTS' UNION.

CRICKET CLUB.

The Hospital side have done only fairly well so far; the side should make runs, but have usually failed to do so on account of lack of practice. The results so far of the matches played are as follows: Won 3, drawn 2, lost 4. Four games have had to be scratched or abandoned.

The "Past v. Present" match proved a most enjoyable fixture. Dr. Geoffrey Bourne captained the "Past" side, and we were his guests at lunch. The game attracted more visitors than last year, but in this respect still falls far short of a few years ago. Anderson and Mundy hit well for the Present, and Maingot played a very stalwart innings for the Past, and nearly carried his bat.

The scores were as follows:

Table showing cricket scores for Present and Past teams, including players like A. R. Boney, J. A. Nunn, R. M. Kirkwood, etc., and totals for 7 weeks.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

We drew a bye in the first round and in the second round played the London Hospital. Going in first we scored 218. Boney played a good innings of 43; the rest of the score was made without any outstanding performance.

The scores were as follows:

Table showing cricket scores for St. Bartholomew's Hospital and London Hospital, including players like J. A. Nunn, A. R. Boney, etc., and totals.

ST. BARTHOLOMEW'S HOSPITAL v. ST. JOHN'S COLLEGE, CAMBRIDGE.

The fixture against St. John's College, Cambridge, was revived this year, and proved a most attractive one. We were beaten after a very good day's cricket. Nunn played a delightful innings, and was unfortunate to start on his wicket at 68. Wedd also had a good day, getting his 40 in good style. Anderson bowled well, taking 4 wickets for 69.

St. Bartholomew's, 183. St. John's, 248 for 9.

GOLF CLUB.

STAFF v. STUDENTS.

The annual Staff v. Students match was played at Denham on Wednesday, May 20th. A most enjoyable day resulted in a win for the Students by 18 matches to 8. The usual 3 holes start was conceded to each member of the Staff.

Singles.

Table showing singles tennis scores between Staff and Students, including players like Mr. Milner, Mr. Rose, etc., and totals.

Foursomes.

Table showing foursomes tennis scores between Staff and Students, including players like Milner and Moir, Graham and Scott, etc., and totals.

ST. BARTHOLOMEW'S HOSPITAL v. AIR MINISTRY.

Played at Oxhey on Wednesday, June 10th.

Table showing tennis scores for St. Bartholomew's Hospital and Air Ministry, including players like Snelling, Hallas, etc., and totals.

The Hospital thus won by 9 matches to 3.

W. W.

TENNIS CLUB.

The First VI, still unbeaten and now settling down and becoming steadier, have come through two rounds of the Hospital Cup with the loss of only two matches. Our next opponents, King's College Hospital, will make a much harder match, but we have a good chance of reaching the final at least.

St. George's were beaten quite easily in the first round; we were leading 8-1 when it was decided not to play out the remaining matches. This is the first year our opponents have entered the Cup competition, and will doubtless become a more formidable opposition later on.

Our second-round match against Royal Dental and Charing Cross Hospitals was played between Shovers, and we were lucky not to have to replay it. The score 10-1 in our favour misrepresents the run of the play, as many of the matches were very even.

Scores:

Latter beat Davies, 6-0, 6-3.
 Beilby lost to Quinton, 7-5, 6-8, 2-6.
 Mullick beat Woodward, 8-6, 1-6, 7-5.
 Blackburne beat Bane, 6-3, 6-4.
 Savage beat Coulton, 6-3, 6-2.
 Burrows beat Chandler, 6-1, 6-4.
 Latter and Beilby beat Davies and Quinton, 6-2, 6-4.
 Latter and Beilby beat Coulton and Jones, 6-0, 6-0.
 Haut and Savage beat Coulton and Jones, 6-3, 6-3.
 Haut and Savage beat Woodward and Bane, 6-3, 6-3.
 Blackburne and Burrows beat Davies and Quinton, 6-2, 6-0.

The combined match with St. Thomas's against Trinity College, Cambridge, was rather unsatisfactory, being left as a draw at 4 each, one match being unplayed owing to the late start.

With only one regular member of the 1st VI playing it was very satisfactory to beat a weakened R.M.A. Woolwich VI by 5-4. The third pair, H. J. Harvey and F. C. Sequeira, played very well to beat the opposing first pair. The Past v. Present match we won by 6-3, all the matches were close, and for the second year in succession Mr. Bedford Russell and his partner beat all our pairs quite comfortably. Our best achievement of the season was to draw with the Bank of England at 4 matches all and one match unfinished at one set all. Our first pair, K. A. Latter and F. J. Beilby, were beaten, for the first time this season, by their first pair.

The 2nd VI have unfortunately not yet played a cup tie, receiving two walk-overs. They have been changed about a lot and there appears to be little to choose between the pairs. In friendly matches they have beaten both St. Mary's and London Hospital by 8-1, and lost to Guy's and R.M.A., Woolwich.

All the members of the 2nd VI who have played for the 1st VI from time to time have shown very promising form.

SWIMMING CLUB.

Three members of last year's polo team having left the Hospital a considerable gap was made in the side, which we have been at pains to fill up in the earlier matches before the cup-ties began.

Of last year's team, those remaining are Vartan, Sutton, West and Race. The empty goal left by Lloyd Williamson was our chief anxiety, but R. H. Williams and D. White have both played well in that position. A. C. Kanaar will fill one of the vacancies in the forward line, M. Flavell or B. H. Goodrich, who have both played in all the matches so far, the other.

Considerable interest was taken in the diving trials, and out of about fifteen, C. A. Brockbank and B. H. Goodrich were chosen to dive in the Inter-Hospital Heats; they are now in the final six to dive at the Bath Club, so our hopes for the Diving Cup are at last rosy.

In the racing we are, if anything, stronger than last year. Sutton, Vartan, Kanaar, Stigden and West all being available. The inter-school 200 yards race has been replaced by a team race in which four men swim 1, 3, 1 and 2 lengths in that order.

Inter-Hospitals Water Polo Cup (2nd Round).

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

We were drawn to play against London in the first round, but they unfortunately had to scratch, so we entered the second round and semi-final against Guy's. The game was played at Pitfield Street on Wednesday, June 10th, Bart's winning by 6 goals to 2. Once again our success was mainly due to the shooting of Vartan and the incomparable ability and accuracy of Sutton. Bart's won the toss and defended the deep end. Sutton and Vartan both scored, Vartan with a good shot in the corner of the net and Sutton with an amazing rising shot which hit the top of the goal. At half-time the score was 2-1 in our favour.

In the second half, when we had less to fear from our opponents' attack, Sutton and Vartan became more offensive, Vartan scoring once and Sutton thrice. The marking of the backs was on the whole quite satisfactory. We meet St. Thomas's in the final.

Team. R. H. Williams (goal), J. H. West, K. K. Race (backs); R. J. C. Sutton (half); A. C. Kanaar, C. K. Vartan, M. Flavell (forwards). Reserve, B. H. Goodrich.

REVIEWS.

PRACTICAL PREPARATIONS, MAINLY MEDICAL. By N. W. POWELL, Sister Hope, St. Bartholomew's Hospital. (London: The Scientific Press, Faber & Faber, Ltd., 1931.) Pp. x + 206. Plates 1. Price 3s. 6d. net.

Sister Hope's reputation for nursing knowledge and wisdom make it certain that her book will meet with a deservedly popular welcome, at least in her own Hospital. Written for nurses, "to help them in their work, both in institution and private nursing," the author has kept her eye on the size and the contents of her prospective public's pocket, and has compacted into a small space the result of her own long and well-appreciated experience. The book is intended as a guide not only to the nursing of sick patients, but to the preparation of patients, of specimens, and of instruments for the various laboratory investigations which are commonly employed in modern medicine. Much of the book is devoted to lists of apparatus; and those who have the good fortune to work with the author quickly appreciate the value of having apparatus so arranged that while nothing is ready that is not required, nothing that is needed is missing. "Think ahead" and "make it your business to know what is to be done" are two very good precepts, whose practice is illustrated in the book; and the details of the medical operations described will be found especially helpful to nurses who wish to become reliable assistants to the doctors with whom they work.

A useful series of diets includes those recommended for patients with pneumonia and with typhoid, and those associated with the names of Lenhart, Sippy, Epstein, Graham and Lawrence. The frontispiece illustrates a simple and effective method of administering continuous intranasal oxygen in a case of pneumonia.

The author has managed to weave into what purports to be only the tale of trays of instruments a great many valuable pieces of advice and fragments of experience. Although the book is primarily intended for nurses, practitioners, students and especially young house physicians suddenly called upon to carry out on their patients procedures which they have never even witnessed, will find in it much good counsel.

The life of a sister in a hospital is no sinecure. The care of patients, of nurses and of doctors is sufficient to crowd the day with activity. How Miss Powell has found time to write this book remains a mystery. We congratulate her upon her achievement, and wish the book the great success that it undoubtedly deserves.

BACKACHE. By JAMES MENNELL, M.D., B.C. (Cantab.). Illustrated by MARGARET MORRIS. (London: J. & A. Churchill, 1931.) Pp. viii + 199; 48 figs. Price 10s. 6d.

If statistics were made of the primary symptoms complained of by patients, undoubtedly the commonest encountered from female patients would be "pain in the bottom of the back."

Dr. Mennell's book is stimulating because it encourages one to take an intelligent interest in a symptom tiresome both to patient and doctor alike, instead of considering that "there are two sorts of woman, those who have pain in the back and those who do not," and leaving it at that.

Dr. J. E. Goldthwaite, of Boston, was one of the first to take serious steps in the differential diagnosis and treatment of backache, and it was from him that the author learnt the methods on which this book is based. Since then Dr. Mennell has had much experience, both during the war and subsequently, as he is now in charge of the Physico-Therapeutic Department of St. Thomas's Hospital.

The book is divided into eight sections and deals successively with the history (on which the author lays great stress); examination of the patient. In this, apart from such obvious things as deformities and ill-balanced musculature, the importance of "sensitive deposits in the soft tissues" is stressed. These are not usually mentioned in ordinary medical works, yet anyone of but slight experience must have recognized their reality, though their true significance or aetiology are quite unknown. Dr. Mennell then discusses the diagnosis of the conditions and the method of tabulating one's findings succinctly. Finally treatment is discussed, and here the book should prove of real value. Although most of this will need the co-ordination of an intelligent masseuse, yet there are most useful details, such as the method of strapping the pelvis in sacro-iliac sprain and the design of a lower back brace. Dr. Mennell points

well-merited ridicule on those practitioners (more frequent in America than here) who discover snapping joints and then aver that "the little bone has been put into place."

The book can be thoroughly recommended to those who would essay the relief of this truly troublesome ailment, and are receptive to what must be for the most part a new outlook on the subject.

Miss Margaret Morris has illustrated the book with outline drawings in red and black of the various manipulations, and though these nude figures assist in clarity, yet their postures might frequently lead the unwary to think that they were illustrations to Remy de Gourmont's classic rather than a handbook of osteopathy.

The publishers are Messrs. Churchill, and therefore it is hardly necessary to mention that all printing and binding details are first class.

A MANUAL OF MIDWIFERY. By THOMAS WATTS EDEN, M.D., F.R.C.P., F.R.C.S. (Edin.), and EARDLEY HOLLAND, M.D., F.R.C.P., F.R.C.S. Seventh edition. (London: J. & A. Churchill, 1931.) Pp. xii + 768. 9 plates, 389 illustrations. Price 21s.

The new edition of this text-book has maintained the very high standard of its predecessors. The book is a moderate-sized but very complete treatise on the subject of midwifery in all its aspects, and therefore it is eminently suitable for both the student and the practitioner. The small list of references for further reading placed at the end of each section is an excellent innovation, and will help considerably those who are interested in some special branch of the subject at any particular time.

The illustrations and coloured plates in this new edition are extremely good, and undoubtedly will assist the reader in his study of the text. This edition, like the first one, is divided into five sections—normal and abnormal pregnancies, normal and abnormal labour, the puerperium, and the newborn child. Each subject is dealt with simply but exhaustively, and although the five divisions are, of necessity, somewhat long, this does not detract from their value as each one is complete in itself.

In the section dealing with normal pregnancy there are interesting paragraphs dealing with the question of endocrine function in the control of menstruation and pregnancy as seen in the light of modern research, although in the preface Mr. Eardley Holland remarks that further recent work has changed, and will change the outlook in this direction almost before the new edition is published.

Finally this volume is written in a style which makes for easy reading and unabated interest during its perusal.

ABDOMINAL PAIN. By JOHN MORLEY, Ch.M., F.R.C.S. (Edinburgh); E. & S. Livingstone, 1931.) Pp. x + 191. 22 illustrations. Price 10s. 6d.

It is common knowledge that many students, and perhaps many practitioners too, are apt to palpate an abdomen, and either from an ignorance of its innervation or probably from the conviction that it is impossible accurately to explain the physiology of pain, are disposed to leave the diagnosis open or display a certain slovenliness of mind, which too often is revealed when the abdomen is opened on the operating table. It is true that simple cases of appendicitis have often what appears to be a remarkable variety of symptoms. Hence no doubt arose the dictum that the appendix can simulate almost any other abdominal condition.

Mr. Morley has, however, got down to the heart of the matter, and, dissatisfied with the accepted theories of visceral pain, Mackenzie's theory of viscerosensory and visceromotor reflex has sought to establish the whole matter on a basis which appears physiologically and anatomically sound, and is moreover simpler than those hitherto accepted.

The author has the advantage of a wide clinical experience, and to read his book is certainly a revelation in demonstrating the possibilities of research into a difficult subject, conducted at the bedside, and in the theatre. His observations and deductions are profound and common-sense. He argues with an unbiased mind, and so honestly and pleasantly that he carries the reader with him. Two cases, particularly a ruptured spleen, p. 36, and a case of acute appendicitis, p. 121, make the reader think furiously. Mr. Morley has obviously very good reasons for his confidence in stating that (p. 122) in uncomplicated and early cases of appendicitis "I have made it a practice . . . to draw a diagram before operating, showing

the students the position in which the appendix will be found. . . . I have never known the prediction falsified by the operative findings." The author finds hyperalgesia an unreliable sign. All abdominal conditions met with in general surgical practice are dealt with, and the essay on the evolution of splanchnic and somatic pain is well included.

The book makes fascinating reading. One feels that the call to an acute abdomen will be obeyed with more alacrity by a practitioner who has read it and been shown the clinical possibilities and variety of physical signs which he has not previously learned to find and explain.

PRACTICAL ANÆSTHETICS. By CHARLES F. HADFIELD, M.B.E., M.D. Second edition. (London: Baillière, Tindall & Cox, 1931.) Pp. xiv + 356. 41 illustrations. Price 7s. 6d.

To those associated with St. Bartholomew's this book needs little introduction. The author is so well known to them, and so admired by them, that the appearance of his name on the cover is quite sufficient recommendation.

This new edition closely resembles its predecessor in general, but there are certain chapters which are entirely new. It is an excellent book for the student who is about to begin, or has started his anesthetic clerking. It points out very clearly the fact that as far as the anesthetist is concerned, the safety and comfort of the patient must come first; any other considerations must take second place.

The various ways in which the anesthetist can be of assistance to the surgeon are described, one chapter being allotted to anaesthesia in special cases. Special mention should be made here of the chapters on spinal anaesthesia, which are adequately set out and soundly criticized. Other important chapters are those on local anaesthesia and the administration of anaesthetics to children.

The chapter on "Open Ether" is, in its way, quite a masterpiece. Undoubtedly the question that worries the inexperienced most is the condition of the patient during the anesthetic. Is he too deep or is he too light? In this chapter Dr. Hadfield describes these conditions very beautifully, and who is better qualified than he to describe the sequence "ethyl chloride, → ether, → open ether"? This anesthetic is so simple to use and so portable that its description renders the book invaluable to the general practitioner, who has not, like the more fortunate—or should we say unfortunate?—anesthetic clerk, divers weird and wonderful machines at his disposal.

Although certain points in the book have been picked out for special mention, the remainder maintains the same high standard, and we must undoubtedly say it is a "good thing." Perhaps some would like to know more about the various theories with regard to the mode of action of anaesthetics; this might help the student just as a knowledge of pathology helps him in surgery. But as this is essentially a practical book, perhaps we are asking too much.

Despite all that has been said, the student must remember that he will never learn how to give an anesthetic by reading a book. Such knowledge is only acquired by practice—a fact which the author himself would be the first to admit.

A JUNIOR COURSE OF PRACTICAL ZOOLOGY. By the late A. MILNEB MARSHALL, M.D., D.Sc., F.R.S., and the late C. HERBERT HURST, Ph.D. Eleventh edition. Revised by H. G. NEWTH, M.Sc. (London: John Murray, 1930.) Pp. xliii + 519. 94 illustrations. Price 12s.

We extend a welcome to the new edition of this well-known text-book, which was first published as long ago as 1887. It is a testimony to the solid worth of such a book that a long succession of teachers should have adopted it as the standard work on the animal types dissected in a junior course.

There are, for the most part, only minor alterations in this edition. We approve the revised nomenclature of the dogfish kidney, which, we think, is in accord with the view most commonly taught.

From our standpoint it is to be regretted that an account of the human tape-worm has not been included—it found a place in earlier editions. In medical schools this type is always studied and material is usually available. The dog tape-worm is in no sense a satisfactory substitute.

In the list of staining reagents in the appendix, we venture to suggest that Ehrlich's haematoxylin should replace Delafield's, as in our opinion the former is definitely the most valuable stain in the group for general purposes.

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

- ADAMSON, H. G., M.D., F.R.C.P. "The Tuberculides and their Treatment." VIII^e Congrès International de Dermatologie et de Syphiligraphie, Copenhagen, 1930.
- ARMSTRONG-JONES, Sir ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "The Mental Treatment Act, 1930, in Relation to the General Practitioner." *Practitioner*, April, 1931.
- CHOPRA, R. N., M.A., M.D., I.M.S. (and Bose, J. P.). "Effect of Opium on the Blood-sugar of Non-diabetics." *Indian Journal Medical Research*, April, 1931.
- (and CHOWHAN, J. S.). "The Action of the Venom of the Indian Cobra (*N. naja vel tripidians*) on Certain Protozoa." *Indian Journal Medical Research*, April, 1931.
- (and ISWARIAH, V.). "An Experimental Investigation into the Action of the Venom of the Indian Cobra—*Naja naja vel tripidians*." *Indian Journal Medical Research*, April, 1931.
- DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "The Effect of Research on Curative Medicine, Stephen Paget Memorial Lecture." *British Medical Journal*, June 20th, 1931.
- KINDERSLEY, C. E., F.R.C.S. "A Modification of Desjardins' Forceps." *Lancet*, May 23rd, 1931.
- MCCAY, F. H., B.A., M.B., B.Chir. "The Importance of Routine Renal X-Ray Examination." *Clinical Journal*, June 3rd, 1931.
- NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. *Feeding Habits of Sandflies of the Simulium Group.* *Indian Journal Medical Research*, April, 1931.
- PARAMORE, R. H., M.D., F.R.C.S. "Fondements d'une Théorie Mécaniste de l'Eclampsie." *Gynecologie et Obstétrique*, 1931, xxiii, p. 114.
- REEVES, H. G., Ph.D., D.Sc., and RENBOM, E. T., B.Sc., M.R.C.S. "Note on Di-hydroxy-acetone." *Biochemical Journal*, 1931, xxv, p. 411.
- RENBOM, E. T., B.Sc., M.R.C.S. (See REEVES and RENBOM.)

EXAMINATIONS, ETC.

University of Cambridge.

The following Degree has been conferred:
B.Chir.—Barnes, C. O.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1931.
Pass.—Davies, H. L. G., Gaston, A. P., Harris, R. L. H., Hogg, W., Ishmael, D. T., Kramer, N., O'Connell, J. E. A., Page, A. P. M., Patrick, F. L. L., Pierre, J. H., Price, D. C., Ross, K. M.

Supplementary Pass List.

Group I. Great Rex, J. B., Knight, D. W., McGladdery, W. F.
Group II. Croft, D. F. L., Crumie, J. R., Wells, G.

CHANGES OF ADDRESS.

BOLTON, RALPH, 3, Enstone Road, Charlbury, Oxfordshire.
GOODWIN, T. S., Teston Rectory, Maidstone, Kent.
CRABHAM, G., 149, Harley Street, W. 1. (Tel. Wellbeck 4444.)
HERRINGTON, Sir WILSON, 13, Arlowright Road, Hampstead, N.W. 3.
LIESCHING, A. C., Regina House, Union Street, Ryde, Isle of Wight.
MORGAN, C. N., 37, Harley Street, W. 1. (Tel. Langham 1319.)
NICHOLSON, W. A., 27, Clifton Avenue, West Haillepool, County Durham.
PENNY, A. G., 167, Wattle Street, Malvern, Adelaide, S. Australia.
SHAW, WILFRED, 31, Weymouth Street, W. 1. (Tel. Langham 4236.)
SQUARE, W. RUSSELL, Osprey Cottage, Polperro, Cornwall.

APPOINTMENT.

LIESCHING, A. C., F.R.C.S.(Edin.), appointed Honorary Anaesthetist to the Royal Isle of Wight County Hospital.

BIRTHS.

AITKEN WALKER.—On June 3rd, 1931, at 27, Welbeck Street, W. 1, to Edna (*née* Gibbon), wife of F. H. Aitken Walker, F.R.C.S., of 118, Belsize Lane, Hampstead, N.W. 3—a son.
COOK.—On June 14th, 1931, at Marvon, Uplyme, Lyme Regis, to Mona, wife of Dr. P. N. Cook—a son.
DAVIES.—On May 27th, 1931, at Hove, to Isabel, wife of Dr. J. H. Twiston Davies—a son.
TOTBILL.—On June 11th, 1931, at Leigh-on-Sea, to Dr. and Mrs. Henry Tothill—a daughter.

MARRIAGES.

DAVIES—McCALDIN.—On June 11th, 1931, at the Presbyterian Church, Monaghan, Ireland, John Llewellyn Davies, F.R.C.S., Wellington Circus, Nottingham, only son of Mrs. and the late Dr. Davies, to Dorothy Grace, eldest daughter of Mr. W. A. McCaldin, Glenview, Monaghan.
LIESCHING—DILLON.—On April 30th, 1931, in London, Arthur Cecil Liesching, M.R.C.S., L.R.C.P., F.R.C.S.(Edin.), son of the late Dr. Charles and Mrs. Liesching, of The Great House, Tiverton, to Julia Teresa, daughter of the late Mr. Edward and of Mrs. Dillon, of Aghamore, Ballyhaunis, co. Mayo.
NICHOLSON—MURRAY.—On June 4th, 1931, at the Church of St. Bartholomew-the-Great, Smithfield, by the Rev. Canon E. S. Savage, William Archer Nicholson, B.A.(Cantab.), M.R.C.S., L.R.C.P., son of Sir John and Lady Nicholson, of Keswicks, to Constance Isabel, second daughter of the late Mr. and Mrs. W. Murray, of Haddington, Scotland.

SILVER WEDDING.

PENNEFATHER—DAVIS.—On June 16th, 1906, at St. Mary's, Harrow-on-the-Hill, by the Rev. Canon Pennefather, D.D., Vicar of Kensington, father of the bridegroom, and the Rev. F. W. Joyce, M.A., Vicar of the Parish and Rural Dean, Claud Maxwell Pennefather, M.B., B.S., of Deanhurst, Harrow, to Agnes Elizabeth Eveline, only daughter of Mr. and Mrs. G. Acton Davis, Julian Hill, Harrow. Present address: Dyrton House, Harrow-on-the-Hill.

DEATHS.

BROWN.—On June 6th, 1931, at a nursing home, Francis Eileen, the wife of W. Langdon Brown, M.D., F.R.C.P., 31, Cavendish Square, W. 1.
MILSOM.—On June 2nd, 1931, Ernleigh Guy Durham Milsom, M.D., M.R.C.S., L.R.C.P., dearly loved husband of Dora Milsom, aged 53.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS M.B.E., B.A., at the Hospital.
All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXVIII.—No. 11.]

AUGUST 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

Mon., Aug. 3.—	BANK HOLIDAY.
Tues., „ 4.—	Dr. Gow and Mr. W. Girling Ball on duty.
Fri., „ 7.—	Prof. Fraser and Prof. Gask on duty.
Tues., „ 11.—	Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Fri., „ 14.—	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Tues., „ 18.—	Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Fri., „ 21.—	Dr. Gow and Mr. W. Girling Ball on duty.
Tues., „ 25.—	Prof. Fraser and Prof. Gask on duty.
Fri., „ 28.—	Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

EDITORIAL.

THE HOSPITAL APPEAL.

REMOUR has been busy with the fate of the Appeal, and against the background of an "economic blizzard" has sketched a pessimistic picture. The Press announcements concerning the Appeal during the past few months have not relieved the gloom. We are glad, therefore, to publish the following statement: "At a meeting of a General Court of Governors of the Hospital held on June 4th, 1931, it was decided that activities with regard to the Special Reconstruction Appeal be reduced to a minimum until such time as economic conditions improve, and that the position be then reviewed. It was proposed that in the meantime the Special Appeal Department be merged with the Hospital's permanent Contributions Department and placed in the hands of Sir Gordon Campbell, Mr. McAdam Eccles and Mr. Austin Leigh, acting as a Standing

Committee, with the assistance of Mr. Herbert Bloye, the Contributions Secretary.

Further, a Committee of five has been appointed to advise on the financial policy of the Hospital, and on all proposals involving extraordinary capital expenditure or material increase in the ordinary maintenance expenses. On this Committee, known as the Advisory Revenue and Expenditure Committee, the following have consented to serve: Alderman Sir Phené Neal (Lord Mayor), Lord Plender, Sir William McLintock, Mr. Cecil Lubbock and Mr. Stanley Christopherson, the latter acting as Chairman."

From this announcement much comfort may be drawn. The Appeal, so far from ending, is beginning a new phase. The members of the Committee in charge have the absolute confidence of all Bart.'s men, and there is the promise of a change of tone in the Appeal propaganda, which will be gratefully appreciated by all who love and respect the Hospital.

* * *

RETIREMENT OF DR. MACGREGOR.

We regret to announce the retirement of Dr. Alastair MacGregor from the Electrical Department. A correspondent writes:

"At the end of June, Dr. Alastair MacGregor retired from the position of Chief Assistant in the Electro-therapeutic Department after seventeen years' service. It is with great regret that we lose him; his kind consideration towards everyone with whom he came in contact was notable. A unique event marked his retirement. The patients now attending his department desired to give him a present as a token of their deep appreciation of his cheery manner and kind treatment of them. They asked him to be photographed with them, and when assembled on the roof of the Surgery

building, one of the children presented him with a crocodile-skin pocket-book, a silver matchbox with crest and initials, and a portrait-sketch drawn by one of themselves. Dr. MacGregor felt unable to reply at the time, but wrote a letter of thanks later."

* * *

OLD STUDENTS' ANNUAL DINNER.

The Old Students' Annual Dinner will be held on Thursday, October 1st, 1931, in the Great Hall of the Hospital (by permission of the Governors). Sir Percival Horton-Smith Hartley, C.V.O., will take the Chair.

The Rt. Hon. Mr. Arthur Greenwood, Minister of Health, and the heads of the Medical Services of the Navy, the Army and the Air Force will be present.

The price of the Dinner will be 26s. (inclusive of wines). Those wishing to attend should send cheques for this amount, made payable to "W. Girling Ball," on receipt of which a ticket will be issued. The money will be repaid if notice of inability to attend is given on or before September 29th, 1931. The usual practice of paying at the Dinner has proved expensive to the Medical College, as the number of expected usually exceeds the number of actual guests. This year admission will be by ticket only. The Secretaries are Sir Charles Gordon-Watson and Mr. R. M. Vick.

* * *

THE FINAL F.R.C.S. COURSE.

The attention of prospective members of this course is drawn to a letter from the Sub-Dean, which is published on p. 227.

* * *

Major-General Harold Boulton, C.B., C.B.E., Indian Medical Service, has been appointed an Honorary Surgeon to His Majesty the King.

* * *

Dr. E. N. Allott has been appointed Pathologist in charge of the London County Council (Lewisham Group) Laboratory.

* * *

Dr. A. W. Spence has been awarded by the Medical Research Council a Rockefeller Travelling Fellowship for 1931-32.

RECENT ADVANCES IN THE TREATMENT OF FRACTURES.

IT was thought after the war that, as a result of the great experience gained with regard to the treatment of fractures, nothing more could be learnt. Nevertheless, making allowance for the fact that fractures sustained in civilian life are of a different type, and usually less complicated than those received in war, many advances have been made in the last decade.

The number of fractures sustained by the community has increased, due no doubt to the greater amount and speed of traffic in our main thoroughfares. Greater demands are made on the cottage hospitals, especially those adjacent to main roads, and more and more publicity is given to such conditions requiring medical attention. The general practitioner is working under great difficulties in treating such cases unless he has not only an X-ray apparatus available, but also a variety of splints and appliances at hand for immediate use. As a result of the influence of Sir Robert Jones, who gave an address in 1925 on "Crippling due to Fractures," the out-patient treatment of fractures in the big teaching hospitals has been improved enormously. War experience showed what organization could do, and consequently so called fracture clinics are now well established. This system allows of closer and regular supervision in treatment, and of better co-operation with the X-ray and massage departments. If it is felt that the routine out-patient procedures have failed, arrangements can be made, without delay, for the patient's admission to a ward and the necessary operative measures carried out. Unfortunately these advantages are not always available to the general practitioner. The fact that a number of general surgeons have taken up orthopaedic work, and are devoting their whole time to it, denotes that the standard of treatment is now very high. It is for these specialists to try out new methods and simplify them so that they can be adapted, as far as possible, to general practice.

In the treatment of fractures the first consideration is the saving of life; the second, the saving of the limb which has been damaged; the third, the restoration of the best possible function to that limb. The first chiefly concerns old people, in whom shock will often endanger life, irrespective of complications resulting from enforced, and sometimes prolonged, rest in bed. The greatly improved ambulance service all over the country has proved of immense service in this connection, the patient being transported speedily and comfortably to the nearest hospital without delay. Complications,

too, are reduced to a minimum by the more up-to-date methods of treatment to be touched upon later. The second consideration is the saving of the limb, and here the old slogan of "splint them where they lie" must not be forgotten. The third consideration is the restoration of function. This is our final aim in the prolonged course of treatment which has to be carried out in most cases. No case of fracture can be considered to have been treated adequately unless this is achieved. The basis on which to build up success is undoubtedly *correct anatomical alignment*, and the value of the modern portable X-ray outfits cannot be over-emphasized in this connection. There is, however, another aspect of this question of restoration of function which must not be overlooked. This is the mental outlook of the patient with regard to his injury. So often it is seen that, in spite of a perfect result anatomically, functional result is delayed. Nowadays the tendency is to get the patient to use the affected part as early as possible, and modern methods aim at immobilization of the fracture with voluntary movements of the surrounding parts.

Let us consider in detail how recent advances are helping us to cope with the considerations already touched upon.

THE USE OF PLASTER.

Plaster-of-Paris bandages are used to a much greater extent than formerly. The expert will tend to mould his own splint out of plaster rather than use the stereotype wooden or metal splint usually available. A certain amount of practice is required to get the best use out of a plaster bandage, but it is of very great value, and far more satisfactory than the average splint. It used to be taught to place a large amount of padding between the skin surface and the plaster. The tendency now is to reduce to a minimum the amount of padding or even to apply the plaster direct to the limb. A plaster applied immediately after the injury prevents swelling to a great extent, but if this has occurred, then it will be necessary to replace the plaster later by one that fits more accurately. This procedure may have to be carried out two or three times. Even so, the result obtained adequately repays the extra trouble involved.

Plaster has been strongly advocated in recent years in the treatment of intracapsular fracture of the femur. The application of this plaster is difficult to carry out unless a Hawley's table, or some modification, is available. This type of fracture occurs frequently in old people, and the great advantage of reducing the period for which they must lie in bed reduces the mortality from lung complications. To give an example: A

patient with a Pott's fracture can be up and about in a close-fitting plaster almost at once. It might be well to point out here that the position of the foot in the treatment of a Pott's fracture has undergone revision. It was generally considered that the deformity should be over-corrected. This resulted in the foot being inverted and adducted in order (it was stated) to maintain the longitudinal arch. If one takes the trouble to invert one's own foot, the longitudinal arch tends to disappear rather than become more marked, and the astragalus is pushed out by this manoeuvre. If the injury is looked upon as an abduction fracture the displacement is overcome by adduction, keeping the foot in the mid-position. This is a position of greater comfort to the patient.

Plaster has also been proved to be of very great value in fractures of the radius and ulna, occurring in children. The position must be one in which the best approximation of the fragments is obtained. In cases of delayed union in fractures of the tibia and fibula, so commonly seen in adults, the application of a plaster in the form of a puttee allows the patient mobility of the knee and ankle-joint, and yet gives adequate support at the site of the fracture, provided that the plaster is moulded to the tuberosities of the tibia and the internal and external malleolus.

In the treatment of carpal injuries, plaster is invaluable. Böhler has shown that a fractured scaphoid will unite in six weeks if the wrist-joint is put in plaster in slight dorsi-flexion and ulnar abduction. In old-standing cases, also, union will take place after a period of immobilization in plaster for about six months.

In Colles's fracture excellent results are obtained by keeping the wrist-joint in the mid-position in plaster for a period of three weeks after reduction, allowing free movement of the fingers.

THE USE OF LOCAL ANÆSTHESIA.

The reduction of fractures under local anaesthesia has proved of great value, and has been extensively used by Dr. Böhler, of Vienna.

His outfit consists of two sterile 10 c.c. record syringes, two short and two long slender needles, two sterile tissue forceps, 30-50 c.c. of a 2% novocaine solution, tincture of iodine, and a few sterile swabs. The object is to inject within a few hours of the injury the novocaine into the hæmatoma formed round the site of the fracture. The larger the hæmatoma, the more complete is the anaesthesia, and one point of injection may be enough. When there is little or no hæmorrhage, such as in a Colles's fracture, the local anaesthetic does not diffuse so well, and several points of injection

have to be made round the site of the fracture. Manipulative procedures can then be carried out without discomfort, and painless reduction effected. There are, however, points to be remembered in this form of treatment. The patient should be lying down during the administration and the limb watched very closely after the anæsthetic has been injected, as the patient is apt to move it, and, without his knowledge, produce further damage at the site of fracture. The advantages are that reduction can be carried out single-handed, and in the case of fracture of the upper limbs the patient can walk to the X-ray room, where further correction, if necessary, can be made.

The extensive use of local anæsthesia has brought out points of considerable importance in deciding the best position to fix a limb in order to bring about the most accurate anatomical alignment. For example, in supra-condylar fractures of the humerus, the old rule was that the forearm should be fixed in flexion and full supination, but this position does not lead to accurate approximation of the fragments under local anæsthesia. The supination brings about spasm of the pronators and they exert a pull on their humeral attachment, the forearm being fixed, and so displace the distal fragment of the fracture. Relax the pronators and the displacement will not tend to recur. Therefore, in order to get the best reduction of this type of fracture, the elbow is flexed at a right angle, the forearm markedly pronated and longitudinal traction exerted. Such complications as Volkmann's ischaemic contracture and damage to the musculo-spiral nerve might be prevented by this position of fixation. It is important to test the distal part of the limb for any loss of sensation before either a general or local anæsthetic is given.

METHODS OF EXTENSION.

The Thomas's splint and its modifications, so ably demonstrated by Maurice Sinclair during the war, are still in general use and well known to all. When extension was required, Sinclair's glue was employed as an alternative to strips of adhesive plaster. The former overcame many of the disadvantages of the latter, but was more difficult to apply and only seemed to be successful in the hands of an expert. The disadvantage of adhesive plaster is the tendency to slip and consequent damage to the skin. To overcome this, plaster-of-Paris applied to the limb on the distal side of the fracture with extension bands incorporated was devised, but this again has been superseded by the use of skeletal traction.

Skeletal traction allows of the weight extension acting

either directly on the distal fragment of the fractured bone, or indirectly through a joint. The former would appear to be the more satisfactory method, but the latter is used with equally good effect, and contrary to expectation, no damage is done to the ligaments of the joint pulled on. The ice-tong caliper, gripping the surface of the bone, appears to have been superseded by the Steinmann's pin, which passes through the thickness of the bone and can be inserted under local anæsthesia. A more recent advance is the use of a fine rustless wire introduced through the bone by means of a hollow drill, and kept taut by a special tension instrument to a stirrup from which extension is made. The wire is from 0.8 mm. to 1.50 mm. thick, the finest wire being used for the application of extension to the small bones of the hand. I refer to the Kirschner's wire fracture extension apparatus.

In cases of fracture of the shaft of the femur the pin or wire is inserted either through the condyles at a point 1.25 cm. above and anterior to the adductor tubercle, or through the tubercle of the tibia, if an indirect pull is required. In fractures of the tibia and fibula, simple or compound, a pin passed through the os calcis has proved of extreme value. No trouble will arise in the bone if aseptic precautions are taken. The patient is very comfortable with this type of extension; joints are free to move, and the doctor has far less worry with daily adjustments, so necessary with the older forms of extension. The pin or wire is removed without an anæsthetic.

TREATMENT BY OPERATION.

There is little doubt that the treatment of fractures by conservative means is best. However, a certain number of cases—such as compound fractures, fractures complicated by nerve injuries, or simple fractures where conservative methods have failed—will require operation. Operative treatment can be considered under three headings: (1) Simple open reduction, (2) intramedullary grafts and pegs, (3) inlay grafts.

Open reduction, without the introduction of any foreign body, such as screws, wire plates or bands (referred to by an American authority as "hardware"), is the ideal form of operative treatment. The success of this method largely depends on the skilled use of a plaster-of-Paris bandage afterwards in order to keep the fragments reduced.

In certain cases, however, direct fixation is necessary. Sterile beef-bone pegs are advocated by many authorities; their only disadvantage appears to be a tendency to delay union, though they ultimately become absorbed.

Intramedullary and iliac grafts are highly specialized forms of internal splinting, and should be left to the expert. The use of plates—such an advantage twenty years ago—is now being superseded by these more advanced methods of splinting and traction.

RUPERT S. CORBETT.

A CASE OF SPONTANEOUS PARTIAL SUBGLENOID DISLOCATION AT THE SHOULDER JOINT.

MR. G., æt. 41, shirt-cutter, came to the Out-Patients' Department on March 23rd, 1931, complaining of "pain and stiffness in his left shoulder."

He gave the following history: Nine days previously he awoke with pain in the left shoulder; movement of the arm was free but painful. He went to work as usual. The next day the shoulder was stiff as well as painful. He rested, and as there was no improvement he saw his doctor in the evening. The doctor treated him for "arthritis." In spite of treatment, which he continued for six days, the pain grew worse and movements became more limited. He again called in his doctor, who advised him to go to hospital.

On examination.—*Right shoulder:* This appeared normal; all movements were full.

Left shoulder: There was a distinct flattening as compared with the other side.

Axillary circumferences (Callaway's measurements): *Left arm,* 18 in.; *right arm,* 16½ in. There was ¾ in. lengthening of the left upper extremity.

Movements of left arm.—Abduction was possible to 60° without discomfort, flexion and extension to about 40° each; any attempt made to increase these movements caused considerable pain. Movements at the elbow joint, wrist and fingers were normal.

There was a large bruise over the thenar eminence; this the patient said was due to the forearm being strapped in a flexed position by his doctor.

The main findings were deformity and limitation of movement. Pain was only associated with forced movements. There was absolutely no history of trauma.

Past history.—The patient was in this hospital twenty-eight years ago, under Mr. Harrison Cripps, suffering from hæmophilia. Nine years ago he attended Mr. Capps for a cut finger. He has had other small cuts but these have not bled badly.

Family history.—His brother died from "bleeding from the larynx." A male cousin also suffers from "bleeding."

The patient's *bleeding time* was found to be 2½ minutes (3 mm. blood gun)—within normal limits. His *coagulation time*, however, was prolonged—10 minutes at 37° C.

A skiagram taken of the left shoulder-joint (Fig. 1) showed a partial subglenoid dislocation.

The diagnosis was accordingly "a spontaneous partial subglenoid dislocation of the left shoulder, caused by effusion of blood into the joint cavity."

Treatment.—The dislocation was easily reduced, under a general anæsthetic, by abducting the arm to a right angle and forcing the head of the humerus upward; there being no audible click, only the shape indicated

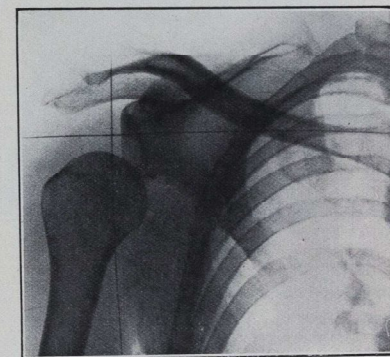


FIG. 1.

that the dislocation had been reduced at the time of operation. After manipulation the arm was strapped to the side, the forearm being at a right angle and across the body.

A skiagram on the next day showed that the dislocation had been satisfactorily reduced (see Fig. 2). This photograph is interesting, as the reduction appears to be rather overdone.

The arm was kept in position for two weeks, when another skiagram was taken, showing that the dislocation was still satisfactorily reduced. Massage and gentle movements were now commenced, avoiding abduction at first. A week later slight abduction was allowed. Massage and movements were continued for a further two weeks, when the patient was permitted to resume work. All movements were now full except for a slight limitation of abduction.

This case is interesting from many points of view. The dislocation was spontaneous, not traumatic; whether the dislocation or the effusion came first is a debatable point. The following facts seem to point to the effusion being the cause of dislocation: (1) There had never previously been a dislocation and the absence of trauma. (2) The direction and position of the dislocation. A subglenoid dislocation is uncommon in any case, but a dislocation with the position shown here

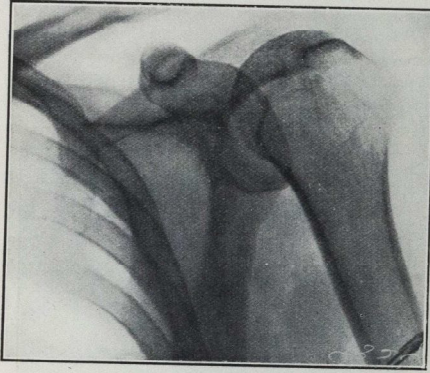


FIG 2.

must be very rare. Yet from an anatomical point of view an effusion of blood into the joint causing increase in intracapsular pressure would tend to drive the head of the humerus downwards into this very position, the inferior part of the capsule being weak and there being no muscles opposed to that drive. In all other directions the capsule is surrounded by muscles. (3) At operation the dislocation was easily reduced, with no audible indication of reduction. (4) Over-reduction was accomplished, again without any audible indications.

My thanks are due to Prof. Gask for kind permission to publish this case, and to Mr. Hosford for much help in collecting details of the case. G. WEDDELL.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Bulletin de l'Hôpital Saint Michel—Bulletins et Mémoires de la Société de Médecine de Paris—The Caduceus—Choring Cross Hospital Gazette—The Clinical Journal—L'Echo Médical du Nord—The General Practitioner of Australasia—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—Leprosy Review—The Magazine of the London Royal Free Hospital School of Medicine for Women—Medical Times and Long Island Medical Journal—The Middlesex Hospital Journal—St. Thomas's Hospital Gazette.

THE MEDICAL DEMI-MONDE.

BENEATH the respectable surface of the medical world is a sea whose denizens rarely meet the eye. Many remain hidden all their lives; some few are cast ashore, victims of a legal tornado. Their pursuits are devious, but correspond at all levels to those traits of human nature which have called them into existence, and by which they live. They are therefore symptomatic rather than causative.

They may be subdivided into two groups—the Quacks and the Rogues; and these have a distant affinity with that relatively innocuous class, the Bombasts.

The Bombasts rarely descend actually to quackery or roguery. They are academically inclined, or they lack the courage or the opportunity. Moreover, the master of the art, Bombastes Maximus, finds his own calling sufficiently lucrative.

Bombast is manifested medically in three ways: Clothes, Manner, Harley Street.

Your true medical Bombast wears vestments by which his pontifical presence may cow the patient and assure or augment the fee. The tall silk hat, the well-set stock and pearl tie-pin, the orchid or carnation, the cervical spats, the tail-coat and finely striped trousers, tarsal spats and gleaming boots make the man.

It stands to reason that the most successful of the tribe are physically fine-looking.

Manner is an added weapon. It must be carefully differentiated from Personality. Personality is spontaneous, irrepressible and honest; manner is acquired, cultivated and false. Manner may be ingratiating, bullying, or eccentric.

The name "Harley Street" has achieved a world-wide reputation, founded largely upon the fact that its houses were at one time almost exclusively inhabited by honoured and illustrious members of the profession. The *éclat* of its address remains valuable though its good old days are dead.

Some of its inhabitants are still honourable survivors of the old *régime*; more consist of young and as yet unestablished men to whom the address is a meretricious but valuable recommendation; more still consist of quacks or rogues, whose qualification consists in ability to pay rent for their room and name-plate.

The public, however, largely untrained in powers of observation, and carefully saved the pain of thinking, finds it hard to discriminate between the groups, and believes that a Harley Street man has in some nature been ordained and sanctified, be he sound physician, pedlar of vaccines, or osteoquack.

Besides the bombasts, rogues and quacks, and

standing in an intermediate position between them are the fools. Some are quite sincere, and gaze like the Brahmin devotees into the empty nothingness of their central ego. Others are half bombast or half quack, and owe their position to the gratuitous advertisement of having at some time pleased a minor royalty or major newspaper peer. An eminently respectable position in the military or civil medical services is often the rusty preamble to the sunset glories of a fashionable Harley Street practice.

Quacks are of two kinds—qualified and unqualified. Disqualification is the sincerest form of quackery. The successful quack chooses for his field of operations either the diseases that exist only in the minds of hypochondriacs, or those like cancer, rheumatism and arthritis, for which cures are unknown or unsuccessful. Occasionally the superquack invents a method, whose secret is known to himself alone, for the early diagnosis of some such fell disease. He is then able to say, "Yes, you have cancer; but fortunately you have come to the only man in London who could have discovered it so early. If you follow my instructions to the letter, I can perhaps cure you."

The result is very satisfactory all round; the patient is frightened, but eventually "cured"; and for the rest of his days sings the praises of the quack, who benefits doubly by a large fee and a resounding advertisement.

The treatments of quacks, however, must, like the fashions, vary for their Mayfair patients. Vaccines are now so *démodé* that they are almost due for a fresh boom. Light treatment is in its heyday. Subcutaneous injections of oxygen for everything from sterility to cataract are flourishing. The dietitians we have always with us.

Some quacks are really original. The writer was once professionally consulted by an osteopath, "Dr." Blank, who had no practical and personal confidence in his fellow practitioners. Some time after, as a mark of gratitude, he 'phoned up and gave the name of a lady in a hotel who was suffering from a febrile attack. She was visited, and was found to be a simple but pleasant person of good county family suffering from a bad attack of influenza and some slight bronchitis. It was explained to her that if she wished for a daily visit the writer would give her name to a general practitioner who would come in and see her, but that otherwise he would look in in the course of four or five days to see whether she was fit to get up. She preferred the latter arrangement. On the second visit she said, "By the way, Dr. Blank came in after you had gone and said that if you did not want to look in every day, Mr. X— (a Harley Street surgeon known to the writer) would be

only too glad to do so; but I thought it wasn't necessary. And doctor, don't you think it is just too simply wonderful about Dr. Blank—you know, the trances? And they can't bring him round when he is in them. Fancy going back all those centuries. And when he returns he speaks Egyptian for a little, till he is quite round. Such a privilege, too, to have had communion with Æsculapius. And then the light treatments he gives. Oh, my husband swears by him. At the end of the season you know, what would we do without it? Coloured lights, the red or the blue. Not ordinary ultra-violet. Such a dear, clever man, and so busy."

Another quack, qualified this time, charges 100 guineas for a series of subcutaneous injections of oxygen.

A third, qualified and a knight, has reduced vaccine treatment to a mass-production organization. He treats any disease, has a staff of secretaries, cashiers, and an assistant, and manages to see fifty to a hundred patients a day. This, at a minimum of a guinea a time, is Big Business.

Then, hardly divided from these by any recognizable line, come the Rogues.

The least openly offensive form of Roguery is known as Dichotomy. A surgeon practising in Harley Street does all the operative work for a large firm of general practitioners in a North London suburb. He never collects his fee on the spot, but receives quarterly a fat cheque. The general practitioner says to the patient or their relative, "Mr. So-and-So's fee is 100 guineas." He receives this, puts aside possibly 50% of it for the surgeon's account, and pockets the rest. The surgeon is thus in effect bribing him with a view to a corner in the local surgical work. Alternatively they are conspiring to defraud the patient.

The writer has several times been approached with proposals of the same kind.

Once it was couched in these terms: "If I get you to see patients with me in consultation would you mind saying that your fee is 10 guineas, and then handing over one guinea to me? For in that way I am sure of my fee for the consultation with you, which I should otherwise have difficulty in extracting."

The proposal was of course refused, and no other consultations have been forthcoming from that source.

The second occasion was soon after being appointed to the medical staff. A doctor, a contemporary of whom the writer had heard no word since before qualification, suddenly 'phoned up asking if he might come and discuss a patient. At the interview nothing was mentioned other than the medical details of the case. The patient arrived on the following day with the doctor. After the consultation the doctor remained behind and said, "Oh, by the way, this is your share of the fee." The envelope

contained 3½ guineas, the patient having been told that the fee was 5 guineas. The extra half-guinea was returned and the doctor has not been heard of since. The best cure for dichotomy is to send a receipt for the fee actually received direct to the patient. The cat is then out of the bag.

More gross forms of bribery are occasionally come across. There is the rheumatism specialist, who also injects air subcutaneously, and who has an arrangement of 10% commission with his masseuse for every new patient. The doctor at a certain venereal centre receives a stream of clients from the porter, who says to the better-dressed out-patients, "You don't want to go in with all them dirty people. You go and see Mr. Kharsivan. He'll cure you in no time and won't charge you too much." The porter of course does not go empty-handed.

There are other and even more lucrative forms of roguery. A certain anaesthetist, always a curious, rather retiring person, with a predilection for exotic literature, is apparently amassing a considerable fortune. Anaesthetics are for the shop window, for an innocent question put unexpectedly to the sister of a nursing home, in which the said anaesthetist had obviously a number of cases, was revealing:

"Mr. Smith seems to do a lot of dilatations and curettings here, sister. I suppose sometimes five or six a week?" "Oh, many more than that; why, sometimes as many as fifteen." Here she felt she had said too much, and changed the subject in rather an embarrassed manner. Surgical skill alone is expensive enough; its combination with secrecy must be an expensive luxury.

Less turbid waters, but still containing a great deal of sediment, are those that swirl around the law-courts and the newspaper offices.

Workmen's compensation cases are rich in human craft and cupidity. The man is often out to get money for nothing, and his strong point is a pain—an unassessable quantity; the masters, or their insurance company, are out to save money. The result is that, since medical expert evidence is a marketable commodity, certain individuals are found who are ready to make dogmatic statements on insufficient evidence. Ultimately some of them become known to the judges, and their remarks receive an adequate discount.

Journalism is primarily concerned with sales and circulation, secondarily with power; for power is money.

Since science deals with questions which the average reader is incapable of appreciating, its connection with journalism is remote. There are, however, persons willing to write columns in the daily press dealing with the advantages of food in the treatment of hunger, of water or beer in the treatment of thirst, of fresh air and

holidays as remedies for overwork, and other subjects understandable by the readers of the *Daily Swaff* or the *Evening Blurb*. For this they receive money and advertisement, and the scorn or envy of their colleagues.

It would be indeed curious if the medical profession were peopled exclusively by sages, saints, philosophers, scientists and surgeons. That conception is certainly a common one, and one well illustrated by the picture "The Doctor" in the Tate Gallery by Fildes, a work which should surely be labelled "The Doctor's Dilemma," for the poor man has obviously forgotten the dose of the drug he wants to use.

Stevenson used to wonder where the boorish, rough and unpleasant medical students went, and whence all the dear kind and noble medical practitioners came from. Both their origins and endings are those of the other inhabitants of the world, with whom indeed they have much else in common. G. B.

THE ADVENTURE OF THE ORGANIST OF GREYFRIARS ABBEY.

(With apologies to the late Sir ARTHUR CONAN DOYLE.)

HIS late lamented death of William Wilson, Mus. Doc., F.R.C.O., organist and master of the choristers, or *magister choristarum* as it is so quaintly expressed in the statutes of the venerable Abbey of Greyfriars, created a sensation throughout the Kingdom which might at first sight have appeared out of proportion to the importance of the occasion. But the cause was two-fold. Firstly Dr. Wilson was pre-eminent in his profession, a man of culture and charm, beloved by everyone with whom he came in contact, a composer of the first rank and a magnificent organist: his accompaniments of the services were expositions of rare artistry, wrought with a skill which none could excel and few could equal—his playing fell little short of the sublime. But apart from the great loss thus sustained by church musicians, the circumstances of his death were so brutal that they raised a thrill of horror when they were made known, and these associated events served only to fan the flame of public interest, which reached its height when it became known that on the advice of the Bishop of the Diocese the Dean and Chapter had called in the help of my friend Sherlock Holmes. I was present when the Dean made his visit and so heard the story in his own words.

"You must know, Mr. Holmes," he began, "that Dr. Wilson's habits were a trifle eccentric. He could

on occasions be decidedly peppery, but as far as I know his outbursts of temper were only momentary and he had no enemies."

"Can you mention any of his eccentricities?" interrupted Holmes. "Well, they are hardly deserving of the name," replied the Dean; "for instance he hated the least sound when he was playing—a footfall might have been a thunderclap. He would play no voluntaries. 'I am not here,' he often said, 'to provide a musical accompaniment to the footsteps of the departing congregation!' After one military service while he was playing his concluding recital the colonel of the regiment disturbed him by talking in a rather loud voice near the organ. Dr. Wilson grew as red as a beetroot, his neck swelled visibly. 'Pah!' he exclaimed, and crammed on stop after stop until the very foundations vibrated and the colonel had to move off. That is the only occasion I know," said the Dean with a smile, "when a colonel's voice has been silenced so effectively. The doctor would play long after the services; he of course had his own key to the Abbey, and when he was in the mood he would play on, oblivious of time. It was on one such occasion just a month ago that he met his death. Recently a scheme was started whereby the old hydraulic blowing installation, which derives its power from the adjacent river, was to be superseded by an electrical one of modern design and greater efficiency; the whole of the cost has in fact been covered by money raised at Dr. Wilson's recitals, and the engineers finished it last week. On the night of July 4th, after evensong, which ended at 8 o'clock, he played on; but shortly after midnight the verger, passing the Abbey on his way home across the fields, heard the water running to waste from the engine, which was apparently still working. Thinking that the doctor had forgotten to turn it off he went in and found the building in darkness except for a light in the organ-loft. He went up and found to his horror the body of the organist lying with the skull battered in; around him were several heavy blood-stained organ pipes. It first appeared as if these had fallen from the case and the doctor had been killed accidentally, but experts have shown that the case was sound, and from scratches on the wood-work have concluded that the organist was first murdered, and the murderer then deliberately climbed up the organ-case, removed the pipes and laid them around the body in order to suggest an accident.

"The Festival of our foundation falls this week—we are trying to collect a hundred thousand pounds for our restoration fund. Very fortunately for us a deputy has come forward in the person of Dr. James Macclesfield, who was formerly an organist in Belgium, and hitherto unknown to us except that he is spending a quiet fishing

holiday in the town; he is a most accomplished musician, and has promised his services until the festival is over."

"How much have you raised already—where do you keep the money?" asked Holmes.

"We have done well and collected about twenty-five thousand pounds in the last two months. About a third of this is still in a safe in the Dean's vestry." "You must take it to the bank at once," said Holmes; "it may be too late already. I was leaving for a holiday in Cheshire this evening but that must wait. Dr. Watson and I will come down to-morrow. You should have consulted me before: how blind these official police can be!"

And so it happened that on a glorious August morning my friend and I were trudging blithely enough across the moors towards the ancient cathedral town. Holmes has a fine appreciation of the beauty of Nature and had insisted on our travelling overnight—I admit to my annoyance; but he had so planned things that we left the train six miles short of Greyfriars, so that we had the delight of seeing a matchless dawn, and a never-to-be-forgotten walk in the early morning of a perfect summer's day. The air was fresh, the sunshine exhilarating, and the dim grey mass of the Abbey in the distance with the town nestling around its feet, finally resolving itself into three great towers soaring high above a crowd of red roofs and quaint gabled houses, was a picture I shall not readily forget. The trees were in the full glory of their summer foliage, and around the town reflecting towers and spires, blue sky and clouds in its face flowed the broad river. One or two enthusiastic anglers were already at work—I remember the torrent of abuse which Holmes received from one when he absent-mindedly hurled a brick into the water. He never could resist throwing stones into the sea when he was a boy.

We bathed in the river, and then, ravenously hungry, made our way to an inn, where we arranged to stay. After a rare country breakfast we lit our pipes, and sauntered round the town for an hour before calling at the Deanery. The Dean greeted us warmly. "You are just in time," he said; "they are busy rehearsing some special music for the final service to-morrow. I will ask Dr. Macclesfield to take you up to the scene of the accident; he can conduct the tour himself—these organists are very jealous of their holy of holies, and woe-betide any sacrilegious person who dares to set foot uninvited in the organ loft."

We crossed the lawn and entered the Abbey by the south transept. It was a mighty building, largely erected during the reigns of Richard I, John, and Henry III, a period regarded by many as the purest and noblest in the whole era of Gothic architecture. Its vaulted

roof ranks equal with the finest of European cathedrals; the stained glass is unrivalled in the world. Down the nave came softly the concluding bars of the anthem as we walked slowly towards the choir. The Dean introduced us to Dr. Macclesfield, a man of striking appearance tall, dignified, with white hair and a commanding presence. Holmes would not allow me to accompany him; "the fewer footprints about the place the better," he explained; so I spent an enjoyable half-hour with the Dean touring the Abbey. At last they came down—Holmes wanted to see the blowing installation. Dr. Macclesfield was very red, my friend unusually urbane. I could see they had quarrelled. The Dean called a verger, who took us down into the crypt, where he unlocked a little oaken door. We looked into a stone chamber about twenty feet square. A stone staircase led down to the floor some twelve feet below us, where, bedded in concrete, stood the engines: the electric motor was obvious in its shining newness, coupled side by side with its scrics of fans. Close to it was a separate unit connected by rods with huge bellows in the roof.

"Hullo!" said Holmes, "What's this?"

"It is the old hydraulic plant," said the Dean. "It was really at Dr. Macclesfield's suggestion that we left it. It is still in working order, and he pointed out that it could be used if the electric power failed. We thought it rather extravagant, but he had his way in the end."

Holmes went down and crawled round the hydraulic plant on all fours, examining it with a powerful lens. The organist stood on the top step and sneered openly. My friend finally came up and said it would help him greatly if the two of us might sit in the organ-loft the following afternoon.

"Very well," said the doctor, "on two conditions: first, that you are punctual; secondly, you mustn't sing. I hate people singing down my neck."

I discovered as we went back to lunch that Holmes had produced from his pocket a copy of "The Maiden's Prayer" and asked the organist to play it for him. Holmes said he thought the fellow was going to blow up. He thereupon offered to play it himself, and had indeed climbed on the stool when the doctor clutched him by the throat, dragged him off and literally frog-marched him downstairs. "But," said Holmes, "I intend to enter the Abbey to-night and play to my heart's content."

I spent the afternoon with my fishing rod and the evening on the river. Holmes said he wanted to sleep and think. I got back to the inn late at night and found the place in an uproar. My friend was lying on his bed semi-conscious with a cut over the right parietal eminence. The Dean had gone into his vestry for some papers about eleven o'clock and heard a most unearthly

screaming as if all the pipes in the organ were speaking at once—a sound he had never heard since one organist fell off the stool during a service. He hurried upstairs, and found a heavy metal pipe lying on the floor. Holmes, unconscious, had fallen forward on to the keys; his head was leaning on the music-rest and was bleeding all over the pages of "The Maiden's Prayer." I stitched his scalp, and in a few hours he was almost his normal self; he remembered nothing of the accident, but insisted on appearing at the service the following afternoon as if nothing had happened. I made him spend the morning in bed, and we went across the fields a quarter of an hour before the service. The bells were pealing in a perfect cascade of joyous sound, and the huge building was full as we made our way up the nave to the winding staircase, which led up through the thickness of one of the great pillars of the central tower till we came to a short passage; along this we walked, to find ourselves in the organ-loft perched on the choir screen. Far below to the west was the crowded nave—a sea of faces; to the east the glorious choir with its matchless carving, the great window ablaze in the sunshine. Seated on the stool was Dr. Macclesfield, resplendent in his robes, a wealth of cream damasked silk and crimson satin which fell in folds of rich colour around him. Facing him was the huge console—five manuals, and on each side bank upon bank of shining ivory stops. At his feet lay the pedal-board, two and a half octaves of giant keys, and a multitude of controls; above his head rose the gleaming golden pipes enclosed in an oaken case, whose turrets stretched upwards, their summits half-seen in the gloom far above us. A telephone at his side communicated with various departments of the building, and a faint hum from below together with the gentle hiss of escaping air close beside us showed that the engine was running, driving the wind along the huge wind-trunks to the chests, where it was ready compressed, waiting to do the organist's bidding.

As three o'clock struck the great west doors were thrown open to admit the procession. Dr. Macclesfield began to play, and reflected in the mirror above his head we saw its stately progress, slowly and majestically up the nave, a double line of glorious pageantry, medieval in its splendour. The music was at first felt rather than heard, a low indeterminate murmur, which gradually "began to roll and stir, with a grave melodious thunder" till its climax was reached just as the procession passed under the screen, the last notes dying away as the Bishop took his place on his throne. However great may have been Dr. Wilson's talent, his deputy was undoubtedly a master. He played as if inspired, rapturously oblivious of our presence; his playing was superb. He handled his instrument as if

he were part of it, and managed the choir and that vast congregation with consummate skill, bringing their voices down softer and softer till they were little more than a murmur, and leading them up and up until the very arches seemed to vibrate with the volume of their music as it rolled echoing down the roof. I sat enthralled and heaved a sigh of genuine regret as the service drew to its close. Finally he began Mozart's magnificent Fantasia in F minor as his concluding recital. At this point Holmes crept out of the organ-loft; the slight noise of his leaving made us turn our heads, and we just caught sight of the seat of his trousers with a huge spanner protruding from the hip pocket.

"Let him go," snarled the organist; "he only came to hear me because there was no football match to go to," and he continued his playing one of the most admirable renderings of the piece I have ever heard. The music was nearing its climax. I listened in breathless anticipation as stop after stop came out in perfect sequence, a magnificently executed crescendo. The pedal reeds, sonorous and penetrating, came out in all their grandeur as the doctor returned to the triumphant reiteration of the original theme. And then I noticed the little finger of the voltmeter, registering the voltage of the mechanical action, quivered violently and dropped to zero as the wind failed: the organ's thunder ended in a despairing scream and was silent. Dr. Macclesfield quickly turned on the hydraulic engine—there was no response. He seized the telephone and rang down to the blowing chamber—there was no reply. He turned to me with a face blazing and contorted with fury and disappointment.

"That's your friend," he said, "the miserable, blithering, pettifogging busybody!" and drawing an ugly-looking bludgeon from a drawer he slid off the stool and hurried downstairs. I followed at a run down to the crypt.

The door of the blowing chamber was open and it was flooded to a depth of about eight feet; amidst the swish of pouring water we saw Holmes, swimming round and round like a goldfish in a bowl, using a powerful trudgeon stroke. The organist and I stood thunderstruck at the sight.

"Catch him!" shouted Holmes, ejecting a mouthful of water, "it's Larkin!"

I turned in amazement just as the organist threw his bludgeon. It caught Holmes between the eyes and he sank like a stone. I stood irresolute—a rhythmic stream of bubbles showed where my friend lay breathing gently. Should I rescue him or capture Larkin? I could imagine his anger if I let Larkin go; on the other hand I couldn't let my friend drown like a dog. The question was decided for me. A terrific uppercut

caught me fairly under the chin; I fell backwards; there was a loud splash and I sank down and down. As I reached the bottom I felt a soft object; it was Holmes. I clutched him and we rose together. By this time the water level had reached the door; we floated out down the crypt, where we landed. After a few minutes' artificial respiration Holmes recovered sufficiently to return to the inn.

* * *

"Well, my dear Watson, what are your views of this peculiar business," said Holmes, as we sat in his room at Baker Street. "What of the deputy organist? What was his motive?" "He was a man of skill and foresight," I said, "as evidenced by his playing and his enterprise in having the organ blown by two separate engines; his motive I cannot guess." "A very poor effort," said Holmes. "You get worse, Watson. First of all the motive was robbery: large sums of money in the vestry; he knew the organist's irregular hours and freedom of access to the building; it was easy and obvious to murder Dr. Wilson and take his place. He was, however, not fool enough to hide the money on his own premises. I examined that hydraulic engine and found scratches on it suggesting that it might have been explored for use as a hiding-place—no one would suspect that. He recognized me as likely to cause trouble after he saw me examine the engine—a mistake on my part. Hence the first murderous attack on myself. We foiled him by banking the money, but I knew some was lying in the Dean's safe after the morning services and hoped to open his hiding-place and catch him red-handed. Unfortunately I turned the wrong screw with my spanner and disconnected a huge pipe, from which belched forth a torrent of water at terrific pressure. It hit me in the chest and knocked me flat; before I could recover the place was flooded, the motor was submerged, short-circuited and the wind failed, fortunately bringing you down. The rest you know."

"Holmes," said I, "you are wrong. I don't believe he is Larkin at all, although he has disappeared."

"Who murdered Dr. Wilson then?"

"I don't know."

"Why did he assault me?"

"Well," I said, "you quarrelled at sight almost, and not only wanted him to play your tune, but even tried to play it yourself before his very nose. Next you played his organ without permission the same night when you were attacked. Lastly you ruined his recital—the crowning point of a week's memorable music—and wrecked the blowing plant: if that isn't enough provocation for a smack between the eyes I don't know what is!"

"Why does he keep a murderous club in the organ-loft?"

"For self-defence; you will remember two people had been attacked there already."

And I was right. A week later, after hearing strange noises in the roof one night the verger searched the Abbey afresh and dislodged a man from a little corner of the triforium. He escaped by a narrow window, and climbing down the buttresses with great speed made off across the fields; in the darkness he fell in the river and was drowned. The body was identified as that of a homicidal maniac who had escaped from a lunatic asylum six weeks before, and like the Hunchback of Notre Dame, made his home amongst the gargoyles. Carved on the masonry were records of the attacks on Dr. Wilson and Holmes. I have no doubt Dr. Macclesfield's turn would have come soon.

The motive was uncertain: he probably resented the disturbance of his rest by the organ, just as the lunatic in the latter part of last century who, disliking the "buzzing of the organ" in York Minster, concealed himself after a service and set fire to the Choir stalls, doing irreparable damage.

Holmes's holiday is still postponed; he is saving up. The crypt was flooded, and the local fire-brigade had to be called in to pump out the water. The damage to the blowing apparatus is considerable: by some unlucky freak of mechanics water was sucked along into the organ, which has had to be overhauled at a cost of over two thousand pounds. On the advice of the Bishop of the Diocese the Dean and Chapter have assessed the value of the damage and are suing Holmes for it. The bill for the whole amount came this morning and I'm afraid he'll have to pay. However, as I pointed out, things are not as black as they might be for, by the same post from Dr. Macclesfield at Leipzig, Holmes got a charming letter of sympathy—an ounce of tobacco and a brand new copy of "The Maiden's Prayer."

F. W. J. W.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEWS HOSPITAL v. OLD PAULINES.

July 4th at Thames Ditton.
Batting first we scored 225 (Kirkwood 63). With Killick batting the Paulines always looked like winning, but after he was out for a valuable 72 they still needed 60 with 4 wickets to fall. At this point R. S. King, who had just come in, hit 5 sixes in a score of 57, enabling the Old Paulines to win by 2 wickets.

ST. BARTHOLOMEWS HOSPITAL v. ST. ANNE'S (VIRGINIA WATER).
Played July 8th.

We batted first and scored 230 (Wedd 90). St. Anne's had about three hours to get the runs and never looked like doing it. On the other hand, we never looked like getting them out. Finally, after extra time, they scored 190 for 2.

JUNIOR CRICKET CUP FINAL.

ST. BARTHOLOMEWS HOSPITAL 2ND XI v. GUY'S HOSPITAL 2ND XI (Holders).

By defeating Guy's 2nd XI at Winchmore Hill on Monday, July 13th, Bart's 2nd XI won the Junior Cricket Cup for the first time. Play started at 11.30 a.m. with rain threatening, and Bart-Smith had won the toss, opened with H. V. Knight and B. Rait-Smith to the bowling of Woodiwis and Lowry. These two bowlers showed excellent form, and praise is due to our opening pair for the way in which they wore down the bowling in the first half-hour. Steady play took the total to 36 before Knight was bowled, while at 41 Rait-Smith was bowled off his pads for a delightful 35, which included five boundary hits. At this juncture a great piece of fortune fell to Bart's, for Dolly, with his score at 7, skied a ball to short leg, only to see the fielder fail to bring off a catch. Profiting by this lapse Dolly and J. P. C. Taylor pushed the score along briskly, until at 106 Taylor was out for a bright 28. Joined by R. C. Walsh, the two batsmen took part in the most profitable partnership of the innings, and when lunch was taken the total had reached 165 without further loss. After the interval Walsh, who rarely missed an opportunity of punishing the bowlers on the off-side, quickly completed a brisk 50, and almost immediately afterwards was caught in the slips. W. M. Capper then came in to give quite the most confident display of batting on our side. Right from his first ball, which he despatched to the boundary, very few deliveries which he received escaped punishment. Dolly, meanwhile, after a shaky start had shown the soundest of form, and was most unlucky to be run out when 83, for he had appeared absolutely set for a century. He left at 227, and one run later Capper failed to get hold of the ball in attempting to drive to the sight-screen and was caught and bowled for 25. C. M. Dransfield and J. H. Pierre, however, re-consolidated our position, and subsequently indulged in some brisk hitting, the cutting of Dransfield being particularly well timed. Pierre was caught at the wicket for 34, and shortly afterwards, when a downpour of rain drove the players to the pavilion, the innings was declared closed with the total at 302 for 7 wickets, Dransfield being not out 29. The rain continued for half an hour, but play recommenced at 4.15, leaving Guy's a quarter of an hour to bat before tea. The Bart's attack was opened by J. R. Gillman and F. J. S. Baker, but neither could obtain much response from the sodden wicket, and at tea Guy's had scored 11 runs without loss. The interval proved a valuable change bowler, for almost immediately on resuming Gillman persuaded the batsman to nibble at a ball as it swung away and Rait-Smith took 2 catches at second slip. This wicket fell at 12, and at 14 the same bowler upset the newcomers's stumps. With the advent of I. F. Marshall, however, some hearty batting and quick running between the wickets was seen, and Bart's were relieved when at 47 Gillman bowled Marshall for 24. When 6 Guy's wickets had fallen for 58 runs, Gillman and Genet made a stand for Guy's, the former making many good scoring strokes while the latter concentrated on defence. The partnership had lasted 40 minutes, when, throwing himself forward, Gillman brought off a good catch to dismiss Gillham off the bowling of Baker, who fully deserved a wicket. The Guy's total was now 92, and Dolly, coming on for the first time, quickly secured 2 more wickets, and with 98 on the board with 9 wickets down L. S. Woodiwis strode to the wicket to face Dolly. His first ball he missed; his second he despatched to the boundary for 4; his third ball suffered the same fate, while the fourth delivery he received he sent flying with a mighty stroke to the hard tennis courts for one of the longest 6's seen at Winchmore Hill this season. However, this gallant innings was brought to a close by the next ball, which hit the stumps. Once again Gillman was the outstanding bowler for Bart's, his 5 wickets being obtained at a cost of 21 runs. Dolly, with 3 wickets for 21, also bowled well. The Bart's fielding was of good standard, as it has been throughout the season.

Scores.—Bart's, 302 for 7, declared; Guy's, 112.
2nd XI Record: Played 11, won 7, drawn 1, lost 3.

J. R. R. J.

UNITED HOSPITALS SWIMMING CLUB.

The Annual Gala was held at the Bath Club on June 30th. It was an even greater social and aquatic success than usual. Mrs. Vick presented the prizes, and, as was meet, the three challenge cups for swimming, diving and water polo were won by Bart's. It is the first occasion on which Bart's have won all three championships, and it is the first time we have ever won the Diving since the cup was presented in 1921.

Fifty Yards.—Sutton, who the previous evening had broken the British 220 yards record in 2 min. 20½ sec., took the water with a characteristic long dive which gave him a foot lead right from the start. Getting into his stroke straight away, he gradually increased his lead and at the turn was ¼ yards ahead. By Olympic swimming in the last length he won by 3 yards. The time of 24½ sec. was a record.

Diving.—The general standard of diving seemed much better than in recent years. The Bart's team was C. A. Brockbank and B. H. Goodrich, who both dived well and were placed 2nd and 4th respectively, thus winning the cup from Guy's, who were 1st and 6th.

One Hundred Yards.—Sutton and Vartan had both survived to the final four. From the start it was obvious that Sutton intended not only to win, but also to see by how much he could break the record; he broke it by 3½ sec., his time being 54½ sec. The real race was between the three other finalists and was perhaps the best of the evening. At the end of the 3rd length Young of Mary's was leading with Vartan and Walker of Guy's a yard and a half behind. Vartan, after a very gallant attempt in the last length, just failed to catch Young by a yard, but beat Walker by the same distance. Vartan's time for the 100 yards was 6¼ sec.

Team Race (four swimming 1, 3, 1, 2 lengths).—This relay this year replaced the 200 yards race. Bart's won in 1 min. 34½ sec., which, as it is the first time, is also a record. Six hospitals swam. At the end of the first length Flavell had swam well into second place, then Sutton, who swam the 3 lengths, put the issue almost out of doubt, but Kanaar and Vartan, not satisfied, both increased our lead.

Team Race (six swimming 1 length).—This was a very good race. It is never won by much. This year we led almost from the start and Sutton was given a lead of nearly 3 yards. The swimming of the Bart's team was very good all through, Sugden's stroke being noticeably easy. Six hospitals swam; Guy's were second and St. Thomas's third. The team was J. H. West, R. Sugden, M. Flavell, C. A. Kanaar, C. K. Vartan and R. J. C. Sutton.

Water Polo Final v. St. Thomas's.

Owing to the excellence of Sutton this game was somewhat of a walk-over, without him it should have been a very close game. The rest of the team played well, especially Vartan and the two new members, Kanaar and Flavell. Bart's won the toss and defended the deep end. After about 2 minutes' play Kanaar scored with a particularly good shot. Vartan and Sutton and then Flavell took it in turns to score after that, and at half-time we were leading 7-1. In the second half Bart's added 4 more goals, and Thomas's scored again after a good swim by Wolfe, the final score being 12-2. The goal-scorers were Kanaar 3, Sutton 4, Vartan 3 and Flavell 2. The Bart's team was: D. White (goal); J. H. West, R. R. Race (backs); R. J. C. Sutton (half); C. A. Kanaar, C. K. Vartan, M. Flavell (forwards).

ST. BARTHOLOMEWS HOSPITAL GOLFING SOCIETY.

The fourth Summer Meeting of the St. Bartholomew's Hospital Golfing Society was held at the Verulam Golf Club, St. Alban's, on Wednesday, June 10th, 1931. Rain fell part of the afternoon, but the evening was fine. Twenty-two members played in the singles, twelve in the foursomes, and ten stayed for supper at the Club.

The results were as follows:

Gordon-Watson Cup.—R. Coyte and J. G. Milner tied at 1 down to bogey. The cup was awarded to Coyte, as he had the best score for the last nine holes.

Sweep for the last nine holes, Major F. J. Anderson; the six sealed holes, S. L. Higgs.

Foursomes.—L. W. Bathurst and J. Cunmng and J. G. Milner and G. C. Woods Brown tied at all square the first nine holes and 3 down for the eighteen holes.

The Honorary Secretaries would like to take the opportunity of reminding all Bart's men, especially those recently qualified, who play golf of the existence of the Society. Anyone who wishes to join should send the entrance fee for the Life Membership (5s.) to one of the Secretaries, c/o St. Bartholomew's Hospital.

The Autumn Meeting will be held on Wednesday, September 23rd, and we hope to be allowed to play at Wentworth Golf Club.

G. GRABAM,
R. S. CORBETT,
Hon. Secretaries.

GOLF CLUB.

ST. BARTHOLOMEWS HOSPITAL v. SANDY LODGE.

Played at Sandy Lodge on July 8th.

G. A. Hill	1	H. D. White	0
G. G. M. Bennett	1	J. N. Groves	0
Lt.-Col. Brown	1	K. W. D. Hartley	0
J. Bennett	1	W. Wilson	0
Glanfield	1	R. Peart	0
E. Dexter	1	J. Wilson	0
Collette	1	T. W. Whitehurst	0
Lankester	1	O. S. Tubbs	0
	8		0

Lost by 8 matches to nil.

ST. BARTHOLOMEWS HOSPITAL v. R.A.M.C.

Played at Oxhey on July 15th.

Major A. I. Foster	0	C. M. Carr	1
Lt.-Gen. Sir H. B. Fawcens	1	J. N. Groves	0
Major H. H. Blake	1	H. D. White	1
Col. E. W. W. Cochrane	0	G. D. Wedd	1
Capt. E. G. Dalziel	0	K. W. D. Hartley	1
Major E. A. Strachan	1	W. Wilson	0
Col. F. S. Irvine	0	A. R. Cutlack	1
Major G. P. Kidd	0	J. Wilson	1
	2½		5½

Foster and Fawcens	0	Carr and Groves	1
Blake and Cochrane	1	White and W. Wilson	0
Dalziel and Strachan	0	Cutlack and Wedd	1
Irvine and Kidd	1	Hartley and J. Wilson	0
	2		2

Bart's won by 7½ matches to 4½.

W. WILSON.

REVIEWS.

A TEXT-BOOK OF SURGERY. By JOHN HOMANS, M.D. (London: Baillière, Tindall & Cox, 1931.) Pp. xii + 1200. 513 illustrations. Price 40s. net.

There are already so many text-books of surgery that the most natural question to ask on meeting a new one is whether it can justify its publication. It may be said at once that this volume, compiled by Dr. Homans from the lectures and writings of a score of teachers in the Harvard Medical School, possesses certain features which amply justify its existence. In addition it is a pleasant book to handle and to read, being printed in clear type on specially made paper. At the present time a laudable and increasing interest is being taken in the history of science, and there are many who would welcome the introduction of lectures on the history of medicine into the course of study for a qualifying degree. A better plan still is to present each subject in its correct historical setting, showing how the present position has arrived at in each field. All will welcome the attempt made in this book to carry such a plan into practice, for each chapter begins with a short historical sketch which is not only of interest, but of great value to the student. The anatomy and physiology of each system is briefly but adequately described, and upon this foundation the pathological and clinical picture is built up. It will be seen that the work has been well conceived; and its real object—to record the teaching of surgery at the present day in the Harvard School—is in itself sufficient to recommend its careful study. In order to limit the size of the book to one volume, the author has decided to concentrate upon the practice of surgery, and to exclude the lengthy and often redundant chapters on pathology which the older books contain. In this we believe he has acted wisely, for now that the student has many works on pathology to choose from, he will be less inclined than ever to pay any attention to the pathological section in the surgery book, which is therefore better omitted; the present work contains just about as much pathology as is indispensable. Another feature which makes this book particularly attractive is a bibliographical

index which, though it cannot be exhaustive, gives references to most of the important surgical literature, and is certain to supply not only information, but also a stimulus to further study. It is essentially a student's text-book, and is not a book of reference, nor does its size permit of the inclusion of theoretical matter dealing with the many unsolved problems of surgery. It will therefore not be of real help to those studying for the higher surgical degrees and diplomas. Some sections are particularly good, especially those on the nervous system and the chest; the greater part of the book is of the standard indicated above, and a few chapters are in comparison surprisingly poor. For instance the descriptions of all the chronic infections of bone, cystic disease of bone, and the diseases of bone which are apparently of metabolic origin all require revision. The accounts of most of the tumours, more especially of the salivary gland tumours, melanoma, hypernephroma, and tumours of the testis are very sketchy and incomplete. The lack of discussion of subjects only partially understood (which has been mentioned already) is brought out when a giant-cell tumour of bone is described as an inflammatory condition without giving the student any good reason against its being a neoplasm. The genito-urinary system as a whole gets less than its fair share of space, and diseases of the testis are practically left out altogether. Such defects are so obvious in a work which is otherwise of a high standard that they will doubtless be attended to in future editions. The book is illustrated by plentiful drawings, most of which give a clear picture of the subject in the text—but it is evidently difficult if not impossible to make a good drawing of a skiagram, for most of the reproductions of X-ray pictures would be better omitted if they cannot be reproduced as photographs. It is natural to suppose that the book is intended primarily for Harvard men and for medical students on the other side of the Atlantic. In spite of its many good qualities, it seems unlikely that it will replace the books to which students have become accustomed on this side of the water.

A MEDICAL HANDBOOK FOR NURSES. By I. STEWART, S.R.N. (London: Faber & Faber, 1931.) Pp. vii + 367. Price 6s. net.

In the present wave of enthusiasm amongst members of the nursing profession Miss Stewart's book is a venture. The book is small in capacity but the text covers 347 pages; these are for the most part crammed with useful information—there is no padding, and the illustrations are kept to a minimum. Fevers are omitted. The range covers those tutorial classes given to amplify and explain points which have been necessarily sketched with in the more formal lectures: the syllabus is already so crowded that any lecturer to senior nurses realizes the futility and impossibility of trying to talk about everything. The examination candidate will find here most of the topics which she may meet with in her examination. Signs and symptoms of a disease lead to questions on its treatment, drugs, diet, local applications. A noteworthy feature is the accuracy and useful data involved in the multitudinous routine preparations. Wherever possible the exact amount of a common preparation is given, e.g. the directions for medicated baths, instead of such directions as "dissolve the necessary amount."

It is satisfactory that the modern trend to withhold morphia in hæmoptysis is stated. The chemical analysis of urine is unusually full. Such illustrations as are included are good, particularly the administration of oxygen and postural treatment of bronchiectasis. Such small refinements as these all make for clear thinking and encourage an orderly frame of mind; moreover they raise the book from being just "good" to a real height of value, making it one to which many will gratefully fly for information and succour in the dark days before the examination when all seems chaos, and lecture notes fail to restore light and order.

THE RATIONAL TREATMENT OF VARICOSE ULCER AND VARICOCELE. By W. TURNER WARWICK, M.B., F.R.C.S. (London: Faber & Faber, 1931.) Pp. 188. Price 5s. net.

It is depressing in some ways that anyone could find out that varicose veins are such a subtle, deceptive and thorny problem as Mr. Warwick has shown. Even the pile is not free from guile and may lead the operator into a pitfall. There are still a fair number who in the morass of surgery and medicine look upon varicose veins as a clean, straightforward subject, fit for a question in a surgical examination. Signs and symptoms obvious; causes—constipation, garters

and gravity; treatment—excision, ligature or injection. A small syringe and a bottle of sclerosing solution provided a cheap surgical equipment with which anyone might make his name by rapidly and painlessly obliterating the gnarled and knotted veins of some country squarer: we pictured the patient's grateful pride as he rolled up his trouser leg in the smoking-room of his club and sang our praises. The humble charwoman might do us equal service, for she has been known to display a fat leg disfigured by dilated veins and foetid ulcer to her sympathetic neighbours.

But Mr. Warwick makes us hesitate before we stab the vein; he has searched the literature with a thoroughness and a skill which calls forth our admiration—we only wish he had translated the French passages. Actual treatment occupies about 60 pages, and the first 114 are devoted to the anatomy, mechanics and tests for varicosis: the historical sections and earlier controversies are heavy reading. The most valuable contribution is the attention drawn by the author to the significance of the connections between the deep systems and superficial veins.

The bibliography is extensive; the illustrations are few, but simple and clear. The fig. 6 on p. 73 showing an X-ray photograph after injection of the posterior tibial veins is one of the most beautiful demonstrations we have seen. Mr. Warwick's thesis is almost proved on this plate alone. He has tackled his subject in a masterly style, his research is sound, practical and common sense. An enormous amount of work is compressed into a small volume, and such considerations as are put forth should do much to prevent the promiscuous injection of dilated veins without careful examination, thus reducing the unsuccessful results in ill-selected cases which do so much to bring the method into disrepute.

MIDWIFERY FOR NURSES. By DOUGLAS MILLER, M.D., F.R.C.S. (Edin.), M.R.C.P. (Edin.). (London: Edward Arnold & Co., 1931.) Pp. vi + 252. Price 6s.

Among elementary text-books of midwifery—and their name is legion—this work is distinguished by the simplicity of its language, and by the care which the author has taken to be as explicit and non-technical as possible. The book is suitable for nurses who have not graduated at a general hospital before beginning their training in midwifery. The normal processes of pregnancy, labour and the puerperium are described in full detail, and the instructions given for their management are in accordance with the teaching of this hospital. Abnormal conditions are more briefly outlined. The book fully supplies the requirements of those for whom it is designed and the price is very reasonable.

JOKES: SEEN AND UNSEEN. THE LIGHTER SIDE OF UNIVERSITY LIFE. Amusing Stories collected by D. F. FRASER-HARRIS, M.D., D.Sc. (Paisley: Alexander Gardner, Ltd., 1931.) Pp. 126. Price 2s.

Though the war has shorn the world of time and money, of the making of books there is no end. Yet few people will grudge the price of two shillings for a couple of idle hours free from care. Prof. Fraser-Harris's collection of over one hundred jokes, mainly relating to principals, professors and students of Scottish and Canadian universities, is a pleasantly printed volume, which can be slipped in the average pocket. The distribution of one joke to every page makes ideal reading for a tedious railway journey. Some of the anecdotes are very good (these one is sure to hear again!), some are good, and some not so good, though there are surprisingly few "chestnuts." To the historically-minded there is definite value in preserving for posterity stories told of such giants as Huxley and Lord Kelvin, which are handed down by word of mouth and often become distorted in the process.

THE PHYSICAL AND RADIOLOGICAL EXAMINATION OF THE LUNGS.

With special reference to Tuberculosis and Silicosis, including a chapter on Laryngeal Tuberculosis. By JAMES CROCKET, M.D., D.P.H., F.R.C.P.E. Second Edition. (H. K. Lewis & Co., Ltd.) Pp. ix + 296. Price 10s.

This book contains a very adequate description of the routine examination of the chest in cases of chronic lung disease. The author is obviously a master of his subject, and the elicitation and

interpretation of the physical signs which may be encountered in the chest is discussed in detail. The title is, however, to some extent misleading, as by far the greatest part of the discussion is limited to chronic pulmonary tuberculosis, and many other important conditions are hardly even mentioned. In the next edition the author might be well advised either to enlarge the scope of the book, or to alter the title so as to render it more in keeping with the contents. The section on radiological appearances is well written and intelligible, even to those who are not well acquainted with the technicalities of this highly specialized subject.

The book should be of great value to that large body of students who can determine the presence of abnormal physical signs, but who are often at a loss correctly to interpret their significance; it is also a useful volume for reference. The author's habit of employing the word "spit" as a substantive, albeit sanctioned by the dictionary, is one which should not be imitated.

ROBERT AND CLIVE: THE STORY OF A SURGEON. By CLAIR COPE. (London: John Dale, Sons & Danielsson, Ltd., 1931.) Price 6s. net.

In this very readable book Clair Cope gives us a collection of sketches woven round the attractive personality of Dr. Willowby, and embodying incidents which represent, as he points out in his foreword, "the common experience of most of us who deal in 'suffering.'" These stories are told with vivid directness and sincerity; we see in them human nature at its best and at its worst, but the author is happiest when he can describe for us men and women facing disaster or disappointment with self-sacrifice and a high courage. One feels with the author that the world will be the poorer if the family doctor, with his unique opportunities for healing mind as well as body, gives place entirely to the specialist and State clinic; there is an uncomfortable feeling that "you will deal with cases rather than men, that eventually suffering will become pigeon-holed, a matter of red tape and official forms." It is not surprising that an author of such wide humanity as Clair Cope should deal rather fully with this problem of physical suffering, and while admitting the diagnostic and preventive value of pain, he evaluates it finally as something of the spirit: "surely sympathy, pity, tenderness, gratitude, charity," he says—"all the God-like qualities in man owe their birth to the presence of suffering." No one buying this book can fail to enjoy these interesting sidelights on a doctor's life, illustrating as they do its scope and infinite variety.

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By DAVID LEES, D.S.O., M.B., D.P.H., F.R.C.S., M.R.C.P. (Edin.). Second Edition. (Edinburgh: E. & S. Livingstone.) Pp. xx + 634. 87 illustrations. 8 coloured plates. Price 15s.

We welcome this second edition of Dr. Lees' well-known text-book, which was hailed on its first appearance as the best book on this subject in the English language. This edition preserves the main characteristics of the last, and a chapter on cardio-vascular syphilis has been added. No attempt is made to make this a reference book. The pathology of syphilis has been merely outlined, and the student will have to refer elsewhere for the details of the symptoms of the various forms of neuro-syphilis. The text is furnished with copious illustrations, and an excellent pharmacopœia is added as an appendix. Treatment is given in great detail, four pages being devoted to the technique of intravenous injections. Intra-muscular injections require as much care and skill as intravenous injections in order to avoid pain, discomfort and the formation of fibrous nodules afterwards, as any patient in a syphilitic clinic will testify. Accordingly we find it described in full detail. Careful investigation and preparation of every patient before arsenic is injected are insisted upon, to avoid unpleasant reactions. No account is given, however, of the Abelin reaction and the relation of the urinary excretion of the arseno-benzene drugs to their therapeutic effect and their toxicity.

The abortive treatment of gonorrhœa is well described, and its exact scope and its risks are carefully set out. Peart's operation of vasostomy is not included as an abortive measure. We cannot agree that douches should never be given in cases of gonorrhœa during pregnancy. Apart from this point, the teaching contained in this book agrees everywhere with that given at this Hospital.

We should like a brief introductory chapter on the history of venereal diseases and also a bibliography to be added to some future edition. The success of this book is assured.

CORRESPONDENCE.

THE FINAL F.R.C.S. COURSE.

DEAR MR. EDITOR.—The Special Course of Instruction for the Final F.R.C.S. held at Bart.'s is so popular that a very large number of applications are always received. We are naturally desirous of giving preference to our own men, but they are always very late in applying.

I should like to take this opportunity of bringing the need for early application before intending candidates, so that disappointment may be avoided.

Yours sincerely,

J. B. HUME,

The Medical College, St. Bartholomew's Hospital; Sub-Dean of the Medical College. July 29th, 1931.

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

ADRIAN, E. D., M.A., M.D., F.R.C.P. "Potential Changes in the Isolated Nervous System of Dytiscus Marginalis." *Journal of Physiology*, June, 1931.

— (and BUYTENDIJK, F. J. J.). "Potential Changes in the Isolated Brain Stem of the Goldfish." *Journal of Physiology*, February, 1931.

ANDERSON, D. DRYSDALE, M.R.C.S., L.R.C.P., D.P.H., D.T.M.&H. "Notes on Mosquito-Borne Diseases in Southern Nigeria: A Statistical Study in Anopheles Breeding Places." *Journal of Tropical Medicine and Hygiene*, May 15th, 1931.

BETT, W. R., M.R.C.S., L.R.C.P. "Some Pediatric Eponyms. III. Koplik's Spots." *British Journal of Diseases of the Young*, April-June, 1931.

CLARK, A. J., M.C., M.D., F.R.C.P., D.P.H. (and WHITE, A. C.). "The Oxygen Consumption of the Auricles of the Frog and of the Tortoise." *Journal of Physiology*, January, 1930.

—"Action of Ionic Changes on the Oxygen Consumption of the Frog's Auricle." *Journal of Physiology*, January, 1930.

DALY, I. DE BURGH, M.A., M.D. "The Resistance of the Pulmonary Vascular Bed." *Journal of Physiology*, April, 1930.

DUNHILL, T. P., C.M.G., M.D., Ch.B. "Carcinoma of the Thyroid Gland." *British Journal of Surgery*, July, 1931.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Some Common Fractures of the Upper Extremity." *Practitioner*, July, 1931.

GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "The Ætiology of Rectal Tumours in Relation to Treatment." *Practitioner*, May, 1931.

GROVES, ERNEST W. HEY, M.D., F.R.C.S. "The Treatment of Open Fractures." *Practitioner*, July, 1931.

—"An Address on Stature and Pose: The Problem of Unequal Legs." *British Medical Journal*, July 4th, 1931.

HEALD C. B., C.B.E., M.D., M.R.C.P. *Injuries and Sports: A General Guide for the Practitioner*. London: Oxford University Press, 1931.

—"Sports Injuries and their Treatment." *Practitioner*, July, 1931.

HIGGS, S. L., F.R.C.S. "The Treatment of Fractures of the Femur." *Practitioner*, July, 1931.

LLOYD, W. ERNEST, M.D., M.R.C.P. (W. CECIL BOSANQUET, D.M., F.R.C.P., and W. E. L.). "A Malignant Tumour of the Thyms Gland." *Lancet*, July 4th, 1931.

OGDEN, W., M.R.C.S., D.P.M. (and PARTNER, F.). "The Meinicke Classification Reaction for Syphilis in Mental Hospital Practice." *Lancet*, July 18th, 1931.

OKELL, C. C., M.C., M.B., B.Ch., M.R.C.P., D.T.M.&H. "Experiments with Yellow Fever Vaccine in Monkeys." *Transactions of the Royal Society of Tropical Medicine and Hygiene*, August, 1930.

—"Preparation and Standardization of Tuberculin." *System of Bacteriology in Relation to Medicine*, vol. V, 1930.

- PAYNE, REGINALD T., F.R.C.S. "Sialography: Its Technique and Applications." *British Journal of Surgery*, July, 1931.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. V. Lithotripsy: The Case of the Emperor Napoleon III." *British Journal of Surgery*, July, 1931.
- RAMSAV, JEFFREY, M.D., M.R.C.P. "The Hamogram or Blood-Chart in Diagnosis and Prognosis." *Clinical Journal*, July 15th, 1931.
- RAWLING, C. BATHE, F.R.C.S. "A Contribution to the Surgery of the Pituitary Region: An Account of Four Cases of 'Pituitary Tumour' Treated by Radon Seeds." *British Journal of Surgery*, July, 1931.
- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "A Report on the Spinous Processes of the Cervical Vertebrae in the Native Races of South Africa." *Journal of Anatomy*, July, 1931.
- VERNEY, E. B., F.R.C.P., and WINTON, F.R., M.D. "The Action of Caffeine on the Isolated Kidney of the Dog." *Journal of Physiology*, April, 1930.
- A. J. CANNY, F. B. V., and F. R. WINTON. "The Double Heart-Lung-Kidney Preparation." *Journal of Physiology*, January, 1930.
- WEDDELL, J. M., F.R.C.S., R.A.M.C. "Amputations and Stumps." *Journal of the Royal Army Medical Corps*, July, 1931.
- WEST, RANVARD, M.D., M.R.C.P., D.P.H. "Pituitary Cyst: An Account of a Case with Tonic Fits Resembling Tetany." *Lancet*, July 11th, 1931.
- WILLOUGHBY, W. G., M.D., D.P.H. "Public Health—To-day and To-morrow." *British Medical Journal*, July 25th, 1931.
- WILSON, W. ETHERINGTON, F.R.C.S. "Renal Colic and Hamaturia Following Remicumbency." *British Medical Journal*, July 18th, 1931.
- WINTON, F. R., M.D. "The Influence of Increase of Ureter Pressure on the Isolated Mammalian Kidney." *Journal of Physiology*, April, 1931.
- "The Influence of Venous Pressure on the Isolated Mammalian Kidney." *Journal of Physiology*, June, 1931.
- See also VERNEY and WINTON.

CHANGES OF ADDRESS.

- DAVIS, C. N., Dor Nap, Broadway, Worcestershire.
- GAISFORD, W. F., The Alder Hey Children's Hospital, Liverpool.
- HANGCOCK, P. E. I., 47, Queen Anne Street, W. I. (Tel. Welbeck 1035.)
- JOHNSTON, J. H., 24, Park Crescent, W. 1. (Tel. Welbeck 6766.)
- PERKINS, R. J., 33, Harley Street, W. 1. (Tel. Langham 3333.)
- PHILLIPS, R. F., 49, Harley Street, W. I. (Tel. Langham 3476.)
- SEDDON, H. J., Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, Middlesex. (Tel. Stanmore 30.)
- SOAMES, R. M., Trentham House, Emsworth, Hants. (Tel. 201.)

APPOINTMENT.

- SEDDON, H. J., F.R.C.S., appointed Resident Surgeon, Country Branch, Royal National Orthopaedic Hospital, Stanmore, Middlesex.

BIRTHS.

- ATKIN.—On July 7th, 1931, to Anita, wife of Dr. C. S. Atkin, The Glen, Sheffield—a daughter.
- CULLINAN.—On July 17th, 1931, to Joy, wife of Dr. E. R. Cullinan—a son.
- JORY.—On July 25th, 1931, to Daphne, wife of Norman Jory, of 116, Hornsey Lane, Highgate—a daughter.

- LANGFORD.—On June 29th, 1931, at Cambridge Villa, Chiswick, W. 4, to Margaret, wife of John C. C. Langford, M.R.C.S.—a son.
- ROBINSON.—On July 14th, 1931, at Millfield House, Diss, Norfolk, to Dr. and Mrs. Victor Penrose Robinson—a son.
- TAIT.—On June 28th, 1931, to Joan (née Alford), wife of Dr. Greville Tait, Handcross, Sussex—a daughter.

MARRIAGES.

- ELLIOTT—HARE.—On June 22nd, 1931, at Holy Trinity, Sloane Street, Harold Manley Elliott, Sudan Medical Service, son of Paymaster-Rear-Admiral and Mrs. H. M. C. Elliott, of Sevenoaks, to Doreen (Tommy) Hare, daughter of Dr. and Mrs. H. Mather Hare, Nassau, Bahamas.
- FORMBY—ESSEX.—On June 6th, 1931, at Christ Church, Lancaster Gate, Myles L. Formby, F.R.C.S., only son of Mr. and Mrs. Arthur Formby, of Adelaide, Australia, to Dorothy Hussey, only child of the late Charles Birtill Essex and Mrs. Randles, of Natal.
- HARDY—MANSFIELD.—On June 25th, 1931, at St. Michael's Church, Bournemouth, by the Rev. Canon Moor, R.D., Edward William Dacre Hardy, M.C., M.R.C.S., L.R.C.P., to Dorothy Margaret, eldest daughter of Mr. and Mrs. Merton John Mansfield, of 7, Vernon Terrace, Brighton.
- PENTREATH—HALL.—On July 4th, 1931, at Holmer Church, by the Rev. R. H. Moss (cousin of the bride), assisted by the Rev. W. B. Glennie, Dr. Edward Uther Haldane, elder son of Dr. and Mrs. C. H. R. Pentreath, Kenya, to Alice Marjorie, elder daughter of Mr. and Mrs. R. H. Hall, Holmer Grange, Hereford.
- SHAW—GRICE.—On June 30th, 1931, at St. Peter's, Caversham, Wilfred Shaw, M.D.(Cantab.), F.R.C.S., L.R.C.P., to Frances Anne, third daughter of Mr. and Mrs. Grice, of Caversham, Oxon.

SILVER WEDDING.

- DRU DRURY—SIMS.—On July 17th, 1906, at the Church of St. George the Martyr, Holborn, by the Rev. E. C. Bedford, M.A., Godfrey Dru Drury, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of Corfe Castle, Dorset, fourth son of Edward Dru Drury, F.R.I.B.A., of Blackheath, S.E., to Ethel Blanche, fourth daughter of Professor Charles Sims, L.D.S., R.C.S.(Eng.), late of Edgbaston, Warwickshire.

DEATH.

- HAYDON.—On July 1st, 1931, Arthur George Haydon, M.D., of 14, Lancaster Gate Terrace, W. 2, aged 64.

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. XXXVIII.—No. 12.]

SEPTEMBER 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

- Tues., Sept. 1.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Fri., " 4.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
- Tues., " 8.—Dr. Gow and Mr. W. Girling Ball on duty.
- Fri., " 11.—Prof. Fraser and Prof. Gask on duty.
- Tues., " 15.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
- Fri., " 18.—Sir Thomas Horder and Sir C. Gordon Watson on duty.
- Sat., " 19.—Last day for receiving matter for the October issue of the Journal.
- Tues., " 22.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
- Fri., " 25.—Dr. Gow and Mr. W. Girling Ball on duty.
- Tues., " 29.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

THE article by "G.B." in the August issue of the JOURNAL on the "Medical Demi-monde" has provoked much discussion and some correspondence. The Editorial Staff has been attacked for sanctioning the publication of insults directed at distinguished living persons, and simultaneously praised for encouraging frank comment on what are admittedly disreputable modes of practice. The chief discussion centres round the problem of dichotomy, and especially of those situations which are the subject of a letter from Dr. Adolphe Abrahams, published on p. 243. Even to the mildest approaches of the general practitioner he recommends "an unqualified refusal." It would be interesting to know how prevalent such an attitude of refusal actually is.

"ARTIFICIAL LUNGS."

There is at present in the New Block a unique instrument, the only one of its kind in the country, known in picturesque American as "the aluminium lung," or more properly as the Drinker artificial respirator. Shipped from the States by Messrs. Siebe, Gormans & Co., it has been lent to St. Bartholomew's for trial.

The inventor, Dr. Philip Drinker, writing from the Harvard School of Public Health, reports that he has successfully treated cases of respiratory failure in poliomyelitis, severe carbon monoxide poisoning, morphine poisoning, alcoholic coma, one case of hiccoughs and one of drowning. In a smaller type of machine he had treated twenty-five cases of *asphyxia neonatorum*. The principle of the respirator is to keep the patient's body in an air-tight cell, his head projecting through a special rubber collar. When air is exhausted from the cell the thorax expands. The depth and rate of breathing, and the temperature of the cell can be simply and accurately regulated. The machine works on the alternating current, and could be fitted up in any of the new operating theatres within five minutes.

Since its installation it has been used only once, and although in a hopeless case, ample evidence was provided of the efficacy and simplicity of action of the machine.

* * *

We have great pleasure in publishing the following letter:

ST. BARTHOLOMEW'S HOSPITAL,
SMITHFIELD, E.C. 1.

DEAR SIR,—I feel that it is of interest to know that Very Rev. W. Garfield Hodder Williams, D.D., M.B., B.S., M.R.C.S., L.R.C.P., has been promoted from the Deanery of Llandaff to that of Manchester, vacant by the translation of Very Rev. Hewlett Johnson, M.D.,

B.Sc., D.D., to Canterbury. As Dean Williams is an Old Bart.'s man, I think this news of promotion should prove to be of interest. Dean Williams has taken a prominent part in several religious spheres, and I am sure Bart.'s is proud of this distinguished son of hers. As this promotion was not recorded in the Bart.'s July JOURNAL I hope it may be included in a future issue. Medical ecclesiastical deans are somewhat rare.

I am,

Yrs. very sincerely,
J. B. GURNEY SMITH.

3rd Aug., 1931.

We take this opportunity of reminding subscribers that we rely for information concerning the activities of those old Bart.'s men, who are no longer directly connected with the Hospital, on communications from themselves or their friends.

CLASSES FOR HIGHER EXAMINATIONS IN MEDICINE.

We have been asked to announce that a course of classes for the M.D. and M.R.C.P. examinations will be held at the Hospital in November and December, beginning on November 2nd. A comprehensive programme has been arranged, and a time-table can be obtained from the College Office.

The Davos Medical Society has organized an interesting Tuberculosis Meeting to be held from October 5th-10th. Distinguished physicians and surgeons from all countries will take part in discussions on pulmonary and extra-pulmonary tuberculosis and on collapse therapy. The programme includes papers by Sir Henry Gauvain on "Modern Tendencies in the Treatment of Non-Pulmonary Tuberculosis," and by Dr. F. G. Chandler on "The Uses and Limitations of Diathermy in Thoracoscopic Technique."

SEVENTH DECENNIAL CLUB DINNER.

The 44th Annual Dinner of the St. Bartholomew's Seventh Decennial Club was held at the Trocadero Restaurant on July 1st under the chairmanship of J. Eliot Square, F.R.C.S., of Plymouth. Forty-four members dined. Among them were some of the Sixth Club, such as Dr. Kingston Barton, Dr. Walter S. A. Griffith, Dr. F. H. Carter and others. This Club, as a distinct entity, came to an end more than twenty years ago, the surviving members then becoming eligible for membership of the Seventh. The latter Club includes all St.

Bartholomew's men who joined the Hospital between 1875 and 1885 and subsequently qualified. Its Annual Dinner always takes place on the first Wednesday in July.

THE LANCET COMMISSION ON NURSING.

An interesting report has been issued by this Commission, whose object it is to inquire into the reasons for the present shortage of candidates for nursing in hospitals, and to suggest ways of making this service more attractive to the right type of woman. A *questionnaire* was sent to each of 1031 hospitals in the British Isles, and this report contains a summary of the answers received. A detailed account of the hospital nurse's life is given and the suggested reasons for the shortage are summarized.

To the reader it must seem strange that the shortage is not even more acute than it actually is, so arduous and full of sacrifice is the nurse's path; one feels that she must enter it in ignorance of its hardships, or else she must be filled with a sense of duty and ideals of self-sacrifice. No career offers longer hours, heavier responsibilities and smaller remuneration, less freedom and fewer social amenities. Rumours of the old bugbears, menial work, under-feeding and harsh treatment by seniors are discounted in the report as being no longer true at the present time. It is certainly clear that the conditions need drastic revision before they can become sufficiently attractive to draw a large enough number of applicants to the hospitals, in view of the many alternative careers open to women nowadays. Many remedies are suggested and as many objections made. Reports of the results of improvements made are conflicting. It is clear that something must be done. Less work and more pay for the fully-trained nurse seems a reasonable suggestion for a start. It may be true that higher pay attracts the wrong type of girl, and it would certainly be a pity if women took up nursing solely as a money-making profession. But the same remark applies equally to the medical profession, and the prospect of better pay will not exclude the right type of woman; moreover there is certain to be an admixture of the other type in any case.

The Warden requests us to state that the closing date for applications for House Appointments in November is 12 noon, Saturday, September 12th, 1931.

ANÆSTHESIA BEFORE THE MODERN PERIOD.

Part of a Paper read at a Meeting of the Osler Club.

HERE is good evidence that the ancients knew of efficient methods of deadening or abolishing the pain of surgical operations, yet the state of affairs just prior to the introduction of ether and chloroform may be brought home to us by Stephen Paget's description of incidents of life in the Warden's House when his mother came there as a bride in 1844. He wrote: "My mother's music, and her gentleness, helped to make the little house the centre of the circle of hospital life: it was moreover a house of call for all his (Paget's) people, and they brought all their troubles there. . . . She suffered, and remembered it all her life, hearing the cries from the operating-theatre a few yards off, in the years before anaesthetics—remembered him coming back and saying that she looked worse than the patient—and she always used to wonder that a day had not been set apart for national thanksgiving for the discovery of anaesthesia."

Surely anybody, and especially anybody who may be called upon to operate, must agree heartily with that gentle lady. And if any there be who lacks that due sense of sympathy and compassion, it were well for him to have the misfortune to play the most important instead of the second rôle in an operation—thus may he learn by experience how the ordeal can be faced only by virtue of the boon of anaesthesia.

When one considers the variety and the ingenuity of the present-day methods of inducing anaesthesia—the great number of anaesthetic agents, added to year by year; their administration not only by inhalation, but also by absorption from the alimentary canal, and by injection into the veins, the spinal theca or the peripheral nerves—one feels that it is unlikely that anaesthesia in some form or other should appear now for the first time in human history. It is unnecessary to search very far or very deep before finding accounts of the use of anaesthetic drugs in olden times; but the question which rises at once in our minds is why the methods fell into disuse and were forgotten, so that for at least 200 years before what may be called the modern period of anaesthesia (since 1846), operations were performed with no anaesthetic, or practically no anaesthetic at all.

Every schoolboy knows the story of how Telemachus, searching for his father Odysseus, was hospitably entertained by Menelaus and Helen; and how she, after hearing his sad story, "presently cast a drug into the

wine whereof they drank, a drug to lull all pain and anger, and bring forgetfulness of every sorrow. . . . Medicines of such virtue and so helpful had the daughter of Zeus, which Polydamna, the wife of Thon, a woman of Egypt, had given her. . . ." The Egyptians knew of opium and Cannabis Indica, and these may have been the drugs employed by Helen.

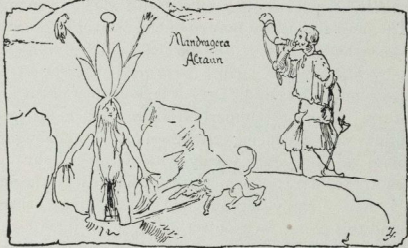
The ancient Scythians used to produce unconsciousness by inhaling the fumes given off by throwing Cannabis Indica upon heated stones. The Chinese physician Hao-tho used a preparation of the same drug, and the patient shortly became as insensible as if he had been drunk or deprived of life, and it became possible to make incisions and even to perform amputations painlessly. It is believed that during the Roman occupation of Palestine the Jewish women had the permission of the Sanhedrin to ease the sufferings of crucified malefactors by giving them a narcotic drug, probably Cannabis Indica, mixed with wine on a sponge.

The most frequently quoted of the ancient authorities on anaesthetic drugs is Dioscorides, and his works on botany and materia medica were held in great esteem till the end of the middle ages. He flourished in the first century. The most important ingredient in his prescriptions for producing anaesthesia was mandragora, a plant of the potato family with a thick fleshy and often forked root, which has been likened to the legs of a man. Many legends and superstitions centred around this plant, their object being, no doubt, to warn people of its dangerous properties. An evil demon was believed to dwell within it, and it grew with greater luxuriance beneath or near a gallows, for the flesh of felons hanged thereon afforded the demon the best kind of nourishment. That the plant (or demon) shrieked when it was uprooted is frequently referred to, the shrieks being so terrifying that if a man heard them he would lose his life, or at least his reason. To prevent this catastrophe it was recommended— "To gather ye mandragora, go forth at dead of nyght and take a dogge or other animal and tye hym wyth a corde unto ye plantc. Loose ye earth round about ye roote, then leave hym, for in hys struggles to free hymself he will teare up ye roote, whych by its dreadful cryes wyl kyll ye animal." To drown the cries of the fatal herb a horn was sometimes blown by the gatherer.

Dioscorides gave full directions for preparing decoctions from the root or the bark of the root, and the Elder Pliny followed the teaching of Dioscorides, but found that the juice of the leaves was more powerful than preparations made from the root. Over and over again mandragora is mentioned in literature, from Origen to Shakespeare; and the plant has been pictured, as Prof. Gask pointed out in his *Veicary*

Lecture, in the tapestry and manuscripts of the Middle Ages. Reference to these various sources shows that the drug could be given by the mouth or *per rectum*, or it could be inhaled, and however it was administered the patient fell into a deep sleep so that no pain was felt.

Mandragora was sometimes used in combination with other drugs, the best-known instance of this being in the *spongia somnifera* which was widely used in the Middle Ages, and whose potency was proved again less than a hundred years ago. Theodoric, Bishop of Cervia in the latter part of the thirteenth century, who believed in the dry treatment of wounds although at that time it was thought that suppuration should be encouraged in order to promote healing, left the following directions for preparing the soporific sponge: "Take of opium, of the juice of the unripe mulberry, of hyoscyamus, of



By permission of Burroughs Wellcome & Co.
(The Wellcome Foundation, Ltd.)

GATHERING MANDRAGORA.
(From *Anæsthetics Ancient and Modern*.)

the juice of hemlock, of the juice of the leaves of mandragora, of the juice of the wood ivy, of the juice of the forest mulberry, of the seeds of lettuce, of the seeds of the dock which has large round apples, and of the water hemlock each an ounce; mix all these in a brazen vessel, and then place in it a new sponge; let the whole boil, as long as the sun lasts on the dog days, until the sponge consumes it all, and it is boiled away in it. As oft as there shall be need of it, place this sponge in hot water for an hour, and let it be applied to the nostrils of him who is to be operated on, until he has fallen asleep; and so let the surgery be performed. This being finished, in order to awaken him, apply another sponge, dipped in vinegar, frequently to the nose, or throw the juice of the root of fenugreek into the nostrils; shortly he awakes."

We have evidence that mandragora was in more or less general use as an anæsthetic as late as the sixteenth century. About the end of this century, however, the belief in it and in other narcotic substances seems to

have died out rather suddenly. Ambroise Paré speaks of the *spongia somnifera* as "used formerly" by operators. Sir D'Arcy Power in a recent paper described the preparation by diet (or starvation), bloodletting, glysters and purges prescribed by the sixteenth century surgeons before the operation of cutting for the stone; and Sir James Paget, in a lecture to the Abernethian Society in 1885, mentioned that these methods were still in use when he was appointed to the Staff, and explained that they were designed to lower the vitality of the patient so that he might faint during the operation, so becoming unconscious and offering no resistance to the procedure. In this connection it is interesting to note how long this practice of rigorous "preparation" outlived its usefulness, and how recently we have learnt to feed rather than starve patients before operation.

Why were the old anæsthetic drugs dropped and these very inadequate methods substituted?

One suggestion might be that their action was uncertain and that their potency had been grossly exaggerated. This is probably not the correct explanation, because in 1874 a report on the toxicological action of atropa mandragora was published by Sir Benjamin Ward Richardson, in which it was stated that he was able to confirm all the ancient observations; and in 1847 a remarkable communication was made by a Dr. Dauriol, of Toulouse, who had operated upon five patients, anæsthetizing them successfully by means of the soporific sponge.

The second explanation to be considered is that even though these drugs may have been efficient narcotics, they were, as usually prepared, too dangerous to use for surgical anæsthesia—they would not have been standardized. According to Gurlt, the most renowned surgeons of the sixteenth century regarded the methods used for producing anæsthesia as too dangerous, so that they contented themselves with lowering the local sensitivity by firmly compressing the limb above the site of amputation.

But there is another explanation which has to be considered to account for the neglect of these drugs which were associated with the name of Dioscorides. Singer is most bitter about the "scientifically inconsiderable" yet universally accepted and revered writings of Dioscorides. He writes: "He begins at the wrong end, either giving lists of drugs with the symptoms that they are said to cure or to relieve, or lists of symptoms with a series of named drugs. Clinical observation and record are wholly absent, and the spirit of Hippocrates has departed from this elaborate pharmacopœia." Poor Dioscorides! It is easy to criticize his methods from our scientific vantage ground. Let us hope he was as successful in practice in his day as his followers often

are in ours; for many a patient prefers the doctor whose motto is "Do good if you can—but do *zummat!*"

But when the revival of the Hippocratic tradition came with Sydenham and Boerhaave, Dioscorides the drug-monger and his works soon fell into disrepute and into oblivion; and it is probable that the extreme popularity of his works in the Middle Ages was in itself sufficient to damn everything connected with him when medicine began to revive after her long sleep.

Whatever the true cause may be, there followed a period of between 200 and 300 years when little or no attempt was made to produce surgical anæsthesia, and shortly before ether was introduced some of the best-known surgeons of the time expressed the opinion that relief of pain would never be attainable.

It is interesting to look back upon a discovery and to try to determine how it came about. Some pay tribute to a particular man; some stress the advances in kindred sciences which have made the discovery apparently inevitable. There is no doubt that the series of discoveries in chemistry which took place towards the end of the eighteenth century paved the way for modern anæsthesia, though it must be admitted that surgeons were slow to see the importance of the properties of the bodies described by the chemists. It may be mentioned here that advances in surgery did not demand the discovery of anæsthesia. Lister when a student at University College studying for the B.A. degree, and before he had adopted the profession of medicine, is said to have been present at the first major operation performed under anæsthesia in London, when Mr. Squire, the chemist of Oxford Street, went to administer ether while Liston performed an amputation through the thigh. The debt of surgery to anæsthesia is immense, for anæsthesia has made possible many delicate operations which could not be undertaken on a conscious, struggling patient; and has made possible also what we are taught to call the ritual of a surgical operation, or, in the words of Sir Clifford Allbutt, "the fiddle-faddle of antiseptic precautions."

One thing is essential before advance can be made, and that is a feeling of dissatisfaction with the conditions existing prior to the introduction of any new method, and a desire to try out any reasonable alternative offered as an improvement on the old. Had mandragora and the soporific sponge not died out when they did, it might have been more difficult to convince the world of the virtues of ether, chloroform and nitrous oxide. So that one may say in conclusion, borrowing a term from the latest of the text-books of English history, that this interval when there were no anæsthetics, though difficult to understand and explain, may have been in reality a Good Thing.

J. PATERSON ROSS.

VOLVULUS OF THE CÆCUM, WITH THE REPORT OF A CASE.

THE chief justification for presenting a recent case of volvulus of the cæcum is to be found in the rarity of the condition, and the absence of a complete account in standard text books. It is therefore proposed to give a summary of the literature on the subject, followed by the report of a case, showing in what respects this differs from the usual type.

In 1905, Sargent and Corner, writing in the *Annals of Surgery*, gave an analysis of 57 cases, including their own, in which they postulated the occurrence of acute and chronic forms.

In 1914 Bundschuh gave the number of published cases as 110, and Podlaha in 1926 was able to collect only 168 cases from the literature. H. Mondor (1), writing in 1930, gives the total number of published French cases as 30. These figures will speak for themselves.

Volvulus of the cæcum is classified according to the involvement of—

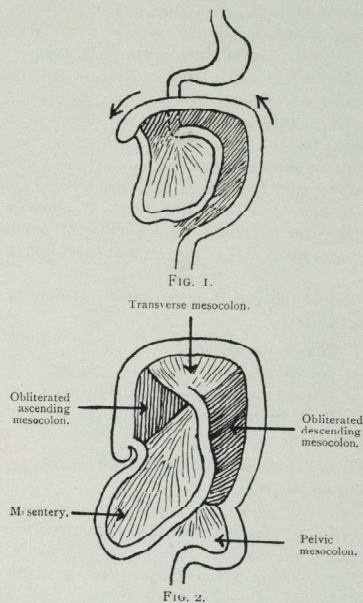
1. The cæcum alone.
2. The cæcum and the ascending colon.
3. The cæcum and the terminal ileum.
4. The cæcum, the ascending colon and the terminal ileum.

Of these the common variety involves cæcum and ascending colon.

The essential factor in the production of this condition being an abnormal and congenital persistence of the ascending mesocolon, it is as well to commence with a brief review of the development of this structure.

It will be remembered that the midgut, from which the greater portion of the small and large bowel is developed, forms at first a loop with the convexity directed towards the umbilicus. Into the concavity of this loop passes the simple dorsal mesentery, with the superior mesenteric artery. The cæcum next appears as an outgrowth from the canal slightly distal to the vitelline duct, and differentiation of small and large bowel begins to be evident. At the same time increase in length of the loop, with approximation of its ends, forms a narrow neck to the mesentery. It is around the narrow neck that subsequent rotation of the loop takes place, the superior mesenteric artery forming the axis. The beginning of the large intestine, with its mesentery, is carried to the right across the duodenum, so that the original left side of the mesocolon now faces to the right, and that part of the mesentery which passes to the small intestine is continuous on the right with

the ascending mesocolon (Fig. 1). Normally the ascending mesocolon is obliterated owing to adherence of its back portion to the posterior abdominal wall (Fig. 2). Should this fail to occur, the small intestine and proximal portion of the colon remain mobile, and the primitive, narrow neck of the mesentery, in the region of the superior mesenteric artery, forms an axis around which they may rotate to produce a volvulus.



It will be seen, therefore, that the amount of bowel involved corresponds to the degree of deficiency of the mesenteric attachment, and further, that the point at which torsion occurs will vary with this also. The following anatomical varieties are recognized:

1. A very short attachment of the mesentery of the small intestine to the posterior abdominal wall. The cæcum, ascending colon and portion of the transverse colon being free with their mesentery, rotation occurs around the fixed point of the superior mesentery artery.

2. A longer, but still abnormally short, attachment of the root of the mesentery, with partial adherence of the ascending mesocolon, rotation taking place at two fixed points:

- The lower end of the mesenteric attachment.
- The point at which the colon becomes bound down.

3. Rotation of the cæcum upon its long axis as occurs in pelvic cases.

As well as this all important anatomical factor, certain authors draw attention to the following points as leading to distension of the cæcum, thus favouring the producing of volvulus. Mondor regards the presence of a transverse peritoneal band crossing the bowel in the region of the hepatic flexure as a possible contributory cause. This can, however, be demonstrated in approximately 20% of people, and being itself the result of slight embryological defect, the two conditions are most probably associated developmentally and not as cause and effect.

The copious and fomentable diet of green food devoured in times of famine is held to account for the greater incidence of the condition in Russia and Scandinavian countries.

The direction in which rotation occurs is generally stated as being clockwise, *i. e.* from the patient's right to left, and the degree of rotation is more limited than in the case of the sigmoid, Carson stating (*Modern Operative Surgery*) that it rarely exceeds a quarter turn, although the difficulty of undoing the twist is greater than in the pelvic colon. The position in which the distended coils are found is of importance in relation to diagnosis, and here the analysis of Sargent and Corner (2) may be quoted: Left hypochondrium, 13; left lumbar, 6; epigastrium, 4; pelvis, 4; umbilical, 2; right hypochondrium, 1; right lumbar, 1; left iliac, 1.

From this it will be seen that the most common variety is for the bowel to pass upwards and to the left behind the root of the mesentery, and lie either in the region of the spleen or left kidney or else to fall into the true pelvis.

THE CLINICAL PICTURE.

The condition is frequently one of early adult life, occurring, according to Jacobsen, in 40% of cases between the ages of 17 and 30, whilst Sargent's analysis states the figure as being 50% of cases between the years of 20 and 40. It is four times more frequent in men than women (1), although abnormal mobility of the cæcum, associated with visceroptosis, is far more frequently found in women.

Two types may be recognized clinically—the chronic or prodromal and the acute. The incidence of *prodromal* symptoms is stated by Penher to be 1 in 10 of all cases. They consist of a notable degree of constipation, and attacks of subacute obstruction with typical colicky lower abdominal pain. This, the patients learn by experience, can be relieved by posture—most frequently the right lateral position being adopted, although the left lateral and prone positions are also mentioned.

Sargent and Corner, in their paper, suggested that the chronic might be the more common variety of the condition. Makins (3) quotes a case in which such symptoms were very well marked for eighteen months before the onset of an acute attack, whilst Hilton Fagge, in his paper on intestinal obstruction (4), quotes two such chronic cases. In passing, the frequency of similar antecedents in the case of volvulus of the pelvic colon may be mentioned.

The *acute* attacks are quite characteristic. *Pain* is the first symptom, violent and acute, hardly ever situated in the right iliac fossa, being almost always periumbilical (with pain in the right iliac fossa the diagnosis of acute appendicitis has usually been made). This may pass off quite soon, to return as a vague, diffuse pain, continuous in character, with colicky exacerbations, during which the patient may throw himself about, or seek relief by adopting certain postures. Some attention has been paid to this point, as the pain is above all that of obstruction and not of inflammation.

Vomiting occurs early, frequently repeated and copious, soon becoming bile-stained—although Faltin states that it is absent in 10% of cases.

Complete obstruction to faeces and gas is found in almost all cases; exceptionally gas is passed, and there may be even diarrhoea. In the case to be quoted the bowels were opened twice after the onset—a fact which may be explained by the length of intestine present below the constriction.

The *physical signs* are those of intestinal obstruction in general, although attention may be directed to certain points. The general condition is good, the pulse not markedly raised. The *distension* at first is usually localized to the position of the affected gut, forming most commonly a globular swelling; but later it becomes generalized, this extension occurring earlier and more constantly in volvulus of the cæcum than in volvulus of the pelvic colon. When, as in our case, the mass is situated in the pelvis, distension is not easily noticeable, and in other cases is never extreme.

Visible peristalsis is seen in 5% of cases only. *Per-cussion* yields a tympanic note in the region of the swelling. To judge from the number of cases in which free fluid is found at operation, shifting dullness should be frequently demonstrated. It is, however, extremely rarely recorded.

Palpation is usually painful in the right iliac fossa and rigidity may also be present. The mass itself has a variable resistance, sometimes soft, sometimes firm.

Auscultation reveals the fact that peristaltic sounds are still present.

Rectal examination seldom permits of palpation of the mass. In performing the two-enema test, the amount

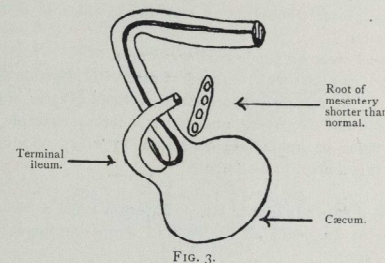
of fluid which can be introduced without rejection points to the height of the obstruction.

The further course of the condition is as follows: About the third day all symptoms abate, and the atonic phase is reached with less pain, generalized distension and absence of peristalsis. Then comes the end, with faecal vomiting shortly preceding collapse. More rapid deaths have, however, been recorded, *viz.*, Sargent, 24 hours; Pyc-Smith, 12 hours. According to the former, the mortality rate in all cases was 66%, and of those operated on, 52.5%.

THE REPORT OF A CASE.

Our own case differs from this typical account in several particulars:

Frank N—, *at.* 18, was admitted to Percival Pott Ward under care of Surgical Unit, August 11th, 1931, complaining of abdominal pain.



History.—At 3 a.m. on the morning of admission he was awakened from sleep by abdominal pain, dull and aching in character, and situated across the umbilical region. Exacerbations of gripping pain occurred every 4 hours, the patient being able to obtain relief only in the sitting position, and being unable to straighten himself out. He vomited once at 7 a.m., a small amount of white frothy material. Bowels were opened twice in attempts to relieve the pain and with a small constipated result on each occasion.

12 mid-day: The pain shifted to the right iliac fossa. Between this time and admission he vomited six times a large amount of yellow-coloured material, not offensive.

Micturition.—Natural.

There was no previous history of abdominal pain, vomiting or constipation, and nothing relevant in the family history.

Condition on examination.—Temperature 98.4° F., pulse 62. General condition good; rolls about with the pain.

Abdomen.—Not distended. No visible peristalsis. No tenderness in the region of the gall-bladder or of the right or left kidneys. Tenderness in right iliac fossa with variable resistance of the recti. No tumour palpable. Hernial orifices natural.

Digital examination per rectum.—Nothing abnormal.

Urine.—Natural.

Diagnosis.—? Appendicular colic. ? Intestinal obstruction.

Operation.—A muscle-splitting incision was made over the right iliac fossa. Examination of this region failed to reveal the caecum. The incision was enlarged, and the transverse colon defined and traced downwards. The ascending colon was found to pass downwards and to the left posterior to coils of small intestine, terminating in the caecum, which was pelvic in position and so grossly distended that it completely filled the true pelvis. Examination showed that the

ascending colon, the caecum and terminal ileum were rotated in an anti-clockwise direction on two fixed points—(1) the hepatic flexure, (2) the root of the mesentery. The caecum was also inverted and rotated on its own long axis, being constricted by this twist and the root of the mesentery (Fig. 3). The caecum was delivered into the wound and untwisted, the gut then being seen to be viable. Puncture was performed and an inverted cone caecostomy formed, a rubber tube being sewn in to prevent subsequent distension. It was felt that this measure, by encouraging adhesions, would tend to diminish the risk of recurrence.

Subsequently the patient made an uneventful recovery.

This case presents the following features:

The sex and age of the patient are those most usually found.

The absence of distension and of any palpable mass were due to the pelvic position of the distended gut.

The direction of rotation was unusual, being anti-clockwise.

The maximum amount of bowel was involved in this volvulus.

The greatest constriction was due to the root of the mesentery.

There were no prodromal symptoms.

The diagnosis was confused at first with appendicular colic; but the early operation performed greatly aided the patient's recovery, and is yet another example of the value of immediate operation on every abdomen which is known to be "acute."

My thanks are due to Mr. J. Paterson Ross, Assistant Director, Surgical Unit, for his kind permission to publish this case.

REFERENCES.


- (1) MONDOR, H.—*Diagnostics Urgens: Abdomen*. Paris, 1930, 516-522.
- (2) SARGENT and CORNER.—*Annals of Surgery*, 1905, xli. 63.
- (3) *Lancet*, 1904, i. 156.
- (4) *Guy's Hospital Reports*, xiv.

G. C. KNIGHT.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Bulletin of the School of Medicine (University of Maryland)—The Clinical Journal—L'Echo Médical du Nord—Les Echos de la Médecine—The Epsomian—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—Medical Times and Long Island Medical Journal—The Nursing Times—St. Mary's Hospital Gazette—Sydney University Medical Journal.

A NOTE ON BRITTLE BONES, BLUE SCLEROTICS, AND DEAFNESS.

 THE condition of "brittle bones" was first recognized by Ekmann in 1788, and described by Lobstein in 1833 under the title of "idiopathic osteopathy." This disease consists of an increased liability to fractures, for which no cause is discoverable, and occurs in childhood, and sometimes in adult life. This condition is sometimes hereditary, and is transmitted slightly more frequently through the male than female (1).

A few years later a congenital type of bone fragility was named by Vrolik "osteogenesis imperfecta." The child is born with imperfectly ossified cranium and multiple fractures of the long bones and ribs, sometimes numbering as many as a hundred or more. The long bones are short and thick, with many swellings on the shaft due to excessive periosteal callus formation at the site of the fractures. The condition is usually neither hereditary nor familial. The child is often stillborn.

In 1896 Spurway described a third type of "fragility," always hereditary and associated with blue sclerotics. The condition is mainly transmitted through the female line. To this syndrome was added the symptom of deafness, the triad—blue sclerotics, brittle bones and deafness—being simultaneously described by Bronson (2) and van der Hoeve and de Kleijn in 1917. Two cases of this condition have recently been under investigation in this Hospital and the notes of one of these are appended.

The blue sclera is the "dominant" of the triad. Any person having blue sclera is capable of transmitting the complete syndrome, while any member of an affected family who has normal coloured sclerotics loses all tendency to abnormal fragility of the bones both in himself and in his offspring. The cause of the blueness of the sclera is unknown, but is believed to be due to an abnormal transparency allowing the pigment of the choroid to be seen.

The bone fragility usually shows itself during the first few years of life, and there is a tendency for the condition to improve about the age of puberty. The X-rays of the bones usually show thinning and irregularity of the cortex, sometimes increase in width of the medullary canal and coarseness of trabeculation of the spongiosa. Only one account of the histology of the condition is available. Key (3), in reporting on a piece of bone removed at operation, states that the cortex was hard, brittle and porous. Bone formation appeared normal except for irregularity of the lamellae,

and the presence of wide canals and lacunae containing vascular connective tissue. He also found that the subcutaneous connective tissue was friable and that the tendo Achillis was thin and pink in colour. He believes that the whole condition is due to an "inferiority of the mesenchyme."

The deafness occurs in certain families after the age of twenty, and is due to an otosclerosis, X-rays showing excessive calcification in the region of the labyrinth, the condition being recognized clinically by bone-conduction becoming better than air-conduction and by diminished perception of low tones.

If an affected person marries a healthy individual about 60% of their offspring are likely to inherit the blue sclerotics and of these about 60% will themselves suffer from brittle bones and probably about the same number from deafness, while 40% will have both conditions.

Other associated defects are liability to sprains and hypotonicity of the ligaments of the joints, abnormalities in the shape of the head and general shortness and slenderness of the long bones.

The blood calcium and phosphorus levels are usually normal, but the inorganic metabolism has not been satisfactorily determined on a case while in the active phase. The calcium and phosphorus balance between ingestion and excretion was found to be within the normal range by Hunter (4), and in a case, not yet reported, recently investigated in this Hospital.

E. S.—, a girl, *æt.* 8, has suffered from six fractures due to insignificant traumata. At the age of 21 months she fell and "fractured" the bones in the region of the right ankle. At the age of 2½ she fell, knocking her left leg against a chair, and sustained another fracture, which she re-fractured a year later. She then broke her right ankle and at the age of 6 fractured her right humerus. Her most recent fracture occurred one year ago, when she broke her right forearm by knocking it against her uncle's. All the fractures have united speedily and have been unaccompanied by any severe pain.

Her "family tree" has been traced back for five generations, consisting of fifty-six members, and of these, thirty-six have blue sclerotics and twenty-nine suffered from fractures. All these twenty-nine had blue sclera. Five are known to be deaf, and four of these, who have been examined, were found to be suffering from otosclerosis. All the affected members of the family are small in stature.

F. S.— is a small, frail child, looking about six years old. Her head is large, with bulging in the temporal region, which causes her ears to face somewhat forward. The sclera are markedly blue. The teeth are well formed. The skeletal system shows no abnormality on clinical

examination, except for slenderness of the long bones and some thickening at the site of fracture of the right ulna. The chest and abdomen are natural. X-rays show some lack of density, and widened trabecular spaces in the long bones and sclerosis in the region of the ear. A differential white count shows a slight lymphocytosis. The patient was admitted to the Hospital for investigation of her calcium and phosphorus metabolism and for trial of dietetic treatment and organotherapy.


I am greatly indebted to Mr. Rupert Scott for putting me in touch with this family, to Prof. Fraser and Dr. Hilton and Dr. Allott for facilities for investigation, and to Mr. Sydney Scott for examining the members of the family who suffered from deafness.

REFERENCES.

- (1) BELL, JULIA.—*Treasury of Human Inheritance*, Eugenics Lab. Mem., xxiv. Cambridge, 1928, vol. ii, pt. 3.
- (2) BRONSON.—*Edin. Med. J.*, 1917, xviii. 240.
- (3) KEY.—*Arch. Surg.*, 1926, xiii. 523.
- (4) HUNTER.—*Lancet*, 1921, i. 9.
- (5) KNAGGS.—*Brit. J. Surg.*, 1923-4, xi. 737.
- (6) STODIE.—*Quart. J. Med.*, 1923-4, xvii. 274.

G. D. KERSLEY.

ABERNETHY'S LETTERS TO GEORGE KERR. 1814-1822.

S medical men we can never hope to see Abernethy as his contemporaries saw him" said Sir Arthur Keith in his commemorative address* in April of this year. By the irony of circumstance the publicity given to Sir Arthur's address enabled the Library to acquire a series of letters written between 1814 and 1822 by Abernethy, which shed such light on himself, on his opinion of himself, and on contemporary medicine as to render the publication at least of extracts imperative. The mutilating fingers proved unequal to their task, and the letters are published here in full.

In the year 1814 Abernethy received a communication from Aberdeen. His correspondent, George Kerr, an almost exact contemporary, was as famous in Aberdeen as Abernethy was in London, then in the twenty-eighth and last year of his assistant-surgeoncy. What the letter contained may be fairly presumed, partly from Abernethy's reply (I), more readily from what is known of Kerr.

* "Fresh Light on John Abernethy," *St. Bartholomew's Hospital Journal*, 1930, xxxviii. 151.

George Kerr was born in Glenbervie in the seventeen hundred and sixties. Educated at the Grammar School and the University of Aberdeen, he took his medical degree (probably) at the Marischal College. A profound classical scholar with a unique knowledge of the ancient Greek surgeons, he spoke several modern languages, and was besides a superb violinist, able to hold a company enthralled by his execution of his own compositions. He practised surgery with great success among the upper classes of Aberdeen, and died in 1829. His published writings include *Medical Sketches on . . . the Use of Hellebore . . . of Colchicum . . . and Observations on the Sudden Death of Women in Childbed* (London: J. Callow, 1818); *A Brief Memoir Concerning the Typhus Fever . . .* (Aberdeen: J. Booth, jun., 1820); and *Observations on the Harveian Doctrine of the Circulation of the Blood* (London: Longman, et al., 1816), of which more hereafter. He appears to have been something of a "character," and it is a tradition in his family that he lived harmoniously with his wife for twenty years and was never known to have spoken to her. He had no children.

Another of his peculiarities was responsible for his correspondence with Abernethy. When he read in the medical papers of a new or unusual operation, it was one of his diversions to write to the surgeon, pointing out that the same operation had been performed and described in Greece two thousand years before. So he must have addressed Abernethy concerning his method of ligaturing arteries in cases of aneurysm. The moderate tone of the reply from a man already famous for brusqueness of manner must have surprised the cynical Scot, and may have tempted him to solicit Abernethy's opinion upon an essay in destructive criticism that he was writing against the Harveian doctrine of the circulation.

That even in 1816 serious doubt should be cast on the theory of the circulation is so surprising that Kerr's own nephew, himself a doctor, held that his uncle was merely displaying his classical knowledge by publishing the book. But an unprejudiced reader must be convinced that Kerr, with his deep reverence for the classics, sincerely detested the "scientific" attitude of Harvey. For Kerr, Harvey was not only the discoverer of the circulation; he was the head of the long line of writers and researchers who reduced man to a hydraulic machine; who held that blood is the vital principle because they had never discovered anything more divine in their dissections; who believed, in Kerr's picturesque idiom, "in a principle of intelligence, that may be purged, vomited, and sweated—dispersed by evacuations, and renewed by beef and pudding, turtle, port, and porter." Above all, whereas Harvey's work had provided no material improvement in medical

practice, it was responsible for the current disregard of the writings of the ancient physicians, ignorant of the circulation perhaps, but wise practitioners of the art of medicine. Erasistratus and Galen are made to refute Harvey, whose works they had not been privileged to study.

The effect of this essay upon Abernethy is interesting. It failed to shake his faith, though he allows that it might stimulate others to investigate. Classical allusions weigh little with him, and he summarizes his attitude to the ancients with the ingenuous comment, "I did once read Galen de Tumoribus." He produces objections and counter-objections to certain of Kerr's statements of fact, but finally ranges himself behind Harvey, and especially his "magnus Apollo, Mr. Hunter," and opposes faith to quotation. He advises against publication, in spite of which the book duly appeared in 1816, bearing a long dedication to him. A second edition was published in 1819.

The last six letters are mainly devoted to consultations upon cases, and show that Abernethy never ventured beyond his doctrine as laid down in *My Book*, first published in 1809.

In some of the letters he becomes autobiographical: he is a very idle fellow—his ignorance must be pitied—there is much that is too learned and above his comprehension—he wishes he had Kerr's learning and talent in writing, for then the public should hear more of him—and in this vein, when he dubs himself "a humble individual," we are almost prepared to believe him.

One sentence stands out: "I have endeavoured to know myself: & if I do, the chief Reputation I am ambitious of obtaining is that of Candour & of Honesty."

LETTERS

To George Kerr, Esq., Surgeon, Aberdeen.

I.

[24 May, 1814.]

DEAR SIR

I am much obliged to you for your Letter and the Information it contains. My Proposal for tying and dividing the Artery was made at a time when hæmorrhage was a frequent Occurrence in this Town, in Order to put the Vessel as much as possible into the same Circumstances as when it is tied on the face of the Stump after Amputation. I believe a single ligature will equally succeed when it is dextrously insinuated beneath the Artery without disturbing the lateral Connexions of the Vessel, though as this is not likely to be well accomplished by Surgeons in general I think the double ligature is preferable in Common Practice. Your Letter shows the Truth of Solomon's Observation that there is nothing new under the Sun—I had been already informed that Pauline did what I had also advised. As I lately said in public, when speaking of Mr. Hunter's Opinions of Life, the human Mind having been the same at all periods of the World similar Opinions would be formed from the Contemplation of the same facts.

The same Wants being perceived, the same Expedients would suggest themselves. As to the tying or dividing the Vena Sæphena I may observe that the Operation has been productive of bad & sometimes fatal Symptoms in General Practice. Nay in Cases of

Success I have not observed the beneficial Effects result from the Operation which would in my Opinion warrant the undertaking it even were it attended with but some slight degree of Hazard.—I know not how I could better shew my Sense of your friendly conduct in writing to me than by frankly communicating my private Sentiments to you respecting the Operations in Question.

I am Dear Sir

Your obliged & obed^t Servant

JOHN ABERNETHY.

BEDF^d Row
24^b May.

II.

[28 July, 1814.]

DEAR SIR

I do not doubt that such a Book as you describe would be highly useful. I should be obliged to hunt for Information amongst the Bibliotheca of Haller & the Works of von Creutzenfelt & Plouquet &c. I never read methodically & my reading day is over, which I mention to shew you I am no competent Judge on the Subject respecting which I am writing. In telling you what was the Opinion of People here respecting Operations on Veins I did not mean to influence your Conduct. As my Vanity is tickled by your Reference I tell you what I think though I should do wrong were I not to warn you of my Ignorance. I have often thought that if the Surgery of the French Academy was methodized & abbreviated with References it would make a very useful Book. I have no more to add but that I am very sincerely

Y^rs

JOHN ABERNETHY.

BEDFORD Row
28th July.

III.

[10 November, 1815.]

MY DEAR SIR

I think I have already told you that I have nearly worked my Mind up to the Condition of that of the Greek Philosopher who said he knew but one thing, which was, that he knew nothing. In this Uncertainty, we must believe what is most probable; & you, who have so ingeniously discovered such strong Objections to the Harveian Doctrine, could I am persuaded have found many stronger ones to that of Erasistratus. Must we not adopt the Conjecture which best explains the Phenomena? Were I young, had I time, & could I bring my Mind to it, your Papers might induce me to enquire & make experiments. Being old & having no Time, I can only honestly declare to you that your Objections have not shaken the faith in which I was educated.

Are we to reject Harvey's Opinion, because in general we do not find the Arteries contain much blood after Death? May we not account for the fact by the last Action of the Heart, the Continuance of the current of the blood, & the Irritability of the Vessels? I never examined this Subject, but I will, in order to know how much blood is commonly found in the Aortic System.

Would not the forcible projection of an ounce and a half of fluid into Vessels filled with fluid rapidly moving, produce a very sudden, apparently simultaneous, though gradually abating impulse in all?

I think the Blood is generally found in the Veins in the right Cavities of the Heart & in the lungs after Death. I think also the Communications of Arteries with Veins are demonstrated both by subtle Injections & the Microscope.

The Difficulties in explaining the facts respecting the Stumps of amputated limbs do not appear to me so great according to the Harveian Hypothesis as you represent them.

Why is the pulse in the Heart & arteries Synchronous? If the pulse be the Effect of an accelerated Motion or increased impetus in a rapidly moving current; and the heart beats against the Side as it is known to do when it acts to produce this Impetus the beat of either ought to be synchronous.

I see no great difficulty in accounting for the Consequences of tying Veins.

In Operations for Aneurisms, I am disposed to account for the trivial plentitude of the Veins occasionally observed to the Want of Impetus.

Haller's Experiments on Irritability are not to be depended on. Mr. Hunter took another & a better Way to demonstrate the Irritability of Arteries.

I found the foramen Ovale open 13 times in one year in Subjects who had diseased lungs. I have not found it since in similar Cases.

Surely in general there is no Communication between the 2 sides of the Heart but through the Lungs.

How shall I send you your Notes? Perhaps you may know some one in Town who will convey them to you.—I have written frankly & perhaps have not considered the Subject as deeply as you might wish; nor am I competent to consider it as it ought to be. However I have paid as much Attention to it as Time & Circumstances permitted.

I remain Dear Sir

Y^rs very sincerely

J. ABERNETHY.

BEDF^d Row
10 Nov^r 1815.

IV.

[2 December, 1815.]

MY DEAR SIR

Supposing you would wish it I enclose Dr. Baillies Letter. In Matters of Opinion, People form their own Minds by repeatedly thinking in a particular Manner; nor can any sudden Change take Place in their Minds. Who may be right it is difficult to say & all may be wrong. Were you to publish your Papers, I doubt not but many would consider them ingenious but they would produce no Alteration in their Sentiments. Others whose Opinions were less inveterate would be influenced by them, & might be led to think as you do. They would excite Investigation. However I would never publish opinions that were not deductions from facts & therefore I would not advise you to publish yours.—I have thus candidly told you my Sentiments which it is my duty in friendship to do & remain

Dear Sir

Most sincerely

Y^rs JOHN ABERNETHY.

BEDF^d Row
2 Dec^r 1815.

V.

[24 May, 1816.]

MY DEAR SIR

I know nothing of late Years that has given me more Vexation than my having mislaid your Papers. When Dr. Baillie returned them I remember putting them in a Book Case & expecting to meet Sir James McGregor at a Patients whom I was then attending I designed to deliver them to him. His Time was so occupied by public Business that though I continued in this Expectation for some time yet we never met. This happened at the most busy part of the Season when in addition to other Lectures I had those at the College to deliver & when I at last sought for your Papers I could not find them. Since I received your Letter I have searched again yet in Vain. I cannot however believe that they are lost but think I must have put them with other papers or into some Book.—Shaw has hitherto prevented my communicating this except by telling it to your friend whom you did me the honor of desiring to take my Opinion on his Case.

In reply to your Letter, I repeat that no One has less confidence in Opinions than I have, & I readily admit that we may be deceived by those we entertain respecting the Circulation. If contrary Opinions be supported by good Reasons their publication must be creditable to their Proposer by showing his Powers of Argument and philosophical hardiness in not admitting those which are generally received though they are objectionable in certain Points. You I am persuaded will never disgrace yourself by bad Reasoning. At the same Time the publication of Opinions are useful to the public by exciting Investigation. Let me also add that I shall always esteem your good Opinion as highly honorable to myself. However it is my Duty candidly to tell you that I believe the Harveian & Hunterian Opinions respecting the Circulation. I know that in Aneurism when the Artery is tied the Vessel is empty to some distance below the ligature—at least I have found it so in some Cases that I examined; & I consider this as a proof of the irritability of the Vessel, which irritability is denied by Dicht. If however the common iliac Vessels be tied in the manner you describe & no more blood be found in the Vessels of the limb than usual I should think it very strange & contrary to what ought to have happened according to the Harveian Hypothesis.

I remain Dear Sir

respect^{ly} & sincerely

Y^rs JOHN ABERNETHY.

BEDF^d Row
24 May.

VI.

[11 June, 1816.]

MY DEAR SIR

Your last letter relieved me from great Uneasiness, as I thought I had lost your Papers, I was like enough to do so, for I lost my own Speech, about the same Time. I mean a Speech I had written, to be spoken on a certain Occasion. I thank you for your Book, & for the Notice you have been pleased to take of so humble an individual as myself. I shall always consider it an honor to stand well in your good Opinion. Concerning the Book I have nothing to say having formerly told you my Sentiments. Let me ask, however, for I remember reading it, or I have dreamt it, that Galen refuted Erasistratus opinion by laying bare an Artery detaching it from its surrounding Concoctions tying it in 2 places, & opening it; he found it contained Scarlet blood, more aerated in his opinion, than the purple blood of Veins. Can you tell me in what Part of his Works something to this Effect is to be found? I wish I had your learning & Talents in writing for then should the public hear more of me, but Perhaps it is better for my Reputation that I am restrained. I have no more to add but that I am

Dear Sir

Y^r respect^s & sincerely

JOHN ABERNETHY.

BEDF^d Row
11 June.

VII.

[30 July, 1816.]

MY DEAR SIR

I feel much obliged to you for your Letter, & also the information it contains; which I answer at once according to my Custom, lest I should forget to reply to it at all. I have repeatedly said what I actually think, that you do me great honor by the Notice you have been pleased to take of me. Can you possibly suppose that I do not feel sufficiently flattered by your Dedication? I have endeavoured to know myself; & if I do, the chief Reputation I am ambitious of obtaining is that of Candour & Honesty. You say you do not know my Opinion which however I communicated before your Book was printed. I think as Harvey & Hunter did, that the Tubes called Arteries distribute scarlet blood to all parts of the body, neither can I suppose that an Hospital Surgeon can readily be persuaded to relinquish this Opinion however ingeniously contended against. If I hear or learn aught making for or against the Cause you advocate I will let you know of it. I may probably write some more lectures in praise of my magnus Apollo Mr. Hunter & if so I believe I must praise him for the pains he took in examining the facts relating to the Circulation of the Blood.

Believe me Dear Sir respect^s & sincerelyY^rs

J. ABERNETHY.

BEDF^d Row
30th July.

VIII.

[25 September, 1816.]

MY DEAR SIR

I was quite vexed to be absent from Town on the Arrival of Col^l Bannerman. But I have been very ill & able to do nothing wherefore I thought I might as well spend the idle Time where there was fresh Air to be had without seeking it. The Gentleman who officiated for me in my Absence told the Col^l that I should be in Town on the 1 Sep^r & he said he would return to London but I have not yet seen him. I have no doubt but that the profession will see the physiognomy of the Body according to Views of Mr Hunter when they are themselves the Subjects of Diseases. They will perceive that they are wrought up by Nervous Disorders producing or being produced by visceral disorder, the latter also occasioning impurity of fluids, &c. They will find however suddenly the Storm seems to come on that it has been brewing up for some time. That Erysipelas owes its peculiarities to this State of health that it ceases when visceral Irritation ceases is fully proved to my Mind. I affirm the same of carunculous Inflammation in all its Varieties. Having noticed in my own Case increasing dyspepsia & disordered functions of the Alimentary organs for a great length of Time I foretold in the middle of last Winter that I should be extremely ill in the Summer. My prediction was like those of Cassandra. I did not know whether I was to have cholera & local affection of the disordered organs, or I was to have sympathetic Disturbance of the Head or Medulla

spinalis Heart Lungs Kidneys or Urinary Organs whether I was to be covered with boils or attacked with Erysipelas or Carbuncle. My Illness or the Effects of my illness began with lumbago & then, affected every Muscle of my back with what is called Rheumatism. When one acted they all acted & I was stretched out like a person in tetanus, or like a beetle thrown upon its wing covers struggling ineffectually with the Limb but unable in the least to alter its position. These Spasms came on sometimes every 10 Minutes during the time when my Stomach was most disturbed & I was freed from them when it was most tranquil. The Gout also made its Appearance in my feet but it did not relieve my Rheumatism. . . . I write all this to show the Sources of my Conviction as to the Truth of what I call the Hunterian Doctrines of Diseases.—Enough of this—I am not likely to forget anyone who treats me with kindness or manifests his good Opinion of me; but I feel pleasure at all times in hearing from you & with best Wishes for your long Continuance in the World you are attached to with Health to enjoy it I remain

My Dear Sir

Yours very sincerely

JOHN ABERNETHY.

BEDF^d Row
25 Sept.

IX.

[5 November, 1816.]

MY DEAR SIR

I can only advise with Reference to general Principles. I consider all disorders of the urinary Organs as secondary & caused or kept up by disorders of the digestive organs. Unhealthy Urine is the Result in general of Indigestion; & irritation of the various abdominal Viscera are known to produce dysury. With this View of the Subject I can only advise that local irritation of the urinary organs be soothed by local tepid bathing night & morning & that great Attention be paid to insure the regular Execution of the functions of the several Viscera concerned in digestion. I also know that the weekly introduction of a Bougie often tranquilizes Irritation of the Urethra but if these Instruments injure the canal they do more harm than good. I would not advise the wearing in the varnished Catheter. This is all I can say with Reference to your Patients Case. Now for your own. Docco omnes insanire. We all are partial to our own Opinions & prejudiced against those of others. I am ready to admit that my Judgement may be warped. Discussion is useful & Truth will prevail. Tis Winter Time & I am obliged to write laconically & in haste.

Y^rs Dear Sirrespect^s & sincerely

JOHN ABERNETHY.

BEDF^d Row
5 Nov.

X.

[28 June, 1819.]

MY DEAR SIR

Your Letter gave me much pleasure for I feared I might have offended you; a fault which I often unintentionally commit. In popular lectures detail would be tiresome, yet I think there is sufficient in mine to convince you that I hold fast to the faith in which I was educated. I thought that a Copy of the Oration had been sent to you & to the Medical Society. I have told Mess^{rs} Longman & Co. to send two to Aberdeen by their next package. I would not have taken any Notice of Mr. Lawrence's Nonsense but that I thought some of his Party would have said that I could not answer him. There is no Warfare between us. He has found what I told him, that he never could broach certain Doctrines without exciting the Suspicion & Resentment of a large part of Society; and he has been in Consequence obliged to call in his Book. I have not seen the Vendicia but I am sure that I shall always desire information from every publication of yours provided it be not too learned or above my Comprehension. Be aware also that I am a very idle fellow, have a large family, & am constantly engaged one way or other. With much respect & regard I remain Dear Sir

Yours very sincerely

JOHN ABERNETHY.

14 BEDFORD ROW
28 June.

XI.

A Consultation Note.

[4 February, 1821.]

In every Variety of nervous disorder proceeding from an Affection of the Brain, Mr. Abernethy can perceive but two rational Indications of Treatment. One is to allay or prevent inflammatory Action & turgescence of Vessels in the head. The other to take especial Care that the nervous System receives no additional disquiet from those Organs which are so wont to disturb it viz. the Stomach & its Appendages, & he may add that he has seen very bad Cases of epilepsy get well under the Treatment which he proposed for the cure of Disorder of the digestive Organs, which Treatment it would be unnecessary for him to dwell upon since it is in print & since Mr. Kerr is already so well apprized of it.

Since the Measures calculated to produce the first Indication with respect to Treatment have been fully tried & without benefit he would in his own Case be strictly attentive to those calculated to ensure the latter. He would like Corna to weigh his food & take no more than 4 ounces thrice a day but it should be of the most nourishing kind. He would take his Meals at exactly regular periods of 6 hours. He would take Care that each Meal should be reduced to pulp by Mastication or otherwise, so that it may lodge in the Stomach & not pass out of it till dissolved by the juices of the Organ. He would not put liquid into his Stomach or but a very trivial Quantity when his food was taken but drink in the intervals of the Meals beginning when the food was digested 3 hours after breakfast, dinner & Supper. Yet he would so contrive that there should be no liquids in the Stomach when the food was received nor during its digestion. The Drink should be boiled Water flavoured with Toast Balm Mint Tea &c. &c. but not containing fermentable Matter, for nothing subject to fermentation should be put into the Stomach except as food & when the Stomach may be able to counteract this Change by digesting it. It should be my Study as it is an old Woman, to keep the bowels clear without irritating & this can only be done by repeated excitement by un irritating doses of purgative Medicines till a free & comfortable Evacuation be produced. I would also take an innocent Dose of Quicksilver pill every 2^d night perseveringly till the refuse of the food was of the colour of wet Khubarb that is a deep brown in appearance formed by the intensity of a bright yellow.

I should be inclined to take a grain of Argem niras if I had any warning of the Approach of the Paroxysms but I should not like to persevere in a course of it lest it should affect the colour of the Skin.

MY DEAR SIR

I have written this for the Patient and you will explain it. I will also convince you that I am as obstinate in thinking my own Views of Subjects right as anyone else can be. We must make allowances for one another. I am glad that you have got the German Scavans to investigate the Subject which I hope they will do au fond.—I have not heard of your paper having been presented or considered at the College but it is winter Time & I have had of late scarcely any Communication with the leading Men in that Establishment. With best Wishes I remain My dear Sir

Yours very sincerely

JOHN ABERNETHY.

BEDFORD ROW
4 Feby.

XII.

[22 January, 1822.]

MY DEAR SIR

I do not doubt that a digest of the Works of the Ancient Writers on Medicine by you would both nourish & improve the Minds of others. You already know my opinion of the Ancients as far as my trivial Acquaintance with them permits me to form One, which is that their Works often manifest close Observation deep reflection & great intelligence; but surely the Accumulation of facts & consequent progress of Science must cause the Moderns to possess a degree of knowledge which renders ancient speculations but little interesting. I did once read Galen de Tumoribus. I am glad that you do not disapprove of my Codicil to the College Lectures. To tell you a Truth I like it the better since I have read Dr. Barclays Account of ancient Opinions. Dont my Dear Sir be angry with me nor think me pragmatical & conceited but pity the Ignorance of

Y^rs most sincerely

JOHN ABERNETHY.

BEDF^d Row
Jan 1822.

XIII.

[7 August, 1822.]

MY DEAR SIR

My family have for more than two Months been listening to the Sound of the many waded Sea & I have just returned from the Coast after three days Absence from London. I would I could tell what would cure your Patient or any other who has some inward Disorder the Nature & Situation of which are unknown. I tell all persons concerned that I am no Conjuror & that all medical Advice is founded on the Opinion we entertain respecting the Cause of their Malady. I conclude that your Patients disorder is in the digestive Organs. For if a Patient wastes I conclude that he does not digest his food. He may have taken blue pill & purgatives, but the question is do his bowels regularly carry down & discharge what ought to be voided daily? Is the biliary Secretion habitually regular? If not let him persevere. I should not know were I the Patient what is to be done more than is suggested in the brief Account which I have given of the Treatment of Disorders of the Digestive Organs. The best Means of Accomplishing the rational Objects of Treatment must be disclosed by Experience in individual cases. I regret that I cannot say more on this Subject.

The knowing Doctor Aulenreith delivered your Letter & told I him that I should have pleasure in showing him any Attention in my power. I took him round the Hospital & introduced him to those there whom I thought would be likely to give any Information he required, but I did not see him afterwards. I write this immediately on my Return & in my usual hurry, which I hope you will excuse. Let I assure you that I would not spare Pains in writing about your Patient. I can only say Persevere in rational Measures.*

Believe me my dear Sir

very sincerely

Y^rs JOHN ABERNETHY.BEDF^d Row
7th Aug.

* I mean such as are calculated to ensure the right performance of the functions of the several organs concerned in the digestive Processes.

I am indebted to the Library Committee for permission to publish these letters, and to Mr. R. F. Kerr, from whom the letters passed to the Hospital Library, for information concerning his grand-uncle.

ALFRED FRANKLIN.

STUDENTS' UNION.

CRICKET CLUB.
THE HOSPITAL CUP FINAL.

The Hospital met St. Thomas's in the final of the Cup matches at Wincmore Hill. This was St. Thomas's fourth year in the final without winning. Last year we beat them by an innings and 40 runs. Nunn won the toss and we batted first. Nunn gave us a good start and played a very steady innings of 83. Gabb hit hard and got 40. The total of 246 was reached by tea-time, leaving St. Thomas's about an hour and a half. The light was not very good, and things seemed to be going well as we got 3 wickets for 30 runs that evening. The next day, however, they passed our score by 2 runs; in this we had bad luck, as only two batsmen made double figures, getting 92 and 93.

In the first innings Pearson, a slow bowler, gave us the most trouble. He bowled very well and got 6 wickets for 70. Of our bowlers Gabb got 4 for 47 and Gillman 3 for 26.

In the second innings we collapsed badly, Marshall and Milligan doing the damage, Nunn and Gabb were unlucky to be bowled by Marshall in the same over by balls which didn't get up, and only Anderson, who hit well, and Kirkwood showed any form. The side was out for 99. St. Thomas's then went in and scored the necessary 98 for the loss of 4 wickets.

ST. BARTHOLOMEW'S HOSPITAL.

1st Innings.		2nd Innings.	
J. A. Nunn, c Gibson, b Milligan	83	b Marshall	8
A. R. Boney, c Smith, b Pearson	11	c Thomas, b Marshall	2
R. M. Kirkwood, b Pearson	0	b Schilling	19
W. H. Gabb, st Robb, b Pearson	40	b Marshall	0
G. D. Wedd, c Maling, b Pearson	13	c Pearson, b Milligan	1
W. M. Capper, b Marshall	18	b Milligan	0
J. D. Wilson, b Marshall	5	run out	7
F. E. Wheeler, c Light, b Pearson	24	b Pearson	2
J. D. Anderson, b Schilling	10	not out	18
C. L. Hay-Shunker, c Gibson, b Pearson	2	b Milligan	13
J. R. Gillman, not out	11	c Light, b Milligan	2
Extras	29	Extras	27
Total	246	Total	99

St. THOMAS'S HOSPITAL.

1st Innings.		2nd Innings.	
C. J. P. Pearson, b Gillman	92	b Hay-Shunker	24
J. H. Gibson, b Gabb	5	b Gillman	24
R. N. Smith, lbw b Gabb	2	b Gillman	14
C. M. Carlyle Gall, c Gillman, b Hay-Shunker	0	b Hay-Shunker	13
P. J. W. Milligan, c and b Anderson	8	not out	8
L. H. Light, c Gillman, b Wedd	7	not out	2
T. C. Maling, b Gillman	93		
C. W. Thomas, c Anderson, b Gabb	0	Did not bat.	
A. B. Marshall, c Gillman, b Gabb	3		
R. S. F. Schilling, not out	3		
D. F. Robb, b Gillman	0		
Extras	31	Extras	13
Total	248	Total	98

Bowling Analysis.

Over.	Runs.	Wkts.	Over.	Runs.	Wkts.	
Anderson	13	27	1	Anderson	5	9
Hay-Shunker	25	46	1	Hay-Shunker	20	36
Gabb	22	47	4	Gillman	15	42
Wedd	20	50	1			
Gillman	10	26	3			
Nunn	6	22	0			

The side finished up the season on August 1st. In spite of the wet summer most of the matches were played, and the side did fairly well. J. A. Nunn was a good captain and managed the side well, in addition to being the mainstay of the batting. We were unfortunate to be without R. Mundy and J. B. Bamford in the cup final. The results and averages are given below:

Matches: Won	6
Lost	6
Drawn or abandoned	9

AVERAGES.

Bowling.		
Over.	Runs.	Wickets.
R. Mundy	57	226
C. L. Hay-Shunker	203	456
G. A. Wedd	172	488
J. D. Anderson	113	285
J. A. Nunn	53	193
J. R. Gillman	79	195
W. H. Gabb	101	290

Batting.

Runs.	Average.	Runs.	Average.
J. A. Nunn	486	44	251
G. D. Wedd	320	32	16
W. H. Gabb	218	20	10
J. D. Anderson	180	20	9
J. B. Bamford	61	00	0
A. R. Boney	249	19	13

W. H. GABB,
Hon. Sec.

TENNIS CLUB.

With one more 1st VI match the Tennis Club are concluding the most satisfactory season for some years. The 1st VI have won 10 matches, lost 3 and drawn 3. Many of our victories have been easy, and as we hope to strengthen our fixture-list next year the tennis standard should improve considerably. Taking a weak VI down to the Staff College we were badly beaten. It was unfortunate we were weakened, as with a full side we might have gained a much more creditable result against such strong opponents. St. George's Hospital were beaten 5-2—not such an overwhelming result as we had gained earlier in the season in a Cup-tie.

The 2nd VI have also done well, though the pairings have been changed too often owing to calls from the 1st VI. To win their only two matches in the first season is a good augury for the 3rd VI, and as the feared difficulty in raising a team was non-existent more fixtures will be arranged for next year.

The Singles Tournament has been a great success; all who came through the five rounds to the semi-final were members of the 1st or 2nd VI, and the final is between A. Papert and J. K. Blackburne.

CUP TIES.

We beat King's College Hospital by 9 matches to 5 in the semi-final.

The morning singles were all closely fought, and a score of 3 all at lunch-time left the issue very open. In the afternoon, however, we proved much superior in the doubles, and by winning 6 and losing 2 were able to pass to the final. In this match we were without J. H. Hunt and F. J. Beilby.

Scores: K. A. Latter beat Bateman, 6-3, 6-2; J. R. Blackburne lost to Platts, 0-6, 4-6; S. P. Mullick lost to Thomas, 3-6, 3-6; O. A. Savage beat McLintock, 6-1, 6-1; T. E. Burrows beat Harding, 4-6, 6-2, 6-2; A. Papert lost to Lassen, 2-6, 4-6.

Latter and Savage beat Platts and Bateman, 7-5, 4-6, 7-5; lost to Thomas and McLintock, 4-6, 6-4, 5-7; beat Harding and Lassen, 6-2, 6-1.

Blackburne and Burrows beat Platts and Bateman, 6-4, 10-8; beat Thomas and McLintock, 6-4, 10-8; beat Harding and Lassen, 6-2, 6-3.

Papert and Mullick lost to Bateman and Platts, 5-7, 6-8; beat Harding and Lassen, 6-4, 7-5.

The final, played on the hard courts at Honor Oak Park, showed up our weakness in singles, as at lunch we were 4-1 down with only one single unplayed. In the afternoon we held our own in the doubles but could not make up the deficit, and lost by 8-5, with one match drawn and one unplayed. Guy's are a very strong hospital VI, with H. G. N. Cooper and J. E. Giesen as their first pair. Last year we fared much worse against them when they had a weaker side, so that the result, especially in the doubles, was creditable.

Scores: K. A. Latter lost to Cooper, 0-6, 4-6; F. J. Beilby lost to Giesen, 1-6, 1-6; J. R. Blackburne lost to Mailer, 2-6, 3-6; O. A. Savage lost to Sharp, 0-6, 4-6; T. E. Burrows beat Hollis, 1-6, 6-3, 6-2.

Latter and Beilby lost to Cooper and Giesen, 4-6, 2-6; beat Sharp and Mailer, 6-8, 7-5, 6-0; beat Sidebottom and Hollis, 6-2, 6-1.

Blackburne and Burrows lost to Cooper and Giesen, 2-6, 2-6; lost to Sharp and Mailer, 4-6, 6-3, 4-6; beat Sidebottom and Hollis, 6-4, 3-6, 14-12.

Hunt and Savage lost to Cooper and Giesen, 2-6, 4-6; drew with Sharp and Mailer, 4-6, 6-3, 6-6; beat Sidebottom and Hollis, 6-1, 5-7, 6-0.

RUGBY FOOTBALL CLUB PROSPECTS, 1931-32.

Unlike the ordinary club side, it is almost impossible for the average Hospital Rugby Club to give an accurate forecast of its probable strength and measure of success until well into October. Hence no rash statements will be put in writing in this column, for so much depends on whether certain of last year's XV will be able to play for us, and whether any new players of distinction will make their appearance on October 1st. We are certain, however, that our fixture list for the coming season is an excellent one, and speaks well for the energy of B. S. Lewis, whose work it is. It contains several attractive new fixtures, including Halifax, Otley (the Yorkshire cup-holders), University College (Dublin), London Hospital, and the first visit of Redruth to London.

CORRESPONDENCE.

THE MEDICAL DEMI-MONDE.

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

Sir,—The entertaining article by "G. B." will find sympathetic vibration in the breasts of all your readers, no matter the type of practice with which they are familiar. The out-and-out quack, qualified or unqualified, the specious humbug, the stunt merchant, and the honest but ill-balanced obsessionist, who in some respects is the worst of the lot, all of these are, will be, and probably have, *mutatis mutandis*, always been the plague of the bulk of the profession. Their existence and perpetuation is beyond our control, but the vice of dichotomy to which your correspondent also refers is open to us to combat.

I have always been given to understand that dichotomy is a common practice in France, where interpretation of professional ethics may be rather different from ours. And provided, of course, that the patient is not defrauded, there might after all be something to be said for it when conducted on systematized business lines such as Dr. G. B. suggests is not unknown in London.

So far as my personal experience goes, I cannot help thinking that the principle which Dr. G. B. properly reprobates is extending in certain types of practice, possibly as a consequence of the economic situation, for it is only within the last few years that I have been brought directly in contact with some of the perversions which he mentions.

The more oblique method is embodied in the practitioner's sending on a cheque subsequent to the consultation, in opposition to the usual custom of sending it from the patient in advance or at least at the time. A double inference is possible. The hyper-consciousness practitioner may, in fact, be financing the consultant and taking the risk of re-imboursement. Alternatively he may have represented that a larger fee should have been forthcoming and have pocketed the difference. From either aspect Dr. G. B.'s precaution of sending a receipt direct to the patient has much to recommend it, for in this way the patient's memory may be stimulated in favour of the family doctor. On the other hand, it may expose a practitioner's defalcation and appropriately punish him. But it is precisely when we fear dishonesty may have occurred that we shrink from taking the risk of bringing it to light. For, although the punishment would fit the crime, most of us would loathe the idea of figuring as common informers.

A variant is experienced in poorer practices where cheques are not in frequent usage, and more than once I have known the practitioner to disappear after the consultation to collect my fee, leaving me with the suspicion that a guinea which was represented as due to me has found its way into his pocket. I cannot contemplate the procedure of an inquiry either on the spot or afterwards, and the best one can do is to try to have more faith in human nature and believe one's fears are groundless.

But now one comes to a more direct and unequivocal arrangement. We may be bluntly approached with a request to ask for a fee which is in excess of our own in order that the practitioner's due may be simultaneously ensured, the reason alleged being that its subsequent collection may be difficult or impossible. I do not doubt that in some cases considerable difficulty is experienced, and that it galls a practitioner to see a consultant depart with easy money, whilst there is nothing forthcoming for his own time and trouble. But whatever our sympathy for a colleague's difficulties, an unqualified refusal is unexceptionable. We cannot undertake the rôle of debt-collector. And if, as unhappily may be the case, the practitioner is misrepresenting the circumstances, we are being invited to compound a felony.

There is, however, one special example which it is not so easy to dismiss. I have been asked to accept a lower fee than usual—a customary enough request with which we are all familiar—but with the additional request that I shall actually ask the patient for my usual fee and hand over a guinea to the doctor again for the reason that otherwise he is unlikely to receive any remuneration at all. Now this happened in the case of a doctor whom I had known for eleven years, who had been one of my students, with whom I had often been in consultation, and of whose honesty I was convinced. In this instance the patient was not being exploited and the guinea would come out of my pocket. The principle is perhaps condemnable, but it is hardly unethical.

Undoubtedly the practice as a whole should be checked. It is the younger consultants who for obvious reasons will be tempted, and their temptation is aggravated by the realization that a refusal means the

We shall greatly miss the assistance of C. B. Prowse, V. C. Thompson and T. J. Ryan, who will definitely not be playing for us, while, though we hope against hope that it may not be so, it seems as though R. N. Williams, who has meant so much to our forwards for the past half-dozen seasons, will not be available after the first few games. There is little doubt that our ultimate success or failure depends on the continued presence of J. T. C. Taylor in the team. We feel that Taylor, to whom congratulations should be extended on his election to the captaincy of the United Hospitals R.F.C., may well go further than the international trials this season.

Practice games will be held at Winchmore Hill on Saturdays, September 12th and 19th, when all those remaining from last year's 1st and "A" XV's will be expected to turn up, and when any other Rugby players will be sure of getting a game.

A final word with regard to fitness will not be out of place, for to a large extent our poor start to the season last year may be put down to lack of condition, which resulted too often in the team being outclassed in the second half, after an evenly contested first half. This defect should be remedied this season, for there is no reason at all for the Bart.'s team to be less fit than the average club side.

1st XV Fixtures, 1931-32.

Sept. 26.	O.M.T.	Away.
Oct. 3.	Bath	"
" 7.	London Hospital	"
" 10.	Otley	Home.
" 17.	Bedford	Away.
" 21.	Cambridge University	Home.
" 24.	Coventry	"
" 31.	Moseley	Away.
Nov. 7.	London Welsh	Home.
" 14.	Gloucester	Away.
" 21.	Redruth	Home.
" 28.	Devonport Services	Away.
" 30.	R.N.E.C. (Keyham)	"
Dec. 5.	Northampton	Home.
" 9.	R.M.A. (Woolwich)	"
" 12.	Old Cranleighans	Away.
" 19.	Old Paulines	Home.
Jan. 2.	Halifax	Away.
" 9.	London Irish	"
" 16.	Torquay Athletic	"
" 23.	Pontypool	Home.
" 30.	Old Millhillians	"
Feb. 3.	University College (Dublin)	Away.
" 6.	Old Halleburians	Home.
" 13.	Devonport Services	"
" 20.	Old Paulines	Away.
" 27.	Nuneaton	"
Mar. 5.	Rosslyn Park	Home.
" 12.	Moseley	"
" 19.	London Scottish	"
" 26.	Bristol	Away.
April 2.	Pontypool	"
" 9.	Plymouth Albion	"
" 11.	Redruth	"
" 12.	St. Ives	"

OFFICERS OF THE CLUB.

President: Dr. J. Barris.
 Vice-Presidents: Mr. W. Girling Ball, Mr. H. E. G. Doyle, Mr. F. C. Capps, Mr. J. P. Hosford, Prof. E. H. Kettle, Dr. Wilfred Shaw, Mr. R. M. Vick, Sir Charles Gordon-Watson.
 Captain: W. M. Capper.
 Vice-Captain: J. T. C. Taylor.
 Hon. Sec.: J. R. R. Jenkins.
 Hon. Treas.: J. A. Nunn.
 Captain "A" XV: K. J. Harvey.
 Hon. Sec.:
 "A" XV: J. W. Cope.
 Extra A: B. C. Murliss.
 B XV: D. T. Davics.
 Extra B: J. Conway-Hughes.
 C XV: J. I. C. Mason.
 Extra C: L. L. Alexander.

termination of patronage from that practitioner. So much the better, is the obvious commentary; but competition is severe and these are hard times, and it is not altogether just to condemn and despise a weaker brother whose circumstances encourage a fall to temptation which others are in a position to reject.

I am,
Your obedient servant,
Grosvenor Square, W. 1; ADOLPHE ABRAHAMS.
August 12th, 1931.

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

DEAR SIR,—Many must have read "G. B.'s" clever and informing contribution in the August JOURNAL with much interest. We can only hope that he has met with more than his fair share of the black sheep of the profession. That they exist we all know, but I trust that they form only a small minority. I could wish that the author had not allowed himself his clever little gibe at Luke Fildes's picture. It is not a favourite of mine, but I think it shows truly an incident not uncommon in the lives of men practising in country villages. The "doctor" appears to be watching for some change in the child's condition, or perhaps, more likely, waiting for the sake of the parents, who, I think, are shown in the picture.

May I add one comment upon "G. B.'s" concluding paragraph? I have a deep regard and affection for Robert Louis Stevenson, but the medical student at our Hospital fifty years ago was neither boorish, rough, nor as a rule unpleasant; perhaps we were favoured.

I am, Dear Sir,
Yours faithfully,
H. B. T.

THE HOSPITAL COLOURS.

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

SIR,—Is there no way of preventing unauthorized people from wearing the Hospital tie?

I was considerably astonished to see to-day the familiar black-and-white adorning the neck of one of my more salubrious patients, who confessed that he knew they were Bart's colours. I suggested redeeming the tie from him at the cost of 2s. 6d., with the gentle hint that he should bestow his signal mark of favour upon the colours of another hospital not unknown to Bart's men, but I was not successful. The tie went so well with his suit!

Yours very truly,
London, N.W.; M. MUNDY.
August 24th, 1931.

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

- CARMICHAEL, E. ARNOLD, F.R.C.P.(Edin.). "The Aetiology of Disseminate Sclerosis: Some Criticisms of Recent Work, Especially with Regard to the 'Spherula Insularis.'" *Proceedings of the Royal Society of Medicine*, March, 1931.
- COCKAYNE, E. A., D.M. "Epicanthus and Bilateral Ptosis." *Proceedings of the Royal Society of Medicine*, May, 1931.
- CORSI, H., F.R.C.S. "Two Cases of Black Hairy Tongue." *Proceedings of the Royal Society of Medicine*, March, 1931.
- "Peeling of Skin of Palms and Soles: Case for Diagnosis." *Proceedings of the Royal Society of Medicine*, April, 1931.
- "Morphea with Unusual Degree of Atrophy." *Proceedings of the Royal Society of Medicine*, April, 1931.
- CROOK, ERIC A., M.Ch. "Exomphalos." *Proceedings of the Royal Society of Medicine*, June, 1931.
- DAVIS, K. J. ACTON, M.Ch. "Two Cases of Pigmentation of Skin with Scoliosis." *Proceedings of the Royal Society of Medicine*, May, 1931.
- DUNDAS-GRANT, SIR JAMES, K.B.E., M.D. "Right-Sided Cerebellar Abscess and Thrombosis of Lateral Sinus and Jugular Bulb." *Proceedings of the Royal Society of Medicine*, March, 1931.
- "Epithelioma of the Larynx; Relief of Pain by Alcohol Injections of the Superior Laryngeal Nerve." *Proceedings of the Royal Society of Medicine*, April, 1931.
- "Tuberculosis of the Larynx with Pain Instantly Relieved by Galvano-cautery." *Proceedings of the Royal Society of Medicine*, April, 1931.

DUNDAS-GRANT, SIR JAMES, K.B.E., M.D. "Tuberculosis of the Middle Ear with Bacilli in the Ear Discharge, although Absent from the Sputum." *Proceedings of the Royal Society of Medicine*, May, 1931.

— "Facial Paralysis with Tuberculosis of the Mastoid Operation: Recovery from the Paralysis." *Proceedings of the Royal Society of Medicine*, May, 1931.

— "Papilloma of the Left Vocal Cord in a Case with Pendulous Epiglottis, Removed by Indirect Method." *Proceedings of the Royal Society of Medicine*, June, 1931.

— "Carcinoma of Right Vocal Cord Removed by Laryngofissure." *Proceedings of the Royal Society of Medicine*, June, 1931.

CHANGES OF ADDRESS.

BROWNE, E. M., Surg-Commander R.N., No. 6, The Terrace, H.M. Dockyard, Malta.

HAVLAND, H. A., Langleys, Woodside Avenue, Finchley, N. 12.

KYNASTON, A. H., Public Health Department, Town Hall, Wednesbury, Staffs.

NELIGAN, A. R., Corbett Avenue, Droitwich.

WALKER, K., 149, Harley Street, W. 1. (Tel. Welbeck 4444.)

APPOINTMENTS.

BAXTER, W. S., M.R.C.S., L.R.C.P., appointed House Physician to the Charing Cross Hospital.

DAVIS, J. C. AINSWORTH, F.R.C.S., appointed Hon. Urological Surgeon to the Royal Waterloo Hospital.

KYNASTON, A. H., D.P.H., appointed Medical Officer of Health to the Borough of Wednesbury, Staffs.

WILLIAMS, H. C. MAURICE, D.P.H., appointed Medical Officer of Health to the County Borough and Port of Southampton.

BIRTHS.

FISHER.—On August 12th, 1931, at 27, Welbeck Street, W. 1, to Barbara, wife of Surgeon-Lieutenant H. H. Fisher, R.N.—a daughter.

GONIN.—On August 12th, 1931, at 53, Kew Bridge Road, Brentford, to Ohna, wife of Dr. M. W. Gonin—a daughter.

HUME.—On August 20th, 1931, at 13, Wildwood Road, N.W. 11, to Marjorie, wife of J. Basil Hume, M.S., F.R.C.S.—a daughter (Gillian Mary).

MARRIAGES.

LANGDON BROWN—HURRY.—On August 1st, 1931, at St. Mary's Church, Bryanston Square, London, by the Rev. W. Yorke Batley, M.C., Walter Langdon Brown, M.D., F.R.C.P., 31, Cavendish Square, W. 1, to Freda, only child of Mr. and Mrs. Henry Bishop Hurry, formerly of Sledgehorn, Eye, Northamptonshire.

WILLIS—HODGE.—On July 28th, 1931, at All Souls' Church, Langham-place, by the Rector, the Rev. Arthur Buxton, Frederick Edward Saxby, son of the late Edward Alexander Willis and of Mrs. Hubert Flanagan, of 13D, Hyde Park Mansions, to Rosalie Mary, the youngest daughter of Mr. and Mrs. Fred Hodge, of Cedar Grove, The Green, Richmond, Surrey.

DEATH.

HILLIER.—On July 25th, 1931, Thomas Ernest Hillier, M.A., M.B. (Cantab.), son of the late Dr. Thomas Hillier, Queen Anne Street, London, aged 71 years.

NOTICE.

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

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

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