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St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Fri., Oct. 2.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Sat., ,, 3.—Rugby Match *v.* Bath. Away.
Association Match *v.* St. Thomas's Hospital. Away.
Mon., ,, 5.—Special Subject: Clinical Lecture by Mr. Just.
Tues., ,, 6.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., ,, 7.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Rugby Match *v.* London Hospital. Away.
Fri., ,, 9.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Dr. Hinds Howell.
Sat., ,, 10.—Rugby Match *v.* Otley. Home.
Association Match *v.* Brighton Old Grammarians. Away.
Hockey Match *v.* Beckenham 2nd. Home.
Mon., ,, 12.—Special Subject: Clinical Lecture by Mr. Bedford Russell.
Tues., ,, 13.—Dr. Gow and Mr. W. Girling Ball on duty.
Wed., ,, 14.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Fri., ,, 16.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., ,, 17.—Rugby Match *v.* Bedford. Away.
Association Match *v.* Old Brentwoods. Home.
Hockey Match *v.* Woolwich Garrison. Away.
Mon., ,, 19. Special Subject: Clinical Lecture by Mr. Elmslie.
Last day for receiving matter for the November issue of the Journal.
Tues., ,, 20.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Wed., ,, 21.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Rugby Match *v.* Cambridge University. Home.
Fri., ,, 23.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Sat., ,, 24.—Rugby Match *v.* Coventry. Home.
Association Match *v.* University College, London. Away.
Hockey Match *v.* Sittingbourne. Away.
Mon., ,, 26.—Special Subject: Clinical Lecture by Mr. Bedford Russell.
Tues., ,, 27.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., ,, 28.—Surgery: Clinical Lecture by Mr. W. Girling Ball.
Fri., ,, 30.—Dr. Gow and Mr. W. Girling Ball on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., ,, 31.—Rugby Match *v.* Moseley. Away.
Association Match *v.* Keble College, Oxford. Away.
Hockey Match *v.* R.N. & R.M., Chatham. Home.

EDITORIAL.

OCTOBER.

THE first freshman will soon have taken his seat at the Senior Staff table, and all the annual freshman's stories will have enjoyed their annual success. Let him be assured, nevertheless, of the heartiness of our welcome.

* * *

Those who see St. Bartholomew's now for the first time see an institution, out of the wisdom of its eight hundred years, changing with the times. Buildings, equipment, the whole machinery of the treatment of patients, have undergone an extensive overhauling unequalled in history. The new Surgical Block stands in the first flush of novelty, reminding physicians how far off are the days when surgeons were appointed to do *their* bidding. The out-patient department grows as specialized as modern medicine: diabetic, rheumatic, fracture, varicose-vein clinics are to be followed by one devoted to neurology. The Midwifery Department announces that district cases in Finsbury are to be provided with midwives free of charge, while the probings of the *Lancet* Commission into the affairs of nursing staffs are not to be without effect here. Meanwhile such revolutionary projects as an evening visiting hour and out-patient visits by appointment are the subject of experiment elsewhere. And all these changes while the income of the voluntary hospitals is being jeopardized by the nationalization of philanthropy.

* * *

A new era dawns, too, for the recruiting of students. Accompanying a request for admission to the Medical School is sent a document, after these lines, from a committee on recommendations to medical colleges:

> "The statement below is an estimate of this candidate based upon the opinions of his science instructors. . . ."

The estimate divides him into "Presence or Personality," "Character," and "Scientific Aptitude," with a "Scholarship Rating" expressed as a percentage for summary. Under the three main heads he may be excellent, average, or below average, and for further information "Specific Qualities" are marked by underlining the applicable adjectives in the following printed list:

PRESENCE OR PERSONALITY.

Manners: Congenial, well-bred, polite, deferential, crude, boisterous, aggressive, assured, reserved, gentle, shy, argumentative, talkative, soft-spoken, quiet, fastidious, supercilious, awkward, has poise, tact, dignity, a good speaker.

Temperament: Vivacious, colourless, nervous, stolid, enthusiastic, *blasé*, cheerful, sullen, serious, alert, dreamy, whimsical, popular, able to lead others.

Person: Tall, medium, short, stout, thin, well-built, erect bearing, sturdy, weak physically, good looking, ugly, neat, sloppy.

CHARACTER.

Honest, conscientious, reliable, considerate, tractable, generous, modest, energetic, self-controlled, ambitious, mature, social-minded, deceitful, erratic, self-centred, stubborn, frivolous, conceited, lazy, impulsive, immature, narrow-minded.

SCIENTIFIC APTITUDE.

Original, versatile, independent, accurate, thorough, careful, logical, responsive, resourceful, clear, level-headed, quick, concise, shrewd, keen, deft, good technique, interested in research, a "book" student, slow, unimaginative, muddled, careless, poor technique.

This list of possibles seemed to merit publication. Of such stuff are doctors made!

* * *

The following letter, received by a House Physician from a boy of seven years, suggests a new source of income for the Hospital (as well as a new use for H. P.'s).

"DEAR SIR,—When I came to Bart.'s on Monday I noted your free camera scheme. If you will send full instructions please, I shall be very glad. As regards french could you send me a letter to say I can't do my french homework, as it is a great source of worry, I shall be much obliged. I remain, yours truly, M. F—."

* * *

ABERNETHIAN SOCIETY.

Dr. W. Langdon Brown will deliver the Inaugural Address before the Abernethian Society on Tuesday, November 3rd, at 8.30 p.m., in the Medical and Surgical Theatre. His subject will be "Dr. Robert Bridges, the Poet of Evolution." All members of the Students' Union become automatically members of this Society, whose programme for the academic year is published on another page.

* * *

N. B. COHEN.

We announce with regret the death of Nigel Cohen, first-year student of this Hospital, in a flying accident on Friday, September 18th. Sir Herbert Cohen is well known as an Almoner of the Hospital, and the sympathy of all will be extended to him and to Lady Cohen on the tragic loss of their elder son. An obituary notice is published below.

OBITUARY.

NIGEL BENJAMIN COHEN.

IT was on Friday, September 18th, 1931, that N. B. Cohen, at the age of 23, was killed through a flying accident. The disaster was the more poignant, for we suddenly came upon the announcement in the morning newspaper, and it took from Sir Herbert B. Cohen, Bart., a member of our College Council, his son and heir. We feel the deepest sympathy for Sir Herbert and Lady Cohen.

Cohen came to us from Cambridge to continue his studies in anatomy and physiology here. He was a most assiduous student, and soon became well known to his teachers, for his string of questions would often delay their lunch and take them beyond the scope of their immediate discourse. The more elderly members of the Staff, who will always regard flying as difficult and dangerous, were impressed by his aeronautical keenness. Cohen was an enthusiastic airman, and the first student, I imagine, to fly from the class-rooms of one University to those of another. He used to speak of the exhilaration of flying, the opportunities it gave for using the resources of more than one University, and the humanizing influence a student-pilot might exert over an obdurate examiner by taking him up in the air.

His interest in flying was, however, something more than the delight of a speedy novelty. For I think he was possessed of a powerful scientific curiosity. It was apparent in his medical studies. He spent long hours in "the rooms," and was always turning over in his mind the applications of anatomy and physiology to flying. This had led him to ponder already the problems that emerge when an organism adapted for terrestrial progression seeks to meet the demands made upon it by hitherto undreamt-of speeds in the air. It is not improbable that sooner or later, and it may have been sooner, his deep interest in these matters would have led him to trespass on that narrow margin of safety which is all that belongs to the pilot.

The driving force of his brief life was a love of science. This noble passion caused him to live dangerously and to die early, and it led him to express the wish that, after his death, his body might serve the needs of scientific instruction and research. H. H. W.

ON BEING BEREFT OF SPEECH.

By a PATIENT.

OUR medicine is too objective; a doctor who has himself suffered from a complaint is by so much the more knowledgeable in dealing with that disease in others. Readers of this journal may be interested, therefore, in a short account of the experiences of a patient from a purely subjective point of view.

Being myself a doctor, things naturally meant more to me than to a layman, and I cannot help this fact sticking out now and then, but I will strive to be as pure a patient as I can. I must, however, first state the nature of my disease. It was a "cerebral accident" involving the cortex of Broca's convolution on the left side, but I must leave the doctors to settle whether it was due to embolism, thrombosis or sub-arachnoid hæmorrhage—all of which opinions were expressed. The effect was complete paralysis of pharynx, right half of tongue and face, interference with the movements of the right vocal cord and also impairment of the finer movements of the right thumb and index finger, which made writing clumsy and laborious for a long time. For the first few days there was numbness of the right arm and hand, which soon passed off everywhere except in the ring finger. I am told that the above combination of symptoms is characteristic of block of the anterior branch of the left middle cerebral artery. The lesion, devastating as it was to me, was only an incident in an illness associated with broncho-pneumonia, lasting nearly three weeks, for which I was being treated by the kindness of Dr. T. M. Rivers in the Hospital of the Rockefeller Institute in New York. It occurred on the tenth day of the illness, and in describing my experiences I will confine myself to the aphasia and the associated motor symptoms.

The onset can be timed very closely. At a given moment I was talking naturally to the nurses. Five minutes later an orderly thought I was speaking queerly and was clumsy with one hand. Five minutes later still, aphasia was complete. Dr. Rivers came in waving a cable from a member of my family, with which he expected me to be pleased. But I gazed upon it with lack lustre eye, and he then held it out to me. I missed it with my right hand and then similarly missed my spectacles. He then asked me if I understood the cable and I nodded. He noticed that my face was on one side, and I saw an expression of alarm come over him. He ran off for his colleagues, who soon gathered round me and made fuller examination.

I can affirm positively that I had not the slightest subjective sensation in my head at the time the incident occurred, or before or after. I may have felt a little dull and stupid, but I quite appreciated the situation. My notions of hemiplegia and aphasia were, however, somewhat archaic, and mostly derived from the P.M. room, so that my first thoughts were "It's me for the New Jerusalem this trip, and what a rotten way to go out, away from home like this!" My first ray of comfort came from hearing Dr. Rufus Cole say, "Oh well, it must be a very small one because the neighbouring centres are all right," so I then began to think I might not die immediately, but live for a time as a useless burden on people, communicating by signs, for the idea of recovering effective speech was still far from my thoughts.

A few days after my seizure, Dr. Tilney, the head of the Neurological Department of Columbia University, was called in in consultation. I could now write feebly, and I asked him the prognosis as regards speech. I had been rather dreading his answer, but to my amazement he said I should speak as well as ever and fairly soon too. I shook hands with him, and I am not ashamed to confess to a tear or two of joy and thankfulness.

My first reaction was almost grotesque. I at once abandoned all thought of growing a beard, and summoned an orderly to come and shave me as a symbol of my new hopes.

I was now confronted with the problem of a man, in full possession of his faculties, but cut off from his fellows by a barrier which it seemed hopeless to pass. True, I could nod my head or shake it or point to anything I wanted, but I found people very slow in the uptake. It was a pure motor aphasia. I had all the words ready, but the machinery for uttering them was gone and I could not make a sound. However, I could manage to write feebly and incredibly badly, at first better with my left hand. I once knowingly tried mirror-writing with the left hand, but it was no improvement. In two or three days I could write equally well with the right hand and this slowly improved with practice—though I found it very tiring for a long while.

Suddenly there occurred to me the idea of a box of letters which I could arrange on a board. It so happened that this was at a moment when a niece of mine was spending a week-end in New York, and she kindly made for me what proved to be better than detached letters, namely an alphabet with thick letters an inch high, well spaced on a card, twelve inches by ten. This was easily and quickly handled, and proved a priceless engine of communication with the outside world. Indeed, I am told that the first use I made of the card was to spell out "Communications re-established."

My forefinger became so nimble with use that others found it difficult to keep up with me; moreover, I developed a certain mental agility in deciding in how small a number of letters I could express a given idea. With this alphabet I found it possible to be laboriously chatty and even waggish, and for two or three weeks, as speech gradually returned, I used little else.

The man whose pharynx is paralysed has disabilities other than that of speechlessness. He cannot suck through a tube and has to be fed by spoon. The nurse duly places between his lips a spoonful of milk or soup but the Lord alone knows where it goes. With luck much of it doubtless reaches its destination, but much may splash around in the flaccid pharynx, perhaps to be rejected with vehemence a little later, and I remember the desiccated remains of yesterday's egg-nogg being once cleaned off the back of my pharynx with a spatula.

About three weeks from the first onset of my illness my temperature became normal and my physical recovery was now uninterrupted. The return of speech, which began in about a week from the onset of the aphasia, was really a process of thrilling interest, and left on my mind no shadow of doubt that it was one of the rehabilitation of the old cortical centres as a collateral circulation was established. How else could one explain the fact that I regained the power of counting the numerals up to 10 simultaneously in English, French, and German?

The return of speech was in a sense independent of my own volition. I did not have to learn *de novo*, but rather resumed the power as fast as the palsied muscles enabled me to exercise it. That of course is a crude way of putting it; a truer way would be to say "as fast as the recovering cortical nerve-cells became able to stir the still intact lower motor sectors into action." Doctors would come and stand over me trying to teach me to speak, urging me to put my mouth into such and such a position. This was uniformly futile. What actually happened was that each day, when I woke, I was able to say more and more, the power having miraculously descended upon me from on High during the night. Thus every morning the nurses used to gather round my bed to hear what new parlour tricks I had acquired.

In my diary I entered the progress I made. The larynx recovered first, enabling me to try vowel sounds. For the first week or so I was totally silent; then I became able to make miscellaneous farm-yard noises and then a low "Ah," followed soon by more high-pitched notes, and during the second week from onset progress was very rapid, as the lips and cheek began to regain power. I could soon repeat the alphabet and count the numerals. By the way, I found German and French words to slide out of the mouth more easily than English. English is certainly a very difficult language for foreigners to speak.

Exactly a fortnight after the onset of my aphasia I found myself one morning able to utter the untrue and irrelevant remark, "I have no need," and this was regarded as a great achievement. A day or two later I was able to repeat what in my own esteem was the first verse of "Mary had a little lamb." Early in the morning, when I was fresh, my auditors agreed that it was this poem, but in the afternoon, when I was tired, there was a good deal of doubt about it.

Somehow poetry came easier than prose, and sentences I knew well easier than extemporaneous remarks. Singing came most readily of all, so that in three weeks from onset I could sing the Doxology with power and conviction. When Dr. Tilney came again to see how I was getting on and told me I had improved even faster than he had expected, he was astonished, as he left the room, to hear me break forth loudly with "Praise God, from whom all blessings flow," but he quite saw the point.

Up to this time my progress in speaking had been rapid. It continued, but now at a slower pace. As a matter of fact a conversation of any length must have been as boring to the auditor as it was fatiguing to me, for much that I endeavoured to say was unintelligible, and I often had to spell aloud the word which had proved too much for me. With one cheek still paralysed it was difficult to get one's mouth into the right shape, and I found, too, that false teeth were a mixed blessing. It was hard enough to learn to articulate anew, but to do so with your mouth full of dominoes aggravated the hardship. However, I persevered, and was assured by all that progress was real. Before I left the hospital, rather more than seven weeks after the onset of the aphasia, I could say almost any word if you gave me time, but I had to dissect the difficult ones into syllables, so that speech was slow, staccato, and monotonous. I remember that the word "bacteriology" presented peculiar difficulties.

The presence of complete facial paralysis—and this persisted till after I had got back to England—was a great vexation in eating, for, when I came to sit up and feed myself, the previous mouthful tended to fall out when I opened my mouth for the next. The first time I sat up to lunch I used up three table napkins, and on board the boat, coming home, I had to eat in private owing to my deplorable table manners.

My time in hospital was not rendered the more exhilarating by the heat-wave which afflicted New York during June and July, the temperature remaining usually in the eighties (once 93°), with pretty complete aqueous saturation. However, if you slept immediately under an open window, with only a sheet over you, and kicked off your pyjamas while the night nurse wasn't looking, you sometimes left off sweating just before dawn. This was the reason why I was allowed to come home at the earliest safe moment, to convalesce under cooler skies. But first I had to learn to walk. After seven weeks of absolute bed my back and legs were useless, owing to atrophy from disuse. But ten days' vigorous massage improved matters, and whereas I couldn't offer at standing alone when I first tried, five days later I walked 20 steps without any support.

And so, nearly eight weeks after entering the hospital of the Rockefeller Institute, I was transported in an ambulance to the R.M.S. "Mauretania," full of thanks and gratitude for the skill and care with which I had been treated and the kindness with which I had been nursed.

On board the boat I learned to walk further each day, until finally my legs joined up with my back and I could walk alone. Once back in England my improvement continued, and even the facial palsy began to clear up under massage and Faradic electricity, much improving both speech and table manners. But here again let the patient drop a hint of what is unknown to many a doctor. If you are having the Faradic current to your face, shave afterwards and not before, or every tiny abrasion will burn like fire.

At the time of writing this article, just three months after the aphasia occurred, my speech still leaves much to be desired, but I can conduct an ordinary conversation without much difficulty, though still rather slowly.

F. W. A.

THE VOLUME OF THE BLOOD.

THE part played by the volume of the blood is very important, but it is apt to be forgotten. This is partly due to the difficulty of estimation which existed in the past, and partly to the absence of any adequate reference to it in the great majority of text-books of physiology and medicine. Two methods are used for estimating the blood volume of patients, but unfortunately their results do not agree. Haldane's carbon monoxide method is not suitable if the patient is very anæmic; moreover the technique is not easy. The mean value by this method is 66·6 c.c. per kilogram. This would give a blood volume for a man of 66 kgrm. (10 st. 5 lb.) of 4400 c.c., or $\frac{1}{15}$ part of the body-weight. Keith, Rowntree and Geraghtry in 1915 introduced a method which is much more suitable for clinical purposes, as it can be used even if the patients are seriously ill. A known volume of a dye solution like Congo red is injected into a vein, and allowed to circulate in the blood stream for three to six minutes. Some blood is then withdrawn, and the degree of the dilution of the Congo red is then estimated by a colorimeter. The total volume can be calculated from these data. Rowntree and Brown examined ten normal persons by this method, and obtained a mean value of 88 c.c. per kgrm., while the extremes varied from 72 c.c. to 100 c.c. The mean value for the blood volume of a man weighing 66 kgrm. would be 5608 c.c., and the extremes 4750 c.c. to 6000 c.c. The mean value expressed as a fraction of the body-weight is nearly $\frac{1}{12}$, and the extremes $\frac{1}{14}$ to $\frac{1}{11}$. The difference between the two methods is, therefore, very considerable.

There is a third method which can only be used on animals. The percentage amount of hæmoglobin is estimated, and the whole of the blood is then washed out by means of saline, and the total hæmoglobin estimated. The blood-volume obtained by this method is $\frac{1}{18}$ of the body-weight, and agrees much more closely with the results obtained by the dye method. Since the latter method is so much safer in clinical medicine, the figures obtained by it have been used to illustrate this article.

The blood-volume in health is maintained at a practically constant level, under the usual conditions of work and play. Even if large quantities of fluid are imbibed it hardly alters. Thus Priestley drank 2000 c.c. of water (3½ pints) in as short a time as possible, and excreted 1200 c.c. in the first hour. In this period he thought that his blood volume might have increased by 30 c.c., an insignificant alteration.

Under pathological conditions the volume can be considerably decreased, either by loss of fluid from the blood, or by the actual loss of blood by hæmorrhage.

LOSS OF FLUID FROM THE BLOOD.

This condition is seen in its most striking form in patients with cholera, although it may be present in a less severe form in patients with severe dysentery, in young children with diarrhœa and vomiting, cyclic vomiting, or vomiting due to obstruction somewhere in the gastro-intestinal tract. In cholera the amount of fluid which is lost from the bowel in a short time is very considerable, and the sunken appearance of the patient shows quite clearly that the body-fluids are seriously

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depleted. The blood-volume is decreased, and the hæmoglobin percentage rises above 100% to 110%, or even higher. The specific gravity of the blood is always estimated in cholera patients, and may rise above the normal of 1056 to 1060 or 1065.

It is important to recognize the condition, and an estimation either of the hæmoglobin or of the specific gravity should be made as early as possible, and repeated in two or four hours' time. The mortality-rate in cholera has been very considerably reduced since it was recognized that the blood became concentrated. The fluid must be given intravenously in this condition. Leonard Rogers found that hypertonic saline 1·2% NaCl was of greater value than normal saline 0·9% NaCl. Sufficient fluid must be given to lower the specific gravity to below 1056 and the hæmoglobin below 100%, and it may be necessary to repeat the process several times in a severe case. The blood may become concentrated under conditions in which very little fluid has been lost. Thus it may occur in patients who are near the crisis of a pneumonia, in diabetic coma not associated with any polyuria, and in wound shock.

The diagnosis can only be made with certainty by watching the change in the hæmoglobin or in the specific gravity of the blood at intervals, whenever it is suspected that this condition is arising. The condition may be prevented by giving water or half normal saline by mouth. Normal saline should also be given *per rectum*, but in all severe conditions the saline must be given intravenously.

Loss of Blood by Hæmorrhage.

It is much more difficult to be certain of the decrease in the blood-volume when bleeding has occurred. It is difficult to say by looking at the blood on the bed or ground how much blood has been lost. If the patient has been removed to hospital the doctor is dependent on the statements of the patient or his friends, and the task is still more difficult. If the patient has vomited blood it is impossible to say how much blood still remains in the stomach and intestines, and therefore how much blood has been lost.

The changes which occur after a hæmorrhage can most easily be explained by considering the effect of the loss of 1000 c.c. of blood by a healthy patient, whose blood volume was 5000 c.c. and the hæmoglobin 100%, and the red cells 5,000,000 per c.mm. Immediately after the hæmorrhage the hæmoglobin and red cells will be unaltered, but during the next few hours will decrease, provided that the conditions are satisfactory. The decrease is due to the dilution of the blood with fluid, taken up from the body tissues. After twelve hours the hæmoglobin will probably have decreased to 90%, and in the course of the next twenty-four hours to 80%. If larger amounts of blood have been lost, say 2500 c.c., several days will elapse even under favourable conditions before the blood volume reaches its maximum dilution and the hæmoglobin percentage falls to 50%. An instance of this type was seen quite recently :

A young man, æt. 20, was admitted some twelve hours after a hæmatemesis, in which it was reported that one pint of blood (560 c.c.) had been vomited. The hæmoglobin very shortly after admission was only 70%, and unless the blood had been diluted very considerably in the twelve hours before admission, it is unlikely that the hæmoglobin was above 80% before the hæmatemesis occurred. No further hæmatemesis occurred, and his condition did not give rise to any anxiety. The amount of blood passed in the stools was not large, but the stools still gave a positive test for blood by the benzidine test on the tenth day. The amount of hæmoglobin fell steadily, and was only 40% on the sixth day. This figure shows that he had probably lost half the volume of the blood, and perhaps 2500 c.c., either at the initial hæmorrhage, or during the next few days.

The dilution of the blood only occurs when the conditions are favourable. If the patient is allowed to get cold, suffers from severe pain, and is unable to drink water for any reason, the blood volume will remain low and the hæmoglobin high. During the war it was a common experience for a man to arrive at the casualty clearing station some twelve to twenty-four hours after he had been wounded. Some of these patients were very ill, and suffering from "shock." The hæmoglobin was often 90% or even 100%, and at first sight suggested that very little blood had been lost. If the condition was very grave, the hæmoglobin might be over 100%, and in one case with an abdominal wound, the hæmoglobin increased to 120% under observation. The amount of hæmoglobin in the capillary circulation in this type of case is considerably greater than in the venous blood. The difference between them is some indication of the degree of shock.

The dilution of the blood does not always occur even under conditions which seem satisfactory; thus Robertson and Bock found that severely wounded soldiers might not have restored the blood volume two or more weeks after the last hæmorrhage. A similar case has been observed in this Hospital by Prof. Fraser. A man who suffered from hæmophilia was admitted because he had vomited blood. While in the ward he vomited 700 c.c. on the first day and 675 c.c. of blood on the second day. On the third day the hæmoglobin was 84%, and on the fourth day it was 94%. His general condition was poor, and the amount of hæmoglobin seemed surprisingly high in the light of the amount of blood which he had lost while in the ward. On the fifth day he was given 8000 c.c. of fluid by the mouth, rectum and subcutaneous tissues, and by the morning of the sixth day the hæmoglobin had fallen to 61%, and by the evening to 54%. The improvement in the general condition, as soon as blood volume had been restored, was most striking.

The diagnosis of the condition is not easy. If the blood volume cannot be estimated by the dye method, indirect methods must be used. It is most important to make an estimation of the hæmoglobin as soon as possible after the hæmorrhage, so as to determine whether the patient was previously anæmic. If the hæmoglobin percentage is known, it is possible to say some hours later whether the patient is diluting his blood satisfactorily or not. If the patient was already so anæmic that the hæmoglobin was 40% or lower, a blood transfusion should certainly be given with very little delay. If the hæmoglobin is 90% or 100%, this alone should not give rise to the belief that the patient is fit for an operation, because he may actually have lost more than half the blood volume. The decision to perform a necessary operation must be guided by the clinical condition of the patient, and the pulse-rate, volume of pulse, blood-pressure, sweating and restlessness are all-important points. Thus a hæmoglobin of 100%, if accompanied by a rapid pulse-rate, poor volume and a low blood-pressure in a patient who is restless and clammy is a nearly certain indication that much blood has been lost, and a blood transfusion is a necessity before any operation, however trivial, is performed. A similar condition without loss of blood may, however, be seen in "shock" after a severe injury. If a patient with such clinical signs has lost blood, it is imperative to give a blood transfusion so as to prevent the patient dying, because the blood volume is too small to maintain the circulation. It must be recognized that the transfused blood may run out at once if the patient has an open artery at the base of a gastric ulcers But life is prolonged by having an additional 600 c.c. or 900 c.c. of blood in the circulation, and there is alway. the hope that the hæmorrhage may stop before this blood is lost. It may be necessary to repeat this procedure several times, and Mr. Dunhill and Mr. Keynes once successfully transfused a patient with a severe internal hæmorrhage four times in three days. Some observers think that it is wiser not to give blood under these conditions, because the slowing of the circulation due to lack of a sufficient blood volume may predispose to stop the hæmorrhage, and that the blood transfusion may start the hæmorrhage again by improving the circulation. Although it is possible that hæmorrhage may be started again by a blood transfusion, it seems to me to be wiser to give the blood, and so prevent, for a while at all events, the death of the patient from an insufficient volume of blood. The blood should be given very slowly in these cases.

If a patient has lost a great deal of blood, but is able to dilute his blood volume satisfactorily, the hæmoglobin will continue to decrease for some days. If the hæmoglobin decreases to 30% a blood transfusion should be given, partly because a further hæmorrhage would be very dangerous when the blood contains so little hæmoglobin, and partly because convalescence is believed to be shortened by the improvement in the general condition following the blood transfusion.

These cases show some of the difficulties which arise in the treatment of patients who have lost much blood. The most important point to remember is that the heart cannot maintain life unless the volume of the blood is adequate.

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George Graham.

A COMPARISON OF THE ORAL AND INTRAVENOUS METHODS OF CHOLECYSTOGRAPHY.

The literature on cholecystography is already of vast proportions, and statistics to demonstrate the accuracy of the various methods of administering the dye are also numerous. All writers on the intravenous method claim over 90% accuracy of diagnosis. The claims as to the accuracy of the oral method vary somewhat, but in a recent article Kirklin (1) gives some figures on the 35,000 cases done by the oral method at the Mayo Clinic, and claims a high degree of accuracy, namely 90% on all cases, and 98% when the diagnosis was positive. He also re-examined

by the intravenous method 250 cases, in most of which no shadow had resulted from the oral administration of the dye, and in only 1% did the results differ.

However, conditions vary in different parts of the world, and so it is as well to know the results obtained under our own working conditions in this Hospital.

An excellent report has already been made by Paterson Ross (2) for the intravenous method, and he has also given comparative statistics with the oral method (3), but there is some excuse for these additional figures, as the numbers considered are larger, and since his article great improvements in the quality of the dye and in the technique of administration have occurred, while in the last six months, following the installation of new apparatus, the radiographic technique has also greatly improved. The technique of the intravenous method has not altered since Ross's description of it (2). In the oral method the chief advance has been the substitution of liquid preparations drunk in grape or orange-juice for capsules containing the liquid, and the replacement of the fatty meal just before the dye is taken by a fat-free one.

Four makes of dye were used for oral administration in this investigation, namely opacol, tetradol, T.I.P. (B.D.H.) and keraphen. They are probably all the same, and only differ in trade name. Supplies of tetradol are a little difficult to get and so it is not much used now. Opacol and T.I.P. are English, and the cheapest, at 3*s.* a bottle. Keraphen at 4*s.* is the most expensive and is the latest American product.

The number of cases in which each was used is insufficient to justify a comparison between them, but they all gave good shadows in cases showing a normal gall-bladder.

The technique is the same for all of them, namely, no purgative, especially not castor oil, within 36 hours of the examination.

The usual food is taken until 5 p.m., when a fat-free meal is given. This should be of ample proportions, and selected from such articles as toast, jam, stewed fruit, steamed or boiled fish, potatoes, tea without milk, etc., but milk, butter and other fat-containing foods not allowed. At 6 p.m. the whole bottle of the dye is emptied into a wine-glass half full of orange-juice or grape-juice. (This can be obtained in bottles as Welches' grape juice.) Unfortunately there is only one size of bottle of the dye, and the whole contents are given, which is the dose for an average adult. It is probable that somewhat larger doses are advisable for large patients.

After the dye has been taken, no further food or drink is given until ordered by the radiologist. Films are usually taken next day at 10 a.m. (16 hours) and 12 (18 hours after the dye was drunk). If a good shadow is present, a further film is taken one hour after a fatty meal of milk with a little cream in it, bread and butter, and a lightly boiled egg. If a faint shadow only was visible, the fatty meal may be postponed, and a further film taken at 20 hours, for fear of delayed absorption.

The radiological technique is varied a little according to circumstances, and the appearance on the first film. A lateral view will be of help in confirming that an opacity, seen through the dye in the anterior view, really does lie in the gall-bladder, and is better than stereoscopic films.

In this series of cases no serious reaction followed the administration of the dye by any of the methods used, and even in the oral method nausea was uncommon. The oral method is quite feasible for out-patients provided that the patient is sufficiently intelligent to carry out the instructions, and has easy means of access of the hospital, long journeys or much walking being contra-indications.

The following statistics are based on the X-ray appearances and not on the reports, although these usually agreed (actually 5 errors of diagnosis in 184 cases).

One point in diagnosis worth mentioning is that with the oral method excellent shadows were obtained in cases with a normal gall-bladder, although opaque dye cast a shadow from the colon. This shadow in the colon does not necessarily signify that no dye has been absorbed, and in the absence of a gall-bladder shadow it is safe to assume some absorption of the dye, in spite of opaque shadows in the colon.

It is probable that the intravenous method is the one of choice in very obese patients, and in patients with known gastric or duodenal lesions, as these may upset the result. No selection of cases on this basis was made in this series, nor was a larger dose of the oral dye given in large patients.

Analysis of Cholecystography: St. Bartholomew's Hospital, October, 1928 to October, 1931.

Only in-patients were followed up, and out-patients unless admitted, are not included in these statistics. In 81 cases the appearances were normal, *i.e.* the gall bladder cast a shadow only when filled with the dye, and this shadow became denser and slightly smaller on the second film two to four hours after the first. The shadow was homogeneous in density, and oval, pyriform or rounded in shape. It disappeared or almost disappeared following a fatty meal. Of the remaining cases 11 showed positive or negative shadows in the dye-filled gall-bladder, and 86 no filling, or very faint filling.

Results.

	Intravenous.	Oral.
Confirmed as normal at operation	17	11
Confirmed as pathological at operation	39	26
Normal, but no operative confirmation obtainable	36	17
Pathological, but no operative confirmation obtainable	15	17
Errors	2	4
Total	109	75
Percentage correct	98	94

Analysis of Errors.

All showed a normal gall-bladder and common duct at operation.

Intravenous: One gave no shadow; one poor shadow (gastric ulcer present).

Opacol: One poor shadow (gastric ulcer present).

Tetradol: Three gave no shadow.

I wish to thank the Senior Staff for permission to publish these figures on the cases seen in their wards.

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G. SIMON.

RENAL COLIC: ITS NATURE AND RELIEF.

"Every pain has its distinct and pregnant signification if we will but carefully search for it." JOHN HILTON.

A VERY good opportunity of studying renal colic was recently afforded by the admission into this Hospital of the patient whose history is presently to be described. He suffered from bilateral renal pain, shown later to have been due to the presence of renal calculi; in addition, after the second operation he again experienced pain, due to some temporary obstruction. The nature of the pain and the measures employed for its relief both shed light on its causation.

Gershom L—, male, æt. 21, cabinet-maker, was admitted to Percivall Pott Ward on May 17th, 1931, under the care of the Surgical Professorial Unit, complaining of pain in both loins and blood in the urine.

History of present condition.—Two years ago: Intermittent attacks of lumbar pain on right side.

One year ago: Hæmaturia; attacks once a month.

Three months ago: Dull ache in left loin, worse on exercise.

The pain in each individual attack would commence as a dull ache, and then become persistently worse without even momentary remission; it usually lasted for several hours. The path of reference was to the front of the abdomen, in the line of the ureter, but not reaching as far as the testicle. The stream was good; no increased frequency, no retention, no dysuria, but marked constipation.

On Examination. Healthy looking young Hebrew, not in any pain.

Abdomen.—No rigidity, no tenderness, no tumour; kidneys impalpable.

Urine.—Albumen present in small amount; no blood or infection.

X-rays.—These showed bilateral calculi in the renal pelves.

Renal function proving satisfactory on investigation by the usual tests, operation for right pyelo-lithotomy was performed by Prof. Gask on May 29th. The patient made a good recovery, was discharged on June 16th, and went to a convalescent home for three weeks, during which time the pain returned on the left side as before. He was readmitted according to plan for the same operation on the opposite side (left). This operation was performed by Mr. Paterson Ross on August 7th, and the patient made an uneventful recovery until just ready for discharge, when suddenly on Sunday evening (August 24th) the pain returned on the right side (side of first operation). In the patient's words, the pain was like a knife sticking in his loin all the time; there was no remission whatever, and the pain soon became unbearable. It is to be particularly noted that the pain was of a persistent and progressive character, not of the kind usually associated with the word "colic." It commenced at the back as before, and passed down the line of the ureter as far as the testicle, which was tender to the touch and particularly painful on micturition. The pain was similar to that before operation, but much more severe, and was not relieved by two full doses of morphia; it commenced on the Sunday and persisted for four days, with intervals of comparative freedom, but these were intervals of hours—not momentary intervals of the kind to be expected in true colic. During these four days the patient vomited two to three times a day, the vomit consisting of recent food. There was extreme tenderness in the right loin. There was also troublesome constipation. X-rays showed no further stones.

On the afternoon of the fourth day (Wednesday) the pain became so intense that the patient was sweating profusely; accordingly, cystoscopy was undertaken by Mr. Paterson Ross. The right ureteric orifice was seen to be pouting and œdematous. A catheter was passed

up the ureter, and almost immediately pus was seen to issue around it. The patient experienced a numb feeling in the loin and he had no more pain; the tenderness in the loin also disappeared, and thirty minutes later he was sitting up in bed enjoying his tea! The ureteric catheter was left in place for twenty-four hours. At first a quantity of urine containing pus and blood escaped; later the flow diminished and the urine became normal. A week later the patient left the Hospital in perfect comfort on September 1st.

Discussion.

The special points of interest are (*a*) the nature of the pain and (*b*) the method of relief.

It was stated by Sir James Mackenzie that "the only stimulus which produces pain in the tissues which are supplied only by the autonomic nerves is the contraction of muscle," and now it is generally accepted that visceral pain has its origin in, and is due to an abnormal increase in tension of the muscle element of the wall of the viscus, caused either by (i) contraction of muscle, or (ii) failure to relax to accommodate increasing intra-visceral pressure (1).

Now there are two types of pain corresponding to these two alternative causes: (i) the characteristic classical intermittent colicky pain, and (ii) the continuous progressive pain which was present in this case.

There are correspondingly two logical methods of relief:

(i) *Induction of relaxation of spasm.*—This can be accomplished by the orthodox atropine injection, or by the intravenous injection of 5% calcium chloride. This latter method is a most successful, if temporary, measure for the relief of any kind of colic; it can be repeated every twenty-four hours; its mode of action is not understood, its discovery having been rather a matter of chance. Bauer, Salter and Aub, believing that a close connection exists between the storage of lead and of calcium in the body, undertook a series of experiments in cases of lead colic in which they decided to observe the effect of the injection of calcium. They expected there would be a slow absorption of lead from the blood-stream into the bones. They were very surprised to find an immediate effect of outstanding nature. All pain was immediately abolished. The result being far too rapid to be accounted for by absorption of lead, the workers assumed it to be due to an anti-spasmodic effect of calcium; accordingly they administered it in cases of intestinal, biliary and renal colic and found it to be equally successful. The amount given was 20 c.c. of a 5% solution. It must be given slowly, as it produces an intense local burning pain and a generalized feeling of heat (2).

(ii) *Lowering the intravisceral pressure by removal of the contents.*—This is the method which was adopted in the case here recorded, and it was completely successful. J. C. Ainsworth Davis advocates this method, and quotes a case in which, on three successive occasions, he lowered the intrapelvic pressure, caused by calculus blockage, by passing a catheter up the ureter, thereby completely relieving the patient's pain (3).

A third interesting feature of this case was the association with the colic of persistent vomiting and obstinate constipation; this latter feature also occurred in Ainsworth Davis' case already quoted. He even suggests that this is caused by an associated intestinal obstruction, presumably due to inhibition of the neuro-muscular mechanism of the gut. There is obviously room for further investigation of these interesting symptoms.

In conclusion, I should like to thank Mr. Paterson Ross, not only for permission to publish this case, but also for his most helpful advice in the preparation of this article.

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H. Morgan Williams.

A UNIQUE CASE OF COMBINED PREGNANCY.

THE following case is reported partly because of its intrinsic interest, and partly because, as far as has been ascertained, no similar case has been previously recorded.

Mrs. E. C—, æt. 30, married four years, nullipara, came up to the Women's Out-Patients' Department, March 23rd, 1931, her sole complaint being dyspareunia.

She said she had always experienced great pain on attempted coitus, and that on this account actual penetration had never taken place. Her husband was later interviewed, and a careful consideration of the history he gave left no doubt as to the accuracy of his wife's statement.

History.—Her menstruation had always been normal and regular. *Last regular period.*—December 31st, 1930, to January 3rd, 1931. She expected a period about January 31st, 1931, but she saw nothing till February 17th, when, while washing some clothes, she experienced a sudden attack of sharp pain in the right iliac fossa and hypogastrium. Almost at once she began to bleed *per vaginam*. The blood was at first dark and mixed with small clots, but after persisting steadily for about three days it became bright red in colour, while now she noticed the passage of shreds of flesh-like material. She called in her doctor, who said she had miscarried. The abdominal pain became less severe, giving place to soreness and tenderness of her hypogastrium, but she now experienced pain on micturition and on defæcation. Her symptoms steadily improved and by the beginning of March the pain had entirely disappeared, while the last trace of bleeding was on March 16th. Apart from these symptoms she had had morning and evening vomiting during the middle of February, and she had noticed enlargement and tenderness of her breasts.

She had given the matter no further consideration, and had come up to hospital, seeking treatment for vaginismus.

She was examined in Out-Patients by Dr. Wilfred Shaw, who found she was a healthy looking though rather pale woman. Mucous membranes were a good colour. Temperature, 99°; pulse 80. Her breasts were active. Arising out of the pelvis to a height of 2 in. above the symphysis pubis and somewhat to the left of the mid-line was a firm, smooth, rounded and slightly mobile tumour.

Per vaginam.—The hymen was quite intact, the orifice barely admitting one finger. Extreme vaginismus was present, with no reason to account for it in the vulva or vagina, which were both quite healthy. The cervix was unusually soft, while the tumour felt *per hypogastrium* was identified as the body of the uterus symmetrically enlarged to the size of a 10 weeks' gestation. In the pouch of Douglas a soft, doughy, tender mass of indefinite outline could be palpated. The right tube appeared to be enlarged and the left appendages felt normal.

The history and physical signs were so characteristic of an ectopic gestation that she was admitted at once to Charity Ward, though in view of the intact hymen this diagnosis was thought to be extremely improbable, and a tentative one was made of chocolate cyst of the right ovary and fibroids.

Dr. Wilfred Shaw operated with a view to exploring the pelvis on March 25th, 1931:

On opening the abdomen the pouch of Douglas was found to be full of blood-clot. There was a right ectopic gestation with a peritubal hæmatocele, and the left tube and ovary were normal in every respect. The uterus was symmetrically enlarged to the size of a 10 weeks' gestation and was much softer than is usual in ectopic cases, while no fibroids were present. It is only rarely that anything more than a slight enlargement is encountered in association with an ectopic, though Gray states that the uterus may be as large as a 5 months' gravida. But invariably it is considerably smaller than it would be in an intra-uterine pregnancy. Because of this enlargement it was thought at the time of operation that there must be a coincident intra-uterine pregnancy. All blood-clot was cleared out of the pelvis, the right tube and ovary were removed, and the abdomen sewn up without drainage.

Apart from a slight "show" immediately after the operation she had no bleeding whatsoever and made an uninterrupted recovery.

She was seen by Dr. Shaw in June when she was undoubtedly pregnant, the uterus extending to 2 in. below the umbilicus.

She was last seen in the Ante-Natal Department, September 5th, 1921, when she was in perfect health, and will reach full term at the end of October. The specimen removed was examined carefully and the following points observed:

(*a*) There was a mole in the isthmus of the tube. On removal a dark, ragged, roughly circular area was revealed, which proved, on microscopic examination, to be an undoubted implantation site; the rest of the tube showed a marked decidual reaction. No chorionic villi were found, for as the ovum in all probability had died five weeks previously, all traces would have been absorbed.

(*b*) There was no obvious rupture of the tube, and the abdominal os was quite patent.

(*c*) Lastly, there was a corpus luteum of pregnancy in the ovary removed, but it was not determined at operation whether there was another in the ovary left in the body. There is no doubt, therefore, that this is a case of combined intra-uterine and extra-uterine pregnancies—a condition very uncommon in itself, but quite unique in association with an intact hymen.

Discussion.

I. *Combined Pregnancies.*

A survey of the literature on the subject of combined pregnancies reveals much that is of interest.

In the majority of cases the gravid Fallopian tube ruptures, the shock and hæmorrhage causing the uterus to empty soon after. This by no means invariably happens. Fleurent's case did not abort until three months after abdominal section for the ruptured ectopic, and Mrs. E. C— shows every indication of giving birth to a full-time child in October, seven months after the operation, and eight months after the Fallopian tube ruptured. V. Neugebauer found that out of 181 cases, the uterine fœtus reached maturity in 34·6% of the cases and was born alive in 31·3%. Of the extra-uterine an astonishing number went to full term—20·4%—though of these only 5 were born alive through an abdominal section. Miller in 1908 actually removed a living child from an extra-uterine sac shortly after the birth *per vias naturales* of another. When studying the ætiology of this condition one must of necessity consider the predisposing causes of tubal gestations in general.

(1) The great majority appear to be caused by changes in the tube lumen, resulting from previous inflammations. Neighbouring plicæ partially denuded of their epithelium adhere to one another, forming tiny crypts, follicles and polypoid processes, which so impede the progress of the ovum that it becomes too large to complete its journey to the uterus.

(2) Congenital diverticula and accessory tubes seem to be the exciting factors in a small proportion of cases, whilst the congenitally hypoplastic tube, which is usually

long and tortuous and whose walls lack contractile power, is not uncommonly the site of an ectopic pregnancy.

(3) Lastly, it has been held that the ovum, after escaping from its follicle, migrates across the peritoneal cavity, in which it may be fertilized, to the tube of the opposite side, by which time it has become too large to reach the uterus.

In the case here recorded no pathological cause could be found. The tube removed at operation was examined microscopically, and no evidence was found of old or recent inflammation, or of congenital abnormality.

Parry advanced a very ingenious explanation for cases of this type. The entrance of a fertilized ovum into the uterus sets up a decidual reaction in both tubes. A second ovum, if set free, is unable to escape from the oviduct, while a sufficiently wide lumen is left for the entry of the sperm.

Needless to say the condition is very rarely diagnosed before operation. Although most cases, especially the earlier ones, are diagnosed as miscarriages, the possible occurrence of this rare condition should always be considered in a woman who has just miscarried, but who begins to show the signs of internal bleeding. By the time the two fœtuses are obvious clinically, the removal of the extra-uterine one has become a formidable task.

V. Neugebauer found the mortality was 30·6%, but with earlier diagnosis and improved technique this should be considerably reduced.

II. *Conception with Intact Hymen.*

The particularly interesting feature of this case is the fact that the patient conceived although actual penetration of the vagina had never occurred. Several cases of uterine pregnancy with an intact hymen have been published. Kuntzsch tells of a woman with vaginismus and a hymeneal cyst preventing coitus who conceived without defloration, while a similar case is reported in the *British Medical Journal* (1910, i, p. 1110). They demonstrate the extraordinary activity of the sperm. Considerable medico-legal importance is attached to these cases. In one of the most famous legal battles of this century this question of conception without penetration was brought into great prominence. And quite often in the Courts, when the reputation of a single woman is at stake, or perhaps when the credibility and character of a person making a charge of want of chastity against a woman is involved, it becomes necessary to decide whether or not this woman is a virgin. Most attention is given to the hymen. If it is found intact the question may arise, Is this positive proof of virginity? And the answer is No.

(*a*) The hymen may be soft and resilient with a large opening, and here penetration is possible without rupture.

(*b*) It may be resistant with a small orifice, so that penetration without defloration cannot occur, but nevertheless some of the fecundating fluid may enter the vagina.

The presence of the hymen may be taken as strongly presumptive evidence, but not absolute proof of virginity.

In conclusion, I wish to thank Dr. Wilfred Shaw for permission to publish the notes of this case and for much valuable criticism and help.

J. R. STRONG.

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DR. MATTHEWS DUNCAN AT ST. BARTHOLOMEW'S HOSPITAL.*

I.

1877–1890.

LETTER FROM LORD LISTER TO DR. MATTHEWS DUNCAN.

MOST CONFIDENTIAL.

9, CHARLOTTE SQUARE, EDINBURGH.
18th Aug./77.

Mrs. Lister is my scribe and she is not a revealer of secrets.

(Retained by me because it was no secret to me when got—J.M.D.)

MY DEAR DUNCAN,—I dont know what you will say to what I am about to communicate. I have heard today on authority which is quite reliable that the Medical Staff of St. Bartholomew's Hospital would be unanimous in inviting you to occupy the position in that School which Dr. Greenhalgh is resigning, provided that they had reason to believe that you would be disposed to accept such an offer. I therefore write to you to ask you confidentially what you would think of such a proposal. Of course you are well aware that St. Bartholomew's is the largest of the London Medical Schools (a very different affair from poor King's). You will take into consideration the honour of such a most exceptional invitation & the noble work that there may be to be done by an honest man in setting an example of what high-principled gynæcological practice should be, & you will also estimate at its proper value the great probability of a first class and lucrative practice, together with the opportunity of devoting yourself exclusively to that department which you prefer.

Of course you will weigh the other side of the question, your position as the recognized head of your department in Scotland, your excellent practice carried on with little toil compared with that

* Being the last two chapters of the Wix Prize Essay, 1931.

of a London life, & the associations of friendship and relationship in your native country, and also what you so lately put before me the question of the expediency of making so great a change at your time of life. All I can say is that, as a Londoner, I shall be truly glad to see you in the Metropolis, if your best judgment leads you thither.

I must beg of you to burn this letter when you have read it; because it is only on the condition that this would be done that I have been permitted to make this communication to you, so as to take the place of the oral informant who would have interviewed you had you been in Edinburgh. With the sincere wish that you may come to the right conclusion I remain

ever most truly yours,
JOSEPH LISTER.

"Permanence of residence, good undoubtedly for the pocket, is not always best for wide mental vision in the physician," says Osler, and, "if the licence to practise meant the completion of his education, how sad it would be for the young practitioner, how distressing for his patients." Duncan was, however, neither a young nor an inexperienced practitioner when in 1877 the Staff of St. Bartholomew's Hospital, after a meeting at the house of Sir William Savory, invited him to become Obstetrical Physican to the Hospital on the retirement of Dr. Greenhalgh. But his mind was ever open and ready to seize chances which would profit, not only the education of others, but of himself. "It goes without saying that no man can teach successfully who is not at the same time, a student" (Osler). Duncan was a student of all that in his day remained among the great mysteries of life.

Duncan was a born instructor and some of his greatest pleasure lay in teaching. He used to say that "a man may do infinitely more good to the public by teaching his art than by practising it," and Sir William Turner says of Duncan, "To be daily brought into close contact with young and enquiring minds eager in the pursuit of knowledge was to him a source of great pleasure." London offered those chances of teaching which his mind yearned to exercise.

Naturally at first there was some hesitation in accepting the offer; his position, his practice, and his income was already of the best, so why should he change? However, he went up to London to see over the Hospital and interview the Treasurer, Sir Sydney Waterlow. His glimpses of her grey walls and the atmosphere which surrounded her precincts soon captured Duncan's heart and the decision to leave Edinburgh was made. He felt "that there was to be found everything he most desired in the world," and on his return to Edinburgh he met his wife and explained, "We go to London on the 1st of October."

Before leaving the city which had nursed but which had disappointed him, a public dinner was given to Duncan by a large number of his friends. Dr. Keiller, President of the Royal College of Physicians, occupied the chair, and Sir Douglas Maclagan proposed the health of the guest of the evening. His concluding remarks are worthy of repetition: "The profession would miss him whom they were accustomed to look to for advice in critical emergencies—the medical school would miss one who had done so much to uphold its reputation by his writings and teachings—they would miss him in the College of Physicians, whether in full College or in Council, where he always took a sage, prudent and vital part in their deliberations—they would miss him in their social meetings—and some of them would miss him in another capacity, that of the kind and hospitable entertainer." A description of Duncan by Mr. Benjamin Bell, given at this dinner, shows many aspects of Duncan which are not otherwise recorded. He says: "Allow me to gather up a few more aspects of loss which occur to me. We shall miss him in the street. His quiet, leisurely, yet steady onward walk, not to be lightly interrupted; while his grave thoughtful countenance relaxes with a friendly recognition for those he happens to meet. The truth is that he has an appointment and wishes to reach his destination at a certain time. Dr. Duncan is a punctual man and you never see him in a hurry or fussed—recalling vividly to my mind in this important quality two members of our profession whom some of us remember, one of them a great physician, John Abercrombie, the other a still greater surgeon whom most of us knew, James Syme. We shall miss our friend in the chamber of sickness. He has arrived punctual to a minute, and comes in with a quiet step. His expression may be grave but it indicates self reliance and brings hope and confidence to the patient. They say he is reticent. So he is, but he knows when to speak and when to be silent. And we know that silence is golden. Some people say that his manner is dry. There is nothing certainly that can be called gushing about Duncan; but let me tell these people that there is a deep fountain within the man which can show itself on due occasion. The examination of the patient over, we leave the sick room for the consultation. I speak now for general practitioners. You feel that you have to do with a man who forms his conclusions and opinions with care and caution and then holds them tenaciously—a man all of whose professional work suggests by its solidarity and durableness the granite formation of his own native Aberdeen. There is no reticence now. He places his own doubts and difficulties candidly before you and never leads you to suppose that he has a store of wisdom in the background unrevealed. His opinion is unmistakably reasonable and trustworthy." The dinner was held on October 30th, 1877, and Matthews Duncan left his beloved city

to take up the new span of life upon which he had embarked in the Metropolis. He moved into the house at 71, Brook Street, the lease of which he purchased, and lived there all the remaining period of his life in London.

The changes which Duncan made to the teaching at St. Bartholomew's are hard to realize in these days. In London, as in Edinburgh, the charm which he exercised on all around him was soon discovered, and he got on the best terms with all his colleagues on the Staff of the Hospital. The sisters, the nurses, the students and the patients were brought under his spell, and he used to tell his wife that "he believed if he told them to lay down their heads to be chopped off they would do it." His success in practice equally came up to his success in hospital, for few names of note in London could be mentioned into whose homes he had not been called. Among them may be placed Her Royal Highness the Duchess of Albany.

Sir Norman Moore* says of Duncan: "Robertson Smith, the Arabic scholar, migrating in mature life from Scotland to Cambridge, rapidly became as thorough a Cantabrigian as if he had received his education on the Cam, and Matthews Duncan showed an equal power of becoming a member of a new circle in a new nation and was soon as devoted to St. Bartholomew's as if his whole previous medical existence had been spent there."

The teaching of midwifery at St. Bartholomew's was begun in a more or less systematic way in 1825, when the House Committee passed the following resolution: "To secure to the pupils the benefit of instruction in midwifery in the event of there not being any member of the Medical Board educated in that science and competent to teach it. In such contingency the Committee recommend that an election for the midwifery lectureship do take place at the usual Court for the election of officers in every year until the necessity for strengthening the medical school by the talents of strangers shall no longer be necessary by the hospital possessing within itself the competent knowledge and excellence in that branch of the profession as it so eminently is allowed to do in every other." Dr. Conquest, Dr. Ashburner, Dr. (afterwards Sir Charles) Locock and Dr. Lay were appointed in succession, followed by Dr. Rigby in 1837, Dr. Charles West in 1848, and finally Dr. Greenhalgh, who retired in 1877 owing to asthma and ill-health.

The standard of the lectures was not high and the subject had little to attract the attention of students. It is significant to note that Sir James Paget records that he only attended two midwifery lectures in the whole of his student days. Another fact which he points out is of interest to us in studying Duncan's life. He says: "It was not then generally thought amiss that one of my teachers told many stories, some of which were obscene, some very nasty; perhaps some thought them fairly balanced by the care with which in telling the uses of every part and the advantages of every arrangement of parts, he used the method of the natural theology then popular. His statement of each final cause might generally have ended with 'This is exactly what I should have done, if I had had the doing of it.' . . . Such stories, I believe, are now never told and the change is, among the many I have watched, as significant of a vast increase in the habitual decency and, I do not doubt, the real morality of the students."

Duncan was one of the first members of the Staff who raised the moral tone of the lecturing at the Hospital. He was always most firmly convinced of the importance of decency in all pertaining to medical matters and to the teaching of students, although Sir D'Arcy Power tells me that he often had great difficulty in refraining from telling such stories himself during the latter years of his office.

As a lecturer he was of the first rank: "He was slow, precise, and exact in his delivery; but his earnestness and the logical arrangement of his matter, based upon exact scientific method procured a much more enduring effect than would have resulted from a display however brilliant, of mere verbal rhetoric." I am told by one who was a student under him, that his manner was "jerky" during his lectures but was very impressive, and he lectured "on every lawful day—Saturdays included—at 9 a.m." The lectures were attended not only by students at this Hospital but by qualified practitioners all over London. Sir Francis Champneys, while holding the position of lecturer at St. George's Hospital, was a regular attendant.

During the many years of his life as a lecturer Duncan had only one set of notes, which were copied on to a single sheet of foolscap, which was contained in an old black case with an elastic band round it. The notes were much altered and rearranged in their latter days, but nevertheless this piece of paper was the only written copy of his lectures till the appearance of the *Clinical Lectures on the Diseases of Women* in 1879. In the winter months he gave his "fortnightly" demonstration on cases in the wards at the time, and here again he tried to bring his students to base their knowledge of obstetrics and gynæcology on pure scientific fact.

Many amusing stories have been handed down to us which originally came from the life of the great obstetrician. Perhaps the best known is that of Duncan's habit of looking at a specimen of urine and then after apparently dipping his finger in it to taste for

* *History of St. Bartholomew's Hospital*, vol. II, p. 730.

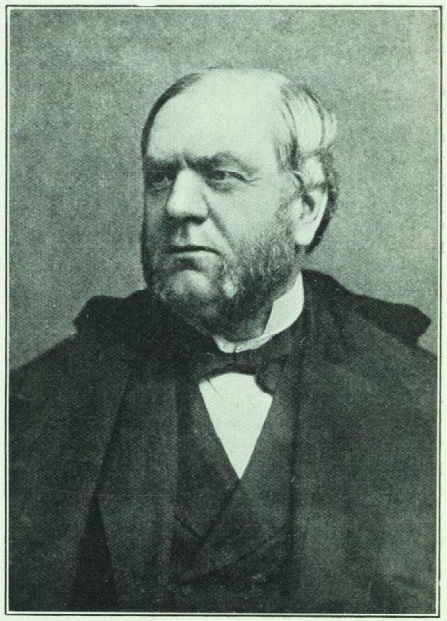
sugar, giving it to the eager onlookers, who immediately followed his example. Some of them, however, fell into the trap, for they did not observe that the finger which Duncan put into his mouth was not the one which was dipped into the urine. He would turn to them laughingly and say, "Well, it serves you right; you should observe what I do next time." A story he told his clerks when trying to impress upon them that they should never be blinded by the social position of their patients, was that of a duchess who brought a young lady to consult him privately on account of a swelling in the abdomen. After he had examined the patient the Duchess said to him, "It is water, isn't it, doctor?" "Yes, your Grace," he replied, "you are right, it is water, but there is a little fish swimming in it." When examining a patient he always talked of the "belly" and not the abdomen, and when a patient passed small round hard fæces he used to say in his Scotch way, "She dungs like a sheep." To his students Duncan was usually helpful and courteous, although he treated them very much like he treated his children. He was aloof and very hard to get to know, but always expected the best from everyone. One day a student examined a patient's belly with cold hands, and Matthews Duncan in his usual kind way said to the patient, "Never mind, ma'am, if he has cold hands he has a warm heart." When the patient was gone he drew the student aside and said "You must not do that kind of thing, for when you are in practice you will not have anyone to get you out of your troubles." He seldom reproached students or nurses before the patients.

DR. MATTHEWS DUNCAN.

A pencil sketch by a pupil, Mr. H. TROUTBECK, made during a lecture.

Presented to Martha Ward by Sir Dyce Duckworth.

One of the outstanding facts in regard to Duncan's teaching at St. Bartholomew's is that before his day, in the years 1840–1876, only three students from this Hospital gained the university gold medal in midwifery. But in the decennium beginning with the year 1880, when Duncan's teaching had begun to take effect, this medal was secured each year except in 1884 and 1887 by one of his pupils, and one of these gentlemen also succeeded in obtaining the scholarship in obstetrics in the same university. Sir William Turner, speaking of Duncan's influence upon the teaching of midwifery, says, "His old pupils will not easily forget him as he worked with them in the wards of the hospital. His grave and serious face surmounted by a black velvet cap, the care with which each case was examined, the appositeness of his remarks often accompanied by a sparkle of dry Scottish humour, made up a personality



J. Matthews Duncan

which is imprinted deeply on the memory. . . . Much of the original work in obstetrics that has been done in London during the past ten years owes its initiation to his suggestions, and in this direction, quite as much as in his power of exposition, he showed his greatness as a teacher."

Duncan's views on obstetrics were always medical, for he looked with distrust upon new fanciful operations. In his early years of practice abdominal section was seldom if ever undertaken, but as time drew on this operation was constantly performed by Lawson Tait and others. Duncan, however, remained sceptical as to its utility, and in his paper on "Is Ovariotomy Justifiable or Not?"* he put forward his views upon the subject. On his appointment as Physician Accoucheur to Martha Ward the gynæcological operations, performed almost entirely *per vaginam*, were entrusted to the care of a general surgeon, and Mr. Alfred Willett was appointed to undertake such surgical work. Duncan hardly ever performed any surgical operations, but I am told that when he did he showed an able dexterity with his hands.

The sceptical views held by Duncan in regard to ovariotomy and allied operations brought him often into arguments with his opponents; of these Lawson Tait was the most conspicuous. His letters are tinged with a challenge which he was always coaxing Duncan to take up in the press, but from which he (Duncan) wisely refrained.

In London Duncan found little time for literary work, his immense practice, his regular attendance at Medical Societies, his hospital teaching, fully occupied his time. He used to rise at half-past seven in the morning and go to bed usually well before midnight, which was different from the earlier days in Edinburgh, when he often worked till the early hours of the morning. He never allowed one day's work to run into that of another, and it was by method, punctuality and never wasting a moment that he accomplished this. He read all the current literature upon his subjects and was a veritable source of reference to those in need.

Holidays were few except during the summer, when a month or so was spent in the country. In 1878 the old house of Ashiestiel on the river Tweed, where Sir Walter Scott had lived and had written *Marmion*, was rented by Duncan, and friends and relations were entertained. Several holidays were spent here, and it was not until the house became uncomfortably in need of repair that a change was decided upon. He had been seriously contemplating the purchase of a country house where he might spend his holidays and entertain his friends when away from London, and he finally decided to rent Appin House in Argyllshire on the shores of Loch Linnhe. The scenery in the neighbourhood was perfect, and boating, fishing and shooting were always close at hand. His sister, in describing a holiday spent at Appin House, says: "James busied himself with literary work in the library until luncheon time; after that going in heartily with whatever pastime was on foot. There were two boats and we often went fishing on Loch Linnhe. We also used the boats to cross to Shoona—their own island—and had a picnic there, Mrs. Lees and a footman having gone beforehand to prepare. Then James and his wife, who arranged all the amusements with skill and tact, took me for beautiful drives—to Duror Bridge, Loch Creran, Port Appin, Ballyvedan, Shian Ferry, etc. . . . On our rambles along the shore his quick eye descried on the one hand rare ferns and mosses and on the other strange seaweeds and shells, all of which he could readily name." Another pastime Duncan always enjoyed when on holiday was bathing; this he had learnt in his youth from his parents, and whenever he had a chance in later life he would readily take advantage of it.

* *Lancet*, 1857.

II.

1890.

True friendships are among the greatest treasures a man may possess. Duncan was especially fortunate in having some of the greatest names in nineteenth century medicine as his own devoted friends. Of these something has already been mentioned during the earlier part of his life, but these names must be supplemented by those of others who, during his later life, always stood by him.

First and foremost came Joseph Lister. Sir Rickman Godlee in his *Life of Lister* (pp. 613–4) says of Lister's friends: "None of these, however, were so near to him as his old fellow student Sir William Roberts who migrated from Manchester in 1889, and Matthews Duncan, who was translated from Edinburgh to St. Bartholomew's in 1877. . . . Very different from Roberts was the somewhat dour Aberdonian, Matthews Duncan, Lister's senior by one year . . . he rapidly gained a prominent position, partly by the way he brought science to bear upon his particular speciality, partly by his skill, but in great measure by his sterling uprightness and because throughout his life he made it his chief aim to purify and elevate his branch of the profession.

"In spite of his gruff manner he was beloved by his patients and so much respected by his younger colleagues that it was said they copied him in everything, even in the colour of his brougham, the scarlet wheels

of which were afterwards as well known in London as they had been in Edinburgh . . . except for the time Lister was in Glasgow they were fellow citizens from 1853 till Duncan's death in 1890. During all these years there was probably none to whose judgment and to whose advice Lister trusted more completely. Beneath his rough exterior there was a fund of dry wit of the choicest character and an unbounded kindness to old and young. His success in London was even greater than in Edinburgh, and his adherents became the leading lights of gynæcology. He was a frequent guest at Park Crescent, and it was an amusing sight to see him after dinner surrounded by a group of admirers, maintaining with a grave face and in the broadest Scotch some outrageous paradox such as 'There is nothing on airth to prove that quinine cures ague.'" The friendship between Duncan and Lister is best appreciated by reading some of the letters which are in existence, and which we have the privilege of consulting to-day.

Of Duncan's other friends Sir James Paget, Sir William Jenner and Sir William Gull in London, Prof. Tait in Aberdeen, Dr. John Brown of Edinburgh, together with many of his junior colleagues and members of the Staff at St. Bartholomew's, remained loyal till his death. Duncan had many other friends, but it is said of him that he had few great friends, but to such as he had, what a great friend he was! Of those outside his profession I must mention in passing Queen Victoria. Duncan was a regular visitor to Windsor and the Queen used to enjoy his company; she often tried to persuade him to stay the night in the Castle but Duncan usually excused himself, and it became necessary for the Queen to run a special train back to London late at night for her guest. It is most probable that the Queen was attended professionally, as Sir William Jenner used to ask Duncan's opinion in many cases.

Duncan had no hobbies; reading was his recreation even largely on holidays. He read everything, remembered all he read and could quote place and reference with the greatest ease. It was this which, among other things, enabled him to do the immense work which he did. It was not necessary for him to read up a subject; it was there ready in his memory, thought over, digested, and ready for the occasion, only waiting a suitable case to call his energies forth to the supplying of a vacant place or correcting an erroneous idea. Duncan was also a great correspondent; he wrote close upon two hundred letters a week, all of which were carefully executed in his own handwriting; he wrote regularly to many of the greatest men in science during his day, among them being Huxley, Darwin and Galton. He was the recipient of many honours during his latter days. He was made a Doctor of Medicine in the Universities of Dublin and Durham and Honorary Fellow in King's and Queen's College of Physicians in Ireland, a Doctor of Literature in the Universities of Edinburgh and Cambridge, Fellow of the Royal College of Physicians of London, a Fellow of the Royal Societies of London and Edinburgh, besides being an honorary member of many of the medical societies at home and in America, Russia, Austria, Germany and Norway. He was an examiner in midwifery in the universities of St. Andrews, London, Oxford and Cambridge, and in April, 1883, he was invited to become one of the Crown Nominees on the General Medical Council.

At St. Bartholomew's Duncan took an interest not only in his teaching, in the lecture theatre and at the bedside, but in the general welfare of the Medical School. He was a regular supporter of the Abernethian Society, not only in attending meetings or preparing votes of thanks, but in addressing the Society. He delivered the opening Sessional Address in 1886, and took for his subject "Concerning Medical Education."

Of the treatment of patients Duncan used to say, "I rather push my patients from me than attract them; you lose your influence if you see them too often." He also held that a doctor should never nurse his patients; it was not his job, and if he saw his patients too often he could never notice an improvement, or the reverse, in their condition. He always refused to sit up at night or to remain for any length of time in a house; if it was necessary for a medical man to be within a minute's call he advised that a young one should be there. Many letters from old patients testify as to their high esteem of his kindness towards them.

Duncan had a great respect for manliness; he liked one who would look him full in the face and who had sufficient strength of character combined with other noble qualities. The highest praise he could give was to say, "Well, he is a man." It is said there are three or four people to whom he paid this special compliment—Sir Walter Scott, Dr. Kilgour, and Prof. Ogston of Aberdeen, also his great friend, Sir William Jenner. He was most charming to the opposite sex, although he was greatly against their entrance into medicine.

Little has been said so far of Jane Duncan, his wife. She was a very attractive person and always fulfilled her function as hostess to perfection. She played little part in her husband's professional life beyond the entertaining of his guests, and I am told that, when living at 71, Brook Street, it was impossible to tell that the house was one of an important consulting physician. Medical matters were never mentioned.

The years as they roll onward, like clouds hastening in a stormy sky, bring dimness as the rain of ages descends, and so it was with Duncan. Early in 1890 it was noticed that he did not look well and seemed in very low spirits. He suffered a good deal from gout and had eczema badly. His interest in life seemed to wane, and he appeared to know that his end was not far off. He once said to the attentive Mrs. Lees, "You know I'm dying, but I don't want to alarm my family sooner than necessary." It soon became necessary for him to give up lecturing (in the middle of June) at the Hospital and to abandon public life. He decided to resign his appointments at the Hospital, and the rough copy of a letter which he intended to send to the Governors was discovered in his desk after he was dead.

For some time he had been suffering from attacks resembling angina pectoris, and it was thought advisable that he should seek relief at one of the German watering-places. Toward the end of June he started for the Continent accompanied by his wife and some of his family. They halted for a short time at Blankenberghe in Belgium, where the attacks of angina became very frequent. They, however, were not severe, and it was considered safe to proceed onward to Baden-Baden, where they arrived on August 7th. After a week at this spot his symptoms had so much improved that he rejoiced in not having an attack for twenty-four hours. However, on Sunday, August 17th, he had a very severe seizure, from which he nearly died. At the time he had great difficulty in breathing, with a feeble flickering pulse, and his skin was bedewed with perspiration. These attacks were repeated on the two following days, and on August 20th, his condition was such as to cause great anxiety. He was attended by Dr. Aldren Turner, of London, and Dr. Gilbert, of Baden-Baden. His condition improved, and his heart appeared to regain its tone to some extent. During the next week convalescence proceeded apace, so much so that Dr. Muirhead, of Edinburgh, who came over from Wiesbaden, recommended that he might be taken back to London during the following week. Every preparation for the journey had been made when, on Monday, September 1st, as he was sitting quietly in bed towards the late afternoon, a loud snoring respiration was heard and he died instantaneously, at 5 p.m.

"With what strife and pains we come into the world we know not, but it is commonly no easy matter to get out of it," Sir Thomas Browne says, and having regard to the uncertainties of the last stage of all, the average man will be of Cæsar's opinion, who, when questioned at his last dinner party as to the most preferable mode of death, replied, "That which is the most sudden."

The loss sustained by the profession and by his friends is portrayed in the many letters and telegrams received by Mrs. Duncan, amongst which stands out the message from Queen Victoria. The funeral was held on September 8th; a short service was first held at St. Mark's, North Audley Street, and thence the coffin was taken to the Islington Cemetery at East Finchley. There was a large gathering as the last ceremonies were performed; the Queen commanded Dr. Quain to represent her, while Sir William Savory, Dr. Andrews and Mr. Thomas Smith represented St. Bartholomew's Hospital. For the Obstetrical Society Dr. John Williams and Dr. Champneys, and among his friends Sir William Turner, Dr. Muirhead from Edinburgh and Prof. Ogston with many others from Aberdeen, were present, together with numerous relatives and private friends.

Letters of sympathy poured in from all parts of the world to Mrs. Duncan and her family, and finally it was decided that a memorial should be inaugurated at St. Bartholomew's Hospital in the form of a prize for the best scholar in midwifery every year. This prize exists to-day and perpetuates his name as he would have wished, in encouraging the scientific study of midwifery and gynæcology among students.

> "He sought not praise and praise did overlook
> His unobtrusive merit; but his life,
> Sweet to himself was exercised in good
> That shall survive his name and memory."
> WORDSWORTH ("The Excursion").

J. MOLINEUX JACKSON.

ABERNETHIAN SOCIETY.

THE Society has been lucky enough to secure promises of lectures during the year 1931–32 from the following eminent members of the profession:

On November 3rd, Dr. W. Langdon Brown will give an address on "Dr. Robert Bridges, the Poet of Evolution." In December there will be a lecture on "Social Evolution and Birth Control," by Dr. Crichton Miller, and in April an address on "The Last Meal and other Notes," by Dr. R. M. Bronte.

Several "clinical evenings" will be held during the winter session, at which anyone is invited to show cases of interest on notification to the Secretary. It is hoped that meetings of the Society can be arranged, at which short papers may be read by members, and it is suggested that a discussion between the "surgeons" and "physicians" on some debatable subjects may be arranged, the debates being initiated by some of the more senior members of the Hospital.

The "Hospital" is reminded that students, by being members of the Students Union, are, *ipso facto*, members of the Abernethian Society. The secretaries, Mr. G. D. Kersley and Mr. J. M. Jackson, will be very glad of any helpful suggestions or criticisms, and for the names of any volunteers who will read papers or show cases at meetings.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* O.M.T.

The first game of the season was against the O.M.T. at Teddington. The ground was in excellent condition, and at the outset Bart.'s pressed, but were unable to penetrate the O.M.T. defence. The O.M.Ts., however, were the first to score, for a misplaced short punt by a Hospital back gave them the opportunity to attack, and R. O. Turnbull touched down between the posts for Tebbutt to convert (0—5). Bart.'s reduced the lead before half-time, when, following good work by Briggs and Powell, the Old Boys were penalized for handling in the scrum, and W. M. Capper kicked a good goal (3—5). The Hospital started the second half in poor fashion, and within a quarter of an hour the O.M.T. were leading by ten points through tries scored by Thompson and Turnbull (3—13). Bart.'s rallied strongly, however, and during the last ten minutes attacked constantly, and a passing movement in which no less than ten men participated, ended in R. M. Kirkwood scoring. J. A. Nunn converted (8—13). Before the end Capper sent in D. M. E. Thomas for an unconverted try.

Final score.—O.M.T., 2 goals 1 try (13 pts.); Bart.'s, 2 goals (1 penalty) 1 try (11 pts.).

The team played well as a whole, the most pleasing feature being the manner in which they lasted out a hard game. The pack were good in tight scrums and in the loose, the leadership and example of W. M. Capper being invaluable. The backs played soundly, but would do well to make certain of finding touch when kicking, as nothing tires a pack more than the failure of its backs to do so. F. O. Ward, playing his first game for the Hospital at scrum-half, sent out many excellent passes and showed much promise. An account of this game cannot omit a reference to the excellent refereeing of W. W. Wakefield.

Team.—C. W. John (*back*); D. M. E. Thomas, F. J. Beilby, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. A. Nunn, F. G. Ward (*halves*); W. M. Capper (capt.), B. S. Lewis, J. R. R. Jenkins, G. D. S. Briggs, K. J. Harvey, J. M. Jackson, D. W. Moynagh, A. I. Blair (*forwards*).

UNITED HOSPITALS HARE AND HOUNDS.

The United Hospitals will start their cross-country activities on Wednesday afternoon, October 14th. We have a very promising season before us, and an excellent fixture list, including our annual matches with such leading clubs as the South London Harriers, Blackheath Harriers, Orion Harriers, and in addition three 'Varsity fixtures. Dublin University visit us early in December, and this match is perhaps the best of the season. We always have a great struggle with them, and this year they will be captained by the Irish international, Jimmie Craig. However, it is hoped that the U.H.H.&H. will be victorious, as in 1929. Oxford University will be running against us over their "Shot-over" course on Saturday, January 30th, 1932. It will be recalled that the Hospitals beat the 'Varsity over the Oxford course last year. An old fixture, which had been dropped for some years, has been revived, and we will entertain the Cambridge team over our "home" course at Richmond on February 17th, 1931.

For the benefit of freshers, a word is necessary with regard to the organization of the Club. Bart.'s does not run a separate cross-country club, but, together with all the other teaching hospitals in London, helps to form the United Hospitals Hare and Hounds. This is one of the oldest clubs in the country. There is a run every Wednesday afternoon, and on an occasional Saturday. Anyone so inclined may run in a minor match, while a team of six is chosen for the 'Varsity matches and any important away fixtures. Those not desiring to race may always take a training run, and there is usually a small contingent of the less ambitious members of the Club, who are content to go for a "gentle trot." After Christmas, preparations for a most important event—the Inter-Hospitals Championship—commence to be made. When there is no match the individual hospital teams endeavour to get in all the team work that is possible. The secret of a club's success in this sport depends not so much on individual talent as on judicious "packing," for which a comprehensive knowledge of the capacities of one's team-mates is essential. This knowledge can only be obtained by consistent training together. For the last two years St. Thomas's have won the championship, though on each occasion Bart.'s ran them very close. In fact last year only 2 points decided the result. There is every reason to believe that this year we will be successful in regaining the lost laurels.

Our training headquarters are at the Dysart Arms, Richmond. There is an excellent train service every five to ten minutes from either Waterloo or Blackfriars. For the opening run all men are requested to be ready to start at 3.15 p.m.

All "freshers" who have run at school, or who would like to start, are advised to get in communication with G. Dalley or J. R. Strong at their earliest convenience.

J. R. S.

HOCKEY CLUB.

Last year's season was disappointing. With most of the previous year's 1st XI available, we had looked forward to retaining the Hospital Cup we had just won—for one year at least, if not for many more to come. Perhaps we were too confident; whatever the reason we lost the Cup, being beaten quite unexpectedly by King's College Hospital in the semi-final round. The second XI also reached this round, only to be beaten by Guy's after a replay.

The match record for the season, on the whole, was quite good. It would doubtless have been better if we could have turned out three teams *at full strength* every Saturday. We suffered, too, from the weather, one or two good fixtures having to be scratched in consequence.

This year we have most of last year's 1st XI available, though we shall miss White and Jameson Evans. Hodgkinson we hope will still be with us. Prospects are, therefore, bright, and the 2nd and 3rd teams should also do well. Full fixture lists have been arranged for all three teams. We have some keen new members joining us. Still, we can do with many more. Will all those freshers who play hockey or who wish to take up the game put their names down on the list provided in the Abernethian Room, and so make themselves known to the Secretary?

A. D. ILIFFE.

ASSOCIATION FOOTBALL CLUB.

An attractive fixture list has been arranged for the season 1931–2, and, under the leadership of R. G. Gilbert, a successful season is expected. The Club has entered for the London University Cup Competition, in addition to the two Inter-Hospitals Cups, and is hopeful of securing these trophies once more.

Most of last season's players are available, but there is plenty of room for new talent in the Club, and freshmen are warmly welcomed. These new members, and all those wishing to play soccer this season, are requested to add their names to the list in the Abernethian Room. They will be given a trial within the first two weeks of term.

D. R. S. HOWELL,
Hon. Sec.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Bulletins et Mémoires de la Société de Médecine de Paris—The Clinical Journal—L'Echo Médical du Nord—Les Echos de la Médecine—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—King's College Hospital Gazette—The Nursing Times—St. George's Hospital Gazette.

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.
Neurological Clinic	—	—	—	Dr. Hinds-Howell at 1.30 p.m.	—	—
Surgical Out-Patients	Prof. Gask at 9 a.m.	Mr. R. M. Vick at 9 a.m.	Mr. J. B. Hume at 9 a.m.	Mr. Paterson Ross 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.	—	—
Orthopædic 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.

CORRESPONDENCE.

EARLY ANÆSTHESIA.

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

DEAR SIR,—I feel sure Mr. Paterson Ross must have alluded to another early method of producing insensibility as well as loss of muscular rigidity in the other part of his paper not quoted by you. I have always understood that immersion in a really hot bath (100°–104°) for twenty minutes will bring about complete relaxation of muscles and such faintness as would allow of many short operations on any of the extremities. The bath was used chiefly for the reduction of dislocations or for the reduction of semi-strangulated hernia. The very powerful tourniquets or the key-handle covered with leather which was pressed by the assistant above the clavicle or in the groin must have produced almost complete loss of sensation in the arm or leg, as the main nerve-trunks were so severely pressed upon up to the stage where all ligatures had been applied. When I entered St. Bartholomew's in October, 1870, all we students at once were expected to attend the operations on Wednesdays and Saturdays, and so were on the very threshold of the introduction of general anæsthesia. I often wonder whether the statistics of the late Joseph Mills, who administered his chloroform on a simple piece of clean lint, using his fingers for the regulation of the air supply, would not reveal as good if not better results than any of the numerous modern methods. I think John Astley Bloxham was the first whole-time Anæsthetist when I entered in 1870, and when he left to go on the staff of Charing Cross Hospital, A. E. Cumberbatch took up the duties till Mr. Joseph Mills (a brother-in-law of W. Morrant Baker) a *bonâ fide* specialist was appointed whole-time Anæsthetist to the Hospital. The simple piece of lint—a fresh piece for every patient—meant the absence of the gross infections that must have ensued in the earlier days of all mouth-pieces. How many cases of post-operative septic pneumonia must have occurred from the mouth-pieces as well as from the various ethers in use! When Lister first came to London with Watson Cheyne as his anæsthetist, for a time he could not bring himself to admit there was any danger (to speak of) in the administration of chloroform by the open method (his plan being a cone made from the corner of a stiff face towel). Calling to mind the infrequency of any tragic accidents in the operating theatres from the anæsthetic in those early days, I might mention that Luther Holden, who was like Paget in being very sensitive over the feelings of patients, always gave a dose of brandy or port wine to any who looked or felt terrified whilst lying waiting their turn to be carried into the theatre. That dose of Dutch courage might, with advantage, be more in use in these days to prevent rapid collapse in the early stage of anæsthesia. Also when cocaine was first introduced many tragedies happened, and these were easily prevented if only a mild ether or alcoholic stimulant were administered before giving the cocaine, locally or by injection. When I left St. Bart.'s in 1876 already the ritual of antiseptic dressings had started, following upon Thomas Smith having sent his house surgeon Mark Vernon to Edinburgh to be initiated.

Yours truly,
J. KINGSTON BARTON,
M.R.C.P.(Lond.).

September 11th, 1931.

A SUGGESTION FOR ECONOMY.

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

DEAR SIR,—May I remonstrate with the habit developed in recent years of sending hospital in-patients, as well as out patients, home with large supplies of drugs and treatment? Many of the patients whom general practitioners refer to hospital are quite capable of paying for any drugs that are recommended by the consultants at hospital. Besides infringing on the legitimate province of private practice, this custom costs the Hospital large sums of money and contributes to its already large debts.

I am,
Yours faithfully,
R. MURRAY BARROW.

Wisbech;
September 21st, 1931.

REVIEWS.

AIDS TO MEDICAL DIAGNOSIS. By A. J. WHITING, M.D. Fourth Edition. (London: Baillière, Tindall & Cox, 1931.) Pp. viii + 180. Price 3*s*. 6*d*. net.

The production of a fourth edition of this book is a testimony in itself. The diseases, except the acute infectious diseases, are grouped on a physiological basis. It is remarkable how complete a work of this size can be. The author has left out hardly anything important. The section on diseases of the heart, including well-placed pulse tracings and diagrams, is particularly full and clear, and might well be used as an introduction to the study of the clinical disorders of the heart-beat. More importance might have been ascribed to the value of inspection, not only in heart disease, but particularly in diseases of the lungs and pleuræ. The opening paragraph is not well expressed, and the diversity of physical signs is rather confusing. Surely it would have been better to explain that bronchial breathing appears as a result of increased conduction of sound between the bronchus and stethoscope; the apparent paradox of finding this sign with fluid, new growth or consolidation by inflammation would then be explained. Disease of the lungs, and in fact the majority of diseases except the fevers, are discussed according to their signs and symptoms, *e. g.* "diseases with dullness on percussion and diminished vocal resonance." In the investigation of renal disease the use of the separator is still mentioned, although the instrument is rarely used to-day. No mention is made of the value of a leucocyte count in the diagnosis of difficult cases of perinephritic abscess. In the section on nervous diseases an unusually full description is given in tabular form of the various types of aphasia. In the table of segmental nerve supply to muscles it is stated that the hypoglossal supplies part of the sterno-mastoid; the spinal accessory is also said to supply the pharynx, œsophagus and larynx, but no mention made of the sterno-mastoid or trapezius. These features spoil what should be a very useful part of the book. The book is on the whole well produced, and the criticism that it divides medicine into water-tight compartments, if true, is counter-balanced by the fact that it is necessary to clarify and classify the subject in this way for the student who is up for his final examination. The work makes no pretence to be either complete or strictly accurate. As an aid to medicine, considering its enormous scope, it is remarkably compact and readable.

AIDS TO MEDICAL TREATMENT. By J. T. LEWIS and T. H. CROZIER. (London: Baillière, Tindall & Cox, 1931.) Pp. vii + 244. Price 3*s*. 6*d*. net.

This volume makes its first bow to the world of medical students on its appearance amongst the ranks of Students' Aids. The classification is similar to that of its senior colleague, *Aids to Medical Diagnosis*. It is encouraging to note the value of specific anti-serum in erysipelas—a treatment usually considered of no avail by the majority of books. The use of disinfectants by intravenous injection, though now practically abandoned, is mentioned in septicæmia. The author recommends the use of convalescent serum in the treatment of measles. The intratheeal administration of antitetanic serum is considered inferior to the intravenous route, which is directly contradictory to the prevalent opinion. The section on diabetes is well arranged, the tables of food values and diets being particularly useful. The preliminary calculations for a maintenance dict are fully explained. The difficulty often found in keeping the patient with pernicious anæmia on the full dose of liver is realized, and several useful and attractive methods of presenting the liver are given. Diseases of the lungs and pleuræ are thoroughly treated, the prescriptions being all useful and well tried ones. Disseminated sclerosis is discussed, and treatment by weekly injections of autogenous vaccines of the "spherula insularis" particularly recommended. Occupational neuroses are not omitted, even in a small work of this character, and space is found for the cramps of writers, telegraphists, pianists and violinists. The feature most likely to gladden the heart of student and practitioner alike is the skin section. There is no excuse for leaving the patient with two or more applications and telling him to "use these." Careful detail as to the correct preparation of the area before application of remedies and copious prescriptions make this a really valuable section. The

concluding section on medical nursing, adequately written by Miss E. Garvin, Sister Tutor to the Royal Victoria Hospital, Belfast, supplies many details of which the student may be ignorant on how to apply poultices, care of the skin, blisters, cupping, baths and packs. These are occasionally asked by an unfeeling examiner, often by an anxious relative who may be nursing the patient. The book is all the more valuable for this addition.

THE THYROID AND MANGANESE TREATMENT: ITS HISTORY, PROGRESS AND POSSIBILITIES. By HERBERT W. NOTT, M.R.C.S., L.R.C.P. (London: William Heinemann [Medical Books], Ltd., 1931.) Pp. 265. Price 7*s.* 6*d.*

Medical therapeutics has always been guided by the maxim, *tolle causam*. Yet in practice physicians long for the day when diseases shall have been reduced to simple causes and simple remedies produce striking effects.

A book of which its author confesses that it has been difficult to write must obviously be difficult to review and criticize. "If you can look into the seeds of time . . ." One wonders what an Osler would have said of a remedy (potassium permanganate *p.r.*, or as combination cachet with thyroid *p.o.*) in the treatment of such divers afflictions as eclampsia, gout, warts, gastric ulcer, deafness, chorea, diabetes, acne, and chronic mastitis! The interaction of manganese, potassium, thyroid extract, and the free oxygen from reduction of permanganate is claimed to increase the oxidative processes in the tissues and fluids of the body; but the author concentrates attention rather on the application of the treatment in practice. The book is overcrowded with case-reports, and much of the matter appears ephemeral. There is an interesting sketch of Sir Dawson Williams, to whose memory the work is dedicated.

THE CREAM OF BEAUTY. By H. STANLEY REDGROVE, B.Sc., A.I.C. (London: Wm. Heinemann, 1931.) Pp. xii + 184. Price 5*s.*

"My face is my fortune, sir," she said. These words form the keynote of this little book on beauty culture, written in light vein by a well-known authority on perfumes and cosmetics. His pages contain much that every woman, and consequently every medical man, ought to know. He never trespasses on the domains of the dermatologist, but confines himself strictly to those cosmetics which are of definite hygienic value, or which may be used without injury to remedy slight defects and give the finishing touches to the beauty resulting from good health. The composition and uses of the various toilet preparations are fully described, and instructions are given for the compounding of the simpler ones at home. The chapters on the care of the hair are excellent. His chapter on superfluous hair will prove disappointing to many, for he condemns every current method of dealing with this problem. Axillary hair he regards as a beauty asset, and he points out how it should be treated and cared for in order that it may merit this appellation. Altogether a very attractive and readable little volume.

A MANUAL OF TUBERCULOSIS FOR NURSES. By E. ASHWORTH UNDERWOOD, M.B., D.P.H. With an Introduction by Prof. J. R. CURRIE. (Edinburgh: E. & S. Livingstone, 1931.) Pp. vii + 272. Illustrated. Price 6*s.* 6*d.*

In the introduction to this book by Prof. Currie the last sentence sums up its main virtues. It is described as likely to "prove an attractive and trustworthy guide." Dr. Underwood has left very little untouched in this manual, and deals adequately with every aspect of tuberculosis in every walk of life, from the prince in his palace, to hospital, sanatoria, chronic tuberculosis wards, dispensaries, private houses and orthopædic institutions. The pathology is concise and to the point. The book is up to date throughout. The author deals justly and fairly with tuberculin and all other points on which there is difference of opinion. He appears to have no fads. He knows how to make his subject clear with similes and commonplace language, but nobody could accuse him of "talking down" to his readers. He makes those who work in tuberculous places feel they are doing a progressive and admirable work, with great responsibilities and far-reaching effects. We would rather have seen a better method of administering oxygen than the tube and funnel illustrated on p. 132. Even in such a small book space is found for consideration of refinements of technique in administration of drugs, diet and local applications. The section and illustration on artificial pneumothorax is admirably clear. In the section on tuberculous cystitis mention might well have been made of the marked dysuria and frequency of micturition occurring in this disease. The book should clear away much of the doubt sometimes present in readers' minds as to whether tuberculosis is hereditary, or why people develop the disease. It suggests what can be achieved by proper sanitary precautions. The volume is well printed in large type, and at once impresses the reader by its business-like and attractive appearance.

DISEASES OF WOMEN. By THOMAS G. STEVENS. Reprinted and thoroughly revised March, 1931. University of London Press, Ltd., 1931. Price 20*s.*

The new revised edition of this text-book maintains the high standard of its predecessors. It is a most excellent short text-book of gynæcology which can be especially recommended for the use of students reading for the qualifying examinations. It is full of practical details, as well as material from which a thorough knowledge of the ground-work of the subject can be attained.

The text is divided into twenty chapters, and the illustrations are numerous, extremely clear and easy to understand. The photomicrographs have always been a useful feature of this book, and help to reveal the morbid histology of the various pathological conditions in a most interesting manner.

Treatment of the various conditions met with is clearly given, even to the detailed account of many prescriptions, which must help the student to obtain a practical grasp of the subject with comparative ease. In this new revised edition a brief account is given of the modern views on the internal secretions of the ovary and other glands, and a short discussion on the difficult question of irregular menstruation and its relationship to ovarian secretions. Pelvic endometrosis is referred to in a short chapter. At the end of the book are three chapters devoted to preparations for operation, after-treatment and post-operative complications in which these subjects are shortly but clearly discussed. This edition is undoubtedly one of the best small text-books on diseases of women which is obtainable, and from it the reader should be able to acquire a sound knowledge of the general principles of gynæcology.

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

HARMER, DOUGLAS, F.R.C.S., and RUSSELL, BEDFORD, F.R.C.S. "The Treatment of Frontal Sinusitis by Intubation: An Analysis of Sixty-three Cases." *Proceedings of the Royal Society of Medicine*, April, 1931.

HOSFORD, B. B., M.D. "Congenital Dilatation of Ureter." *Proceedings of the Royal Society of Medicine*, March, 1931.
——— "Unusual Case of Congenital Syphilis." *Proceedings of the Royal Society of Medicine*, May, 1931.

HOSFORD, JOHN P., M.S., F.R.C.S. "Prognosis in Fractures of the Carpal Scaphoid." *Proceedings of the Royal Society of Medicine*, May, 1931.

HOWELL, B. WHITCHURCH, F.R.C.S. "Arthroplasty of Fingers for Malunion of Fractures of Phalanges: Result Two Years after Operation." *Proceedings of the Royal Society of Medicine*, May, 1931.

LLOYD, ERIC I., F.R.C.S. "Section of Neoplasm Shown at October Meeting as ? Endothelioma of Foot." *Proceedings of the Royal Society of Medicine*, March, 1931.
——— "Sarcoma of the Prostate at the Age of 8 Years." *Proceedings of the Royal Society of Medicine*, May, 1931.
——— "Tuberculous Osteitis of Left Femur." *Proceedings of the Royal Society of Medicine*, May, 1931.

LLOYD, W. E., M.D. "Specimen: Pulmonary Tuberculosis in an Infant aged 21 Months." *Proceedings of the Royal Society of Medicine*, June, 1931.

MILES, W. ERNEST, F.R.C.S. "The Present Position of the Radical Abdomino-Perineal Operation for Cancer of the Rectum in Regard to Mortality and Post-Operative Recurrence." *Proceedings of the Royal Society of Medicine*, May, 1931.

MOORE, R. FOSTER, F.R.C.S. "Cataract from Exposure to X-Rays." *Proceedings of the Royal Society of Medicine*, April, 1931.
——— "Glioma of the Retina." *Proceedings of the Royal Society of Medicine*, June, 1931.

MORLOCK, H. V., M.D. "Banti's Disease with Rheumatic Endocarditis." *Proceedings of the Royal Society of Medicine*, April, 1931.

MYERS, BERNARD, C.M.G., M.D. "Gangrene of the Foot in Diabetes." *Proceedings of the Royal Society of Medicine*, April, 1931.
——— "Purpura Gangrenosa in Diabetes." *Proceedings of the Royal Society of Medicine*, April, 1931.
——— "Diabetic Coma in a Boy." *Proceedings of the Royal Society of Medicine*, April, 1931.
——— "Two Cases of Essential Thrombocytopenia Purpura Hæmorrhagica Five Years after Splenectomy." *Proceedings of the Royal Society of Medicine*, May, 1931.

ROCHE, A. E., F.R.C.S. "Simple Polyp of the Iliac Colon in a Woman aged 64." *Proceedings of the Royal Society of Medicine*, March, 1931.

ROSS, J. PATERSON, M.S., F.R.C.S. "The Anatomy of the Spinothalamic Tract in Relation to Cordotomy." *Proceedings of the Royal Society of Medicine*, May, 1931.

RUSSELL, BEDFORD, F.R.C.S. *See* Harmer and Russell.

THOMAS, C. HAMBLEN, F.R.C.S. "Incomplete Perforation of the Tympanic Membranes in a Case of Acute Otitis Media." *Proceedings of the Royal Society of Medicine*, June, 1931.

TWEEDIE, ALEXANDER R., F.R.C.S. "Carcinoma of Pharynx, Suggesting Local Control by Diathermy." *Proceedings of the Royal Society of Medicine*, June, 1931.
——— "Tongue Showing Inflammation of Glands of Blandin." *Proceedings of the Royal Society of Medicine*, June, 1931.

WEBER, F. PARKES, M.D. "Congenital Opacity of Both Corneæ with Slight Buphthalmos." *Proceedings of the Royal Society of Medicine*, March, 1931.
——— "Spondylose Rhizomélique (Pierre Marie)." *Proceedings of the Royal Society of Medicine*, March, 1931.
——— "Extreme Xanthelasma Palpebrarum." *Proceedings of the Royal Society of Medicine*, April, 1931.
——— "Splenic Enlargement in Simple Achlorhydric Anæmia." *Proceedings of the Royal Society of Medicine*, May, 1931.

WINNICOTT, D. W., M.R.C.P. "Hæmoptysis: Case for Diagnosis." *Proceedings of the Royal Society of Medicine*, May, 1931.

EXAMINATIONS, ETC.

University of Oxford.

The following Degree has been conferred:

B.M.—Newton, R. D., Scott, R. B.

University of Cambridge.

The following Degrees have been conferred:

M.D. Hattersley, S. M., Naish, A. E., Prall, S. R., Spence, A. W.

B.Chir.—Barnsley, A., Buckland, H. S., Lane, C. R. T., Orr, R. G.

M.B., B.Chir.—Hutchinson, H. P., Prowse, C. B.

First Examination for Medical Degrees, Easter Term, 1931.

Part I. Chemistry.—Edwards, T. A. W.

Part II. Mechanics.—Edwards, T. A. W., Hewitt, F. E. W.

Part IV. Elementary Biology.—Jones, D. W. G.

Second Examination for Medical Degrees, Easter Term, 1931.

Part II. Human Anatomy and Physiology.—Daniel, T. M., Hutt, C. W., Pirie, A. H.

Third Examination for Medical and Surgical Degrees, Easter Term, 1931.

Part I. Surgery, Midwifery and Gynæcology.—Bradbury, E., Green, H. F., Jameson Evans, L. P., Langford, A. W., More Nisbett, J. G., Partridge, G. T., Sykes, R. A., Waters, A. B., Westwood, M.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Buckland, H. S., Hobday, F. T. J., Kersley, G. D., Lane, C. R. T., McGavin, D. B., Orr, R. G., Roberton, H. E. W., Scott, P. G., Stamp, T. C.

University of London.

M.D. Examination, July, 1931.

Branch I. Medicine.—Preiskel, D.
Branch IV. Midwifery and Diseases of Women.—Blount, D. A.

First Examination for Medical Degrees, July, 1931.

Passed.—Armstrong, J. H., Bostock, I. F., Bradley-Watson, J. D., Brentnall, G. C., Clarke, E. P., Fearnley, J. D. O., Fisk, K. H., †Flavell, M. P., Gibson, R. E., Grant, A. H., Johnstone, S. T., Leask, L. R., Lockett, J. M., Lopez-Garcia, L. J., McGladdery, J. P., ‖Ogilvie, J. D., Oliver, W. A., Roberts, J. L. D., Rogers, K. G., Rotter, K. G., Samuel, D. M., Sandell, L. J., Underwood, J. E.

† Awarded a mark for Distinction in Physics.
‖ Awarded a mark for Distinction in Biology.

Second Examination for Medical Degrees, July, 1931.

Part I.—Passed: Bostock, T. F., Braithwaite, R. F., Brown, K. P., Dale, L. F., Dalley, G., Dastur, H. K., Fisk, K. H., Gibson, R. E., Grant, A. H., Harvey, M. W., Jones, S. Avery, Kennedy, A. R., Lavi, S. S., Lockett, J. M., Moynagh, D. W., Mullick, S., Nairac, M. L., Sandell, L. J., Stewart, J. M., Taylor, G. K.

Second Examination for Medical Degrees, July, 1931.

Part II.—Passed: Casson, A. H., Conway-Hughes, J. H. L., Cooke, A. H., Hopkins, J. J. V., MacCarthy, D. de la C., McGladdery, R., Rees, J. H., Soden, G. E. T., Tregaskis, T. G.

Royal College of Surgeons.

The Diploma of *Fellow* has been conferred on the following:
Albuquerque, V. M., Anous, M. A. E., Bowes, K. K., Bridge, K. B., Brittain, H. A., Hamilton, I. A., Isaacs, H. D., Lendon, A. H., Lytle, S. N., Melville, C. B., O'Donnell, J. H., Rennie, B. C., Stevens, T. R., Wilkin, W. J., Willis, B.

The following were successful at the examination held for the *Primary Fellowship:*

Bintcliffe, E. W., Danino, E. A., Harrison, J. O., Kettle, B., Mistri, S. N., Munsif, K. G., Siddiqi, M. A. H.

Conjoint Examination Board.

Pre-Medical Examination, July, 1931.

Chemistry.—Clarke, S. H. C., Heasman, L., Mills, P. J. W., Salmon, J. K.

Physics.—Benson, T. L., Clarke, S. H. C., Heasman, L., Salmon, J. K.

Biology.—Clarke, S. H. C., Mackie, D. M., Owen, W. A.

First Examination.

Anatomy.—Buckland, L. H., Lloyd, G. M., Moynahan, D. J. M., Nel, J. G., Orlek, A., Phipps, G. G., Sansom, H. Y.

Physiology.—Appelman, M., Burstal, E. W., Butters, A. G., Cereseto, H. G., Lloyd, G. M., Mankin, E. M., Moynahan, D. J. M., Orlek, A., Sansom, H. V.

Pharmacology and Materia Medica.—Blusger, I. N., Butters, A. G., Epstein, M., Laverick, J. V., Shulman, I. M., Viljoen, D. P.

Final Examination.

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

Bell, W. D., Cook, A. B., Edelsten, G. G. M., Goodhart, C. E. D. H., Green, H. F., Greenberg, A., Jenkyn Thomas, J. E., Keane, C. A., Lloyd, M. A., Petty, G. F., Roberts, J. C., Robertson, H. D., Scott, R. B., Simmons, H., Sykes, R. A., Waters, A. B., Wells, G., Westwood, M.

Royal College of Physicians and Surgeons.

The following Diploma has been conferred:

D.T.M.&H.—Johnson, A. J.

L.M.S.S.A.

The Diploma of the Society has been granted to:

Lokecz, S.

CHANGES OF ADDRESS.

ALEXANDER, G. L., c/o Director of Medical Services, Accra, Gold Coast.

CLARK, W. A., c/o Sarawak Oilfields, Ltd., Miri, Sarawak, *viâ* Singapore.

DAVIES, C. S., Glynleiros, Neath, Glamorganshire.

GONIN, M. W., Earnley, Bucklesham Road, Ipswich.

HEATH, A., "Lynwood," Sandy Lodge Road, Moor Park, Herts.

NEILL, E. J., Bellevue, Meeching Road, Newhaven, Sussex.

ROTH, E. J. H., 24, Devonshire Street, W. 1.

SPARKS, J. V., 24, Devonshire Street, W. 1.

TOWNSEND, Lt.-Col. R. S., I.M.S., Civil Surgeon, Allahabad, United Provinces, India.

WOOD, P., 1, Russellcroft Road, Welwyn Garden City, Herts.

APPOINTMENT.

JENKINS, C. R., M.R.C.S., L.R.C.P., appointed Medical Officer to Campbell College, Belfast, N. Ireland.

BIRTHS.

BROCKLEHURST.—On September 3rd, 1931, at 7, Rylestone Grove, Stoke Bishop, Bristol, to Sybille (*née* Risk) and Robert J. Brocklehurst—a son.

CLAYRE.—On September 23rd, 1931, at Southampton, to Doris, wife of Dr. John Clayre—a son.

FRANCIS.—On August 22nd, 1931, at Cluaran, Guildford, to Patricia (*née* Stewart), wife of C. A. Francis, M.B., B.Ch., 56, Queen Anne Street, W.—a daughter.

GREEN.—On September 27th, 1931, to Evelyn (*née* Ross), wife of Dr. Ralph Green, of Borough Green, near Sevenoaks—a son.

MACLAY.—On August 9th, 1931, at Johannesburg, to Dr. the Hon. Walter S. Maclay and Mrs. Maclay (Dorothy, *née* Lennox)—a son.

NIXON.—On August 30th, 1931, at 7, Lansdown Place, Clifton, Bristol, to Doreen, wife of Dr. J. A. Nixon—a son.

RIVAZ.—On August 15th, 1931, at Stonefield, Blackheath, to Teresa (*née* Clanchy), wife of Surgeon-Captain P. M. Rivaz—a daughter.

SEPHTON.—On August 20th, 1931, at 4, Rodney Street, Liverpool, to Nancy (*née* Martland), wife of Dr. R. P. Sephton, Lancaster Moor, Lancaster—a daughter.

MARRIAGES.

CAPPS—TORELL.—On Saturday, August 1st, 1931, by Kom. Bengt Aurelius, at Oskarskyrkan, Stockholm, Frederick C. W. Capps, F.R.C.S., to Gertrud Margareta, younger daughter of Disp. and Fru. A. E. Torell, of Linkoping.

EVERETT—HARRIS.—On September 5th, 1931, at St. Bartholomew-the-Great, Smithfield, Alan Doyle Everett, F.R.C.S., son of Mr. and Mrs. H. Everett, of Northam Lodge, Sutton, to Annabel Dorothy Joan, daughter of Mr. and Mrs. G. F. Harris, of 249, St. James' Court, S.W. 1.

EYTON-JONES—TUDOR.—On August 1st, 1931, at Holy Trinity, Paddington, by the father and brother of the bridegroom and Rev. T. Bentham, M.A., uncle of the bride, Frederick M. M. Eyton-Jones, M.D., M.R.C.P., D.P.H., younger son of the Rev. H. M. and Mrs. Eyton-Jones, of Hounslow Heath, to Sally, second daughter of the late Sir Daniel Tudor, K.C., Chief Justice of Gibraltar, and the late Lady Tudor.

FRASER—WINCHESTER.—On September 19th, 1931, Dr. Henry Douglas Forbes Fraser, elder son of the late Forbes Fraser, F.R.C.S., of Bath, to Enid Marcia, only daughter of Dr. and Mrs. Winchester, Ealing, late of Assam.

JENNINGS—DOUGLAS.—On September 19th, 1931, at Holy Trinity Church, Lamorbey, by the Rev. A. O. Scutt, M.A., uncle of the bride, assisted by the Rev. L. T. S. Barrett, Vicar of the Parish, Leslie M. Jennings, M.D., of Reading, elder son of Mr. and Mrs. F. Jennings, of Grimsby, to Margaret Louise, only daughter of Mr. and Mrs. G. P. Douglas, of Otterburn, Sidcup.

KING—ATTERIDGE.—On September 2nd, 1931, at St. Benedict's Church, Ealing, by the Very Rev. Prior, John Francis Lascelles King, M.B., B.S., only son of the late John King and Mrs. King, of 67, Westbourne Park Road, W. 2, to Moira Bridget Atteridge, only daughter of the late John Joseph Atteridge, M.D., and Mrs. Atteridge, of 59, Uxbridge Road, Ealing, W. 5.

OAKLEY—WINGATE-SAUL.—On September 5th, 1931, at St. Mary's, Walthamstow, Wilfrid George, youngest son of Canon and Mrs. Oakley, to Hermione Violet, elder daughter of Lieut.-Col. and Mrs. N. W. Wingate-Saul.

DEATHS.

COHEN.—On September 18th, 1931, while flying, Nigel Benjamin Cohen, dearly beloved elder son of Sir Herbert B. Cohen, Bart., and Lady Cohen, aged 23.

HALES.—On August 20th, 1931, at Holt, Norfolk, Robert Turner Hales, M.D., aged 77.

JAMES.—On September 9th, 1931, at 41, Warwick Road, Upper Clapton, Charles Alfred James, M.R.C.S., L.R.C.P., D.P.H.Eng.

MOUAT-BIGGS.—On July 30th, 1931, of heart failure, at 12, St. Anne's Terrace, Barnes, Major Charles Edward Forbes Mouat-Biggs, M.R.C.S., L.R.C.P., D.T.M., aged 71.

NICOLL.—On September 23rd, 1931, at "Bodicote," Gerrards Cross, Thomas Vere Nicoll, M.R.C.S., L.R.C.P., younger son of the late C. R. Nicoll, M.D., Surgeon-Major, Grenadier Guards, aged 75.

SAMBON.—On August 31st, 1931, suddenly in Paris, Prof. Louis W. Sambon, M.D., of 102, Fordwych Road, London.

TODD.—On September 15th, 1931, at Creech St. Michael, Taunton, Francis Richard Todd, M.B., B.S.(Lond.), aged 44.

WHITEHEAD.—On September 1st, 1931, at the London Hospital, Henry Edward Whitehead, M.R.C.S., L.R.C.P., of 475, Caledonian Road, N. 7, aged 69.

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. XXXIX.—No. 2.] NOVEMBER 1ST, 1931. PRICE NINEPENCE.

CALENDAR.

Mon., Nov. 2.—Special Subject: Clinical Lecture by Mr. Scott.

Tues., ,, 3.—Prof. Fraser and Prof. Gask on duty.
Abernethian Society: Address on "Dr. Robert Bridges, the Poet of Evolution," by Dr. W. Langdon Brown, at 8.30 p.m.

Wed., ,, 4.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Hockey Match *v.* Gloucester Regiment. Away.

Fri., ,, 6.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.

Sat., ,, 7.—Rugby Match *v.* London Welsh. Home.
Association Match *v.* Downing College, Cambridge, Away.
Hockey Match *v.* Guy's Hospital. Away.

Mon., ,, 9.—Special Subject: Clinical Lecture by Mr. Higgs.

Tues., ,, 10.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

Fri., ,, 13.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.

Sat., ,, 14.—Rugby Match *v.* Gloucester. Away.
Association Match *v.* Lancing Old Boys. Home.
Hockey Match *v.* Old Cranleighans. Away.

Mon., ,, 16.—Special Subject: Clinical Lecture by Mr. Sydney Scott.

Tues., ,, 17.—Dr. Gow and Mr. W. Girling Ball on duty.

Wed., ,, 18.—Surgery: Clinical Lecture by Mr. W. Girling Ball.
Hockey Match *v.* Staff College. Away.

Thurs., ,, 19.—**Last day for receiving matter for the December issue of the Journal.**

Fri., ,, 20.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Dr. Gow.

Sat., ,, 21.—Rugby Match *v.* Redruth. Home.
Association Match *v.* Battersea Polytechnic. Home. (First Round London University Cup.)
Hockey Match *v.* Emmanuel College. Away.

Mon., ,, 23.—Special Subject: Clinical Lecture by Dr. Cumberbatch.

Tues., ,, 24.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

Wed., ,, 25.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.

Fri., ,, 27.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Dr. Gow.

Sat., ,, 28.—Rugby Match *v.* Devonport Services. Away.
Association Match *v.* Old Mercers. Home.
Hockey Match *v.* Trinity College. Home.

Mon., ,, 30.—Special Subject: Clinical Lecture by Mr. Elmslie.
Rugby Match *v.* R.N.E.C. (Keyham.) Away.

EDITORIAL.

THE need for economy at the present time has been brought home to all of us. We thronged the stalls of the Medical Exhibition as usual, but rather as sightseers than as purchasers of new drugs and instruments, for we wondered what the new Government had in store for us. We are still wondering. Samples continue to arrive hopefully, but some of us are going back to the old-fashioned preparations and finding that some of them work quite well.

It hardly comes as a shock to us to hear that the Bart.'s Dance will not be held this year. This postponement of one of the most important of our social activities was deemed necessary for financial reasons.

* * *

THE OLD STUDENTS' ANNUAL DINNER.

The Old Students' Annual Dinner, held as usual in the Great Hall on October 1st, achieved an even greater atmosphere of friendliness than usual under the genial chairmanship of Sir Percival Horton-Smith Hartley. Reviewing the events of the year, Sir Percival referred to the commemoration of the centenary of the death of John Abernethy, who, though not the founder of the Medical School, had imparted to it an abounding vitality. The chief event had been the kindly presence of Mr. Girling Ball as Dean. Sir Holburt Waring had resigned after twenty-one years, to everyone's regret, and a ward had been called after him by the Governors to commemorate his name and forceful personality. Mr. Dunhill had become Associate Surgeon to the Surgical Unit, Mr. Paterson Ross succeeding him as Assistant Director. For twelve months the new Surgical Block

had been realizing the highest expectations; there the jaded surgeon could obtain tea, coffee or lemonade at any hour of the day or night. In spite of the present need for economy he hoped that a Residential College, the idea of which always calls to mind the memory of Sir James Paget, would some day be re-established. The present scheme of reconstruction included the housing of the pre-clinical subjects outside the Hospital; and some form of amalgamation with the City of London Maternity Hospital was being attempted to improve the practical side of obstetrical teaching. The new students, of whom 118 whole-time and 95 part-time had entered the Medical School, were given hardly time for bite or sup under the new schedule. Yet in occasional hours the students had won the Rugby Cup and the Junior Cup, as well as showing especial skill in aquatics. The Rugby Cup, although apparently not by Benvenuto Cellini, he was very pleased to see on the table. He was glad to announce that Guy's and St. Thomas's Hospitals had agreed to holding a joint entrance scholarship examination with St. Bartholomew's. With every regard to speed and variety, the essentials of modern life, week-end post-graduate courses were to be held.

The toast of "The Medical School" having been honoured, Dr. Geoffrey Evans proposed the health of the guests, welcoming them each by name, on behalf of the old students. Dean Inge, replying, said that in seventy-one years he had had no call for doctors except to treat partial deafness and the common cold. He envied doctors their opportunity for individual treatment; his own duties he likened to those of a man who, to fill many narrow-necked bottles arranged in rows before him, had to throw a bucket of water over them in the hope that a few drops would get in. Sir Charles Gordon-Watson, who has been secretary of the dinner for fifteen years, proposed the health of the Chairman, which was drunk with musical honours.

* * *

The Common Cold.

We print in full on another page the lecture given by Dr. C. H. Andrewes on October 22nd, describing recent work on the "common cold." The helplessness of the medical profession when confronted by this malady has been the subject of much comment in the past, and has become almost proverbial. The interest taken by Bart.'s men in the researches of Dr. Andrewes and his co-workers has been shown by the good response to the call for volunteers made verbally by the lecturer, and later, pictorially, on the notice-board in the corridor. Readers of *Round the Fountain* will quickly recognize the authorship of the drawings. Still more volunteers are needed, and Dr. Oakley will be glad to interview them in the Dunn Laboratory any afternoon except Monday.

* * *

Abernethian Society.

Dr. Langdon Brown is always sure of a welcome in the Medical and Surgical Theatre, where we have so often sat spellbound by his clinical lectures. On November 3rd a large audience, including many of his old clerks and an unusually large number of the Nursing Staff, heard Dr. Langdon Brown's Inaugural Address to the Abernethian Society on the subject, "Dr. Robert Bridges, the Poet of Evolution." The essay was everything we have learnt to expect from Dr. Langdon Brown, and more. It will be published in full in the December issue of the JOURNAL. Dr. Hilton, in proposing the vote of thanks, and Mr. H. W. Rodgers, seconding, expressed the affection and admiration which we all feel for the lecturer, who has been to us more than a teacher. He has inspired us with "a vision of medicine as it is yet to be."

* * *

Retirement of John Hea.

John Hea retired from the position of Senior Gateman at the end of October, and his leaving will be learnt with regret by many past and present Bart.'s men, as well as by a large number of the Nursing Staff who have come in contact with him, or have heard his voice over the telephone from the Hospital Exchange.

Hea first came to the Hospital as a porter in 1893. While employed in the Surgery as night porter he used to go to Harley Street by hansom cab to notify the surgeon on duty that an emergency operation awaited him at the Hospital. It was his duty to rouse the surgeon and to bring him back to Bart.'s in his cab, the whole expedition usually taking about two hours.

On the completion of the present Out-Patient Block and the opening of the Giltspur Gate, Hea was transferred to take charge there. This duty included at night the responsibility of operating the telephone system at the Hospital exchange. He carried out this work with much credit during the years of the Great War when London was subjected to hostile air raids, and in recognition of his services a testimonial was presented to him in 1918 by the late Treasurer, Lord Sandhurst, on behalf of the Governors.

John Hea will leave the "Gate" with our good wishes for a well-earned rest in his remaining years.

Cambridge Graduates' Club Dinner.

The Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held at the **Mayfair Hotel, on Wednesday, November 25th.** Dr. Henry Burroughes (Senior Secretary of the Club) will be in the Chair, and members are asked to turn up in full force to support him.

All Cambridge Graduates become members of the Club as soon as they enter the Medical College, and a very special welcome is extended to those who have just arrived.

The usual notices will be sent out early in November. Any inquiries about the Club should be addressed to one of the Secretaries, Dr. Burroughes or Mr. Reginald M. Vick.

* * *

Scholarship and Prize Results.

The following is the complete list of scholarship and prize awards for the current year:

Hichens Prize		Not awarded.
Kirkes Scholarship and Gold Medal		Beal, J. H. B.
	Prox. access.	Roberts, L. O.
Senior Scholarship		Latter, K. A.
Junior Scholarships	1.	Nash, D. F. E.
	2.	Moynagh, D. W. and Bohn, G. L. (Equal.)
Junior Scholarships in Chemistry, Physics and Biology	1.	Ogilvie, J. D.
	2.	Samuel, D. M.
Harvey Prize		Bintcliffe, 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 Gold Medal		Not awarded.
	Prize	Jackson, I. M. and Westwood, M. (Equal.)
	Prox. access.	Scott, R. B.
		Langston, H. H.
Brackenbury Scholarship in Medicine		Harris, C. H. S.
Brackenbury Scholarship in Surgery		O'Connell, J. E. A.
Burroughes Prize		Harris, C. H. S.
Skynner Prize		Harris, C. H. S.
Walsham Prize		Beal, J. H. B.
	Prox. access.	Scott, R. B.
Willett Medal		O'Connell, J. E. A.
	Prox. access.	Partridge, G. T.
Skuler Scholarship		Smart, J.
Senior Entrance Scholarship in Science		Hayward G. W. and Innes, A. (Equal.)
Junior Entrance Scholarship in Science		Harper, K. H.
Entrance Scholarship in Arts		Mountjoy, E. R.
Jeaffreson Exhibition		Darke, G. H.
Epsom Scholar.		Bickford, G. T.

House Appointments.

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

Junior House Physicians—	
Sir Percival Hartley	C. E. D. H. Goodhart.
Prof. F. R. Fraser	G. D. Kersley.
Sir Thomas Horder, Bart.	H. W. Williamson.
Dr. Hinds Howell	M. Westwood.
Dr. A. E. Gow	R. Bodley Scott.
Junior House Surgeons—	
Mr. L. Bathe Rawling	G. S. R. Little.
Prof. G. E. Gask	J. H. Hunt.
Sir C. Gordon-Watson	P. G. Scott.
Mr. Harold Wilson	R. W. Graham Campbell.
Mr. Girling Ball	J. E. A. O'Connell.
Intern Midwifery Assistant (Resident)	H. L. Hodgkinson.
Intern Midwifery Assistant (Non-Resident)	G. D. S. Briggs.
Extern Midwifery Assistant	A. T. Blair.* / W. S. Baxter.†
H.S. to Throat and Ear Departments	G. K. McKee.
H.S. to Ophthalmic Department	M. H. Churchill.
H.S. to Venereal and Skin Departments (Non-resident)	D. A. Smith.* / D. McGavin.†
H.S. to Orthopædic Department	J. O. Harrison.
H.P. to Children's Department	B. C. Nicholson.
Junior Resident Anæsthetists	A. C. Fraser. / J. T. C. Taylor.
Non-Resident Anæsthetist	W. D. Bell.
Casualty House Physicians	E. T. Renbom.* / H. G. Staunton.* / H. S. Buckland.* / D. A. Smith.† / H. F. Green.† / G. G. M. Edelsten.†
Casualty House Surgeons	R. G. Orr.* / R. A. Sykes.†

* 3 months, Nov. † 3 months, Feb. All others 6 months.

OBITUARY.

DR. HERBERT ANNESLEY ECCLES.

WE regret to announce the death of Dr. Herbert Annesley Eccles, on October 14th, 1931, at the age of 62, the son of the late Dr. W. Soltau Eccles and only brother to Mr. W. McAdam Eccles. After being at University College School Dr. Eccles came to St. Bartholomew's Hospital in 1886, and obtained the M.R.C.S., L.R.C.P. and M.B. in 1891 and the M.D. in 1893. He was house physician to Dr. Samuel Gee, and later he succeeded his father in practice at Upper Norwood.

Dr. Eccles was an expert on the radiology of jaw injuries and his advice was of special importance during the war. He served as Medical Officer in Charge of the X-Ray Department at the Croydon General Hospital from 1915–1923 and also at the Norwood Cottage Hospital. For a period of two years he was Chief Assistant in the Radiological Department at this Hospital.

His loss will be greatly felt by his many friends and relations.

"WHY DODT DOGTORS DO SUBTHIG ABOUT CODES ID DER DOSE?"

IN discussing any new medical discovery with a layman one is constantly met with the protest, "That's all very well, but why don't you doctors do something about the common cold?" The answer is not hard to seek—the problem is an unusually baffling one; many have tried to tackle it, but have failed.

There are three schools of thought. Some hold that you get a cold simply through some physical agency—a draught down the back of your neck, getting your feet wet and not changing your socks and so on. Some seek to incriminate a particular specific micro-organism. Some—to my mind the most sensible—hold that the first two schools are both right, and that the draught and the wet feet act in some way by lowering the body's resistance, so that the cold microbe can do its mischief. Certainly low temperature by itself can do nothing. There is plenty of low temperature in the Arctic, but Arctic explorers develop colds, not when they are exploring the Arctic, but when they return once more to civilization and come into contact with fellow creatures sneezing microbes at them.

The problem is particularly difficult for two reasons. First, the causative organism is almost certainly not an ordinary bacterium, which can be grown in broth or other common culture media. It is probably something much smaller—one of the so-called filterable viruses. Secondly, it is more difficult to study than other viruses, such as those of smallpox, measles and infantile paralysis, because it is not transmissible to any of the ordinary laboratory animals, not even to monkeys—only, in fact, to chimpanzees.

Before I tell you of recent work on the cold virus, I will say a few words about viruses in general. Viruses are probably living organisms smaller than ordinary bacteria. Some of them are apparently about ·015μ in diameter (·000015 mm.), or only three times the diameter of a hæmoglobin molecule. There is a school of thought which thinks they are too small to be really alive, but we will not go into that argument now. Their properties are these: they cannot be seen with the ordinary microscope, or only with great difficulty; they will pass through very fine filters which hold back ordinary bacteria; they cannot be cultivated on the ordinary laboratory media, but only in cultures of living animal cells—tissue cultures. Note this important point: it seems to be a general rule that a virus will only grow in tissue cultures of a susceptible species of animal. Thus there is a virus which only attacks rabbits—it will grow in cultures of rabbit testis, but not of guinea-pig testis. Fowl-pox virus, which causes a disease of chickens, only grows in cultures of chicken cells and so on. You will see the importance of this presently.

This dependence on living cells for multiplication makes it seem likely that viruses are intra-cellular parasites a thing which is probable for other reasons also. In particular many viruses produce absolutely characteristic changes in the cells they attack—so-called "inclusion bodies." These are often large masses visible with the lower powers of the microscope; they usually stain pink with eosin; they may be in the nucleus of the cell or in the cytoplasm, and their appearance often enables one to diagnose a virus infection simply by finding these inclusions in sections. In tissue cultures infected by certain viruses one can find the appropriate sort of inclusion body, and thus tell by examining stained sections whether the virus is growing in the tissue culture or not.

Now to return to the common cold. A business organization in the United States, seeing the economic importance of the subject, put up a large sum of money for research on common colds. In charge of the work was Prof. A. R. Dochez, of New York, whose name you probably know in connection with scarlet fever research. He and his co-workers set forth in a very systematic way. They took thirteen normal individuals and studied the bacteria in their noses and throats week by week through the winter, paying particular attention to the changes which occurred when they developed colds. The result was that they felt they could not justly accuse any particular bacterium of being the cause of their colds. But certain organisms, particularly hæmolytic streptococci, tended to increase and cause trouble a few days *after* the cold had appeared. These are now believed to be secondary invaders in the wake of the real causative virus. It is these secondary invaders which are used to make the anti-catarrh vaccines in which some people believe and others do not. In so far as these vaccines act at all, they doubtless do so, not by preventing colds, but by limiting the damage to what the cold virus itself can accomplish, preventing the secondary invaders from making things any worse.

Well, Dochez and Co. now proceeded to show that colds could be produced by something which passed through a filter which held back bacteria. They used the only susceptible animal—the chimpanzee. They finally amassed a colony of eight young chimpanzees and rigidly quarantined them. They were kept in rooms maintained constantly at 80° F.; everything entering the room, including most of the food, was sterilized; every person entering wore sterile gowns, caps, masks and rubber gloves, and no one having a cold was allowed within a mile. Young chimpanzees are quite gentle and with a little training they almost appeared to enter into the spirit of the research. Cold virus was obtained by washing out the nose of a person with a very early cold; these washings were filtered and introduced into the noses of the apes. In twenty-four hours the chimpanzees were sneezing, mucus was running out of their noses and their eyes looked puffy. Their colds, in fact, were exactly like those of human beings. The colds readily spread from ape to ape. In all, about 44% of the attempted transmissions were successful. Fortunately the workers were not limited by having only eight chimpanzees to eight experiments, as the chimpanzees soon lost any immunity they had as a result of a first infection, and could be used over and over again

Next, the experiments were repeated with human volunteers. They were isolated in rooms which they were not allowed to leave. They fed on the best sterile food, and were aseptically waited on by the best surgically trained nurses. The results were the same as with the apes. Filtrates of nasal washings from people with colds successfully produced colds in about 44% of the experiments.

Now the American workers have got yet a stage further. They have succeeded in cultivating the cold virus for fifteen or more subcultures in tissue-cultures of chicken-embryo. These remote subcultures produced typical colds in human volunteers in as high a percentage as the fresh material before cultivation. This really looks like business. The transmission to apes and human beings was a useful step, but the cultivation gives us real hope of making rapid progress, and Dr. Oakley and I are anxious to follow it up.

There is such a lot that wants to be found out. We do not know anything at all about immunity to colds, whether it is possible to immunize, not against the secondary invaders, but against the virus itself; nor anything about epidemiology—whether normal people can carry the virus in their throats; nor anything about what chemicals will kill the virus (except that we may feel sure that those advertised as doing so will probably be useless). All this is hard to find out while one is dependent upon chimpanzees and on human volunteers. What is needed is a method of recognizing the presence of the cold virus without recourse to chimpanzees or humans. At the moment Dochez only knows that virus is present in his cultures because those cultures will infect volunteers—in no other way can he tell. But I am very hopeful that this culture method, or a modification of it, will help us towards the first goal—the finding of a way of recognizing the virus by some simpler means. We have several lines of attack in view—we shall hunt our tissue cultures for inclusion bodies, such as I told you many viruses produced. If we could find them, histological study would reveal if cultures were positive or not, and our first big step would be made. Further, the cold-virus cultivation contravenes the general rule that I mentioned earlier—viruses are only supposed to grow in the tissues of susceptible animals. Yet here is the cold-virus growing in chick-embryo, and who ever saw a chicken embryo with a cold in the nose? This is another clue that wants following up. The question of the susceptibility of chicks to the cold virus must be re-examined.

Now, to start with, we have got to have human volunteers to show whether cultures are active or not. We cannot get hold of any chimpanzees, and the next best thing to a chimpanzee is a Bart.'s student. Dochez was doubtless hampered by the diverse and polyglot nature of the population of New York, and feelingly remarks in one of his papers, "Reasonable intelligence and familiarity with the English language were also stressed in the selection of volunteers." He need have had no fears on those scores if he had been able to come to Bart.'s.

When Dochez used human volunteers he had to pay for hospital accommodation and for his nurses, and each complete experiment cost several hundred dollars. He paid his volunteers, who were ex-service men, $5 a day. Owing to the fall in the value of the £ we should not pay volunteers $5 a day, but should give them what is better—our grateful thanks. As a matter of fact, we should work on an entirely different principle from the American workers. We should not attempt to isolate our volunteers in the elaborate way Dochez did, nor even isolate them at all. Instead we should do men in batches—probably eight or ten in a batch—batches of such numbers that we should not be bothered by sources of error due to accidental picking up of colds by inoculated people apart from anything we had done to them. These men would carry on with their ordinary work. Of course some of the men would be controls—only in order to eliminate all possible sources of error it is better that a man should not know when he is inoculated whether he is a control or not. We shall be testing a number of culture media in some of which the cold-virus will doubtless refuse to grow; so on the whole, such of you as volunteer will probably only stand about a 1 in 5 chance of catching a cold. And as you will probably have a cold anyway before the winter has gone far, why not have a cold that is made really enjoyable by the knowledge that you are suffering in a good cause? The inoculation will consist of allowing

1 c.c. of what looks like saline to run into your nostrils as you lie down.

I hope as many as possible will volunteer, and incite their friends to do likewise. I suggest "Join the Coldstream Guards" as a suitable slogan. If any volunteers will give their names to Dr. Oakley or to Bridle they will be performing a most useful service. Dr. Oakley will, in due course, take histories from them, inquiring as to their liability to colds in the past and so on; he will also find out if any are up for an exam., or for any other reason would be unwilling to be "called up" at any particular period. After inoculation, men would be asked to report to Dr. Oakley for examination every day for two or three days.

You cannot, I think, fail to realize how immensely important it would be if we could find some method by which the cold-virus could really be run to earth, caught and studied as the typhoid bacillus can be studied now. Some of you perhaps have a prejudice in favour of the view that Bart.'s is not only one of the oldest, but the finest hospital in the world. If you feel like translating your convictions into action, if you will help Dr. Oakley and me to make a success of this attack on colds, you can convince doubters—if there are any—that Bart.'s is still in the forefront of scientific research.

Volunteers are still wanted. Please give your names to Dr. Oakley or Bridle. C. H. ANDREWES.

BLOOD TRANSFUSION IN THE TREATMENT OF HÆMATEMESIS.

RECENTLY there has been much controversy as to the employment of blood transfusions in the treatment of hæmatemesis, especially with regard to the amount of blood that should be given, and also at what time after the hæmatemesis it should be given. In view of this difference of opinion the notes of the following four cases, which have been successfully treated with early large transfusions, may be of interest.

CASE 1.—Woman, æt. 50. Two years' history of indigestion.

July 6th, 1931: Felt faint; passed tarry stool. Hæmatemesis 1½ pints.

July 7th: Admitted to hospital.

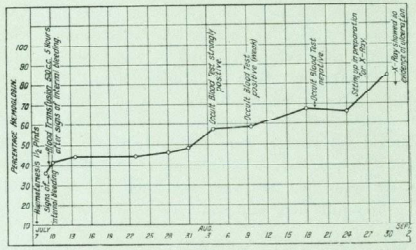
July 8th and 9th: General condition improved.

July 10th: Sudden onset of restlessness; thirst. Pulse rapid, poor volume. Melæna stool. No further hæmatemesis. Blood-count: Hæmoglobin 36%, red blood-cells 2,000,000.

Transfused 500 c.c. *five hours* after onset of signs of renewed hæmorrhage.

Following this, uneventful recovery. Steady rise in percentage of hæmoglobin. Occult blood negative July 18th. X-ray, July 30th, showed no evidence of ulceration. Discharged without symptoms.

CASE 1.—GRAPH OF PERCENTAGE HÆMOGLOBIN.



Female, æt. 50. Hæmatemesis. Given pulv. ferri redact., gr. xv *t.d.s.*, from start.

CASE 2.—Man, æt. 52. Long history of epigastric pain.

August 11th: Hæmatemesis 1 pint.

August 12th: Admitted to hospital.

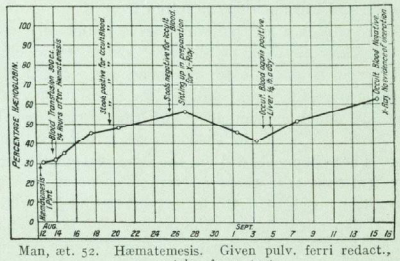
On admission hæmoglobin 31%, red blood-cells 1,960,000.

Transfused 300 c.c. approximately *twenty-four hours* after hæmatemesis. Progress of case as shown on graph.

Discharged with no X-ray evidence of ulceration. Stools negative for occult blood, and without symptoms on September 22nd.

Note.—A larger transfusion would have been given in this case had not difficulty been experienced in obtaining blood from the donor.

CASE 2.—GRAPH OF PERCENTAGE HÆMOGLOBIN.



Man, æt. 52. Hæmatemesis. Given pulv. ferri redact., gr. xv *t.d.s.*, from start.

CASE 3.—Man, æt. 30.

July 24th: Came to Out-patient Department for examination *re* fitness for Territorial camp. Had 1¾ *pint hæmatemesis* in Surgery, St. Bartholomew's Hospital.

Admitted. (Past history: Ten years' history of gastric ulcer.)

July 25th: Further hæmatemesis (total of 2 pints). Transfused *700 c.c.* blood, twelve hours after first hæmatemesis, and *four hours* after second large hæmatemesis.

July 26th to 28th: Frequent small hæmatemeses.

July 28th: Blood transfusion, *600 c.c.*, *twelve hours* after last hæmatemesis.

August 1st: Lobar pneumonia.

August 2nd to 6th: Meleana stools. Hæmoglobin sinking.

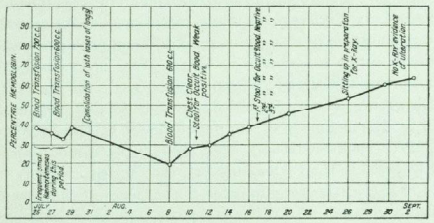
August 8th: Blood transfusion, *600 c.c.*

August 10th: *Chest clear.*

August 16th to September 13th: Steady recovery.

Discharged September 13th without symptoms. Occult blood negative. No X-ray evidence of ulceration.

CASE 3.—GRAPH OF PERCENTAGE HÆMOGLOBIN.



Male, æt. 30. Repeated hæmatemesis; melæna; pneumonia. Given pulv. ferri carbonas saccharatus, gr. xv *t.d.s.*, from start.

CASE 4.—Man, æt. 42. One year's history of epigastric discomfort.

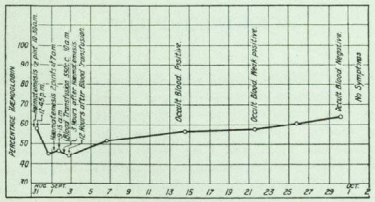
August 31st: Hæmatemesis ½ pint. Admitted.

September 1st: Condition satisfactory.

September 2nd: Hæmatemesis 2 pints, 7 a.m. Blood transfusion *550 c.c.*, 10 a.m. (*i. e.* three hours after hæmatemesis).

September 3rd to October 2nd: Slow but gradual rise in hæmoglobin. October 2nd: No symptoms; occult blood negative.

CASE 4. GRAPH OF PERCENTAGE HÆMOGLOBIN.



Man, æt. 42. Hæmatemesis.

The above cases illustrate the following points: (1) That early blood transfusion was not followed by any untoward result; in no case did even a rigor take place. (2) The high hæmoglobin percentage first obtained in Case 4 illustrates that the patient had not diluted his blood (*cf.* article on blood volume, Dr. Graham, *St. Bartholomew's Hospital Journal*, October, 1931). (3) In each case the patient felt decidedly better following the transfusion.

All these cases were treated with pulv. ferri redact., gr. xv *t.d.s.*, or with pulv. ferri carbonas saccharatus, gr. xv, from the very start, and without any feeling of nausea or vomiting.

We are indebted to Sir P. Horton-Smith-Hartley for permission to publish these cases, and to Dr. Graham for guidance in the preparation of this paper.

R. E. M. FAWCETT.
J. B. GREAT-REX.

A BART.'S WOMAN, 1865:

INCLUDING EXTRACTS FROM THE DIARY OF HENRY BUTLIN, MEDICAL STUDENT.

Jasilla: I am for Physick, Knowledge and Practice too. . . . But I don't understand, why it must be the Privilege and Property of a few Undertakers of the other Sex. . . . Why must we be their Patients when we are sick; and only their Nurses when they are so? Why should not we, who are at so much Pains to bring Mankind into the World, have as good a Title as the best of them, to the Liberty of sending some People out of it?*

Sir Henry Butlin kept a diary during his student days. Not for him the self-revealing way of Pepys—"rose at 7½, dressed, breakfasted, played piano . . ." was his usual response to the wonder of each new day. With such phrases as "Went round the Wards with Mr. Paget" and "Went to Mr. Paget's Clinical Lecture," he tantalizes us and dismisses the greatest Bart.'s man of his time. We gather that the Cricket Club was active, that fives was a favourite game, and on Friday, October 26th, 1866, he reports that he "attended a Meeting in the College Hall, where a St. Bartholomew's Football Club was formed." With regard to his own habits, he seems to have been an industrious student, going to Church regularly twice each Sunday, as

* *An Essay upon the Duty of Physicians and Patients.* . . . In two dialogues. London: 1715. Attributed to Samuel Parker, of Lincoln College, Oxford.

befitted the son of a parson, and enjoying an occasional night at the opera or the theatre.

Yet out of this pedestrian record of his second year at Hospital (1865–6) there does emerge a tale, told with enough detail to show the degree of interest which it aroused in the minds and hearts of the students of those days. It is the story of an unfortunate woman who boldly—and vainly—hoped to set on her professional brow the seal of a Bart.'s training.

[Oct.] M.—16.—Rose at 7½; dressed, breakfasted; went to Physiology Lecture, at the conclusion of which Mr. Savory gave notice that a lady, Miss Colborne, had applied to be allowed to enter the School, and permission with certain restrictions had been granted; read the "Skull as a whole" until 1, & then went round the wards with Mr. Callender;—great excitement all day about the proposed admission of the lady?—student:—went to Medicine and Surgery lectures; dined; went home and practised until 7½; had tea and wrote diary until 8½; went to the College to Jackson's rooms to consult what measures should be taken to prevent, if possible, the *lady* from becoming a Student:—present. Wilks. Thorne. Jackson. Samuel, Williams, and myself—we drew up a petition to the Medical Council begging them to reconsider their decision, and this was at once taken round and signed by almost every man in College:—stayed in Jackson's room to Anatomical class, and got home about 12 o'clock—bed.—

Tues.—17.—Rose at 7½, feeling rather poorly; dressed, breakfasted, went to Physiology Lecture, which Mr. Savory opened by saying that in consequence of the feeling evinced by some of the Students, it was highly probable that the lady (?) would not be allowed to come amongst us (Loud cheers & clapping). Went to Davies Street to Music lesson, told to mind *smoothness*, to keep the fingers bent, to mind the short rests;—went back to the Hospital and read the Nasal fossæ, Orbits, &c. until 2½: . . .

Tues. 31.—Arose at 7½; dressed; breakfasted; went to Physiology lecture; walked to Davies Street to my music-lesson, returning about 12½; dissected until 2½; went to Anatomy Lecture, after which went into the Medical Theatre, but had not been there long, before in walked the lady, Miss Colborne, (concerning whom, we had petitioned, that she should not be allowed to enter the School) the theatre soon became crowded w. men, who hooted, screamed, &c. but I walked out as soon as I could make my way to the door; in consequence of the violent state of feeling of the students, Dr. Black did not enter the theatre at the proper time, but sent Thomas, (the marker), to beg the woman to go into the museum and speak with Mr Callender, which she did, and order was restored—Mr Callender had about an hour or two before sent for Thorne and told him that Miss Colborne persisted in coming in spite of all he could say or do to dissuade her, and that, having entered at the Hospital, she refused to take back her fees, and, if not allowed to attend the Lectures, would put the matter in the hands of her solicitor—.

[Nov.] Tues. 7.—Arose at 7½; dressed; breakfasted; went to Physiology Lecture, which had not proceeded very far, when Miss Colborne walked in; Mr. Savory stopped and considered for a moment, and then said, "Gentlemen, are you desirous that I should proceed with this lecture?" Loud cries of "No! no!" from all parts of the theatre; "Well, then, I will put it to the vote," which he accordingly did, by show of hands, when two men only were in favour of the continuance of the lecture under such circumstances, one of whom afterwards said that he did not know that the *lady* was in the room, and therefore did not understand what was the reason of the abrupt closing.

So ends the story of Miss Colborne, though there is, in 1886, a reference to another "lady (?)," who must, from the detailed description of her clothing, have been the object of close study.

1866. [Oct.] Tues. 30.—Dr. Mary Walker, an American Lady Physician came down to the Hospital and went round the wards with Mr. Coote—she was dressed in the Bloomer fashion, wearing a tight-fitting coat of dark material, buttoned down in front, and having a rather long skirt, a dark pair of trousers, a straw hat, of a brown colour, with a round crown.

Whatever previous invasions of women into the wards and lecture rooms of the Hospital there may have been, history records one only. Dr. Elizabeth Blackwell, graduate of Geneva (N.Y.) and first woman doctor of modern times, had visited the Hospital as early as 1850, of which visit the Warden's wife, Mrs. James Paget, wrote (October 17th, 1850).*

"Well, we have our 'Lady Doctor' here at last, and she has actually attended two of James' lectures, taking her seat with perfect composure. The young men have behaved extremely well, and she really appears likely to go on her way quite unmolested. She breakfasted here one morning with several of our students, and last evening we had a few medical friends to dinner, and she joined us in the evening. Her manners are quiet, & it is evident her motives for the pursuit of so strange a vocation are pure & good. So let us hope she will become useful in her generation.'

Why the young men should "have behaved extremely well" on the one occasion and rioted on the next is difficult to explain. Perhaps because the reception of an American woman doctor in 1850 presented a different problem from the reception of a woman student in 1865, by which time a woman had already become ensconced in the Medical Directory. It must be added here, lest the polished sons of St. Bartholomew's seem put to shame by the Geneva (N.Y.) backwoodsmen, who politely welcomed Miss Blackwell to their school in 1847, that her sister Emily's later application for admission to the Geneva School was firmly refused.

Whatever may be the future of women in medicine, their future at St. Bartholomew's would seem certain. Has it not been said that St. Bartholomew's will stand shoulder to shoulder with the London School of Medicine for Women, the last opponent of medical co-education?

I have to thank Sir D'Arcy Power for showing me Sir Henry Butlin's diary, and Mrs. Percy Furnivall and Mrs. Morice, Sir Henry Butlin's daughters, for permission to publish these extracts. ALFRED FRANKLIN.

* *Memoirs and Letters of Sir James Paget.* Edited by Stephen Paget. London, 1901, p. 168.

ACKNOWLEDGMENTS.

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ORANGE PEKOE.

RUSHING in the rainy season, sluggish as its crocodiles at other times, the great Brahmaputra sweeps along its serpiginous course through the valley of Assam, a country flat as Norfolk, as large as England (with Wales).

Three yards of rain fall every year, and the dense jungle which covers it may be regarded both as cause and result.

Centuries ago the Assamese planted rice in its clearances, but only sixty years ago the ubiquitous Scot planted a few tea-seeds brought over from China.

To the Bruce brothers, and man's high tolerance for caffeine, Assam owes her prosperity to-day. Synthetic chemistry has all but wiped out the indigo planter, just south in Bihar; but while *matté* and *tilleul* still lack British addicts, the little evergreen bushes of *Camelia thea* will continue to stretch along their flat acres, shaded by ghostly acacias.

Two million hands are needed to pluck, sort, fire and box the young leaves; but Assam soil is fertile, and its own people are content to wait the harvest, when they have planted their rice-seed.

Labour, then, must be brought up from the central forests of India, and brings with it much to interest the disciple of Patrick Manson.

Malaria, both sub-teritan and benign, kala-azar and hook-worm are endemic, while cholera, T.B., leprosy, gonorrhœa and yaws are thus as freely and unwittingly imported as are fleas with City out-patients.

The M.O. is usually expected to visit each of his gardens at least once a week, but transport is the bug-bear of the profession, and, indeed, of all men in Assam.

The province is entirely devoid of road-metal, which must be imported at great cost, and is, therefore, little employed. The weekly round of visits may cover 150 miles, of which, perhaps, five may be metalled, and the remainder are merely mud ridges running between water-logged rice-fields.

Soon after the rainy season begins, giant potholes appear, and before the three yards have fallen, the "road" of the dry season has become a siliceous suspension into which the car is almost as likely to sink "*in toto*" as it is to side-slip into three feet of rice-water on either side.

Then, indeed, does devolution take place, and "Tin Lizzie" is supplanted by her forebear the horse, while in at least one of the worst areas the M.O. visits by elephant.

On each garden he is met by the native doctor, compounder, and sweep, on whose enthusiasm in their respective spheres the health of the labour force is largely dependent.

An ante-natal parade is usually the first item on arrival at the garden-hospital. Several score of dusky matrons of all ages may present themselves, and any thought of pelvimetry must be stoutly repressed.

Maternal mortality and abortion in this country are almost entirely an expression of the degree and toxicity of the universal hook-worm infection. Ante-natal care, then, depends on the clinical detection and rough estimation of degrees of anæmia and œdema, and appropriate dosage with chenopodium oil.

It is soon recognized, also, that the malarial parasite is a more potent abortifacient than quinine, and this drug is never withheld when infection is active.

Out-patients and in-patients are inspected, blood-films and other films examined, and local public health problems debated.

The reputation of medicine in Assam does not rest on quinine and chenopodium alone. Kala-azar, which once decimated townships with a 95% mortality, has now come under almost complete control, with a mortality under 5%.

The weight of evidence against the silver-footed sandfly is substantial, but the volunteers bitten four years ago are still apyrexial, and four years is a long period of incubation. While the entomologists are still collecting breeding data, Brahmachari has introduced urea-stibamine, with revolutionary results. The simple tartar emetic slays its tens, but this drug, its hundreds, of Leishmania.

Surgical enterprise still waits in most tea-gardens on further native enlightenment and the impedimenta of asepsis. The writer's interferences, however, in a few months' *locum* ranged from the removal of a 20-lb. lipoma to the extraction of *Filaria equini* from the anterior chamber of his horse's eye.

The unique appearance of the large, actively motile worm in such a relatively small fluid chamber was a sight never to be forgotten.

There is much, however, of interest beyond the patient and the tea-bush. A tremendous floral and faunal range, so widely separated from our own, provides a constant source of interest and entertainment.

Driving along the jungle paths by day, butterflies of innumerable species and colours must needs be slaughtered as they drink the water collected in old cart-tracks, and at night, to the discordant chant of grasshoppers and bull-frogs outside, creatures one had believed to occur only in the hallucinations of D.T.'s, perform a dance of death round the oil-lamp.

Snakes, also, occur in a variety and number only to be rivalled in Brazil, but while poisonous species are numerous, more people die yearly from fright than snake-venom.

For biological reasons, the colouring of several of the most poisonous species is closely, if not exactly, simulated by the innocent, but a simple examination of the width of the belly-scales will often permit a very comforting prognosis for the terror-stricken victim.

Big game of all kinds abounds, and when transport becomes feasible in the cold weather, almost every beast but lion may be shot in the province.

Assam is also a happy hunting-ground for the student of ethnology. In a single village may be found representatives of many races of the East.

Differing in colour, facies, language and religion, one meets not only the Assamese and the numerous tribes from Central India, each speaking its own language and worshipping its own gods.

The tall, bearded Punjabi will probably be recognized in the local builder and garage proprietor, while John Chinaman is sure to preside at the cobbler's bench.

A fleeting glimpse of a rosy-cheeked Khasia girl is not infrequent on entering a remote planter's bungalow.

But perhaps of all these races the most remarkable are the Nagas, who live in the hills of that name on the Eastern side of the valley.

Nude save for a quite inadequate perinæal triangle, these stalwarts come down in the autumn from their hills, bartering their cotton and cattle for pariah-dogs, their favourite meat.

The starved creatures, with stomachs distended with a final meal of rice, more generous than they have ever known before, are knocked on the head and roasted on hot-bricks. The semi-digested rice is recovered and the roasted flesh eaten with it.

Many of the Naga Hills are still beyond the forestry laws, and so, on summer evenings, a strange sight may be seen. The setting sun reveals a redder rival high up the eastern sky. The Nagas are burning down a forest that has taken centuries to grow.

For virgin soil yields more cotton, and more cotton means more dogs.

K. R. R.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

This match was played at Bath in glorious weather. Winning the toss Bath set the Hospital to face the sun, and took the lead at the end of five minutes when a failure by a Bart.'s centre to tackle his man enabled Eastcott to send in Hancock for a try (0–3). Infusing a great deal of life into their play the Bart.'s pack took play to the home "25," where Beilby set his backs in motion and Petty put in a dashing run. Just when the Hospital appeared to be holding their own, Merrett, with a side-step and dummy, got our defence on the wrong foot and dropped a neat goal (0–7). However, Bath were not to score again before half-time, and play was soon transferred to the home half. Bart.'s heeled, and a fine passing movement ended in J. D. Powell running strongly to round Gough, short punt over the full-back's head and only just fail to secure the touch-down. Shortly afterwards, however, the Hospital were rewarded, when, following good work by Harvey, Moynagh scored.

Half-time: Bath, 7; Bart.'s, 3.

Immediately after the re-start Petty and Curtiss combined well, and had the latter held the final pass a try must have resulted. Again Bart.'s got within inches of scoring when Kirkwood broke through, but the chance was lost, and it was Bath who were the next to score, when a forward rush ended in Williams scoring between the posts. Banks converted (3–12). Bart.'s soon reduced the lead, for Kirkwood and Powell brought off their best piece of combination of the game for Jenkins to score. Capper converted (8–12). At this point the Hospital appeared to have a great chance of snatching a lead, but as so often happens in our games with provincial teams we fell away in the final quarter of an hour, and Gough and Merrett added unconverted tries.

Result: Bath, 2 goals (1 dropped), 3 tries (18 pts.); Bart.'s, 1 goal, 1 try (8 pts.).

The Bart.'s team once again gave a good account of themselves. Powell and Petty were both in fine form at three-quarter, while Beilby, back in his old position at stand-off half, opened out the game well. The whole pack performed creditably and gives promise of becoming really good. W. M. Capper was outstanding, his line-out work and lengthy touch-finding being invaluable.

It was a most pleasant game, excellently refereed.

Team.—C. W. John (*back*); L. M. Curtiss, G. F. Petty, R. M. Kirkwood, J. D. Powell (*three-quarters*), F. J. Beilby, F. G. Ward (*halves*); W. M. Capper, J. R. R. Jenkins, G. D. S. Briggs, K. J. Harvey, J. M. Jackson, D. W. Moynagh, A. T. Blair, G. W. Hayward (*forwards*).

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

For our first home match of the season we had Otley, the Yorkshire Cup holders, as our opponents. It was their first visit to London, and they provided us with one of the most enjoyable games imaginable, and proved themselves to be a delightful side both on and off the field. Capper kicked off for Bart.'s before an excellent crowd, and the forwards soon took play into the Otley "25," where after three minutes' play J. D. Powell picked up and dashed over for a try (3–0). Otley were not long in drawing level, for shortly afterwards T. C. Atkinson kicked a good penalty goal (3–3). Bart.'s soon took the lead again, however, for from a line-out on the Otley line Mundy secured and dropped over the line. The kick failed (6–3). This lead was increased when, following an excellent heel, our backs got going, and R. M. Kirkwood kicked ahead for D. M. E. Thomas to gather the ball and score far out (9–3). The Yorkshire team now rallied strongly and took play into the Hospital half, only to be sent back by some long kicks from J. G. Nel. However, Hall, on the Otley right wing, now received the ball for the first time, and running very strongly he covered quite half the length of the field to score between the posts. Atkinson converted (9–8). Otley continued to attack and might well have taken the lead, but it was the Hospital who scored next, for Capper burst away from our "25," Briggs carried on the movement, and when tackled by the full-back passed to Beilby, who sent in B. S. Lewis for a very good try. Nel converted with a fine kick (14–8).

Half-time: Bart.'s, 14; Otley, 8.

A free-kick for offside a minute after the re-start gave Atkinson the opportunity to kick his third goal (14–11). This score was followed by a further period of Bart.'s aggression, and J. D. Powell was conspicuous with some good runs on the left wing. It was a dropped pass in the centre which enabled the Hospital to increase their lead, for L. M. Curtiss wisely got his foot to the ball, kicked it over the line and secured the touch down. Nel made no mistake with the kick (19–11). Although Bart.'s led by 8 points, their opponents were by no means a spent force, F. W. S. Malir being prominent with some strong runs which put Otley into a good position for attack, and a forward rush ended in Atkinson (who had already scored 8 points himself) scoring far out. The kick failed (19–14). This ended the scoring, but much dour defence was necessary to keep the Otley men from adding to their score, and during this period Nel stopped some forward rushes in good style.

Result: Bart.'s, 2 goals, 3 tries (19 pts.); Otley, 3 goals (2 penalties), 1 try (14 pts.).

For Bart.'s Nel and Powell were the most prominent "outsides," while of the scrum, Capper, Mundy, Lewis and Briggs were the best, the latter displaying great speed.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, F. G. Ward (*halves*); W. M. Capper (capt.), B. S. Lewis, J. R. R. Jenkins, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

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

Played at Bedford on October 17th, before 3000 spectators.

Conditions were excellent, and Bedford, who included five of the East Midlands back division, had the advantage of the slope in the first half. Their forwards obtained possession frequently in the earlier scrums, and only four minutes had elapsed when mistakes in the centre gave Brumwell and Cook the chance of cutting through, for Wise to score far out. The kick failed (0–3). Bedford continued to attack, and only a fine tackle by Capper prevented Williams from scoring in the other corner. However, Bart.'s obtained temporary relief when G. F. Petty intercepted and passed out to L. M. Curtiss, who ran very well for quite 40 yards, but the latter's cross-kick was poorly placed. J. D. Powell (no doubt inspired by the fact that he was described as an international on the programme!) now put in some excellent bursts on the left wing, and was unlucky not to score on more than one occasion. During this spell of Bart.'s pressure a kick by a Hospital back was charged down, and Brumwell dashed away to make an opening for Wise to score between the posts. Cook converted (0–8). Bart.'s returned to the attack and both Briggs and Beilby were near to scoring, while R. M. Kirkwood had hard luck with a good drop at goal. There was, however, no further score before half-time.

Half-time: Bedford, 8; Bart.'s, 0.

Two good kicks by G. F. Petty took play into the home half on resuming, but strong running by the Bedford backs forced the Hospital to defend, and J. G. Nel saved well on two occasions. Bedford were unlucky to lose Ashwell at this point, but he came on again after a quarter of an hour. The Bart.'s forwards were warming to their work by now and holding their heavier opponents well; consequently the backs were seeing more of the ball and both Curtiss and Powell put in some good runs. W. A. Sime, the Bedford scrum-half, was playing an excellent game, and a long run of his took play once again into our "25," but when the "Town" heeled from the ensuing scrum their backs were unable to make headway, and play was transferred to the home half. Here, first Briggs, then Lewis, Mundy and Ward in quick succession were nearly over the line, but it was not until eight minutes from the end that Kirkwood dodged his way through the defence to score between the posts, for Nel to convert (5–8). Soon afterwards Nel fielded a wild kick by a Bedford back and tried to drop a goal from 40 yards out, only to miss by inches, but two minutes from the end a clean heel gave Kirkwood his chance and he dropped an excellent goal (9–8). Amid much excitement Bedford attacked for the remaining moments, but their efforts were unavailing.

Result: Bart.'s, 2 goals (1 dropped), 9 pts.; Bedford, 1 goal, 1 try (8 pts.).

Team.—J. G. Nel (*back*); L. M. Curtiss, G. F. Petty, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, F. G. Ward (*halves*); W. M. Capper (capt.), B. S. Lewis, J. R. R. Jenkins, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

J. R. R. J.

ASSOCIATION FOOTBALL CLUB.

Although none of the teams have started the season particularly well, in that they have lost more matches than they have won, there is great cause for encouragement in other directions. A larger number of freshmen than usual have joined the Club, and several of these new members show good promise. Competition is therefore keen, and the consequent experiments that have been made in the constitution of the various teams have undoubtedly been the cause of some of the adverse results. However, when the sides settle down to a regular formation better performances may be expected.

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

October 3rd, at Chiswick.

While Thomas's fielded the same side as last year, Bart.'s had a purely experimental team, and failed to settle down quickly enough to avoid defeat. After a great opening burst, in which Bart.'s were unlucky not to score, Thomas's assumed the upper hand, and their fast forward line kept our defence busy. After some 15 minutes' play Thomas's scored a deserved goal, following a combined movement by their forwards. The Bart.'s attack seemed over-eager, and, while kicking the ball first time, did not take sufficient care over the direction of their kicks. Thus much of the passing was regrettably wild. Thomas's eventually scored again, following a misunderstanding between our backs. Bart.'s made desperate efforts to get going, and Owen hit the bar with a good shot. Wheeler was the most forward at this period. Thomas's increased their lead still further just before half-time through a good but somewhat lucky shot from the right wing. The interval came with the score at 3–0 in Thomas's favour.

The second half was much more even sided; Bart.'s definitely had the upper hand during the closing stages. However, Thomas's scored a fourth goal from a well-judged header by their inside-left, who played a good game throughout. Immediately afterwards Johnson made a very good save at close range. From that point Bart.'s had far more of the game. Shackman and Wheeler combined well on the right wing, and Dolly, plied with good passes from McAskie, put across several good centres. Gilbert, at centre-forward, was too well marked to be of any danger, however, and the end came with the score 4–0 in St. Thomas's favour. This may have flattered them a little, but was a well-deserved win.

Team.—D. J. Johnson (*goal*); A. H. Hunt, R. McGladdery (*backs*); J. Shields, G. H. Brookman, W. A. Owen (*halves*); F. E. Wheeler, A. Shackman, R. G. Gilbert, L. McAskie, K. C. Dolly (*forwards*).

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

October 10th, at New Eltham.

Bart.'s made several changes from the previous week, fielding what was practically a new defence. R. E. Owlett at centre-half and F. D. N. Livingstone, from Cambridge, at outside-right made their *début*.

Bart.'s lost the toss, and were soon defending, Johnson early distinguishing himself by a brilliant clearance under difficulties. Good work by the halves and backs gradually drove the Old Citizens back, but the latter's attack was always more dangerous than our own forwards, who were allowed no time to settle down by our opponents' robust defence. However, we had hard luck on one occasion, only good work by the home goalkeeper preventing our inside men from scoring. The Old Citizens continued to attack, and only first-time kicking by Bart.'s halves and backs kept our goal intact. Eventually, just on half-time, the opposing centre-half scored from a backward pass by the left wing. The score at the interval was thus 1–0 against us.

The opposition started the second half with a great rush, nearly scoring in the first minute. Following this, Bart.'s forwards set up an attack which lasted for some minutes, and culminated in McAskie equalizing from close in with a characteristic shot well out of the goalkeeper's reach. For the next few minutes Bart.'s had the best of the exchanges, but the Old Citizens eventually broke away and forced a corner, from which they again took the lead. Following this reverse the Bart.'s defence rather went to pieces, and conceded two further goals. The Old Citizens certainly showed a marked superiority at this period, but were actually rather lucky in the manner of obtaining their goals, one of which was scored from an offside

position. Though Bart.'s pressed continuously in the last 15 minutes, they were unlucky, and failed to score again. One centre from Livingstone certainly deserved a better fate. However, the score remained the same until the final whistle.

Result: Old Citizens, 4; Bart.'s, 1.

Team.—D. J. Johnson (*goal*); J. Shields, D. R. S. Howell (*backs*); F. E. Wheeler, R. E. Owlett, G. H. Brookman (*halves*); F. D. M. Livingstone, R. Shackman, R. A. L. Wenger, L. McAskie, R. C. Dolly (*forwards*).

D. R. S. H.

GOLF CLUB.

Inter-Hospital Cup Competition.

First Round.

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

Played at Porter's Park on September 30th.

St. Bartholomew's Hospital.		*Middlesex Hospital.*	
Savage and Wedd (3—1)	1	Neal and Bentley	0
Carr and Cutlack (4—2)	1	Charlton and Nash	0
White and Wilson, W. (6—5)	1	Johnson and Banham	0
Groves and Wilson, J. (6—5)	1	Blunt and Preston	0

Savage	0	Neal (3—1)	1
Wedd (2—1)	1	Bentley	0
Carr	0	Charlton (4—3)	1
White	0	Nash	1
Groves	0	Johnson	1
Cutlack	½	Blunt	½
Wilson, W. (3—1)	1	Banham	0
Wilson, J.	0	Preston	1
	0½		5½

Second Round.

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

Played at Oxhey on October 28th.

St. Bartholomew's Hospital.		*St. Mary's Hospital.*	
Carr and Wedd (4—3)	1	Brooks and Roderick	0
White and Wilson, W. (w.o.)	1	(Barcroft) and Hartley	0
Groves and Wilson, J. (2 up)	1	Bond and Reid	0
Robins and Nunn (8—6)	1	Airey and Anning	0

Carr (4—3)	1	Brooks	0
Wedd (6—4)	1	Roderick	0
White	0	Hartley (1 up)	1
Groves (6—5)	1	Bond	0
Wilson, W. (4—3)	1	Reid	0
Wilson, J. (7—5)	1	Airey	0
Robins (7—5)	1	Anning	0
Nunn (w.o.)	1	(Barcroft)	0
	11		1

J. W.

HOCKEY CLUB.

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

Saturday, October 10th, at Winchmore Hill.

We were unfortunate to lose this match, the first of our season, by 7 goals to 1. Admittedly our opponents had played several games before, and we had only five of our last year's team playing. Yet as a team we never really got together, and many a good piece of individual work was spoilt by lack of combination, particularly amongst the forwards. Oliver played a useful game in place of Wright, who is temporarily on the injured list.

Team.—T. Smallhorn (*goal*); W. A. Oliver, H. D. Gale (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); J. W. C. Symonds, J. Lockett, K. W. Martin, L. Heasman, C. L. Hay Shunker (*forwards*).

Apologies to the 2nd XI for a misstatement made in last month's JOURNAL. The team reached the *final* of the Junior Hospital Cup, defeating Guy's in the replay of the semi-final, and then went down to London. They are confidently expecting to bring the Cup back this year, and we wish them the best of luck.

A. D. I.

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY.

The fourth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was held at the Wentworth Golf Club, Virginia Water, on Wednesday, September 23rd, 1931. The weather was not inviting, but a very enjoyable afternoon's golf was played. Eighteen members played in the singles and ten in the foursomes, and ten stayed to supper at the Club.

The results were as follows:

Milsom-Rees Cup.—J. H. T. Davies was 1 up against bogey, and E. F. S. Gordon and R. R. Fells were 1 down. The sweep for the best score over the last nine holes went to R. R. Fells, and that for the six sealed holes to E. E. Llewellyn.

Foursomes. Sir Charles Gordon-Watson and R. S. Corbett tied with E. F. S. Gordon and E. E. Llewellyn with three down. Sir Charles Gordon-Watson and R. S. Corbett had the best score for the first nine holes.

The next Summer Meeting will be held on Thursday, June 23rd, and we hope to play at Sunningdale.

CORRESPONDENCE.

GAS GANGRENE COMPLICATING OBSTRUCTED LABOUR.

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

DEAR SIR,—I am spending a short holiday in Kampala, Uganda, and I have taken the opportunity of sending you a brief account of an interesting case I had recently at my hospital.

On July 8th, 1931, a native mission school teacher came to report that his wife, who was twenty-five miles away, had been in labour for three days, that the "head had gone down and got stuck" and that the membranes had ruptured. She was brought in by car over very bad roads arriving after dark at 7 p.m.

She was found to be in a collapsed state, restless, pulse irregular and rapid, dry lips and parched mouth and in great pain. Her face was unrecognizable, the neck, lips and features being puffy, and swollen, and the left eye completely occluded by the œdema. She was breathing rapidly and complaining of obstruction in the throat, and now and again gasping for breath. Her speech was husky and altered. The chest was puffy and œdematous. There was no history of cough or pain in the chest. The fundus of the uterus was seen to be high and pushed forwards. It felt thick and hard on palpation and was in a state of tonic contraction, and showed no signs of relaxing. The lower segment was extremely tender. No fœtal heart-sounds could be detected.

Over the whole body from the thighs upwards to the chest, neck and face to the scalp, typical emphysematous crackling could be detected. The external measurements were: interspinous 7½, intercristal 8½, external conjugate ? 7½ in. (œdema making this last inaccurate). Membranes were protruding from the vagina, which was œdematous, and from which there was a foul smelling discharge. On examination the head was found to be impacted in the pelvis, with the skull-bones markedly overlapping. There was a very distinct caput succedaneum. Urine, obtained by a catheter, was full of blood.

An attempt was made to deliver with forceps after the patient had rested two hours under morphia. This caused great pain, necessitating a little chloroform and ether to be given with great care. The woman, however, died within a few minutes, undelivered, and subcutaneous and intramuscular cardiac injections of strychnine with artificial respiration were of no avail. Intramuscular soda bicarb. and intravenous quinine hydrochloride, which were being prepared, could not be given. A male child was delivered (about 7 lb.) with great difficulty, the head greatly distorted and flattened, and foul-smelling fluid and gas escaped from the uterus. The fœtus had apparently been dead for some time.

This was a tragic case, but interesting from the point of view of the gas gangrene, which probably caused death. The case demonstrates the great need of ante-natal work for these natives, and the danger of ignorant interference of native uncleanly midwives.

I am reporting this case because it may be of interest to some with regard to the complication of the unusual disease of gas gangrene, but unfortunately we have neither time nor facilities here for more detailed investigation.

I am, Sir, etc.,

J. E. CHURCH.

Bishop's House,
Kampala,
Uganda.
September, 1931.

DR MATTHEWS DUNCAN.

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

DEAR SIR,—I read with great interest the paper on Matthews Duncan in the JOURNAL for October. I was one of his clerks for six months, and previously was a dresser for Mr. Willett, who did the operations in "Martha," so I saw a good deal of Matthews Duncan. I remember the glee with which we saw Dr. Champneys, who was Lecturer at St. George's, sitting amongst us at Duncan's lectures and taking notes; for there was a good deal of friendly rivalry between Bart.'s and George's in those days, and it was an established custom for the students of those two hospitals, and no others, to go up for the Final examinations in evening dress.

Mention is made of the fact that when examining a patient he always spoke of the "belly" and not the abdomen. I remember that in his lectures he advised us to use simple Anglo-Saxon words, such as "belly" for "abdomen," and "sweat" for "perspiration." His strict punctuality is also noted, and a striking example of this occurred at every lecture, when on the stroke of the clock a warning knock was given on the door behind him, and although he might be in the middle of a sentence he stopped, gathered up his papers, and vanished.

Of his method in the wards I recall one instance in particular. After reading my notes on a new case he said, "What is your opinion of this case." I said I thought it was "ovaritis." He said, "Yes, and you could mention half a dozen other diseases and be equally correct. This is the kind of patient who goes from one doctor to another, each diagnosing a part of the truth, with the result that she will say no two doctors agree and all doctors are fools. I prefer the whole truth, which is that she is 'a puir thing.' Put that down." So I put it down, and she remained "a poor thing" until she was discharged. How the Registrar classified the case in his annual report I cannot say.

Yours faithfully,

EDMUND F. BINDLOSS.

Farnborough, Hants.
October, 1931.

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

SIR,—In your last number Mr. J. Molineux Jackson contributed an excellent article on Matthews Duncan. It, however, contains a very serious blemish in its reference to an "amusing story" of a trick supposed to have been played on students by him, which, if true, should have been buried in oblivion, and if false, as I believe it to be, is a great slander on the man whose face was set as a flint against everything dishonourable.

I was intimately associated with him from the time I was appointed as the first Demonstrator of Midwifery in 1882, until his death. I attended his summer course of lectures almost daily for two years and most of his clinical lectures. I was also in the wards and theatre with him at least two days in each week, and I was a fortunate guest at his table and met many of his intimate friends from Scotland. After dinner is a usual time for stories of all kinds, but neither then nor in the wards or theatre have I even heard a dirty story from him, nor seen any such act as that recorded.

Many of us must feel regret that such a statement appeared in our JOURNAL, which has rightly achieved a high reputation, and by it to be carried to the ends of the earth, and to soil the reputation of one who, as clearly stated by Mr. Jackson, did more than any man by his character and example to raise the status of obstetricians and gynæcologists from the position which it previously occupied.

Mr. Jackson may like to know that though we have no portrait, the College possesses a piece of plate dedicated to the memory of James Matthews Duncan.

Yours obediently,

WALTER S. A. GRIFFITH.

Cheyne Walk, S.W. 3.
October, 1931.

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

DEAR SIR,—As an old Matthews Duncan disciple and Resident Obstetric in 1888, I find the present number of the JOURNAL specially interesting, and the rest of the copy gives one a very clear peep into the windows of my *Alma Mater*. I read it right through this morning when it arrived, so you can understand how interesting I always find it. I am sorry that I was not at the dinner, but at my time of life these repasts are not so attractive as aforetime. I should like to have been present when Sir Percival Hartley was Chairman, as he was a House Physician at Brompton Hospital a little time after me, and always has plenty to talk about and a pleasant way of saying it. Perhaps you can oblige us with a *précis* in the next number, as the daily journals are not encouraged at the Old Students' Dinner.

I trust that the "F.W.A." signature to the interesting article entitled "On Being Bereft of Speech," by a Patient is not my old friend Sir Fred. W. Andrewes, for I saw him looking well last Xmas. I am perhaps audacious in taking out another lustrum (five years) of my subscription to the JOURNAL.

I am,

Faithfully yours,

ANDREW ELLIS WYNTER.

Clifton,
Bristol.
October, 1931.

REVIEWS.

INJURIES AND SPORT. By C. B. HEALD, C.B.E., M.A., M.D. (Oxford: Medical Publications, 1931.) Pp. xxiv + 543. Illustrated. Price 25s.

One cannot help admiring the complete and comprehensive way in which the author has covered the large subject of injuries in sport; one is, however, immediately struck by the lack of balance in the book; for example, the space given to electro-therapeutics seems out of proportion to that allotted to the other aspects of treatment. In describing the treatment of shock, after saying that "It is not within the scope of this book to give more than the chief lines of generally accepted treatment," the author devotes four pages to the use of diathermy in the treatment of shock.

On the title-page this book is called a General Guide for the Practitioner, but we cannot believe that many general practitioners either have, or have time to use, the various electro-therapeutic apparatuses that are described as ideal for the general practitioner.

Each chapter is divided into two sections, the first on diagnosis, and the second on treatment. There seems no obvious reason for this arrangement, and indeed it is very annoying to have to turn again to an index, after reading about the diagnosis of some condition, to discover at what page a description of the treatment may be found.

The book contains a great many excellent and beautifully reproduced illustrations, but some of these we would rather the modern student was not allowed to see lest he should learn some bad ways of applying splints. for example, Fig. 236 shows a rather ungainly splint for a Colles's fracture, with adhesive strapping so applied that it would be extremely difficult for the patient to move his fingers.

We can strongly recommend this book as one which gives a good account of all injuries which are likely to be met with in almost any kind of sport, and it should be of help especially to those in electro-therapeutic practice.

CUNNINGHAM'S TEXT-BOOK OF ANATOMY. Edited by ARTHUR ROBINSON, M.D., F.R.C.S. Sixth Edition. (London: Humphrey Milford, 1931.) Pp. xxvii + 1654. Illustrated. Price 42*s*.

Eight years have elapsed since the last edition of this great text-book of anatomy was published. Six new authors replace those whose work was contained in former editions, and who have for various reasons retired from the list of contributors. The new band has been recruited from Edinburgh, London, Birmingham, Manchester, Wales and Cleveland. Whatever else may be claimed for the book, it may be justly commended as the work of a most distinguished group of anatomists. Two names only are present in the latest edition which appeared in the first edition of 1902. The book has also increased in size by some 171 pages in the last twenty-five years—a tendency to obesity which is really very moderate, and commensurate with its maturity.

It is written throughout in the Basle nomenclature, with a glossary of both new and old in parallel columns at the beginning.

The newer and simpler classification of joints is a welcome change, and a great improvement on the cumbersome one previously used. But, as is so often the case with anatomical classifications, the new one is not yet ideal. It is, however, simpler and logical, and will appeal to those who have laboured in understanding the old. Over seven pages and numerous illustrations are devoted to the discussion and explanation of joints, their morphology and classification.

One of the most striking features of the whole production is the excellence of the illustrations. The skill of Mr. J. T. Murray earned high praise from the Editor of the first edition; and here in this edition, twenty-nine years later, is his handiwork, renewed and improved as the book has appeared: some of his drawings are almost stereoscopic. There is perhaps no section of anatomy which appears more formidable to the student than the nervous system. Here, as everywhere else, where colour and drawing could help it has been used; the illustrations are lavishly strewn throughout the book, and are strikingly successful.

It would be easy to continue in praise of "Cunningham's Anatomy"—criticism is hardly called for. It is sufficient to say that it maintains its place as one of the great standard text-books, and is worthy to be the life-long companion and counsellor of anyone who treads the thorny path of medicine.

LEISHMANIA. By L. EVERARD NAPIER, M.D. From the *Handbuch der Pathogenen Mikrooganismen*, Bd. vii, Lfg. 47, 1930.

This pamphlet gives a tabloid account of kala-azar. It is written by one of the acknowledged authorities on the subject, the author of the standard text-book. This paper gives much of the information required in a much shorter space; it not only deals with the parasite itself and discusses the various species of *Leishmania*, but also gives details of the pathology and treatment of the diseases caused thereby. For some curious reason the paper has been translated into German from English. There is no reference in the bibliography to its having occurred in English in any publication; and one feels that if published in its original form, such a concise account would be of value to tropical disease workers in English-speaking countries.

A MANUAL OF EMBRYOLOGY. By J. ERNEST FRAZER, F.R.C.S.(Eng.). (London: Baillière, Tindall & Cox, 1931.) Pp. viii + 486. 282 illustrations. Price 30*s*.

The task of producing a text-book of embryology is, in itself, a stupendous one. Prof. Frazer has succeeded in his endeavours to give to the world a graphic and connected story of the changes which take place during the development of the human form from the original sex-celle.

Each section of the subject is described in detail, and the wealth of illustrations and diagrams make the comprehension of the text both easy and lucid. While no important detail is omitted, yet there is nothing redundant to baffle or confuse the issue.

The chapters which deal with the origin of the early layers of tissue make it easy to understand the progressive evolution of the succeeding structures. The section which describes the development of the central nervous system has been so arranged that one can almost see the primitive neural canal closing and folding before the eye. This, in itself, is proof positive of the care and trouble which has been taken in the arrangement of masses of facts and observations, and their correlation into a connected story.

This work may well be described as monumental, and supplies a long-wanted standard both for the student and practitioner. At no time will the reader find his attention or interest wandering in the study of a by no means easy subject.

RECENT ADVANCES IN THE STUDY OF THE PSYCHONEUROSES. By MILLAIS CULPIN, M.D., F.R.C.S. (London: J. & A. Churchill, 1931.) Pp. vi + 348. 4 illustrations. Price 12*s*. 6*d*.

In writing this book Dr. Culpin has been faced with the difficulty of not knowing the extent of psychological knowledge of his readers, since this subject is not a compulsory one in the medical curriculum. It is on this account that the book more closely resembles a general text-book on the subject than an account of its recent advances.

A short history of the subject has been given, and the introduction is made by means of an account of the psychoneuroses of war. The position that psycho-analysis now holds in relation to medicine has been reviewed, and much has been done to simplify the most confusing nomenclature that has recently arisen in regard to several ill-defined states.

The occupational neuroses have been dealt with at some length, and the theories of Freud, Jung and Adler have been dealt with. A chapter on psycho-therapeutic clinics closes this most useful book, which will be greatly appreciated by many medical students.

THE PHYSIOLOGY OF MUSCULAR EXERCISE. By the late F. A. BAINBRIDGE. Third edition. Re-written by A. V. BOCK and D. B. DILL. (London: Longmans, Green & Co., 1931.) Pp. viii + 272. 46 diagrams. Price 15*s*.

At the time of writing this monograph Prof. Bainbridge was at St Bartholomew's. Those who remember him will recall how he always tried to correlate pathological events with their physiological basis. This book was originally written with the express purpose of assisting the co-operation between physician and physiologist in the study of the circulation. The two editors, who are well known for their contributions to our knowledge of the subject, are to be congratulated for having so admirably developed and fulfilled this purpose.

It is fascinatingly written, and for the most part easy to understand. In particular we would recommend the study of the chapters on the output of the heart, the coronary circulation, the blood-pressure and fatigue. For the student who is approaching his examination in physiology, this book will provide a synthetic view of facts on the respiration and circulation, which he has hitherto learnt separately. It will be even more useful during the period of ward clerking, and after.

RECENT ADVANCES IN MEDICINE. By G. E. BEAUMONT, D.M., F.R.C.P., and E. C. DODDS, M.D. Sixth edition. (London: J. & A. Churchill, 1931.) Pp. xiv + 442. Illustrated. Price 12*s*. 6*d*. net.

The need for a fresh edition of this very useful summary of modern medical mechanistic knowledge is not so great as has been the case in the past. Yet it is only by frequent revision that such a book can preserve its value, in providing for easy assimilation the results of recent work, and summaries of the best of the many recently published papers. As in previous editions, the most helpful sections are those on the treatment of diabetes mellitus, especially in connection with

insulin, and on diseases of the chest. To the kidney section is added a brief summary of present conceptions of uræmia. It is significant of the present mode of medical thought that so much of the book should be concerned with technique, as applied both to the diagnostic and to therapeutic measures. The common stock of medical knowledge grows rapidly in the laboratory. In clinical wisdom each man advances by himself. From the view-point of higher medical examination the book has become a necessity. For the practitioner the book's usefulness depends upon how much it enables him to increase his wisdom.

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

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Hæmoptysis and Hæmatemesis." *Clinical Journal*, August 19th, 1931.

——— "Headache." *Lancet*, October 10th, 1931.

——— *See also* GORDON and ABRAHAMS.

BROOKE, C. O. S. BLYTH, M.R.C.S., L.R.C.P., D.P.H. "Excessive Spontaneous Inflation of a Lung Cavity." *Lancet*, August 1st, 1931.

BUCHANAN, Sir GEORGE S., C.B., M.D., F.R.C.P. "Some Recent Policies Regarding Particular Diseases." *British Medical Journal*, August 15th, 1931.

CARMICHAEL, E. ARNOLD, M.D., M.R.C.P.(Lond.), F.R.C.P.(Edin.), (and STERN, RUBY O.). "Korsakoff's Syndrome: Its Histo-pathology." *Brain*, liv, pt. 2, 1931.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Tuberculosis of the Larynx." *Practitioner*, August, 1931.

FEILING, ANTHONY, M.D., F.R.C.P. (E. BELLINGHAM-SMITH, M.D., F.R.C.P., and A. F.). *Modern Medical Treatment*, 2 vols. London: Cassell & Co., 1931.

FRASER, FRANCIS R., M.D., F.R.C.P. "Toxic Goitre: Course of the Disease, and its Treatment." *British Medical Journal*, October 24th, 1931.

GORDON, ISAAC, M.B., B.S., and ABRAHAMS, ADOLPHE, O.B.E., M.D., F.R.C.P. "Case of Acute Aseptic Meningitis." *Lancet*, October 24th, 1931.

HALES, H. W., M.D. "Wax Bath Treatment." *Lancet*, September 12th, 1931.

HAYNES, G. S., M.D., M.R.C.P. "The Diagnosis and Treatment of Coronary Thrombosis." *Practitioner*, September, 1931.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "More Medical Notes." *Clinical Journal*, September 2nd, 1931.

JONES, W. BLACK, M.D., B.S., D.P.H. "Electrical Treatment of Neuritis and Writer's Cramp." *British Medical Journal*, September 19th, 1931.

JONES, W. HOWARD, M.B., B.S. "Sub-arachnoid Block." *British Medical Journal*, September 12th, 1931.

KEYNES, GEOFFREY, M.D., F.R.C.S. "Blood Transfusion." *Practitioner*, October, 1931.

LEVICK, G. MURRAY, M.R.C.S., L.R.C.P. "The Organization of Treatment for Infantile Paralysis." *British Medical Journal*, October 10th, 1931.

LLOYD, ERIC I., M.B., B.Ch.(Camb.), F.R.C.S. "Burns and Scalds." *British Medical Journal*, August 1st, 1931.

LLOYD, W. ERNEST, M.D., M.R.C.P. (DOROTHY J. DOW, M.A., M.B., Ch.B., and W. E. L.). "The Incidence of Tuberculous Infection in Children Under 15." *British Medical Journal*, August 1st, 1931.

MAINGOT, RODNEY, F.R.C.S. *The Management of Abdominal Operations*. London: H. K. Lewis & Co., 1931.

MATHESON, I. W., M.R.C.S. (D. D. PINNOCK, F.R.C.S., and I. W. M.). "Prolonged Anuria in a Woman following Pyelography." *Lancet*, September 5th, 1931.

MOORO, A. W., F.R.C.S. "Operative Treatment of Hydrocele." *Lancet*, September 26th, 1931.

MORLOCK, H. V., *M.C.*, M.D., M.R.C.P. (A. J. SCOTT PINCHIN, M.D., F.R.C.P., and H. V. M.). "The Treatment of Pulmonary Suppuration." *Practitioner*, September, 1931.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Some Important Points in Infant Feeding." *Post-Graduate Medical Journal*, October, 1931.

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OAKLEY, W. G., M.B., M.R.C.P. "Indications for Phrenic Avulsion in Bronchiectasis." *British Medical Journal*, August 29th, 1931.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. VI. Amputation: The Operation on Nelson in 1797." *British Journal of Surgery*, October, 1931.

RUSSELL, H. G. BEDFORD, M.A., B.Ch., F.R.C.S. "Sore Throats of Other than Tonsillar Origin." *British Medical Journal*, September 12th, 1931.

STRUTHERS, J. A., M.D. "Criteria of Cure in Pulmonary Tuberculosis." *Lancet*, September 5th, 1931.

SYKES, W. STANLEY, M.A., M.B., B.Ch., D.P.H. *A Manual of General Medical Practice*, second edition. London: H. K. Lewis & Co., 1931.

VARLEY, J. F., M.R.C.S., L.R.C.P. "Pea-nut in the Bronchus." *Clinical Journal*, September 23rd, 1931.

WARD, R. OGIER, *D.S.O.*, M.Ch., F.R.C.S. "A Paper on Recent Advances in Diagnostic Methods in Renal Affections." *British Medical Journal*, August 1st, 1931.

WATKYN-THOMAS, F. W., F.R.C.S. "Vertigo in Suppurative Conditions of the Middle Ear." *British Medical Journal*, August 8th, 1931.

WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Agranulocytosis and Aplastic Anæmia as Varieties of Bone Marrow Failure." *Practitioner*, October, 1931.

WILLOUGHBY, HUGH, M.R.C.S., L.R.C.P., D.T.M.&H. "The Work of a Port Health Officer." *Journal Royal Navy Medical Service*, October, 1930.

——— "The Treatment of Sprue." *Journal Royal Navy Medical Service*, October, 1931.

——— (and ASLETT, E.). "The Treatment of Amœbic Dysentery and its Complications." *Journal Royal Navy Medical Service*, January, 1931.

——— ——— "The Treatment of Malaria and Blackwater Fever, with Notes on the pre-Blackwater State." *Journal Royal Navy Medical Service*, April, 1931.

——— ——— "The Symptomatology, Differential Diagnosis and Treatment of Kala-Azar." *Journal Royal Navy Medical Service*, July, 1931.

WOOD, W. BURTON, M.A., M.D., M.R.C.P. (and WOOD, F. G., M.D., D.M.R.E.). "Congenital Elevation of the Diaphragm." *Lancet*, August 22nd, 1931.

WOODMAN, F. MUSGRAVE, M.S. "Treatment of Carcinoma of the Œsophagus." *British Medical Journal*, August 15th, 1931.

YATES, A. LOWNDES, M.D., F.R.C.S.(Edin.). "Sub-acute Otitis Media." *British Medical Journal*, October, 1931.

——— *The Modern Treatment of Nasal Catarrh.* London: Jonathan Cape, 1931.

CHANGES OF ADDRESS.

ARTHUR, G. K., The Oaks, Fakenham, Norfolk.

BEADLES, H. S., Honors, Stoke Canon, Devon.

BEYERS, C. F., Lister Building, 195, Jeppe Street, Johannesburg.

GARRATT, G. C., Corner Cottage, Singleton, Sussex.

HOSFORD, R. W. P., "Cairnton," 4, Stormont Road, Highgate, N. 6.

KING, J. F. L., 32, Chepstow Place, W. 2. (Tel. Park 4106.)

LANE, Lt.-Col. W. B., I.M.S., 9, The Promenade, Edgware, Middlesex. (Tel. Edgware 2632.)

LANGHORNE, D. A., 3, Cawley Road, Chichester.

NEILL, C., Ashford, Coonoor, Nilgiris, S. India.

ROBSON, J. A., 73, Wembley Park Drive, Wembley Park, Middlesex.

WALKER, J. NESS, 83, Kyo Machi, Kobe, Japan.

WOOD, R. W., Wyncham House, Halfway Street, Sidcup, Kent. (Tel. Sidcup 1274.)

APPOINTMENT.

LIESCHING, A. C., F.R.C.S.(Edin.), appointed Honorary Medical Officer to the Royal Isle of Wight County Hospital.

BIRTHS.

BOURNE.—On October 15th, 1931, at Abbotsleigh, Rolle Road, Exmouth, Devon, to Joyce (*née* Postle), wife of William A. Bourne, M.B.—a son.

GRIFFITHS.—On October 6th, 1931, at Farfield House, Kidderminster, to Audrey, wife of P. Digby-Griffiths, M.B.—a daughter.

HAMERTON.—On October 15th, 1931, to Dorothy (*née* Ruse), wife of J. R. Hamerton, M.B., B.S., of Herne Bay, Kent—a son.

JOHNSON.—On September 23rd, 1931, at 1, Queenswood Avenue, Wallington, Surrey, to Margaret, wife of Dr. R. S. Johnson—a son.

PAYNE.—On October 12th, 1931, to Isabella Margaret, wife of Reginald T. Payne, F.R.C.S., of 21, Norfolk Road, St. John's Wood, N.W. 8—a son.

MARRIAGES.

EVANS—QUENNELL.—On October 17th, 1931, at St. Mary's, Shenfield, Essex, by the Right Rev. the Bishop of Barking, Frankis Tilney Evans, M.B., B.S., of 37, Welbeck Street, W. 1, to Viola Hamilton Quennell, only daughter of Mr. Robert Quennell, O.B.E., L.R.C.P., of The Mitre House, Brentwood, Essex.

MACDONALD—STEAD.—On October 7th, 1931, in London, Dr. Norman J. Macdonald, of 58A, Wimpole Street, W. 1, to Elsie Kathleen Stead.

MANSELL—ELLISON.—On October 10th, 1931, at St. Nicholas' Church, Barton-le-Cley, Bedfordshire, by the Rev. H. Summerhayes, M.A., assisted by the Rev. J. J. Summerhayes, M.A., R.D., and Canon T. H. Dixon, M.A., Major Reginald Anson Mansell, M.B.E., Royal Army Medical Corps, son of the late Mr. and Mrs. Thomas Mansell, of Oxton, Cheshire, to Gladys May (Jill), daughter of the late Rev. William Ellison and of Mrs. Ellison, Grantchester Road, Cambridge.

SHORE—SARGENT.—On October 7th, 1931, at St. Stephen's, Upper Norwood, Thomas W. Shore, O.B.E., M.D., to Emily (Phyllis), widow of Dr. Cann Sargent, of Shadwell.

DEATHS.

BACK.—On October 14th, 1931, at Church Farm, Great Hautbois, Norwich, Herbert Hatfield Back, M.B., M.R.C.S.

CARLYON.—On October 17th, 1931, at The Oaks, New Malden, Dr. Thomas Baxter Carlyon, son of the late Rev. C. Winstanley Carlyon, Rector of St. Just in Roseland, Cornwall, aged 77.

COBBOLD.—On October 4th, 1931, following an operation, Charles Spencer Cobbold, M.D., of 14, Camden Crescent, Bath, and formerly of The Elms, Batheaston, son of the late T. Spencer Cobbold, M.D., F.R.S., aged 78.

ECCLES.—On October 14th, 1931, at Tregorland, St. Just Lane, Cornwall, Herbert Annesley Eccles, M.D.(Lond.), aged 62.

ELWORTHY.—On October 12th, 1931, at 7, Devon Avenue, Grève D'Azette, Jersey, C.I., Henry Stuart Elworthy, F.R.C.S.

HEPBURN.—On August 1st, 1931, in a London nursing home, suddenly, Alfred Hepburn, M.R.C.S., L.S.A., of Holmwood, Hartley Wintney, Hampshire, youngest son of the late Joseph Gutteridge Hepburn, aged 75.

ROXBURGH.—On October 10th, 1931, at 57, Marine Avenue, Hove, George Pearson Roxburgh, M.R.C.S., L.R.C.P.

THOMPSON.—On October 11th, 1931, at the Brompton Hospital, Dr. William Farrer Thompson, of The Chestnuts, Woburn, aged 44.

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. XXXIX.—No. 3.] DECEMBER 1ST, 1931. PRICE NINEPENCE.

CALENDAR.

Tues., Dec. 1.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., ,, 2.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
Thurs., ,, 3.—**Abernethian Society: Address by Dr. Crichton-Miller, "Social Evolution and Birth Control."**
Fri., ,, 4.—Dr. Gow and Mr. Girling Ball on duty.
Sat., ,, 5.—Rugby Match *v.* Northampton. Home.
Hockey Match *v.* Surbiton 2nd. Away.
Mon., ,, 7.—Special Subject: Clinical Lecture by Mr. Just.
Tues., ,, 8.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 9.—Rugby Match *v.* R.M.A. (Woolwich). Home.
Fri., ,, 11.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Sat., ,, 12.—Rugby Match *v.* Old Cranleighans. Away.
Hockey Match *v.* R.N. College. Away.
Tues., ,, 15.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Fri., ,, 18.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., ,, 19.—**Last day for receiving matter for the January issue of the Journal.**
Rugby Match *v.* Old Paulines. Home.
Hockey Match *v.* Old Felstedians. Away.
Tues., ,, 22.—Dr. Gow and Mr. Girling Ball on duty.
Fri., ,, 25.—**Christmas Day.**
Prof. Fraser and Prof. Gask on duty.
Tues., ,, 29.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

EDITORIAL.

WE deeply regret to announce the sudden death of Mr. Herbert Bloye, O.B.E., who was so well known to us as Secretary of the Contribution Department, and who has done so much for St. Bartholomew's Hospital. Mr. Bloye was cycling home from Worthing Station when he was involved in a collision with a car. He sustained a fracture of the skull and died without recovering consciousness. A Memorial Service is to be held in the Church of St. Bartholomew the Less on Thursday, December 3rd, 1931, at 11 a.m.

Sir Gordon Huntly Campbell, K.B.E., Chairman of the Appeals Committee, writes:

"The tragic death of Herbert Bloye has come as a terrible blow to all who knew him, and especially to me, since I have been in touch with him constantly for the last sixteen years. It is difficult to put into words one's feelings of sincere appreciation of one who was not only a wonderful worker and assistant, but also a delightful companion.

"In 1915 Herbert Bloye was selected, out of four hundred applicants to be Secretary to the Meat and Allied Trades Red Cross Fund, and a better choice could not have been made. He worked with me for two years, and in that time we collected £270,000 from the Trade. In 1917 we transferred our work to the Headquarters of the Red Cross Society, where he was my secretary until the middle of 1919. His work was highly appreciated by everyone connected with the Red Cross, and during those years I could not have had a more loyal friend and helper.

"In 1921 I suggested that he should be secretary of the Contribution Department, which post he accepted, and since that date we worked very closely together. The various methods of raising funds, which he introduced, resulted in a material increase in the regular income of the Hospital. In all the work he undertook to do it was a real pleasure and delight to be associated with him. His loss is irreparable to me, and it is difficult to realise how his place can be filled."

* * *

THE CHRISTMAS ENTERTAINMENT.

We are informed that the Treasurer and Almoners have reluctantly decided that, in view of the necessity for economy in all directions, they are unable to undertake the somewhat heavy expenditure of a Christmas Entertainment, and so the usual performance given by the Dramatic Society in the Great Hall in January will not take place next year. We can only hope that the Christmas Shows will compensate us for this disappointment by rising far above their usual brilliance.

* * *

The October issue of the JOURNAL saw the end of Dr. A. W. Franklin's term of office as Editor. He has left his successors a high standard to maintain, for his literary gifts enabled him to occupy the Editorial Chair with exceptional ability. The following is a list, alphabetically arranged, of the names of the editors of the Journal since its beginning in 1893: A. Abrahams,

F. A. Bainbridge, B. Biggar, R. Bolton, W. M. Borcherds, P. Bousfield, W. Langdon Brown, F. G. Chandler, R. C. Elmslie, A. W. Franklin, A. H. Hogarth, T. J. Horder, N. G. Horner, D. V. Hubble, H. B. Meakin, A. A. Miles, J. A. Nixon, K. Pretty, R. B. Price, H. Pritchard, F. C. Roles, H. L. Sackett, A. F. Sladden, A. B. Pavey Smith, E. Talbot, J. S. White.

* * *

ABERNETHIAN SOCIETY.

An address will be delivered to the Abernethian Society by Dr. Crichton Miller on December 3rd in the Medical and Surgical Theatre at 8.30 p.m. His subject will be "Social Evolution and Birth Control." Everyone knows Dr. Crichton Miller by repute, and many of us have already heard him lecture and have read his writings. A large audience is therefore to be expected.

* * *

We congratulate Dr. H. F. Brewer, our Senior Demonstrator of Pathology, on his appointment to be Medical Officer to the Blood Transfusion Service organized by the Red Cross. This appointment was made by the Medical Research Council and by the British Red Cross Society in view of the increasing importance of blood transfusion. His work will consist of research on blood grouping and on the effects of blood transfusion on the donors, as well as the examination of the blood of volunteers entering the Blood Transfusion Service.

* * *

DR. GEOFFREY BOURNE has been appointed examiner to the University of Cambridge (3rd M.B., Part II) in the subjects of pharmacology, therapeutics and toxicology. We heartily congratulate him upon this distinction.

* * *

Congratulations to W. M. Capper, R. Mundy, J. G. Nel and J. T. C. Taylor on being chosen to play for the United Hospitals Rugby Football Club against Edinburgh University.

* * *

We are asked to announce that the twelfth of a series of dances in aid of the Royal Medical Benevolent Guild is being organized by St. Bartholomew's Hospital, and will be held in the Great Hall of the British Medical Association, Tavistock Square, on Friday, December 11th, at 8.30 p.m. These dances are arranged by the larger London hospitals in rotation, and this one is our show. Mrs. Rawling and her committee are confidently looking forward to the support of Bart.'s men in order to make it a great success. An exhibition of ball-room dancing will form part of the evening's entertainment, and tickets (moderately priced) are obtainable at the medical College Office, or from any member of the committee.

OBITUARY.

DR. E. G. C. DARKE.

THOSE of us who knew Eric Darke read of his death with surprise and deep regret. It is so short a time since he was with us as House Physician, and many of us did not even know that he had gone abroad. And now, suddenly, we learn that at the very outset of his career he has fallen a victim to enteric fever. A tragedy such as this leaves us with feelings that can hardly be expressed: it seemed so obvious to all who knew him that a brilliant and happy career in the Royal Army Medical Corps was before him.

Eric Darke was born at Devonport in 1904. He was educated at Mercer's School, and entered St. Bartholomew's Hospital in July, 1921. After winning the Skynner Price in Pathology, he qualified as M.R.C.S., L.R.C.P. in November, 1927. He took up some provincial appointments, and later became House Physician to Sir Percival Hartley.

Darke was a keen member of the St. Bartholomew's Hospital Boxing Club. He fought for the Hospital on many occasions, and he was also chosen to represent the United Hospitals in boxing.

The son of an officer in the Royal Army Medical Corps, he had wished from an early age to enter this service. Immediately after finishing his House appointment at Bart.'s he commenced his training at Millbank, where he won a prize in Pathology and held the post of Demonstrator of Pathology.

He was ordered to India in February, 1931, and he served at the British Military Hospital, Nasirabad, Rajputana. His letters all showed how much he loved the work and the life in India. On November 8th, 1931, he died of paratyphoid fever.

Throughout his brief career Eric Darke endeared himself to all who met him by his quiet good humour, which seemed to be quite independent of external circumstances, and by his zest for life and for work.

SIR HENRY FRANCIS NEW.

Sir Henry Francis New died on October 31st, at Ore, near Hastings. He was a Governor of St. Bartholomew's Hospital, and he had a distinguished career first as headmaster of Downside School, Bath, and later, since 1900, in London local administration. He was Mayor of St. Marylebone in 1917, and was knighted in 1919. He was member of the London and Home Counties Traffic Advisory Committee, and of the Royal Commission on London Squares and Open Spaces; he was also treasurer of the London Society and secretary of the Association for Befriending Boys. He died at the age of 73.

MEMORIAL TO GEORGE PARKER.

ON October 10th the unveiling of a memorial tablet to the late G. W. C. Parker, former Captain of the St. Bartholomew's Hospital Rugby Union Football Club, took place in the Pavilion at Winchmore Hill. Among those present at the ceremony, which was performed before the match, were the Dean of the Medical College, the President and Vice-Presidents of the Club, members and players of the Otley R.U.F.C. and the 1st XV, together with numerous friends.

Dr. Barris, in his speech, referred to Parker's influence on Bart.'s rugger. It was Parker who procured fixtures with Cardiff, Gloucester and Bristol, and he was mainly responsible for raising the status of the Club to its present level. He was not only a great forward—he had played for Middlesex, Kent, the Barbarians, Leicester and in English International Trials—but he imbued his teams with a fine spirit. It was through Parker's wonderful leadership on and off the field that we won the Inter-Hospital Cup in 1924, the first time in forty years.

Soon after leaving Hospital Parker went into practice in Leicester, and a year later he was stricken with a fatal illness. During the late war, through the whole of which he served, he was wounded and gassed once; it was then, remarked Dr. Barris, that the seeds of his illness were sown. He went to Frimley Sanatorium, but in a short time he had developed ulceration of his larynx.

Parker knew that his end was near, but he faced it like a good rugger player, and, Dr. Barris remarked in conclusion, "He was a Gallant Gentleman." The Memorial was then unveiled, and the company present paid their respects in silence to a Great Captain.

The inscription on the tablet reads as follows:

1895—1928.

G. W. C. PARKER (late Capt. R.G.A.).

Captain St. Bartholomew's Hospital R.U.F.C. 1922–3–4.

This tablet is erected to his memory by his friends.

It was designed by Mr. J. H. Jenkins, late of the Royal College of Art. Mr. E. Bridle acted as Treasurer of the "George Parker Memorial Fund," and the thanks of subscribers are due to him for his ready help and advice.

T. P. W.

§

ROBERT BRIDGES: THE POET OF EVOLUTION.

Being the Inaugural Address delivered before the Abernethian Society on November 3rd, 1931.

By W. LANGDON BROWN, M.A., M.D., F.R.C.P.

WHEN I received your secretary's welcome invitation to address you I had recently come from Stockholm, and as before, had been stirred by the presence of a new inspiration and a new art. It made me wonder, is Europe to be revivified again from the North as it was a thousand years ago by the Norsemen? For that Europe is mortally sick and in urgent need of transfusion who can doubt? At the time I was reading Robert Bridges' *Testament of Beauty*, and speculating on the next phase of evolution; your invitation arriving at that moment, some of those speculations were precipitated in a more concrete form. It seemed to me appropriate that I should, in this hall of all places, try to do honour to a great son of St. Bartholomew's—Robert Bridges, the poet of emergent evolution.

Biology and the physics of the infinitely great and the infinitely little have in this century become the most poetic of all studies. But I have felt for some years that before biology could appeal to the imagination, it needed a poet. Fletcher of Saltoun said, "I care not who makes the nation's laws, if I can make its songs." Biology has its laws; it needed its singer and found one in Robert Bridges. If I were to venture to suggest that in his time Tennyson had sung of evolution, I should fear the scathing criticism of a youthful audience. As well might I praise Mendelssohn. In these respects I bow to the judgment of my juniors and pass on.

What manner of man was Robert Bridges? I never met him. My impressions of him at Bart.'s were chiefly derived from Sir Norman Moore, who stimulated me, when I was secretary to this Society, to ask him to address it. The reply came that he had nothing to offer which was worthy of our acceptance, which perhaps was not meant to be so complimentary as it sounds. But as people subsequently found when he was Poet Laureate, Bridges would never perform to order. He would not even contribute a poem to our Octocentenary celebrations. The wind bloweth where it listeth.

The main facts of Bridges' life are given in the admirable obituary notice in our Hospital JOURNAL for May, 1930. I will merely stress a few salient points. He was born on October 23rd, 1844, and at the age of ten

went to Eton. There he subsequently formed a warm friendship with a kinsman who was four years his junior and his fag, Digby Dolben. Dolben was accidentally drowned at the age of nineteen, but not before he had shown himself a poet of rare promise. These poems were, however, not published until 1911, when Bridges edited them and wrote a memoir of the author, which is of great value as revealing much of his own literary development as a boy. He shows that Dolben's approach to poetry was emotional, while his own was intellectual. Thus he says that Dolben "would never have written on a subject which did not deeply move him, nor would he attend to poetry unless it expressed his own emotion. . . . What had led me to poetry was the inexhaustible satisfaction of form, the magic of speech. . . . My own boyish muse was being silenced by my reading of the great poets. . . . My last serious poem at school was a sentimental imitation of Spenser. . . . I was abhorrent towards Ruskin. . . . and well as I loved some of Tennyson's early lyrics and had them by heart, yet when I heard the *Idylls of the King* praised as if they were the final attainment of all poetry, then I drew into my shell, contented to think that I might be too stupid to understand." In these respects he anticipated modern taste, and I believe that the *Idylls of the King* is the chief cause of the present depreciation of Tennyson. King Arthur in the guise of the Prince Consort has been too much for us and has blinded a good many to Tennyson's real achievements. But to proceed, Bridges says: "As for Browning I had no leanings towards him. . . . In reading Shakespeare . . . my imperfect understanding hindered neither my enjoyment nor admiration. I also studied Milton and carried Keats in my pocket . . . (but) Milton was to Dolben as Luther to a papist. . . . I had been dazed by the magnificence of the first book of *Paradise Lost* and gave no more heed to its theology then than I do now."

Both Bridges and Dolben were beginning to question the faith in which they had been brought up, but as Dolben tended more and more to Rome and Bridges more to science, their sympathies were drifting apart, and they had not corresponded for eight months before Dolben's death. But there can be little doubt that Dolben profoundly influenced Bridges in many ways, as any reader of this memoir can see.

Bridges went to Corpus Christi College, Oxford, in 1863, where he stroked his College Eight, but only obtained a second class in "Greats." After leaving Oxford he travelled for four years in Egypt, Syria and Germany before entering this Hospital in 1871 at the age of twenty-seven, and therefore considerably older than the ordinary student. Although he published his first book of *Shorter Poems* as a third-year student, he appears to have hidden his light from his fellows in those early days, for Dr. Winter, of Wolverhampton, who qualified from this Hospital more than fifty years ago, wrote to me as follows:

> "Years long ago that poets say were golden—
> Perhaps they lay the gilding on themselves—

"I used to walk in Regent's Park with Robert Bridges. From his long cloak and soft hat, he looked like a tenor, but I had no idea that he was a poet, when he encouraged me to spout Keats and Shelley to him." In 1876, however, he published a Latin poem on the Hospital and its teachers, several of whom were my own teachers nearly twenty years later. The poem ends with a description of his examination for the M.R.C.P. I have not read this, but I trust he dealt gently with the Censors' Board, and I hope there were no budding poets among the candidates last week. While he was House Physician he wrote a paper on the treatment of rheumatic fever by splints, which serves to remind us of the fearful sufferings endured by patients with this disease before salicylates were introduced. But it was when he became Casualty Physician that his most considerable contribution to medical literature was made. His "Account of the Casualty Department" published in vol. xiv of the *Hospital Reports* for 1878 has become a classic. This paper secured two things—one, that improvements were gradually made after his caustic exposure of the system—the other, that he was never given another appointment in the Hospital. The powers that be do not appreciate irony, and youthful reformers still find it advisable to curb their tongue and pen. Unfortunately it still remains true that as long as the charitable public are influenced by the advertisement of the enormous numbers of patients treated at hospitals, no serious attempt will be made to deal with hospital abuse, but as Bridges said, "Since the days of David, the pride of numbers had never received such crushing rebuke as they have meted out to hospital statistics." In a year he saw 30,940 patients, an average of 1·28 minutes being given to each. That this was the usual state of affairs is corroborated by another paper on the Casualty Department in the same volume of the *Reports* by Dr. Norman Moore, as he then was. Bridges goes on to say, "If a casualty physician were to complain of the number of cases he has to see, he would probably be told that he is not supposed to attend to them or prescribe for them very much; that the surgery is the filter of the hospital, or that he himself is the filter. It is in vain to point out that the filtering is of necessity a process slow in proportion to its efficacy, while the quick filtering of patients is almost unintelligible. Making bricks without straw cannot be compared to it; that is done every day, but filtering quickly is a contradiction in terms. And yet filter he must, and filter quickly too; and be prepared to hear his quick filtrate shamefully ill-spoken of in the wards and in the out-patients' rooms."

However, many patients pass through the Casualty Department to-day, and whatever the difficulties, we have a much larger staff to cope with them. In those days on the medical side there were only the junior assistant physician and three casualty physicians—no junior house physicians existed then. And those of us who remember and who worked in the old Surgery realize the enormously better conditions under which the work is done to-day. Some of the surgical firms in my days as student, resident and casualty physician merely worked behind screens of American cloth. In the afternoon the late Mr Cumberbatch conducted the whole of the Ear Department behind these same screens. Sir Anthony Bowlby administered the Throat Department in the Female Duty Box and an adjacent room. As this state of affairs continued until 1906, when a temporary building was erected on the Christ's Hospital site, it will be observed that reforms were not carried out with undue haste. It is really impossible to do justice to this paper of Bridges' by quoting extracts—it must be read in its entirety. In his calculations as to the cost of the different medicines, however, he touches a lighter vein. A bottle of the quassia and iron mixture, generally then called by the patients the "Queen Anne" mixture, because they mistook the taste of quassia for quinine, cost 1¾*d.*, while the famous H.M.S. cum M.S. only cost 0·85286*d.* per patient, of which the greatest part was spent on the sweet colouring matter. But I would suggest that the rosy glow thus imparted to the mixture is of no slight therapeutic value. Bridges' experience did not lead him to subscribe to the view that "idleness is the casualty patients' excuse for coming to the hospital, and an hereditary taste for anything out of a bottle the unconscious motive of their seeking medicine." But he did not regard the existence of this type as wholly a myth, for he said, "It was only the other day that one of our patients, when asked what was the matter with him, replied, 'Well, sir, I don't know that there is anything the matter with me, but as I was passing the Hospital I thought I would just step in and have a dose of medicine.' I should have been sorry to have drunk the dose that was prepared for him."

The obituary notice in the *Hospital Journal* rightly says of medical poets that it must be confessed that though many of them may have been good doctors, few of them were good poets, and that in the nineteenth century only three names, indeed, emerge above the level of mediocrity—Beddoes, Keats and Bridges—and of these the greatest did not carry his medical studies beyond their early stages. Bridges is therefore to be regarded as the chief representative of the medical profession in this branch of the creative art during the last hundred years. I might add that in his early years Bridges took his profession seriously. He became Assistant Physician to the Great Ormond Street Hospital for Sick Children and the Great Northern Hospital. But he told Sir Norman Moore that he did not seek further promotion at Bart.'s because he realized that in those days the only avenue to the Staff was through the post-mortem room. In 1881 he had pneumonia and retired from the practice of medicine; it has been stated that he always intended to retire at forty, and to devote himself to literature, but that he was convinced that he would be a better poet if he learned and practised some profession which brought him into active contact with human life, and particularly with the investigations and achievements of natural science. We are therefore justified in concluding that he wished his poetry to express the philosophy of life he acquired from natural science in general, and from medicine in particular. For this reason alone my title this evening would be amply justified.

For twenty years he resided at Yattendon, where his literary output was considerable, not only in poetry, but in criticism, and on the subject of the spelling and pronunciation of English. He was one of the founders of the Society for Pure English. The last twenty-five years of his life were spent at Boar's Hill, Oxford, which seems likely to become the traditional home of the laureate muse.

In 1900 the Royal College of Physicians honoured themselves by electing him to the Fellowship. His appointment as Poet Laureate in 1913 was rather unexpected, as he had studiously avoided publicity and popularity. The early history of the Laureateship is somewhat vague. The first genuine official laureate was Bernard Andreas, who came over with Henry VII in 1485. Then the office appears to have been vacant until Dryden was appointed in 1663. Dryden was deposed in favour of Shadwell at the Revolution in 1688. Then followed a long line of indifferent versifiers, who punctually produced birthday and New Year odes to be set to music and sung by the children of the Chapel Royal, Savoy. But when Southey was appointed in 1813 he resisted this custom, and since then the Laureate had had no set duties. Wordsworth followed Southey in 1843. Tennyson, who succeeded Wordsworth in 1850, managed to combine his official duties and poetry with greater success than his predecessors, but on his death

there was a widespread feeling that the post was an anachronism and might be allowed to lapse. Unfortunately, when Lord Salisbury became Prime Minister again in 1895 he reverted to the practice of the eighteenth century and advised the appointment of Alfred Austin. The successive appointments of Bridges in 1913 and Masefield in 1930 have helped to restore the prestige to the Laureateship which was so lamentably lost by that apparently cynical procedure. Bridges strictly adhered to Southey's refusal to write to order, despite the nagging of such organs of literary judgment as the *Daily Mail*, to which he replied tersely and colloquially.

On his eightieth birthday his friends and admirers, remembering his lifelong interest in music, presented him with a clavichord made by Arnold Dolmetsch. I like to think of that strikingly handsome old man, in a beautiful setting, playing his beloved Bach on a well-tempered clavichord in the evening of his days. He achieved something that Milton only aspired to—for he was himself a true poem. But he was singularly favoured by fortune, though he suffered one "mortal distress," as he himself calls it, in the death of his daughter Margaret. Characteristically he tells us how he took refuge in beauty in that time of trial.

His greatest work, which was published on his eighty-fifth birthday, contains the choicest essence of his lifelong thought. Nowell Smith tells us that while he was engaged upon it, he used to speak of it as his D.H.N. (*i. e.* De Hominum Natura), with allusion to the famous philosophical poem of Lucretius, "De Rerum Natura." He could not find a title to his mind until one day he suddenly announced that he had got it—the name was to be *The Testament of Beauty*. Nowell Smith goes on to say, "There have been many other versified treatises on the nature of things, on God, on man, on the soul, on the universe. But nobody reads them either for their poetry or their philosophy, the reason being not that their authors were feeble philosophers, which they often were not, but that they were not real poets. Pope was not a real philosopher, but he was a real poet. Lucretius was both; Robert Bridges was both. . . . *The Testament of Beauty* is a philosophical poem which bases itself upon the theory of evolution popularly associated with the name of Darwin, as definitely as the 'De Rerum Natura' based itself upon the atomic theory of Democritus as developed by Epicurus. . . . There has been an age-long antagonism between morals and religion on the one hand and art and poetry on the other. The earlier phase of the Renaissance was an attempted harmony; but it was soon broken up. The High Renaissance stands over against the Reformation as art without conscience against morality without taste. It is only as a result of the liberating force of the scientific spirit that Beauty has begun to vindicate its place in the trinity of the absolute values. Thus it has come about that *The Testament of Beauty* is the first great didactic poem of æsthetic philosophy, and as such it seems likely to have an historic advantage over other long poems in an ever-increasing stream of literature."

A recent writer has said of Bridges that in spirit he was the most akin to the Elizabethans. "The songs of the Elizabethans, for all their spontaneity, spring to life already intricate and sophisticated in form; as a flower opens, with its petals, the fanciful conceits of nature, already perfected and symmetrical. In such a union of spontaneous feeling with finished, ingenious craftsmanship Bridges is more fundamentally like the Elizabethans than in the particular rhythms and turn of phrase that he caught from them. . . . Because he was not deceived by the law of cause and effect, but knew how far astray it goes when it touches human feeling, his poems, even those which are fancifully written, give a special sense of reality, for they belong to a world in which things happen in the way we know."

Desmond McCarthy says: "Unlike most poets his earlier poems have on the whole less emotion in them than his later ones. . . . He had from the first set his face against expressing black thoughts or pain. . . . Indeed he excluded them too resolutely. . . . But there was another sieve through which the intimations of the poetic impulse had to pass in his case, beside this reluctance to record black thoughts or pain. He was determined to illustrate only reveries, which harmonize with the life of man as a social being, valuing only a temperate and rational beauty, and selecting for poetic praise those things which cohere together in a happy and confident response to life as a whole. This implies his limitations." To which I would reply that these limitations were the almost necessary consequence of his sheltered life, but that within them, and because of his happy security from many of the anxieties that beset the ordinary man, he was able to achieve work of rare distinction. Not all great poetry is written in a garret. For, as the *Times* said of him, "Both action and contemplation mixed in him with happy consequences to his generation and never let him grow old. . . . As time goes on, he will be recognized not only as a true English poet, but as one of those poets which nations, or circumstances, produce only at rare intervals."

Of the technical construction of his poetry I forbear to speak, as of something outside my province. There is no need to be antagonized by his simplified spelling—the eye quickly adapts itself to that. The rough-hewn lines seem dissonant at first to an ear attuned to the smooth Tennysonian rhythms—just as modern sculpture is trying to the eye accustomed to classical forms. But a modern poet, who was always experimenting in rhythms, told me that when he thought he had arrived at something new he found that Robert Bridges had been there before him. Another writer has told me that the internal rhymes in the poem are a sheer joy to him. On this side he is a poet's poet, and the ordinary reader will remain content with the depth and beauty of his thought. No one could have written *The Testament of Beauty* without a biological training, and I should feel inclined to add, without medical knowledge. That a man of over eighty should have written such a poem is in itself sufficiently remarkable, but that he should have assimilated recent work on astronomy, archæology, physiology and psychology and have welded them into new forms of beauty is to me amazing.

I do not think that the philosophy of Robert Bridges was ever more succinctly expressed by him than in the broadcast lecture on poetry which he delivered on February 28th, 1929. He spoke through the mouth of an imaginary poet, who was, however, really himself:

"Now, if you don't like my poet, that is not my fault. But if, as I guess, some of you suspect that he is going to be too fantastical for your taste, I would reassure you on that point; for though he was a bit of a platonist, he was something of a materialist, since, holding that all our ideas come to is through the animal senses, reality (or our notion of truth) must (as he affirmed) appear in external forms to our thought; and we must see man's life on this planet as a material evolution (as most of us in these days have come to regard it). And that evolution, as we see it, is a progress from lower to higher, from what we call material to intellectual and spiritual in successive stages from the physicist's atom to the mystic's vision of God.

"Now, as my poet went on to say, man's mind, being such a receiver of eternal ideas, would be complete and perfect if it received all the ideas, and such a human mind would be absolutely in harmony and at one with the universe, as he is a part of it. But his animal condition is imperfect, and each man can receive only some of the ideas, and those but imperfectly. . . .

"Such imperfection must be in all men's minds, and our minds differ according to the ideas by which each man is possessed. . . ."

This passage might, indeed, serve as a preface to his *Testament of Beauty*.

(To be continued.)

HÆMOPHILIA: A SHORT SURVEY.

THE extent of medical knowledge is so awe-inspiring that the dark abyss of ignorance underlying it is frequently forgotten. The classical medical conditions, in the majority, bear such a complex superstructure of fact and fancy, deduction and discussion, that only the learned and industrious may perceive the foundations of mystery, or hope to write with any authority concerning them. There are a few clinical entities, however, whose divine simplicity reveals the unknown to all, even to the lazy and ignorant, who may bask in the realization that here, at least, they are almost as wise as the illustrious.

Hæmophilia is one of these. This extraordinary state, of few symptoms and fewer signs, is quite baffling. Like the glass mountain of the fairy stories, it stands, for all to see, unassailable, its base littered with the wearied hopes and damaged reputations of the past.

HISTORICAL.

A condition so dramatic might have attracted the pens of writers since the dawn of description, yet early references are few and unreliable.

It was said to have been known to the ancient Jews, and, if this is so, the directions in the Talmud (58), which provide against hereditary hæmorrhage in circumcision, constitute the earliest known reference.

Alsaharavius (2), the great Moorish surgical writer of the tenth century, describes the men he met in the village of Al-Kiria, who told him that they would bleed to death if wounded slightly, and that one of their boys had suffered this fate after his gums had been rubbed.

Benedictus (7) produced, in 1539, his famous case of the Venetian barber, who, if he died miserably from epistaxis after accidentally cutting his nose with a pair of scissors, at least achieved immortality by doing so.

But 1793 saw the first account of classical and undoubted hæmophilia, contained in *Medicinische Ephemeriden*, by C. W. Consbruch (16). This aroused little interest, on account of the rarity of the publication, and it was left to J. C. Otto (49), of Philadelphia, to call attention to a new and wonderful condition, by his "account of an hæmorrhagic disposition existing in certain families," in 1803.

John Hay (27) produced an account of the Appleton-Swain family in 1813, who at once became so famous that they were included in the history of Ipswich, Mass.; while C. F. Nasse (47) propounded his law of heredity from a study of their pedigree. The middle part of the century is dominated by Grandidier, who

made a life work of the collection of hæmophilic records, authentic or otherwise, the doubtful portion receiving no criticism until the appearance in 1872 of Wickham Legg's (65) great monograph. The latter was on the staff of this Hospital, and the *Reports* of 1881 contain an article by him and the pedigree of the Clitherow family (66).

In 1911 the greatest work on hæmophilia was published, being the monograph of Bulloch and Fildes (10), in which they analysed the whole of the existing literature, giving abstracts of 949 papers, descriptions and pedigrees of every recorded case, thus laying a foundation for all subsequent work.

Since then large numbers of papers have appeared dealing with various aspects of the subject, but no comprehensive work, in the English language.

INCIDENCE.

The Registrar-General states that 86 males and *38 females* died of hæmophilia in England and Wales during 1930. These figures must be grossly misleading, for it is almost certain that only a small proportion of the former and none of the latter died of true hæmophilia. Several factors, however, tend to reduce the number of cases that come to light. It is "the most heritable of all heritable diseases" as Grandidier said, and members of affected families look back through generations of tragic death that medicine was powerless to avert. They look back to days when treatment was terrifying and useless, and well-meant barbarities inflicted by past physicians have had a profound effect. They regard their affliction with fatalistic resignation, and, failing to engage medical aid, are lost to the annals of hæmophilia. In addition, cases are known to occur among the highly born, even royalty, but these are closely guarded secrets and cannot be published.

Hæmophilia is almost entirely limited to the Saxon races of Germany, Switzerland, America and England, and their emigrants in all parts of the world. The Latin races seem almost exempt. Russia and Scandinavia hardly recognize it as a clinical entity, and though cases have been reported among the natives of the Punjab (Rattan) (55), Sumatra and Africa, they are of doubtful nature.

HÆMORRHAGE.

Bulloch and Fildes' statement of the cardinal points as "the *inherited* tendency for *males* to *bleed*" cannot be bettered. Hæmorrhage, which may occur from, or into, any part of the body, and its effects, give rise to the essential symptoms. Bleeding from a trivial wound, though perhaps no faster than the *initial* hæmorrhage from a normal person similiarly injured, continues evenly and relentlessly for hours, days, even weeks to a frequently fatal termination. Nor will remedies usually so effective serve where hæmophilic blood is concerned, for it will soak dressings, ignore styptics and cautery, present no definite origin for ligature, enormous quantities, literally gallons, being sometimes slowly lost.

The first bleeding to mark the arrival of a young hæmophilic is seldom from the umbilicus or severed cord. Circumcision, though naturally avoided in affected families, occasionally provides the first, and frequently the last, serious hæmorrhage. For the first year the children show little sign of their peculiarity, though the cutting of the teeth may give rise to serious bleeding, but as soon as they start to run about the long histories of hæmorrhage from innumerable minor injuries begin.

Frequent epistaxis and bleeding from the mouth occur in nearly every case, while effusions of blood into the joints, the most typical feature of the condition, are followed by pain and tenderness, loss of function, often by fibrous ankylosis and permanent deformity. Bleeding into the tissues—producing sometimes prodigious hæmatomata—into the urinary and alimentary tracts frequently occurs. Hæmorrhage may interfere with the central or peripheral nervous system, as in the case described by Lord (34), in which bleeding into the elbow led to paralysis and ischæmic contracture of the forearm. Seddon (57), in a paper which dealt with this aspect for the first time, finds that nineteen of Bulloch and Fildes' cases suffered spontaneous neurological lesions, which, he suggests, may be due to the hæmophilic condition. He also describes two cases, one in which an ilio-psoas hæmatoma involved the sciatic nerve, hæmatomyelia and paraplegia occurring in the other. The diagnosis of hæmophilia in the first, is, as he says, doubtful. Carrol (11) produced a case said to combine hæmophilia and Fröhlich's syndrome, in which it was suggested that hæmorrhage occurred into the pituitary fossa during a difficult birth.

Extraordinary remissions are experienced by even the severest cases, during which there are no symptoms, the coagulation time approaches normal, and even a surgical operation may be undergone without disaster

INHERITANCE.

The sex-linked transmission of hæmophilia is, perhaps, its most striking characteristic, though certain other conditions share this form, notably colour-blindness and pseudo-hypertrophic muscular palsy. Hæmophilia is so essentially a familial state that a pedigree is associated with almost every case, and it was from these, but more particularly from a study of the Mampel family, that Lossen (35) laid down, in 1905, his hard-and-fast rule of its transmission and manifestation. In this he stated the hæmophilia was an inherited defect, exhibited by males alone, and passed on to the next generation by females only. Thus each generation will consist of male bleeders, who will not transmit the defect, and females, apparently unaffected, who will transmit.

Lossen's rule permits three possible exceptions, all being represented in Bulloch and Fildes's records, whose views as to their authenticity are, briefly, as follows:

(1) Hæmophilia does not occur in females, the evidence in alleged cases being quite insufficient to warrant such a diagnosis.

(2) Transmission through males is not established, since recorded instances may be due to the unsuspected presence of a female carrier in the pedigree.

(3) Sporadic cases, those with no family history, may be explained by the difficulty of tracing pedigrees, owing to the hæmophilic strain changing its surname with each generation, or "skipping" a generation even containing males.

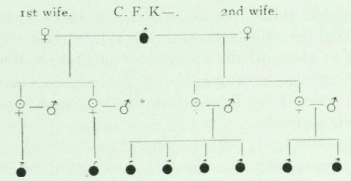
Long pedigrees are, in fact, rare, the famous bleeders of Tenna providing nine generations, the longest recorded. The extreme isolation of their Swiss home discouraged migration, rendering the tracing of records comparatively easy.

Subsequent events, and more exact diagnosis by laboratory methods, have entirely supported the first conclusion, no definite evidence of female hæmophilia having appeared. Hess (28) described a form of hereditary purpura, and also finds a purpuric condition among female members of hæmophilic families. The majority of so-called female bleeders, including the case described by Warde (64), are probably examples of these.

With regard to male transmitters, evidence is not so conclusive. Geneticists have insisted (Gates (24)) that theoretically, the daughter of a bleeder may be a carrier, and this has, to some extent, been borne out by fact.

Nissé (48), in 1927, points out that Nasse, in 1820, stated that females may transmit hæmophilia "*from their fathers*," having observed Hay's record of the Appleton-Swain family, which contains this form of male transmission.

Nissé quotes Max Fischer's (22) case of Christian Friedrich K—, who married twice, there being no evidence that his wives were related, or came of hæmophilic stock. He had, as will be seen from the diagram, two daughters by each marriage, and each daughter had "bleeder" sons.



PEDIGREE OF MAX FISCHER'S CASE (SIMPLIFIED).

* = bleeder. ♀ = carrier.

Bulloch and Fildes took exception to the diagnosis in the case of C. F. K—, as the record states that he bled frequently and copiously from the nose, and from wounds received in battle, pointing out that a true bleeder is unlikely to survive anything so drastic as a battle, but in view of the double marriage and the undoubted hæmophilia of his grandsons, C. F. K— seems definitely to have transmitted the defect.

Other cases in which daughters of hæmophilics appear to be carriers have been described by Nissé, Muir (46), and more recently and convincingly by Mills (41).

Nissé comes to the conclusion that 24% of all bleeder fathers transmit through their daughters, though no doubt the objections already quoted apply in a proportion of the cases on which he based these figures. Madge Macklin (37) has written an excellent review of this aspect of the inheritance. Lastly, sporadic, or *de novo* cases seem possible, as Davidson and McQuarrie (18) have described an undoubted "bleeder" with a full pedigree of four unaffected generations.

PATHOLOGY.

It is generally accepted that hæmophilia is due solely to an inborn error in the blood-clotting mechanism. Determined by either Gibbs's (25) or the Dale-Laidlaw (17) method, the coagulation time of normal blood is usually less than five minutes, but, in hæmophilia, is seldom less than fifteen minutes, sometimes an hour or more. The reason for this lies somewhere in the confusion surrounding the coagulative process.

Normal blood, in contact with normal endothelium, will never clot, but when a wound is inflicted, the train of events ending in coagulation is set in motion. A factor known as thrombokinase (Morawitz) or thromboplastic substance (Christie) (14) is contained in the tissue-juice which exudes from the damaged structures and mixes with the issuing blood. This factor hastens the clotting process, which begins by the production of thrombin from prothrombin and the calcium salts in the blood. The thrombin thus formed acts on a globin present in the plasma, fibrinogen, converting

it into insoluble fibrin, the contracting threads of which entangle the cells and form the typical clot. Howell supposes that an anti-prothrombin is present in normal blood, which prevents the production of thrombin under normal conditions, but which is neutralized by thrombokinase.

Naturally every link in this chain has received the blame for hæmophilia, but with the exoneration of most of them the search is narrowing down.

Addis (1), in 1911, proved that the last three stages are efficient, since normal prothrombin will clot hæmophilic blood in normal time, this being confirmed by Minot and Lee (44), and Mills (40). Calcium was proved to be normal by Addis (1), Hess (29), and Christie (14), and the activity of thrombokinase was proved to be efficient by the former worker. Howell (31) removed any suspicion from anti-prothrombin, finding no excess of activity of this in hæmophilia. Thus only prothrombin remains, and in addition to the process of elimination, positive evidence of a defect here is forthcoming. Bayne-Jones (5), Austin (4) and Howell (30) showed that it is normally produced from the platelets, which disintegrate on coming into contact with foreign material, so that these also must come under suspicion, though they are present in normal numbers in hæmophilia. Minot and Lee found that hæmophilic platelets caused normal plasma to clot slowly, though normal platelets clotted hæmophilic plasma in normal time, thus proving a defect either in the platelets or the prothrombin they produced. They came to the conclusion that it was the slow production of prothrombin that caused the delay in coagulation. The solution of the problem has been brought a step nearer by Carrol Birch (8), who finds that hæmophilic platelets are abnormally resistant to hypo- and hypertonic solutions, and that if they are removed from the blood, "traumatized" in a mortar, and returned, the blood will clot in normal time.

Embryonic blood has been shown to clot much more slowly than that of the adult (Emmel) (21), and Pickering (53–4), who has studied embryonic and hæmophilic bloods, finds them similar in some respects, and suggests that a persistence of an embryonic protective anticlotting mechanism may be the cause of hæmophilia.

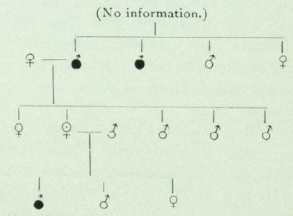
Thus the increase of clotting time is brought about by the slow liberation of prothrombin from abnormally resistant platelets, and this may be due to a persistence of an early protective process.

But while it is accepted that the coagulation time defect is the sole cause of the condition, the fact that hæmophilics bleed *more easily* than normal does not receive an explanation. If a coagulative defect is the only difference between a bleeder and a normal person, the trauma necessary to "draw-blood" should be the same in both, since the coagulative process cannot come into operation until blood is shed. Yet the records of hæmophilic hæmorrhages, particularly joint-effusions, often contain the word "spontaneous," which would not have been used had the patient remembered any trauma, and trauma so slight as to be forgotten seldom produces the slightest hæmorrhage in a normal individual. Effusions into the joints cannot be explained by a mere coagulative defect, unless it is assumed that *slight* hæmorrhages occur frequently in these situations in every normal person. Again, epistaxis is a frequent occurrence in every case of hæmophilia, but even the slightest epistaxis is hardly frequent in every normal person, while biting the tongue—a common event—produces no bleeding normally, but many cases of fatal hæmorrhage among hæmophilics. Gulland and Goodall (26) cite the case of a young hæmophilic who would be covered with bruises after a dance, and assuming, of course, that these entertainments were of a civilized nature, it is difficult to explain this without either questioning the diagnosis or postulating a change in the tissues which contain the blood.

Against this Hess (28) has found that the resistance of hæmophilic capillaries is normal by the tourniquet test, so that "easy" bleeding is not due to an increased permeability of these vessels, which occurs in purpura hæmorrhagica (Tidy) (60–1). The platelets do not appear to be concerned in this particular problem, though a shortage of them helps to produce the hæmorrhagic condition in purpura (Bedson) (6).

CASES IN THIS HOSPITAL.

Five males were admitted to this Hospital with a diagnosis of hæmophilia between 1921 and 1927, two being adults, in whom, as might be expected, the symptoms were not severe. This is borne out by the fact that they were only admitted once, and twice, respectively (Nos. 18649 and 35722). The others, however, are very different. No. 1681 was admitted 5 times between 1921 (æt. 8) and 1925, and No. 11184 7 times between 1922 (æt. 3) and 1927, and has been in 3 times since. The former case is of interest, as he was described by Vines (62) in 1920, and also because his pedigree shows the male transmission according to Nasse's law, though it requires more careful investigation.



PEDIGREE OF NO. 1681.

No. 28021 was admitted 15 times between 1924 and 1927, when he died. His pedigree shows that four other members of his family have died of hæmophilia, three of them here, and that two younger brothers are under treatment. His history is so typical that his notes are given below in greater detail. The pathetic list gives a more vivid impression than any amount of descriptive writing of the existence a hæmophilic may expect.

No. 28021. Admission list.

April 13th–28th, 1924.—Annie Zunz: Broncho-pneumonia; epistaxis.
August 22nd–5th.—Harley: Bleeding from gums.
December 6th–8th.—Surgery Ward: Epistaxis.
December 12th–30th.—Annie Zunz: Epistaxis; bronchitis.
March 7th–9th. 1925.—Surgery Ward: Bleeding from cut finger.
March 10th–18th.—President: Renewal of bleeding.
May 14th–18th.—Surgery Ward: Bleeding from cut scalp.
August 30th to September 1st.—Surgery Ward: Epistaxis.
August 9th–18th, 1926. Harley: Hæmatoma over scapula after falling.
November 5th–9th.—Surgery Ward: Bleeding from graze on chin.
November 9th to December 31st.—Paget: Persistent bleeding from graze on chin.
January 30th to February 16th, 1927.—Harley: Effusion into left wrist after knocking it.
July 7th–10th.—Kenton: Bleeding from gums.
July 30th to August 9th.—Stanley: Hæmatoma right buttock after falling.
December 24th.—Mathew: Hæmatemesis.
December 26th, 1927.—Died in Mathew Ward. Æt. 5.

DIAGNOSIS.

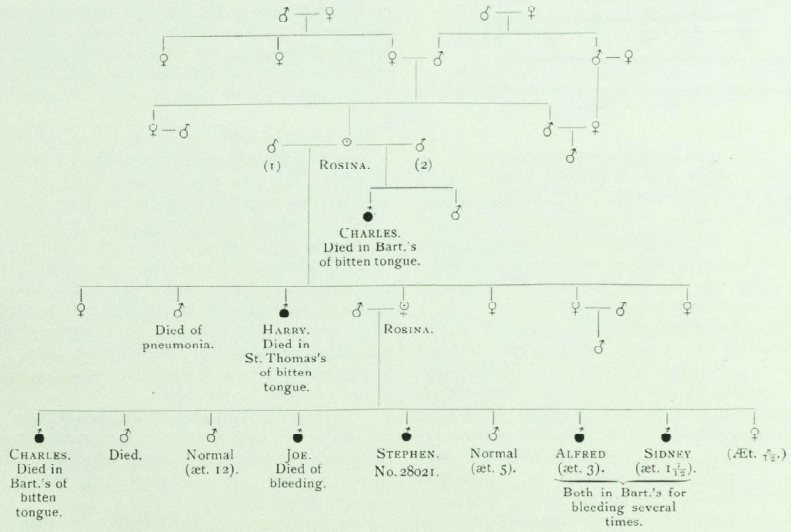
The long history from infancy, in a male, of uncontrollable hæmorrhage from slight injuries, of effusions of blood into the joints, the distinctive sex-linked inheritance, these combined can leave no doubt as to a diagnosis. But the absence of one of these factors calls for more careful investigation.

The coagulation time, the platelet count, the bleeding time will settle the question definitely.

The first is useless unless certain precautions are observed. During, or soon after, a hæmorrhage, the coagulation time of a hæmophilic may be within normal limits—a phenomenon first noticed by Sahli—and a period of remission may have the same effect, so that two determinations on different occasions, no serious hæmorrhage having recently occurred, are essential to be conclusive. It may be unnecessary to refer to Gibbs's (25) observations, in which he found that the coagulation time decreased for each successive drop of blood obtained from a needle prick, up to the fifth or sixth drop. His work was confirmed by plotting coagulation time against successive drops in various conditions. The typical curves of hæmophilic and normal blood are given, the difference being very striking, and of diagnostic importance.

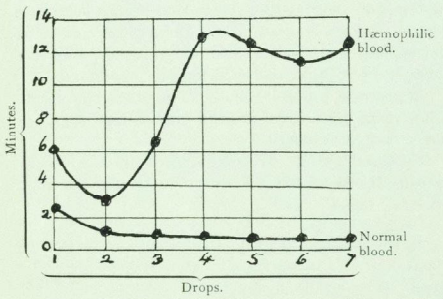
At any rate, unless it is borne in mind that the coagulation time varies from drop to drop, a high degree of error may be achieved.

The bleeding time, by Duke's (19) method, is usually normal in hæmophilia—a direct contrast to purpura



PEDIGREE OF NO. 28021.

hæmorrhagica, in which the bleeding time is greatly prolonged, but coagulation time normal. This paradox has received the following attractive explanation. Hæmostasis is attained in small punctured wounds not by coagulation, for bleeding time is frequently shorter than clotting time, but by the elastic reaction of the tissues, and the plug of agglutinated platelets that is formed. In hæmophilics the tissues are said to be normal, and platelets present in normal numbers, whilst in purpura the capillaries have suffered toxic damage, and the platelets are much reduced (Bedson(6)). This may explain why cleanly incised wounds seldom give rise to such serious hæmorrhage as more superficial and apparently trivial injuries in the hæmophilic. Minot (42) finds that the bleeding time varies inversely as the number of platelets, but he describes later (43)



Coagulation times of successive drops of normal and hæmophilic blood. (Christie.)

cases in which the bleeding times were increased, but the platelet count and coagulation times normal. Little and Ayres (33) confirmed this, with an account of a similar condition. Buckman (9) adds a further combination, a case of purpura with a normal platelet count, but increased bleeding and coagulation times, thus showing that the true function of the platelet in hæmorrhage has yet to be explained.

The hereditary forms of purpura described by Hess, and hereditary hæmorrhagic telangiectasia, described by Attlee (3) and Foggie (23), may also be distinguished from hæmophilia by the fact that they affect, and are transmitted by both males and females. The latter condition may show itself by epistaxis, hæmatemesis and hæmaturia. Effusion of blood into the joints, considered almost pathognomonic of hæmophilia, occurred in a case of purpura described by Hess.

While a mistaken diagnosis of hæmophilia may not be vital from the patient's point of view, the converse may have very serious consequences; hæmophilic joints have been regarded as infected, and opened, with singularly fatal results.

Treatment.

"The sight . . . of a patient slowly becoming exsanguine from a trivial injury, capable, perhaps, of being securely enveloped in bandages must," write Bulloch and Fildes, "leave a lasting impression on the observer."

It had a stimulating effect on earlier physicians, for treatment often assumed heroic, and to the patient, terrifying proportions. Creosote, lapis infernalis, sulphuric acid were applied, even to the mouth. Red-hot irons were used for extensive, and painful, cauterization. Tourniquets were left on limbs until they were putrescent masses; the carotid artery was compressed or ligatured, with convulsions and hemiplegia as frequent attendants, these useless efforts only serving to damage the reputations of their well-meaning originators. Yet, like other desperate straits, hæmophilia has its epics; as, for instance, the story of the girl who saved her brother's life by maintaining digital compression of a bleeding tooth-socket continuously for *three days and nights*.

Modern treatment, capable only of providing temporary relief, aims at the control of hæmorrhage by the introduction of coagulative elements. These were carefully investigated by Christie and Gulland (13) in 1927, and by Payne and Steen (50) two years later. Their results may be summarized as in the table on p. 53.

Thus it will be seen that transfusion of human blood or plasma is the only effective remedy for hæmorrhage. It will be also seen that sodium citrate produced a marked relief from symptoms in the three cases who had it, in spite of the fact that it did not reduce the coagulation time. This seems to be additional proof that the symptoms of hæmophilia are not entirely due to a coagulative defect. Other agents that have been used and recommended are thymus and thyroid extracts, gelatine, raw-meat juice, milk, ergot, adrenalin, turpentine, perchloride of iron, all being useless. The best local hæmostatic is a piece of cotton-wool soaked in fresh, normal, human blood.

Vines (62 3) claimed that during anaphylactic shock the coagulation time was markedly reduced, this being confirmed by Mills (40), though subsequent investigators do not agree (Christie (13), Payne (50), Riecker (56)).

Recently Marlow (38) and Eley (20) find that in this condition the coagulation time of *capillary* blood is reduced, but that of *venous* blood is unchanged. Pickering (52) found a liver diet beneficial, but Marlow could not agree. H. and A. Pereira (51) describe a case which improved after an intramuscular injection of 25 c.c. of whole blood.

Finally, a short account of an extremely interesting form of treatment appeared this year. Carrol Birch (8), of Chicago, states that two boys, bad bleeders, were selected, one having 15 grm. of ovarian extract daily for nine months, during which time he was quite free from symptoms, with a normal coagulation time. The second had ovarian extract for a few days, and then a piece of fresh ovarian tissue grafted into his anterior abdominal wall. This was absorbed in five and a half months, and during this time his coagulation time was normal and he was quite well.

Prognosis.

The condition is fatal in the majority of cases, though the prognosis, with the symptoms, improves if adult life can be reached.

Conclusions.

(1) The possibility of bleeders transmitting through their daughters must not be overlooked.

(2) There may be other factors in hæmophilia besides a coagulative defect.

(3) Transfusion of human blood is the best, though transient, hæmostatic measure.

(4) The connection between the endocrines and hæmophilia may form an enlightening basis for experiment.

(5) The "divine simplicity" of hæmophilia is becoming rapidly less apparent.

Agent.	Introduction.	Effect on coagulation time. (a) Immediate.	Effect on coagulation time. (b) 2 hours later.	Remarks.
(1) Whole citrated human blood	Transfusion	Fall to normal	..	Original coagulation time reached in 5 or 6 days.
(2) Citrated human plasma	,,	Marked fall	..	Not quite so good as (1).
(3) Defibrinated human blood	,,	,,	..	Not quite so good as (2).
(4) Horse and sheep sera	Subcutaneous injection	Slight fall	Slight rise	..
(5) "Hæmoplastin"	Ditto	None	,,	..
(6) "Coagulen-ciba"	,,	,,	,,	..
(7) "Coagulen-ciba"	Orally; 1 grm. in iced water	Slight rise	Slight fall	..
(8) "Fibrogen Merrel"	Subcutaneous injection	None	Slight rise	..
(9) Calcium chloride	Intravenously	Rise	..	..
(10) Calcium lactate	Orally; 5 gr. *t.d.s.*	..	..	Slight fall after some days.
(11) Protein shock	..	Slight fall	Slight rise	..
(12) Sodium citrate	0·6 grm. in 20 c.c. water intravenously	None	None	Marked improvement of symptoms in 3 cases.

The principle of this is, presumably, that as hæmophilia is inherited, and exhibited, as if it were a male characteristic, any influence that will repress male characters will also repress the *exhibition* of hæmophilia. The attendant results of a complete cure might not, therefore, be entirely appreciated by the patient. It might be interesting to see if the essential male secretions would produce an exhibition of hæmophilia in a female carrier, or delay the clotting of her blood *in vitro*, as it seems obvious that the female endocrine secretions repress the symptoms, while the male allow it to become dominant.

One other interesting point is that Moritsch (45) and Kubanyi (32) have both found that the blood groups of their hæmophilic patients and their female blood-relations are identical, while the unaffected males of the families are different. The significance of this remains to be seen.

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R. G. Macfarlane.

ABERNETHIAN SOCIETY.

The Inaugural Address of the Society was given on November 3rd, 1931, by Dr. Langdon Brown on "Dr. Robert Bridges, the Poet of Evolution." Part of the address is published in this issue. The vote of thanks was proposed by Dr. Hilton, and ably seconded by Mr. H. W. Rodgers.

At a meeting of the Committee held on October 27th a letter was read from Mr. Jameson Evans tendering his resignation as President of the Society. The resignation was reluctantly accepted, and the following officers were elected to fill the vacancies thus produced:

President: Mr. G. D. Kersley.
Hon. Secretary: Mr. A. W. D. Leishman.
Extra Committee-man: Mr. C. H. S. Harris.

The Clinical Evening which had been fixed for Thursday, November 12th, was postponed owing to the Operative Surgery Class being held at the same hour; it is hoped that it may take place early in December, and members of the Society are asked to give it their support by showing cases.

The next meeting of the Society will be held on Thursday, December 3rd, at 8.30 p.m., when Dr. Crichton Miller will give a lecture entitled "Social Evolution and Birth Control."

MORE DUNCANIANA.

ANECDOTES and reminiscences of great hospital teachers account for much of that valuable oral tradition which often stamps a man's practice for the rest of his life. "You can tell he's a Bart.'s man" is often said. I believe Matthews Duncan's teaching is still taught, and quite as much by what he said as by what he wrote. I feel sure were I lucky enough to attend a modern obstetric lecture at Bart.'s I should find plenty of Duncan in it.

I was his last lecture-assistant—pot-boy as I think the post was called—in 1890, and hold his last telegram to me saying, "No lecture till Monday," which day, alas, never came.

We entered the Anatomical Theatre exactly as the clock struck nine, first Duncan, stately, with his twinkling eyes, then that great genius A. A. Kanthack, his H.P. in Martha, subsequently our first Professor of Pathology, then myself bringing up the rear. He would read my chalk writing on the blackboard, and expect the class to copy it out. He would terminate just as one would turn down the page of a book, on the stroke of the hour afterwards, just completing the sentence. He considered he owed the class his very best. He used the simplest terms possible. He would illustrate the uterus and its appendages by leaning well forwards, with arms horizontal to illustrate the tubes, and his outstretched gown for the broad ligaments. We always waited for this. I believe the story of students tasting urine from wrong observation of Duncan has no right to be attributed to him. I often wonder who did invent it.

I remember his arguments against the pin-point external os causing dysmenorrhœa or sterility. "Gentlemen," he would up, "menstruation is not Niagara, and the spermatozoa are not sea-serpents." Someone had proved the force of uterine pains in labour to be over 200 lb. (his own work pointed to an average of 15). "If 200 were right," he said, "somebody might micturate over the dome of St. Paul's Cathedral." In Martha, where abdominal sections were rather dreadful, he would stand by murmuring, "Poor woman! Poor woman!" He would I think have had nothing but praise for the work of Harrison Cripps later on. To him is owed the Bart.'s tendency to avoid tinkering. There is a story of a letter of his to a too enterprising gynæcologist who sent him a patient in despair. He wrote, "Let the woman alone and she will recover." Dr. Griffiths, who is, happily, still with us, and his successor, Sir Francis Champneys (whose fifth H.P. I was), took all his teaching as their basis, of course always adding something more, and explaining the difficulties he was up against when he wrote that classic work of his in 1886, *Lectures on Diseases of Women*.

At one time it looked as if Dr. Clement Godson might follow him in the Chair. He wrote a section in an early edition of Holden's *Landmarks*. But he was too busy with a big and fashionable practice, and he seemed glad, I thought, when he found he would not have to deliver the lectures I wrote out for him, from my notes. He was a good-tempered, rosy-faced little man, who looked, as my old friend "Helen Mathers" (of "Comin' thro' the Rye" fame) once described him, "as if he were just going to have a baby himself." Peace to his ashes: he contributed to the fame of Bart.'s.

This chit-chat, on re-reading, may convey a wrong impression that Duncan was over-terse, too epigrammatic, and occasionally coarse. When he was thus-wise I think he meant to be emphatic, or to switch us off a bit from undue concentration on his stately eloquence and logic—stuff so full of value and facts that we durst hardly whisper lest we should miss aught.

Verily there were giants even in those days, and, avoiding that over-praise of the old man for the days that are passed, we had in Duncan one of our greatest teachers, a very great physician, a man who put his subject on its present pinnacle of importance all over Europe, through whose somewhat rugged exterior shone a soul of purest gold. W. H. Maidlow.

ACKNOWLEDGMENTS.

The Nursing Times—British Journal of Nursing—Clinical Excerpts—Clinical Journal—Kenya and East African Medical Journal—The Hospital—The Student—Long Island Medical Journal—Sydney University Medical Journal—Giornale della Reale Società Italiana D'Igiene—Charing Cross Gazette—Royal Dental Hospital Magazine—Guy's Hospital Gazette—The Middlesex Hospital Journal—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—Bulletins et Mémoires de la Société de Médecine de Paris—L'Echo Médical du Nord—The Quarterly Journal of the Research Defence Society.

STUDENTS' UNION.

RUGBY FOOTBALL.

St. Bartholomew's Hospital *v.* Cambridge University.

This match was played at Winchmore Hill in fine weather, on Wednesday, October 21st. The Hospital won the toss, and for the first quarter of an hour Cambridge were forced to defend, but the uninspired play of the Hospital three-quarters seldom looked like leading to a try. On the other hand, when the University did at last gain a footing in our half of the field, Smeddle, Harris and Meikle frequently looked dangerous, and Powell and Nel were both prominent with good defensive work.

The Hospital forwards were superior to the rather immature Cambridge pack in the "tight," and also showed far more liveliness in the loose than their opponents, for whom Brook was not as prominent as usual.

The first half was rather devoid of outstanding incidents, though Smeddle, with his swerve and sidestep, often had our defence in difficulty. However, he was only successful in crossing our line on one occasion, when ten minutes from half-time he touched down between the posts after beating several opponents. Johnstone converted.

Half-time: Bart.'s 0, Cambridge 5.

Cambridge started the second half in vigorous style, but some fine rushes by the Hospital forwards, with Capper, Lewis and Mundy in the van, soon took play into the Cambridge half, where it remained for some time, thanks to some lengthy touch finding by Nel. The Hospital were obtaining the ball frequently in the scrums, enabling Ward and Beilby to combine well at half, but the painful absence of thrust in the centre made the chances of a score look very remote. At length, however, Bart.'s did draw level, for W. M. Capper secured in the loose, sold a good "dummy," and cut through the Cambridge defence to give an inside pass to B. S. Lewis, who ran strongly to score between the posts. Nel converted (5—5).

Cheered on by quite one of the most enthusiastic crowds seen at Winchmore Hill, Bart.'s overplayed the University for the next ten minutes and looked like going ahead at any moment. Both Lewis and Briggs were nearly over, and Kirkwood once got to the line, but lost the ball, and with fifteen minutes left for play the scores were still level. The final quarter of an hour may be written down as sheer tragedy from the Hospital point of view, for after L. J. Harris had skirted the touch-line and brushed off two very feeble attempts to tackle him to score in the corner for Cambridge (5—8), a quick succession of tries from Brook, Meikle and Smeddle, all of which were converted by Johnstone, left Bart.'s demoralized and defeated by 23 points to 5.

The why or wherefore of this sudden collapse is enigma, but a little more determination on the left wing might well have saved the last two, and it is certain that it was not lack of condition which caused the team to "crack."

That we should have lost so heavily a match we might well have won on the play, and victory in which would have meant so much to us, causes us to write of it in a melancholy strain.

All credit, however, should be given to Capper for his fine leadership of the pack, and to Nel, Ward and Beilby for their good displays behind the scrum.

Team.—J. G. Nel (*back*); L. M. Curtiss, G. F. Petty, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, F. G. Ward (*halves*); W. M. Capper, J. R. R. Jenkins, B. S. Lewis, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, E. M. Darmady (*forwards*).

St. Bartholomew's Hospital *v.* Coventry.

At Winchmore Hill, on October 24th. Within three minutes of the start G. W. Harriman cut through the centre admirably and easily outstripped our defence, to score a try which Wheatley failed to convert (0—3). Although the fine hooking of R. S. Roberts prevented Bart.'s from obtaining much of the ball, the Hospital gradually worked their way into the visitors' half, Nel in particular putting in some good kicks. The reorganized back division with Kingdon at stand-off and Pirie in the centre was a distinct improvement, and twice the latter made a promising opening for Curtiss, but Boucher tackled the wing very well. However, the Hospital deservedly took the lead when Capper cut out an opening for Harvey, who crossed between the posts after a determined run. Nel converted (5—3). The Hospital should have increased their lead soon afterwards, for good play by Pirie and Lewis all but led to another try between the posts, but the chance was lost. It was Coventry who were the next to score, and all against the run of the play, for a wild throw-back from the line-out by a forward gave Ward no possible chance to gather the ball, and H. D. Hicks dribbled it over the line for a try (5—6). Before half-time Coventry went further ahead, for following a scrum on our line, a Bart.'s player came round the "blind" side of the scrum with the ball, but foolishly allowed A. Wheatley to take it out of his hands and place it over the try line. The same player converted with an excellent kick.

Half time: Bart.'s 5, Coventry 11.

The second half was devoid of outstanding incidents, and in fact neither side ever really looked like adding to their score, though territorially Bart.'s held the advantage, for the visitors only reached our "25" on four occasions after half-time. Ward was not quite up to form, and this naturally affected J. R. Kingdon, but when the latter did get a chance he always ran hard and straight, with the result that the three-quarters were given more space to work in than hitherto. Curtiss ran very hard, and was unlucky not to score at least once, while J. D. Powell was very cool and resourceful in defence, but was given little chance to attack. Nel was superior to Boucher at full-back. The pack played very creditably against their heavy and experienced opponents, and credit must be given to Harvey for the way in which he stuck to his task against Roberts. Some of the forwards would do well to realize that they must rid themselves of the habit of flinging back the ball wildly from the line-out.

A. Gascoigne, the Coventry scrum-half, was in magnificent form, and was the decisive factor of the game. An enjoyable match, which contained some useful lessons for the Hospital team.

Team.—J. G. Nel (*back*); L. M. Curtiss, A. H. Pirie, R. M. Kirkwood, J. D. Powell (*three quarters*); J. R. Kingdon, F. G. Ward

(*halves*); W. M. Capper, J. R. R. Jenkins, B. S. Lewis, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

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

Played at Birmingham in fine weather on October 31st. Bart.'s had J. T. C. Taylor at scrum-half for the first time this season, but owing to the late arrival of a forward, were forced to play one short for the first twenty minutes. This, however, handicapped the Hospital not at all, and before the late-comer's advent we were leading by 6 points. The first try was scored by R. M. Kirkwood after three minutes' play, and the "approach work" was well done by G. D. S. Briggs. The kick failed. Soon afterwards Taylor broke away from the scrum and drew the defence on to himself, parted with the ball at just the right moment, with the result that quick passing gave J. D. Powell the chance to score near the posts. The easy kick was unfortunately missed (6—0). Moseley were rarely dangerous, for though they obtained possession in the scrums quite frequently, they were poorly served at half-back. Far more thrust and initiative was shown by Bart.'s behind the scrum than in any previous game this season, and it was no surprise when quick passing gave Powell another chance to cross the Moseley line for an unconverted try. Byrne, Wilson and Roper were prominent in relieving rushes for Moseley, but their efforts were poorly supported, and half-time came withourt any further score.

Half-time: Bart.'s 9, Moseley 0.

Soon after the restart Pirie ran very well indeed, and drawing his man and timing his pass to a nicety, he gave D. M. E. Thomas the chance to sprint 20 yards for a "model" try. Once more the kick failed (12—0). Moseley rallied and forced play down to our line, where, following a line-out, a rash throw-back left the ball on our line, where a defender most unaccountably failed to touch down, and J. A. Trentham scored for the Midlanders. Wright converted (12—5).

Moseley continued to attack for some time and Bart.'s had some anxious moments, but several good runs by A. H. Pirie, who was playing a most intelligent game, brought relief. J. D. Powell then put in a single-handed attack that fully merits the adjective "dazzling," for he cut in and beat man after man before crossing the Moseley line. However, the referee ordered a five-yards scrum. Undeterred, Powell broke through again shortly afterwards to score a try, which W. M. Capper converted with a good kick (17—5).

Bart.'s seemed unconsciously to ease up a trifle at this juncture and Moseley attacked, their forwards putting in some gallant work, which was rewarded when H. H. Lindop kicked ahead and won the race for the touch down (17—8). Following this Pirie most unfortunately collided with another Hospital player in attempting a tackle, and had to be carried off with concussion—a most unhappy ending to his very good display. The home team continued to attack, but at last K. J. Harvey and B. S. Lewis put in a long dribble, and when this was checked, Capper started a passing movement which ended in Powell scoring his fourth try of the game.

Final score: Bart.'s, 1 goal 5 tries (20 pts.); Moseley, 1 goal 1 try (8 pts.).

The Bart.'s backs gave by far their best exhibition, the improvement being largely due to the work of Taylor and Kingdon at half-back. Powell can scarcely have played a better game in his whole career, apart from the fact of scoring four tries. The forwards played a sound game, and Capper and Harvey were the outstanding successes.

Like all Moseley-Bart.'s games, it was most enjoyable both on and off the field.

Team.—J. G. Nel (*back*); D. M. E. Thomas, A. H. Pirie, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

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

Played on Saturday, November 7th.

For the first time this season the ground at Winchmore Hill was on the heavy side, and since the London Welsh, who prior to this game had suffered but one defeat (and that at Bath, by 1 point) were stated to possess a pack of more than average ability, their chances seemed enhanced by the conditions.

Consequently all the more credit is due to the Hospital forwards, who really excelled themselves, and who, without in any way disparaging the good work of our backs, may be said to have been chiefly responsible for our victory.

Bart.'s attacked from the start and kept play in the visitors' half of the field for some time, until, following two unsuccessful attempts by Nel to place penalty goals, A. H. Jones made a long run along the right wing, but just when he looked dangerous, he slipped in side-stepping and was smothered by two defenders. The London Welsh now forced Bart.'s to defend, and Curtiss and Thomas were prominent in defence, the latter tackling W. Lewis when that player looked a likely scorer. Some good work by the forwards with Taylor at their heels drove the London Welsh back, and several good "heels" enabled Taylor and Kingdon to give their three-quarters the ball, but, as in so many of the previous matches, our handling was very shaky, while when Thomas did receive the ball he was far too ready to kick ahead to the opposing full-back. Taylor now brought off a clever "steal-away" from the base of the scrum, and after a good run was tackled just short of the line. At last, five minutes before half-time, D. M. E. Thomas got possession of the ball in mid-field, and on the Welsh "23" he punted over Price's head and raced all the opposition to secure the touch-down. W. M. Capper converted (5—0). A forward dribble all but led to the Hospital going further ahead before the interval.

Half time: Bart.'s 5, London Welsh 0.

At the commencement of the second half Bart.'s showed excellent form, both forwards and backs combining in excellent short passing movements, in which Capper, Mundy, Briggs, Harvey and Powell were particularly prominent. On three occasions one or other of these players was all but over. The London Welsh were forced to defend desperately, and when they did break away, Nel sent them back with some long and accurate kicks. From now until the end the game degenerated, for the referee was forced frequently to penalize the London Welsh front-row forwards for scrummage infringements during this half. The majority of these were awarded some way from the goal, so that though Capper made some excellent attempts to kick a penalty, it was not until fifteen minutes from the end that he was successful (8—0). During the last few minutes the visitors set up some strong attacks, and on two occasions fine tackles by Nel prevented A. H. Jones and S. L. Jones from scoring. But for a regrettable tendency by one or two (certainly not more) of the visiting forwards during the closing stages to neglect the ball and pay unusually marked attention to our forwards, the London Welsh might well have reduced the lead. The referee, Mr. H. B. Cotter, showed tact and firmness in a difficult game.

Result.—Bart.'s, 2 goals (1 penalty), 8 pts.; London Welsh, 0.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh, G. W. Hayward (*forwards*).

ASSOCIATION FOOTBALL CLUB.

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

Played at Cambridge on Saturday, November 7th.

In an effort to cure the forward weakness so noticeable in previous games this season Bart.'s made several changes, Shackman taking over the centre-forward position and Gilbert playing in his old place on the right wing. A Hollinrake and W. M. Maidlow made their *débuts* in the wing-half positions.

It was soon apparent that the new forward formation was going to be a success; Bart.'s broke through twice in the first five minutes, and were unlucky not to score through Shackman. Downing were defending practically the whole of the first twenty minutes, and might well have conceded more than the one goal scored by Wheeler. The Hospital attack was far more effective than in any previous game this season, Gilbert and Wheeler making good headway on the right, while Shackman made several openings through harassing the home backs. Dolly was not given a great deal to do at this stage, but later proved very effective. Downing eventually broke away, but did not make any good combined movements, and Johnson was not seriously troubled, owing to the fact that Bart.'s were much quicker on the ball. There was no further score before the interval.

The second half was more or less a repetition of the first, with Bart.'s on top practically the whole time. The Bart.'s right wing was still the more dangerous, but the whole forward line was playing together very well, and was quick to make headway, while the defence was nearly always on top of the opposition. The two newcomers to the side were playing well, Maidlow, in particular, fitting in well on the left. However, in one of the few bursts made by the Downing forwards their inside-right scored a somewhat lucky goal, while soon afterwards Johnson did well to save a dangerous kick towards his own goal by Howell. This occurred nearly half-way through the second half, and during the rest of the game Bart.'s kept up almost continuous pressure, but all their efforts could not produce another goal. This would point to forward weakness, but, while this was partially the cause of the lack of goals, Bart.'s were definitely unlucky with several of their efforts. The game was played at a very fast pace throughout.

Result: Bart.'s, 1; Downing College, 1.

Team.—D. J. Johnson (*goal*); I. Shields, A. H. Hunt (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, L. McAskie, R. C. Dolly (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* LANCING OLD BOYS.

Played at Winchmore Hill on Saturday, November 14th.

Owing to the unfortunate indisposition of Hunt, who had played so well the previous week, Wenger filled the left-back position for this game. The only other change was at inside-left, where G. H. Brookman was tried in place of McAskie.

Bart.'s won the toss for the first time this season, and were soon attacking vigorously, Dolly and Gilbert both breaking away and putting across dangerous centres. After some ten minutes' continuous pressure Gilbert scored with a good left-foot shot, after beating two men. Lancing made efforts to break through, but with indifferent results; their centre-forward was right through on one occasion, but held on to the ball too long. Bart.'s continued to have most of the game, the home halves keeping the ball in the visitors' half of the field. Gilbert soon scored again with a right-foot shot from a good centre by Dolly. Lancing had slightly more of the game until the interval, but Bart.'s continued the more dangerous near goal, and were leading 2—0 at half-time.

Bart.'s opened the second half in much the same way as they had ended the first. They attacked with vigour, the wing men making good progress when plied with the long ground passes introduced with such success during the previous week. Still, Lancing were gradually getting more of the game, and the Hospital backs were having more work than at any previous time during the game. However, Bart.'s were still definitely on top, and it was therefore unfortunate that the visitors should have scored a lucky goal at this period. Their centre-forward had no difficulty in scoring, following a mis-kick by one of the Hospital defenders. Heartened by this undeserved success the visitors continued to attack, and eventually equalized through their centre-forward. Bart.'s broke away from the kick-off, but Lancing soon resumed the pressure. They were now showing something of the form that was expected of them, and the Bart.'s halves and backs did well to keep the visiting attack at bay. Maidlow was playing a very good game, and had obviously settled down to the Hospital type of football. Although Lancing continued their pressure until the end they did not score again, and Bart.'s occasionally broke away. However, a draw was probably a fair result, though the Hospital had more chances of scoring.

Result: Bart.'s, 2; Lancing Old Boys, 2.

Team.—D. J. Johnson (*goal*); J. Shields, R. A. L. Wenger (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*).

Fixture List.—December, 1931.

Dec., 5th.—Corpus Christi College, Cambridge. Away.
,, 12th.—Old Brentwoods. Away.

HOCKEY CLUB.

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

October 24th.

Played on their ground, this match was lost by 4 goals to 2. Bart.'s were unfortunate in being without the services of four of their regular players, and an experimental forward line never really settled down well. The Hospital were the first to score, but Sittingbourne very soon drew level, and at half-time the score was 1 all. Had it not been for two perfect shots of two successive corners given against us, the match would have ended in a draw. Certainly we had quite as much of the game as they. An excellent and enjoyable game played on a really good ground, it was a pity we could not get together better as a team. Heasman played a useful game at inside-left, scoring one of our goals, and Hunt as usual was here, there and everywhere in his energetic way.

Team.—T. Smallhorn (*goal*); D. Gale, K. W. Martin (*backs*); J. H. Hunt (capt.), M. S. Fordham, V. C. Snell (*halves*); J. W. Symonds, L. Heasman, A. D. Iliff, E. Fowler, R. T. Davidson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* R.N. AND R.M., CHATHAM.

Played at Winchmore Hill on Saturday, October 31st. Won, 9—0.

We always look forward to this match with the Navy, for it usually results in a very fast game. And this was no exception, though the ground was a little bit heavy after some rain and consequently slowed things up a little.

With Hindley to strengthen our backs and with a complete forward line we hoped to do better than we had done so far this season. And certainly the result was very encouraging.

It is difficult to pick out any particular member for individual mention, for it was largely due to team work that we won so convincingly. The forwards played very well, every one of the five scoring a goal, the insides sharing the others between them. The backs played a good game, clearing well and hard out to the wings—so hard that at times the opposing forwards seemed somewhat frightened of them. Hodgkinson in goal had nothing to do, and in fact it is uncertain whether he had a hit at the ball at all.

A very good game, despite the score, and, we hope, a foretaste of better ones to come.

Team.—H. L. Hodgkinson (*goal*); K. W. Martin, G. T. Hindley (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); J. Lockett, L. Heasman, C. L. Hay-Shunker, J. W. Symonds, R. T. Davidson (*forwards*).

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

Played on Saturday, November 7th, at Motspur Park. Won, 6—2.

Despite a somewhat heavy ground which had a decided slope on it, this resulted in a fast and interesting game. Bart.'s had to start with only nine men, both full backs having lost their way to the ground. Despite this handicap Heasman was soon able to score, and our opponents seldom reached our circle, though Hodgkinson in goal made one or two good saves.

The addition of our two absentees seemed to have the reverse effect to what we expected. Instead of settling down quickly the team became more shaky, and the Guy's forwards improving, we were one goal down at half-time. Playing downhill in the second half the forwards combined better, Davidson on the right wing in particular being conspicuous in sending across some excellent centres. Bart.'s soon went ahead, Hay-Shunker scoring three times from consecutive corners, and the team had little trouble in keeping their lead, Guy's not being able to score again.

Snell at right half played a good game, feeding his wing well, and when once the two backs had settled down they played a steady, hard game.

Team. H. L. Hodgkinson (*goal*); G. T. Hindley, K. W. Martin (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); L. Frost, L. Heasman, C. L. Hay-Shunker, J. W. Symonds, R. T. Davidson (*forwards*).

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

Played at Thames Ditton. Lost, 2 1.

A disappointing game, with very little real hockey in it owing to a really bad ground. It was difficult to keep the ball moving at all, mis-hits were frequent, and both teams were fortunate in losing no one from injury. Play was thus very scrappy, and close combination between the forwards was consequently difficult.

Bart.'s began by playing downhill, and soon carried the play into their opponents' goal area, Hay-Shunker scoring after ten minutes, following a good piece of combination between Symonds and Davidson on the right wing. Thereafter play was mainly in midfield, though Roberts, making his first appearance for the 1st XI, was called upon to save several times and made some good clearances. At half-time the score was still 1—0 in our favour, but on the resumption of play the Old Boys pressed harder, several corners being given against us. They finally equalized, and two minutes before the end, following a misunderstanding between our goal and back as to which should clear, they scored their winning goal.

The Bart.'s forwards were unlucky in not scoring many more goals, for they were very often within their opponents' circle. The state of the ground, however, hampered good shooting. Gale played a useful game at back, but should learn to cover off his fellow back better.

Team.—J. L. D. Roberts (*goal*); D. Gale, K. W. Martin (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); J. Lockett, L. Heasman, C. L. Hay-Shunker, J. W. Symonds, R. T. Davidson (*forwards*).

GOLF CLUB.

Inter-Hospital Cup Competition.

Final Round.

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

Played at Sunningdale on November 12th.

St. Bartholomew's Hospital.		*St. Thomas's Hospital.*	
Carr and Cutlack	0	Robinson and Knowles (6—4)	1
Wedd and Wilson, W. (1 up)	1	Harper and Taylor	0
White and Groves	½	Steen and Blair	½
Wilson, J., and Robins	0	Bartley and Light (3—2)	1
Carr (4—3)	1	Robinson	0
Cutlack (3—2)	1	Knowles	0
Wedd	0	Harper (5—3)	1
Groves	0	Taylor (4—3)	1
Wilson, W.	½	Bartley	½
White (3—1)	1	Steen	0
Wilson, J.	0	Blair (7—5)	1
Robins (2—1)	1	Light	0
	6		6

Inter-Hospital Cup Competition.

Replay *v.* ST. THOMAS'S HOSPITAL.

Played at Sunningdale on November 13th.

St. Bartholomew's Hospital.		*St. Thomas's Hospital.*	
Carr and Cutlack	0	Robinson and Knowles (6—4)	1
Wedd and Wilson, W. (2—1)	1	Harper and Taylor	0
White and Groves	0	Bartley and Light (2—1)	1
Wilson., J., and Robins	0	Carlyle Gall and Milligan (4—2)	1
Carr	0	Robinson (6—3)	1
Cutlack	0	Knowles (4—2)	1
Wedd	0	Harper (1 up)	1
Wilson, W.	½	Taylor	½
White (2 up)	1	Bartley	0
Groves (2—1)	1	Light	0
Wilson, J. (4—2)	1	Carlyle Gall	0
Robins	0	Milligan (4—3)	1
	4½		7½

UNITED HOSPITALS SAILING CLUB.

Bart.'s have been distinctly unlucky during the past season, and have lost both the Harvey Gold Cup and the Bourne Trophy by a very narrow margin of points, the positions for the Bourne Trophy being so close that it was the last race of the season which decided where it should reside during the coming year.

In the Inter-Hospital Regatta at the end of September, however, a very decisive victory resulted in the recapturing of the Sherren Cup —presented for an inter-hospital team race—from the London Hospital, W. H. Cartwright and D. R. Crabb easily winning the first and W. F. Richards and R. Radcliffe the second race.

Competition for the various trophies is becoming stronger, London having recently acquired fresh and useful talent, and U.C.H., with the formation of a new club, put up a good show this year and are likely to do even better in the future.

With that in mind it is hoped that any freshmen or others interested in sailing will take the trouble to find out more about the Club's activities, both from the point of view of obtaining excellent sport and of keeping the cups we hope to win next year.

W. H. CARTWRIGHT.

BOXING CLUB.

Training commenced at the beginning of the winter term under the able supervision of Matt Wells. The club is glad that A. T. Blair is able to box again; he has undertaken the captaincy of the team.

This year considerable talent was found among the Freshmen, and it is hoped that they, together with the "old stagers," will give a good account of themselves in the Inter-Hospital's tourney.

The boxing gymnasium is by no means full on training days, anyone who is at all keen on the noble art should not be backward to come forward.

L. D. B. F.,
Hon. Sec.

CRICKET CLUB.

The Annual General Meeting of the Cricket Club was held on October 7th, 1931, with Mr. L. B. Rawling in the Chair. The minutes of the last meeting were read, approved and signed.

The officers for the season 1932 were elected as follows:

President: Mr. L. Bathe Rawling.

Vice-Presidents: Dr. Geoffrey Bourne, Mr. H. E. G. Boyle, Dr. C. M. Hinds-Howell, Dr. Wilfred Shaw.

Captain: J. A. Nunn.

Vice-Captain: W. H. Gabb.

Hon. Secretary: J. B. Damford.

Committee: W. M. Capper, G. D. Wedd.

Hon. Secretary 2nd XI: C. M. Dransfield.

Hon. Secretary 3rd XI: J. V. Hopkins.

J. B. B.

REVIEWS.

THE CAUSE OF CANCER. By W. E. GYE, M.D., and W. J. PURDY, M.B. (London: Cassell & Co.) 4to. Cloth. Pp. xiv + 515. 30*s.*

The cause of cancer has been a subject of interest to scientists for centuries, and since the apparent rapid increase in its incidence the lay public have had their interest aroused as well.

Suggested factors for the ætiology have been legion, and there is still considerable faith in "cancer houses" and "cancer land." Percival Pott, in describing soot as a factor in sweep's scrotal epithelioma, was the first to recognize an irritative agent, though this was allowed to lapse for about 156 years until Neve in 1910 demonstrated the relation of the burns due to the Kanagri charcoal basket to the abdominal wall carcinoma of the Kashmiri. Finally complete evidence of the irritative factor in carcinoma was given by Fibiger in 1913. In spite of overwhelming difficulties, each of which he overcame, he was able to show that a nematode worm played a part in the production of gastric carcinoma in rats. This worm has as its two hosts the American cockroach and the rat, and it was only by carefully tracing the life-history of this worm, and then feeding the rats on portions of cockroaches or the larvæ alone, that a carcinoma appeared at the cardiac end in about three months.

The tar experiments of the Japanese schools were no less brilliant, yet in all these cases the auxiliary or irritative factor had to be supplied in a sufficiency to produce an effect.

The history of experimental transmission of cancer is marred at its commencement by a tragedy: Arthur Hanan in 1889 described a skin cancer of the rat which he successfully grafted into other rats. However, his work was ignored or ridiculed for the most part and in despair he committed suicide. However, in later years this was all confirmed and amplified by Moran, Loeb, Jensen and others.

In 1911 an altogether different aspect of the subject was revealed by the work of Peyton Rous. He found a sarcoma growing in a Plymouth rock fowl, which grew easily in transplants. It then occurred to him to try the effect of injecting a cell-free filtrate of the tumour, and to his surprise a tumour similar to the parent one was produced; further, a carefully dried extract of the tumour also was found to be active. Other growths were found which had similar properties but they were all from avian neoplasms. In 1928 Gye and Bernard published a great deal of work investigating these factors of the Rous sarcoma, and their findings were that the Rous sarcoma "virus" consisted of two parts—a specific thermo-labile chemical factor, and a living virus which is a common factor to all this type of growth. These facts caused great excitement at their publication; however, the work was not easily confirmed and has been allowed to lapse, while the cellular ætiology has regained its place of popularity.

In their new work Gye and Purdy first of all review the facts known at present as to the ætiology of malignant disease and state the cellular theory with great fairness. They next review the work on the Rous tumours to date, and finally the rest of the book is given over to their experimental work, described with care and detail. How careful this work must be is all apparent when it is realized that one speck of growth may render thousands of transplants valueless.

Their conclusions are similar to those reached before, though the work has been done in much greater detail now. They hold that the cell-free filtrate consists of two factors, which must react together to produce a tumour: one is a specific chemical factor which orders the type of tumour; the second is the virus, which is non-specific, and will activate any form of tumour.

To explain the fact that these experiments cannot be repeated in mammalian cancers they argue thus: "May it not be that there is some peculiarity in the mammalian tumour and that present methods of extraction are inadequate? . . . Non-filtrable strains of the Rous sarcoma appear, and long periods may elapse before they again revert to the normal filtrable type; present methods are incapable of separating the agent during the interval."

The work is pleasingly written and distinctly stimulating. The diagrams are excellent, though it is a pity no index, no matter how paltry, is supplied. Altogether it is a book to read and think about for those who care to try the links that it has formed and forge the chain further.

AIDS TO PHYSIOLOGY. By H. DRYERRE, Ph.D., M.R.C.S., L.R.C.P. (London: Baillière, Tindall & Cox, 1931.) Pp. 255. With diagrams. Price 3*s.* 6*d.*

This little book is a further addition to the numerous short cuts available to students preparing for the 2nd M.B. and Conjoint Board examinations. As the author points out in his preface, the arrangement of the subject-matter is on familiar lines, and the main aim has been to furnish the student with an intelligent grasp of physiology as a whole. A serious omission is the regulation of the reaction of the blood, and the old idea of the formation of secretin should be replaced by the recent views of Mellanby. The diagrams are clear, and the text is remarkably free from serious errors.

GROUNDWORK OF BIOPHYSICS. By G. M. WISHART, B.Sc., M.D. (London: G. Bell & Sons, Ltd., 1931.) Pp. 344. With diagrams. Price 12*s.* 6*d.* net.

Students of modern physiology very frequently find it difficult to understand the physico-chemical theories underlying certain natural processes. Few text-books are available which tackle the problem adequately, and therefore the publication of this book should be welcomed both by teacher and student alike. It is doubtful whether Chapter I, which deals with the structure of matter, is necessary, since its direct applications are remote. The chapters on blood, muscle and kidney are very well presented, and that on light and vision clears up many points which remain obscure in the ordinary text-books. The book is excellently printed and the diagrams are good. The author is to be congratulated on his clear and concise exposition of the subject.

THE MASTERY OF SEX THROUGH PSYCHOLOGY AND RELIGION. By LESLIE D. WEATHERHEAD, M.A., assisted by Dr. MARION GREAVES. With Forewords by the Rev. A. HERBERT GRAY, D.D., and J. R. REES, M.D., and an epilogue by Principal W. F. LOFTHOUSE. (London: Student Christian Movement Press, 1931.) Pp. 253. Price 5*s.* net.

> "All men that live have but a little while to live, and none knows his fate thereafter. So that a man possesses nothing certainly save a brief loan of his own body; and yet the body of man is capable of much curious pleasure."

There is no room in the over-burdened medical curriculum for matters of sex, normal or abnormal. It is neither surprising nor amusing to find a young practitioner perplexed by the very problems which perplex his patients. If his own attitude towards the eternal question of sex be nebulous and timid, he will appreciate this remarkable book, primarily intended for the lay reader. Everyone will enjoy its tone of sympathy and authority, and only few will be deterred by its religious undercurrent. It is well printed, its price is moderate, and every page reflects Sir Thomas Browne's advice, "Let us speak naturally, and like philosophers."

FIRST YEAR NURSING MANUAL. By M. S. RIDDELL, A.R.R.C., S.R.N., Matron, St. Mary's Hospital, Hampton. (London: Faber & Faber [The Scientific Press], 1931.) Pp. 144. Price 3*s.* 6*d.* net.

Nursing manuals are as numerous as the difficulties which the probationer encounters in her work: the sensation of being pathetically lost in a completely new world; the realization of the depth of her ignorance and the Himalayan height of knowledge which she is piously expected to scale; the mysteries of etiquette, which become less and less ridiculous as she grows older and wiser.

The little book for review makes a nice impression, and will be found of practical value. The material is well selected and simply presented, and the illustrations are clear and helpful. The statement at the foot of p. 84, "the urine may be very pale when the specific gravity is low, as in diabetes," is misleading and, unless modified by the insertion of "insipidus," erroneous.

THOMSON AND MILES'S MANUAL OF SURGERY. By ALEXANDER MILES, M.D., LL.D., F.R.C.S.(Ed.), and D. P. D. WILKIE, M.D., F.R.C.S.(Ed.&Eng.). Eighth edition. (London: Humphrey Milford, 1931.) Volume II: Pp. xvi + 685; with 303 illustrations. Volume III: Pp. xii + 578, with 177 illustrations. Price 12*s.* 6*d.* each volume.

Since the first appearance of this well-known text-book in 1904, its reputation has steadily grown, not only in Edinburgh, but in the London and provincial schools, so that to-day it is second to none. The present edition is not appreciably different in its arrangement from those previous, but the chapters have been revised, and in some cases rewritten. There are also several new illustrations added.

The addition of Prof. Wilkie's name to these volumes is a proof of its high standard, and is of special interest to us at this Hospital, since the memory of his work amongst us remains fresh. This valuable manual needs no further recommendation.

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

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. *Anorexia Nervosa.* (Individual Psychology Publications: C. W. Daniel & Co.)

——— "On Purpura and Urticaria." *Clinical Journal,* November 4th, 1931.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Bronchial Asthma." *Lancet,* November 14th, 1931.

CASTLEDEN, I. I. M., M.D. "Charcot's Disease in Joints not Commonly Affected." *Lancet,* November 7th, 1931.

COCHRANE, R.G., M.D., M.R.C.P., D.T.M.&H. "Leprosy in Kenya, Zanzibar, and Tanganyika." *Leprosy Review,* October, 1931.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "Ergot and Ergotism." *Cambridge University Medical Society Magazine,* Easter Term, 1931.

DE CAUX, F. P., M.R.C.S., L.R.C.P. "A System of Anæsthesia for the Dental Anæsthetist." *British Journal of Anæsthesia,* October, 1931.

FISHER, A. G. TIMBRELL, *M.C.*, M.B., B.Ch., F.R.C.S. "Principles of the Orthopædic Treatment of Chronic (Non-Tuberculous) Arthritis." *Practitioner,* November, 1931.

HALDIN-DAVIS, H., M.D., F.R.C.P. "Onychia as an Occupational Disease." *British Medical Journal,* November 7th, 1931.

HALL, ARTHUR, J., M.A., M.D., D.Sc.(Hon.), F.R.C.P. "The Schorstein Memorial Lecture on Chronic Epidemic Encephalitis, with Special Reference to the Ocular Attacks." *British Medical Journal,* November 7th, 1931.

HARMER, W. DOUGLAS, M.A., M.B., M.C., F.R.C.S. "Radiotherapy in Cancer of the Upper Air Passages." *Lancet,* November 14th 1931.

HERNAMAN-JOHNSON, F., M.D.(Aberd.), D.M.R.E.(Camb.) "The Value of X-Rays in Chronic Arthritis and Exophthalmic Goitre." *Practitioner,* November, 1931.

HORDER, SIR THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "The Treatment of Septicæmia." *British Medical Journal,* October 3rd, 1931.

HOWELL, C. M. HINDS, M.D., F.R.C.P. "Sciatic Neuritis." *Clinical Journal,* October 28th, 1931.

JONES, W. HOWARD, M.B., B.S. "Sub-Arachnoid Block: General Analgesia; 'Spinal' Anæsthesia; Respiratory Paralysis; Fallacies and Methods." *British Journal of Anæsthesia*, October, 1931.

LEVICK, G. MURRAY, M.R.C.S., L.R.C.P. "The Organization of Treatment for Infantile Paralysis." *British Medical Journal*, October 10th, 1931.

LINDER, GEOFFREY C., M.D., M.R.C.P. (and VADAS, D. G. M., M.B.). "Calcium and Phosphorus Metabolism in Late Rickets." *Lancet*, November 21st, 1931.

NEWMAN, Sir GEORGE, K.C.B., M.D., F.R.C.P. "Preventive Medicine for the Medical Student." *Lancet*, November 21st, 1931.

THEOBALD, G. W., M.D., M.R.C.P., F.R.C.S.(Edin.). "The Albuminuria of Pregnancy." *Lancet*, October 31st, 1931.

THOMAS, C. HAMBLEN, F.R.C.S. "The Relationship of Affections of the Throat, Nose and Ear to Rheumatic Disease." *Practitioner*, November, 1931.

WEBER, F. PARKES, M.A., M.D., F.R.C.P. "A Glycosuric Family without Hyperglycæmia: So-Called Renal Diabetes." *Lancet*, July 11th, 1931.

——— "A Hæmolytic Jaundice Family." *Vol. III, 41st Series, International Clinics*, 1931.

WHARRY, H. MORTIMER, F.R.C.S. "The Prophylaxis of Tuberculosis of the Larynx." *British Medical Journal*, July 18th, 1931.

WOOD, W. BURTON, M.A., M.D., M.R.C.P. (and GLOYNE, S. ROODHOUSE, M.D., D.P.H.). "Pulmonary Asbestosis Complicated by Pulmonary Tuberculosis." *Lancet*, October 31st, 1931.

EXAMINATIONS, ETC.

University of Oxford.

The following Degree has been conferred:

B.M.—Marshall, R. M.

University of Cambridge.

The following Degrees have been conferred:

M.B., B.Chir.—McGavin, D. B., Roberton, H. E. W.

M.B.—Wilkin, W. J., Winterton, F. G.

B.Chir.—Stamp, T. C.

Royal College of Physicians.

The following have been admitted *Members*:

Bomford, T. L., Evans, C. N., Farid, M. G., Gordon, I., Hutchinson, H. P., Oakley, W. G., Richards, F. A., Selbourne, H. A. H.

Royal Colleges of Physicians and Surgeons.

The following Diploma has been conferred:

D.P.H.—Macdougall, J. R.

Conjoint Examination Board.

Pre-Medical Examination, October, 1931.

Chemistry.—Gomez, A., Rosten, B. M. D., Webster, A. R., Witt, R. C.

Physics.—Gomez, A., Mills, P. J. W., Rosten, B. M. D., Webster, A. R.

Biology.—Gomez, A.

First Professional Examination, October, 1931.

Anatomy.—Furber, S. E., Godfrey, T. N. H., McAskie, L.

Physiology.—Barboni, A. B., Furber, S. E., Godfrey, T. N. H., Merriman, B. M., Ringdahl, K. E. O.

Materia Medica and Pharmacology.—Bentley, J. G., Fernandes, H. P., Fletcher, C., Ford, A. R., Fulton, I. N., Furber, L. B., Harvey, K. J., Jenkins, J. R. R., John, C. W., Morris, D. S., Oxley, W. M., Swain, V. A. J., Young, A. R. C.

Final Examination, October, 1931.

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

Bell, C. M., Burrows, T. E., Farooq, M., Hiscock, L. A., Langford, A. W., Langston, H. H., Masina, M. H., Partridge, G. T., Richards, W. F., Rosenfeld, P., Rowe, J. T., Spaight, P. Q. M., Taylor, J. T. C., Thomas, G. W., Williams, R. N. H., Williams, T. P.

L.M.S.S.A.

The Diploma of the Society has been granted to: Hind, H. G.

CHANGES OF ADDRESS.

BACH, F. J., 65, Portland Place, W. 1. (Tel. Welbeck 3720.)

BOLTON, R., Westcroft, Dartford, Kent.

CAPENER, N. L., Princess Elizabeth Orthopædic Hospital, Buckerell Bore, Exeter.

CHILTON, N., Arvon, Boyn Hill Avenue, Maidenhead, Berks.

FLOWER, A. F., 49, Augustus Road, S.W. 19.

APPOINTMENT.

NICOL, W. D., M.B., B.S., D.P.M.(Lond.), appointed Medical Superintendent, (L.C.C.) Horton Mental Hospital, Epsom.

BIRTHS.

COLDREY.—On November 18th, 1931, at "Penvean," Camborne, Cornwall, to Violet, wife of Dr. R. S. Coldrey—a son.

GILDING.—On November 17th, 1931, at 97, Oakwood Road, N.W. 11, to Violet, wife of Dr. H. P. Gilding—a daughter.

MAITLAND.—On November 8th, 1931, to Joyce (Knight), wife of Charles Titterton Maitland, M.D., 11, Beechcroft Avenue, N.W. 11—a son.

PEARSON.—On November 9th, 1931, at a nursing home, Reigate, to Dr. and Mrs. H. W. Pearson, Reigate—a son.

STANLEY.—On October 23rd, 1931, at 51, rue des Belles Feuilles, Paris, to Frances Trenor, wife of E. Gerald Stanley, M.S.—a son (Trenor Peter Godfroy).

WHITEHURST.—On October 20th, 1931, at 27, Welbeck Street, W. 1, to Jessie (*née* Macdonald), wife of Dr. Neville Whitehurst—a daughter.

MARRIAGE.

SEDDON—LYTLE.—On October 31st, 1931, at the bride's home, by the Rev. H. J. Bryce, Herbert John Seddon, F.R.C.S., son of Mr. and Mrs. John Seddon, of Sutton, Surrey, to Mary Lorene, only daughter of Mr. and Mrs. Charles E. Lytle, of Marquette, Michigan, U.S.A.

DEATHS.

ALDRED.—On November 7th, 1931, Wilfrid Ashwell Aldred, M.R.C.S., L.R.C.P., of The Grange, Wroxham, Norfolk, aged 51.

DARKE.—On November 8th, 1931, at British Military Hospital, Nasirabad, Rajputana, India, Lieut. Eric G. C. Darke, R.A.M.C., eldest son of G. J. Darke, of 49, Mount Pleasant Lane, Upper Clapton, aged 26.

DOVE.—On October 26th, 1931, suddenly, of heart failure, Percy William Dove, O.B.E.(Mil.), M.B.(Lond.), of Eastfield, Croydon, aged 68.

NUTHALL.—On November 20th, 1931, very suddenly, Alex. Wathen Nuthall, F.R.C.S., of Calthorpe Cottage, Edgbaston, Birmingham, aged 58.

ROBINSON.—On November 6th, 1931, at Burnham Overy, Norfolk, Thomas Robinson, M.R.C.S., L.R.C.P., D.P.H., of Scraptoft Vicarage, Leicestershire, formerly County Medical Officer for Leicestershire.

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. XXXIX.—No. 4.] JANUARY 1ST, 1932. PRICE NINEPENCE.

CALENDAR.

Fri., Jan. 1.—NEW YEAR'S DAY.
Sir Thomas Horder and Sir Charles Gordon-Watson on duty.

Sat., ,, 2.—Rugby Match *v.* Halifax. Away.
Hockey Match *v.* Shoeburyness Garrison. Away.

Tues., ,, 5.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.

Fri., ,, 8.—Dr. Gow and Mr. Girling Ball on duty.

Sat., ,, 9.—Rugby Match *v.* London Irish. Away.
Association Match *v.* Old Wykehamists. Home.
Hockey Match *v.* Sittingbourne. Home.

Mon., ,, 11.—Special Subjects: Clinical lecture by Dr. Cumberbatch.

Tues., ,, 12.—Prof. Fraser and Prof. Gask on duty.

Fri., ,, 15.—Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.
Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

Sat., ,, 16.—Rugby Match *v.* Torquay Athletic. Away.
Association Match *v.* Old Westminsters. Home.
Hockey Match *v.* Reading University. Away.

Mon., ,, 18.—Special Subjects: Clinical Lecture by Mr. Elmslie.

Tues., ,, 19.—**Last day for receiving matter for the February issue of the Journal.**
Sir Thomas Horder and Sir Charles Gordon-Watson on duty.

Wed., ,, 20.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.

Fri., ,, 22.—Medicine: Clinical Lecture by Dr. Gow.
Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.

Sat., ,, 23.—Rugby Match *v.* Pontypool. Home.
Association Match *v.* Old Bradfieldians. Home.
Hockey Match *v.* Woolwich Garrison. Home.

Mon., ,, 25.—Special Subjects: Clinical Lecture by Mr. Just.

Tues., ,, 26.—Dr. Gow and Mr. Girling Ball on duty.

Wed., ,, 27.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Hockey Match *v.* Kingston Grammar School. Home.

Fri., ,, 29.—Medicine: Clinical Lecture by Sir Percival Hartley.
Prof. Fraser and Prof. Gask on duty.

Sat., ,, 30.—Rugby Match *v.* Old Millhillians. Home.
Association Match *v.* Keble College, Oxon. Home.
Hockey Match *v.* R.N. and R.M., Chatham. Away.

EDITORIAL.

WE wish all our readers a Happy and Prosperous New Year. The year 1931 saw several important changes at Bart.'s, and they were duly recorded in these columns. One insidious and welcome innovation does not appear to have received the publicity it merits. The new system of arranging clinical appointments has at last evolved. The student no longer stumbles haphazard through his appointments under his own guidance; everything is set down for him in black and white, and it appears now to be actually possible to attend all the lectures and demonstrations required by the regulations.

* * *

Christmas "shows" and ward decorations have been a highly developed art for many years at Bart.'s, and this year's display was quite up to the usual standard. Several of the posters were excellent; we have managed to rescue two of them from time's oblivion. It is unfortunate that the usual *Rep Omnia* in the Great Hall cannot be managed this year. The brilliance of a Bart.'s Christmas is only fully realized when you spend your first Christmas in another hospital. We owe a great deal of it to the talented and energetic men who get up the shows, and to the sisters and nurses who arrange the decorations and make the costumes.

* * *

The new volume of the Bart.'s *Reports* is about to be circulated. The contents are as follows:

I. Excretion Urography. By W. Girling Ball and Reginald T. Payne.
II. An Investigation into the Mode of Production of Metastatic Ovarian Tumours. By Wilfred Shaw and J. H. Johnson.

III. Surgery and Spastic Paralysis. By H. H. Woollard.
IV. Achalasia of the Cardia. By W. J. H. M. Beattie.
V. The Chemical Prophylaxis of Streptococcal Infections. By Lawrence P. Garrod.
VI. Treatment of Some Common Fractures. By J. P. Hosford.
VII. Cause of Death in Chronic Renal Disease. By James Maxwell and A. W. Franklin.
VIII. Sialography: Its Technique and Applications. By Reginald T. Payne.
IX. A Study of Buccal Cancer. By Ralph Phillips.
X. Cancer of the Œsophagus. By R. W. Raven.
XI. A Note on Direct Inguinal Hernia. By H. J. Burrows.

A great deal of trouble has been taken to put into this volume a record of the work which has been done in the Hospital during the past year. The articles are all as practical as possible, so that they will be useful to everyone. Those who wish to become subscribers, and thus to keep in touch with the Hospital's work, should send their names to Mr. W. Girling Ball. The annual subscription is 15s.

* * *

In the recent Final Fellowship examination of the Royal College of Surgeons Bart.'s achieved a very good pass list; more than fifty per cent of Bart.'s candidates were successful. We should like to congratulate them all on their very creditable performance.

* * *

The "Busy Bees" did not give their usual party in the Great Hall this year, but held a fancy-dress dance in aid of their Cot Fund at the Portman Rooms on January 2nd. Hundreds of "Bees" with their Hive Boxes and Silver Paper Collections were expected, and we understand that these expectations were successfully realized.

* * *

Congratulations to C. R. Jenkins on being chosen recently to play for Ulster, and to J. T. C. Taylor and J. R. Kingdon on playing for Eastern Counties against Middlesex. The victory of the Eastern Counties appears to have depended largely upon their play.

* * *

A lecture on "Insurance Practice" will be given by Dr. R. G. Chase at St. Bartholomew's Hospital on Wednesday, January 13th, 1932, at 12.45 p.m. All students and recently qualified men who can spare the time will do well to attend it.

A CASE OF MASSIVE COLLAPSE OF THE LUNG.

By Sir THOMAS HORDER, Bt.

(Abstract of a Clinical Lecture given at St. Bartholomew's Hospital on Thursday, November 12th.)

F—, a schoolboy, æt. 12, was admitted on September 19th, 1931, on account of cough and pain in the left side of the chest.

History of present condition.—Three days ago the patient complained of sore throat. Two days ago he suffered from headache, cough and pain in the left chest. He went to bed and was treated by aspirin. He was feverish, and vomited the day before admission.

Condition on admission.—A well-nourished boy, flushed, slightly cyanosed and looking ill. Temperature 103·2° F., pulse 124, respirations 52. Cough is frequent; no sputa; tongue furred, fauces red. *Lungs:* On left side movement is impaired, vocal fremitus increased, percussion note impaired at apex, front and back, breath-sounds weak; bronchial breathing and bronchophony are present, with crepitation and pleuritic friction. *Heart:* Impulse visible over wide area in region of left nipple; apex-beat palpable in fifth space, just outside nipple line; area of cardiac dullness not to right of sternum; sounds natural. *Abdomen:* Natural. Urine: Dark amber, sp. gr. 1020, no albumen.

September 20th (fourth day of disease): Cough is painful; signs as before, but impaired percussion note extends further down posteriorly. Temperature 103·8° F.

September 21st: Temperature fell to 98° during the night and patient appears to have had a crisis. Signs: Vocal fremitus is now absent over greater part of left chest; breath-sounds are almost absent over this side; apex-beat unchanged. Leucocytes 12,000.

September 22nd: Temperature normal. Patient much more comfortable. Respirations 30, pulse 80. Signs: Percussion note remains greatly impaired over the whole of the left chest, with sub-tympanitic note under clavicle; vocal fremitus absent; some soft bronchial breathing heard. Apex-beat 1 in. outside nipple line.

September 23rd: Cough persists, but is less painful; signs as before. X-ray examination confirms diagnosis of collapse of left lung. Some rhonchus present on both sides. Temperature 101° F. (? due to two boils which have developed on the back).

September 28th: Redux crepitation heard over upper lobe; bronchophony persists; breath-sounds louder over left chest. Leucocytes 27,600.

September 30th: Percussion note impaired over left chest; breath-sounds louder.

October 9th: Percussion note almost natural over upper chest, back and front, dull only at base posteriorly; breath-sounds natural except at base. Patient convalescing.

October 17th: Physical signs natural in all respects.

October 21st: Got up.

October 29th: Discharged, well.

COMMENTS ON THE CASE.

The clinical picture on admission was that of pneumonia, and the physical signs confirmed this diagnosis. Consolidation was at first confined to the upper lobe ("apical pneumonia"). Concurrently with the crisis, which, as is not unusual in apical pneumonia in a young patient, occurred on the fourth to fifth days, the signs of consolidation spread rapidly, until the whole of the left lung was involved. The extensive dullness to percussion was not likely to be due to an exacerbation of the pneumonia, because the patient's general state belied this view. Nor was it likely to be due to fluid in the pleura, because the apex-beat of the heart and the area of cardiac dullness were not displaced to the right. Indeed, the apex-beat was noted to be 1 in. outside the nipple-line when the dullness was at its height. A diagnosis of massive pulmonary collapse was, therefore, made. The X-ray examination showed "the heart displaced somewhat to the left; the left lung field is completely opaque from apex to base; the right lung field is clear; the left diaphragm is not clearly defined; no fluid level is seen when the patient sits up" (G. Simon).

Cough persisted during the period of pulmonary collapse and the patient's convalescence was retarded by this complication, but the condition gave rise to no respiratory distress. The return of the collapsed lung to a state of aëration was gradual and occupied a period of some three weeks.

GENERAL REMARKS ON PULMONARY COLLAPSE.

There are three kinds of collapse of lung tissue: atalectasis at birth, vesicular collapse, and lobar or massive collapse.

Atalectasis at birth.—This is the condition of the lung tissue in which the respiratory function being in abeyance or the infant stillborn, aëration of the alveoli has not occurred.

Vesicular collapse.—This occurs chiefly at the bases of the lungs. It is sometimes physiological, as may be noted in sedentary, debilitated or obese persons, in whom the tidal air is low in amount. It is more common in children and in old patients than in the young and in adults. "Hypostatic pneumonia" and "congestion" include a varying degree of this form of collapse. It is common in heart failure. It frequently follows acute pulmonary infections, and especially the bronchiolectasis of influenza. This latter condition may, indeed, leave a long-standing, or even permanent, state of vesicular collapse. A common association of this form of collapse is pulmonary œdema, for which condition it is not infrequently mistaken.

Massive collapse is of two sorts, and these are sometimes—but inadequately—termed "active" and "passive."

(1) *Active collapse*.—This is not uncommon in children, and especially in rickety children, and in particular if bronchial catarrh, pertussis or laryngitis affect rickety children. But it may occur in children who are otherwise healthy when they suffer from bronchial catarrh or pneumonia—as in my case—and, though less often, in adults.

It may occur after abdominal operations, not only when the surgeon's sphere of intervention is the upper abdomen, as in cases of perforated peptic ulcer and gall-bladder disease, but also after appendicectomy.

Active collapse is also met with sometimes when the chest-wall is injured and after gunshot wounds of the thorax.

(2) *Passive collapse* occurs in association with pneumothorax, pleural effusion, neoplasm of a bronchus, and foreign body in a bronchus. It may also occur in severe cardiac dilatation and with pericardial effusion. It is met with when the diaphragm is paralysed (as by diphtheria), or when this muscle is pushed upwards considerably by abdominal diseases. Lastly—but this is scarcely seen nowadays, when severe cases of the disease are rare in this country—it may occur in typhoid fever. I am not to-day concerned with passive collapse.

ACTIVE COLLAPSE.

Symptoms and signs.—Symptoms are inconstant; they may be absent; more often they are obscured by the symptoms of the associated condition; they are pain, orthopnœa, dyspnœa and cough. Some cyanosis is common and there may be slight pyrexia.

The physical signs are sufficiently indicated by the recital of the signs which were present in the case just described. The lung is immobilized, therefore inspection shows considerable lack of expansion—a fact confirmed by palpation. Vocal fremitus is variable, but is probably in most cases diminished. The percussion tone is greatly reduced, and a sense of resistance

may be felt during percussion. The note is not infrequently high pitched (skodaic or sub-tympanitic) below the clavicle. Auscultation reveals absence of the normal vesicular murmur, and there is usually some degree of bronchial breathing and of bronchophony. *Râle* is scanty and, when present, is most often of the "dry" type—rhonchus and sibilus.

The most important signs are those relating to the heart, because these so often give the key to the diagnosis. This organ is uncovered, but is not materially displaced. If it is displaced, it is displaced towards the affected side.

The differential diagnosis of massive collapse of the lung is from pneumonia (as in my case), and this may be impossible at first; from pleural effusion (again, as in my case); from fibrosis of lung; from pulmonary tuberculosis; from neoplasm. The real nature of the condition is more often overlooked for want of remembering its existence than from any other reason.

The course of the disease is variable. In acute cases it is from a few days to a few weeks. In chronic cases the duration is longer. It may be permanent, in which event other troubles follow—contraction of the chest, fibrosis of the lung, bronchiectasis. (? Are not some of the cases of the last-named condition which arise insidiously during childhood due in the main to an unresolved lobar collapse.)

The pathogenesis of massive collapse of lung is problematical. Four hypotheses have been advanced: (*a*) Failure of respiratory power—a theory which led to the use of the term "active" collapse. (*b*) Bronchial catarrh (*i.e.* a plug of mucus obstructing the tube). (*c*) Spasm of bronchioles. (*d*) Inflammation of the crus of the diaphragm and of the pleura covering it.

The treatment of massive collapse of the lung is chiefly that of the associated disease-process. But certain respiratory symptoms (*v. s.*) may also require treatment. The posture should be that in which breathing is most comfortable. Bandages and tight garments are to be avoided. Cough, as it is purposeless, is relieved by sedatives—unless some other pulmonary lesion contra-indicates their use. If the lung shows no signs of aëration after a week or two, and the patient is not acutely ill from any cause, graduated breathing exercises may be used and the thorax may be massaged. Woolff's bottles are a useful adjunct.

THE CHRISTMAS ENTERTAINMENTS.

GONE are the evil days when we would sneak from our one-act scrap-heap and out through the back ward, leaving the screens still standing before an angry audience; days when the principal girl got drunk and forgot about the show, and the props got slowly strewn by the wayside, so that Boxing Night seven o'clock saw us naked and unadorned. This year the programmes revealed a studied talent and a wealth of succulent femineity which I understand has excited the jaded interest of Charles B. C. Miss Mercer, I am sure, will not mind me revealing the fact that she has been invited to form a troupe to be called the *Chump Sisters*. But let us not anticipate.

One man, even though clothed in literary plurality, cannot be supposed to have seen all the shows, and let me say at once that though I chased *Percy's Periwinkles* all over the Surgical Block, I never succeeded in setting eyes on them. They appeared to move faster than light—a very creditable performance. A friend from Sandhurst with a powerful literary style who has kindly given me his impressions of those he saw also had the misfortune to miss them, and is suffering from a severe relapse.

I should like to start with the *House Party*, whom I ran into three times in the course of the chase referred to above (and each time I stayed for the lot). The opening chorus, "Jolly Good Company," and "The Residents of Bartholomew's" put us at once in a good mood, which was not entirely dispelled by Mr. Coltart's realistic rendering of "Germs," resuscitated from *Baby Bunting* of the war era, but with some additions I had not heard. It was noted that during this several patients asked for screens to hide their feelings. There followed a sketch, "Off the Lines," by Mr. Rodgers and Mr. Nicholson; song, "The British Working Man," by Mr. Vartan; and some high quality knock-about by Messrs. Briggs and Churchill. The chief item, "The Play's the Thing," which had a complicated and rather French plot with a lot of love interest, owed much to Mr. Dean's noises off. Mr. Dean has kindly consented to exhibit and demonstrate his box of properties in the bathroom of Smithfield during this week, entrance 3*d*.

A trio, "Tell the Doc.," by the untiring Messrs. Vartan, Coltart and Briggs, in white bags, frock coats and stethoscopes led us up to the closing chorus, "Why does the Winkle always Turn to the Right," which the "nurses and ladies" were asked to sing all together. Mr. Rodgers must prepare for heavy weather over this. The Residents are certainly to be congratulated, and deserve free beer for the number of performances they gave.

The *Gaskrosstommies* also worked very hard and had some very tasteful Spanish costumes which sat well, especially on their three maidens, Messrs. Mercer, Stallard and Burstal, as previously hinted. Their best items, apart from their rousing songs, "Shout for Happiness," "Smile, dam ye, Smile," and "Chump Chops," were the sketches "The Silent Prompter" and "Cold Comforts," both of which were exceedingly well done. Mr. Hosford entered into his symptomatology so enthusiastically that I couldn't tell by the end whether he was vomiting or sneezing, and the substitution of his toasted remains was most professionally effected. Well done the Unit.

The Pelvic Shadows I only achieved on Boxing Day, when a few of their troupe remained most generously to entertain wards which had done poorly on the second day. This they did in a most talented manner, and I have nothing but praise for themselves and their system of lighting. My fire-eating friend referred to above has provided me with his comments on the full performance: "A bout of merry fooling by a troupe which included three scantily-clad but remarkable females, of very diverse types. One was tall and thin, and had a far-away look of melancholy in her black eyes; the second was short and was possessed of a very determined-looking blue chin; the third in appearance was much more presentable, but had a voice the like of which I never heard before and I trust will never again. In power it was immense, and piercing and shrill like a steam whistle, and not only during the show, but also whilst the others were proceeding, her siren's tones were heard echoing shrilly round the building up to the late hours of the evening.

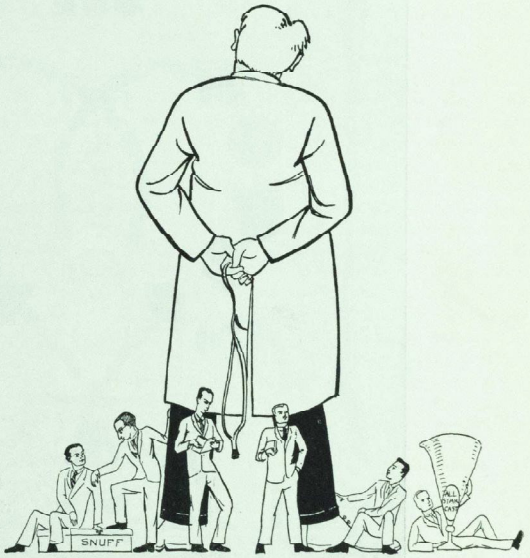
"Some discreet reference was made (in a short recital) concerning a nocturnal invader (male) of the Nurses', Home, and then followed the main item—a duet between Mr. Powditch and Mr. Rincaster Woods ('the lady of the voice'), entitled 'Only a Rose.' During this the former's nerves seemed much upset, and he would have been quite relieved to scatter the petals of the rose (which proved to be a cauliflower) over the prone figure of his lady. Unfortunately, however, the lady's voice was too powerful, and after several acrobatic struggles it was Mr. Powditch who succumbed and gained his wreath of cauliflower.

"The Pedagoge and his class with their topical rhymes proved quite a good finale.

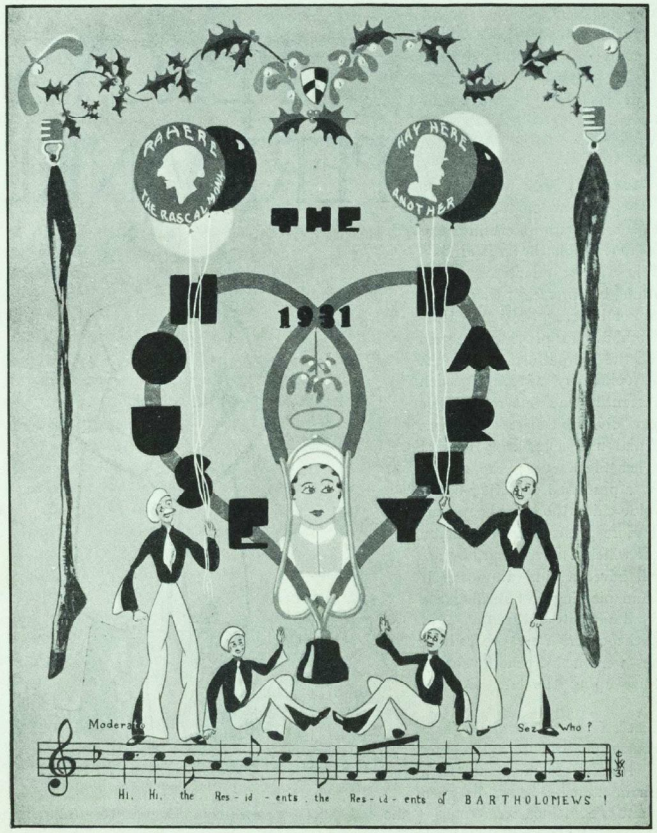
"The *Follies Bougies* seemed an exceedingly thirsty crowd. The smiles with which they confronted the audience in their first song were positively dazzling. Were they occasioned by delight at the sight of the audience, or pleasurable anticipations of refreshment soon to follow in subsequent items?

"Soon a small boy's excited whisper was heard, 'E's sitting at the table with a cigarette and a glarse o' beer.' Thereafter the audience were exhorted to 'Drink, brothers, drink,' and to 'Drown all their troubles in wine'—precepts the Follies not only preached, but practised.

"The best item of this show was the sketch, 'The



Consoling of Mr. Potts.' The said Mr. Potts was bemoaning the loss of his cook, and was consoled by a friend for that of his wife, which (for Mr. P— was somewhat of a gastronome; we say nothing of Mrs. P—) would have been a much lesser blow. The consoling was—



with the aid of whiskies and sodas—successfully accomplished and was quite amusing."

The wards therefore had plenty to celebrate on, and the admission queue for next season will be a lengthy one. I managed on Boxing Day to see part of the Surgery Children's Party, and was filled with admiration of the way Clown Burton of Clacton, admirably sustained by Mrs. Burton at the piano, excelled his effort of last year, and kept things going for over three hours. Miss Thompson and her assistants are surely to be congratulated not least on the way they provided for the innumerable gate-crashers who leaked in imperceptibly during tea. Her original idea has certainly developed into a very fine thing.

F. C. R.

ROBERT BRIDGES: THE POET OF EVOLUTION.

Being the Inaugural Address delivered before the Abernethian Society on November 3rd, 1931.

By W. LANGDON BROWN, M.A., M.D., F.R.C.P.

(*Concluded from p. 47.*)

The year 1929, which saw the publication of the *Testament of Beauty*, also saw the birth of another remarkable book, *The Ascent of Humanity*, by Gerald Heard, a work which seems to me to have excited considerably less attention than it deserves. By the historical method he arrives at much the same conclusions as Bridges does through the poetic medium. What is implicit in Bridges is explicit in Heard. It is indeed the direction in which I find a good many minds are set to-day—a sense, however shadowy, of what the next phase of evolution will be.

In all matters of this kind, the personal equation of the interpreter must influence his interpretation. The human mind cannot photograph, though it may portray. The angle of vision must differ with the individual. Which is only a paraphrase of what I have just quoted from our author. Will you, therefore, forgive the interpolation of a personal note by which I can perhaps make clearer my own point of view.

When I was only three weeks old the Second Empire met its *débâcle* at Sedan and Napoleon III fled to England. When I was five weeks old Garibaldi entered Rome and overthrew the temporal power of the Pope. When I was but a few months old the German Empire was proclaimed at Versailles. I do not claim that I can remember any of these stirring events, but the effect of them on my seniors was to convince them—how erroneously we now know—that the frontiers of Europe were set for all time, and that the days of war between the Great Powers were over. This sense of stability was communicated from the environment to the growing mind of the child. Some allowance must doubtless be made for the sense of time in a child, when the interval between one birthday and the next seems a whole epoch. But when all such allowance is made, it must be admitted, I think, that the 'seventies of the last century were extraordinarily stable and static. Early impressions such as these coloured the whole mentality of the men who had reached middle age when war broke out in August, 1914. As J. M. Keynes says, they regarded the then existing state of affairs as normal, certain and permanent, except in the direction of further improvement, and any deviation from it as aberrant, scandalous and avoidable.

In the 'eighties there was a stir of the æsthetic movement in art, and socially, the almost sudden realization that industrialism had brought about conditions which must be remedied. Walter Besant's novels, *All Sorts and Conditions of Men* and *The Children of Gibeon*, stimulated the popular imagination, and the People's Palace in Mile End Road was the direct result. It still carries on useful work as a technical college. Toynbee Hall and various college settlements in East London sprang up. There was a pathetic belief that with goodwill and mutual understanding a social millenium would arrive about 1930! Well, 1930 has come and gone, and the social millenium seems much further off than it did fifty years ago. But no age has less reason to be ashamed of its dreams than the 'eighties of last century.

With the 'nineties a note of doubt and cynicism begins to make itself heard. "Fin de Siècle" becomes the fashionable phrase. In the literary world the mid-Victorial giants are dethroned and the *Yellow Book* is the manual of the elect. But though its contributors proudly proclaimed themselves decadent, they really seem, in the retrospect, to have developed a new, delicate and sensitive form of art. In science Weismann chilled the expectation of evolutionary progress by his denial of the possibility of the transmission of acquired characters. In politics the earlier somewhat theatrical imperialism of Disraeli, and the literary imperialism of the 'eighties as reflected in Seeley's *Expansion of England* and Froude's *Oceana*, hardened into the more materialistic imperialism of Joseph Chamberlain and of Rudyard Kipling in his less inspired moments. It rose to its zenith at the Diamond Jubilee, and crashed miserably in the Boer War as the century ended.

Of the early days of the twentieth century, C. F. G. Masterman said that there was a race between a horizontal and a vertical line of cleavage, *i.e.* a cleavage between classes or between nations. Nationalism just won, with the results we know. C. E. Montague, who went to war in the spirit of a crusader, has described in his book *Disenchantment* the effect of the war on his and indeed on most men's minds. Bridges himself spoke of—

> "War fallen from savagery to fratricide,
> From a trumpeting vainglory to a crying shame."

Few would deny that the war brought disillusionment. We may have, as a consequence, gained in charity; we have certainly lost much in faith and hope. I remember about 1920 Sir Arthur Shipley saying to me, in that key of humorous exaggeration he affected, "I agree with Anatole France, that the creation of the universe was an intolerably rash act." I subsequently found that there was more of Shipley than of France in that phrase.

Do you remember three cartoons drawn by Max Beerbohm about that time, which are now in the Fitzwilliam Museum at Cambridge? The first is "The Future as Seen by the Eighteenth Century," and shows a brightly apparelled dandy gazing through a spy-glass at an attenuated image of—himself. The second, "The Future as Seen by the Nineteenth Century," shows a smug, stout, spectacled manufacturer gazing with satisfaction at a greatly enlarged image of—himself. The last, "The Future as Seen by the Twentieth Century," shows a shell-shocked young man, with a mourning band on his arm, gazing apprehensively at a dark cloud bearing a large query mark. But note the subtle optimism of the artist. The eighteenth century was wrong, the nineteenth century was wrong, and perhaps after all, our gloomy prognostications may be wrong as well.

A curious symptom of the prevailing disillusionment is the turning of the white races to the coloured ones for artistic inspiration—pictures of the South Sea Islanders, carved wooden images from Tahiti, jazz music, negro spirituals. The world resounds with dark laughter, as the white man uneasily shifts the burden on his shoulders. Some of the reasons for this disillusionment and loss of confidence are obvious; others are more deeply seated. Man's reaction to Nature varies with the control which he feels he has over it. The savage always went in fear of his environment, but our attitude became gentler and more romantic. We are the freer to admire the majestic contours of the mountain and the sunset glow upon them because we can ascend them in funiculars to rest in comfort in a well-equipped hotel, or burrow under them in a wagon-lit or fly over them in an aeroplane. But even to civilized man in the eighteenth century they presented a different aspect—these contours interposed barriers between him and his destination; the fading of daylight meant discomfort, difficulty and even danger. And so his attitude towards mountains was quite different from ours. Despite Ruskin, no one really admired mountains before the age of railways. How much more awe-inspiring to primitive man was "Nature red in tooth and claw with ravine" than to us. Generally speaking, we felt so safe that a tornado, an eruption or an earthquake struck us as vaguely unseemly, and, paradoxically, somewhat unnatural. We became out of sympathy with primitive man's incessant efforts to placate Nature since we had so largely conquered her external manifestations.

More recently, however, Man has become rather overawed by the universe in which he finds himself. He can hardly comprehend the vastness and emptiness of the interstellar spaces, or the minuteness of the electrons within the atom. Life trembles, as it were, in a narrow zone between intolerable heat and intensest cold; if it wavers on either side, it ceases to be. It can only exist in association with an atom which holds twelve electrons within its orbit. Staggered by such facts he is too apt to forget that the most marvellous of all matter is the nerve-cell, and that, so far as we know, he possesses the most highly developed system of such cells, whereby he can perceive and interpret the phenomena by which he is surrounded. The astronomer in H. G. Wells's story realized that he was greater than the comet which was presently to destroy the earth and him with it, because he knew what the comet was going to do, and the comet did not.

But man has become much less confident of the control which reason can exert over his instincts. It required the convulsion of a great war abruptly to remind us that if we had subdued Nature externally, internally, in ourselves, she is as cruel and bloodthirsty as ever. It has been well said that man has had three great blows to his self-esteem. The first was when Copernicus showed him that the world was not the centre of the universe, the second when Darwin showed him he was not a special creation, and the third when the new psychology revealed that his reason is not completely master in his own house. To quote Bridges—

> "How small a part
> Of Universal Mind can conscient Reason claim!
> 'Tis to the unconscious mind as the habitable crust
> Is to the mass of the earth."

Though we are far from returning to the theory of geological catastrophes which was widely held a century ago, we have departed from the conception of evolution as a smoothly continuous process and regard it as more probably occurring in a series of jumps. Indeed the quantum theory in physics suggests that all movement is of this order. Mutations are constantly recurring little jumps, but such geological changes as the oncoming or passing away of a glacial epoch must inevitably have produced much greater jumps. The whole of historic time is but as one day of evolutionary time, but even so we might have anticipated that we could detect some changes in man's physical structure in process. Wilfred Trotter, indeed, thinks that evolution can still be seen at work in lightening the cranium, the temporal muscles and the jaws of the modern European. But on the whole, we seem to be passing through a stable epoch as far as physical structure is concerned. Nor is there any real evidence of mental evolution. It would take some courage to assert that we have better brains than the ancient Greeks. But when we turn to psychological evolution there is much to assure us of real and even rapid developments.

Gerald Heard makes a striking use of the well-known conception of the evolutionary process as a spiral; he maintains that our increased insight and interest in primitive men to-day is due to the fact that in the spiral path of our own evolution we are looking directly down, as it were, into their minds, much as, from an aeroplane, we can see the outlines of sites so long lost as to be hardly a legend. The discovery of the outer circle at Stonehenge and of Roman camps by this means are familiar examples. On the other hand, the horizontal displacement of even one generation ago was so great that their attempt to view the primitive mind failed in spite of the higher altitude. The observers saw little but the distorted reflection of themselves. It is interesting that he should use the same illustration of their attitude to the past that Max Beerbohm used for their attitude to the future.

It is this spiral advance which causes us to become rapidly out of sympathy with our immediate predecessors, for here only the lateral displacement shows itself, and to find ourselves strangely in sympathy in some respects, though not in all, with certain past epochs. Thus we are in sympathetic accord with much of the Greek thought, but find the idea of slavery, as an essential feature of a city state, quite distasteful to us. Prof. Gwatkin said of the Middle Ages, in whose clothes so much of our religion is actually still arrayed, "We shall never quite understand them. We possess their work, but we are of a different spirit." I would say that our last tie with them vanishes as soon as we accept the idea of evolution. On the other hand, we appreciate the Humanism of the Renaissance, but reject their failure in Humanitarianism. It may well be that the future will reject as valueless charity our humanitarianism in soiling the stream of life by strenuous efforts to preserve mental defectives while not preventing their reproducing themselves. Yet though the barbarity of our legal system of a hundred years ago revolts us, there are things in our criminal code of to-day which, as Richard Hughes said recently, will make as frightful reading to future generations as the proceedings of the Inquisition do to us; and should they find in some forgotten drawer a faded photograph of ourselves, of you or me, with the memory of that record fresh in their minds, they will search our features in horror and surprise.

Obviously, then, our humanitarian attitude is not completely logical or logically complete, yet we could no more revert to the Renaissance attitude towards such things than we could revert to cannibalism.

But we must not over-estimate the rate of psychological change, nor anticipate too much from it. Leonard Woolf puts it forcibly when he says—"The strangest and most important fact about communal psychology is that its content is largely the ideas, beliefs and aims of the dead. . . . the law of mortmain or the dead hand. . . . There can be no understanding of history, of politics, or of the effects of communal psychology which does not take into consideration the tremendous effect of this psychological dead hand, the dead mind. . . . At every particular moment it is the dead rather than the living who are making history, for, politically, individuals think dead men's thoughts and pursue dead men's ideals . . . mere ghosts of beliefs, ideals from which time has sapped all substance and meaning. . . . A dogma is simply a belief which the living receive as a command from the dead."

But I would suggest that the real reason why this influence which the dead past continues to exert over the living man is so powerful, is that he carries with him, still living, the genes of his dead ancestors. For, as Samuel Butler said in *Life and Habit*, "His past selves are living in him at this moment with the accumulated life of centuries. 'Do this, this, this, which we too have done and found profit in it,' cry the souls of his forefathers within him. Faint are the far ones, coming and going as the sound of bells wafted to a high mountain; loud and clear are the near ones, urgent as the alarm of fire."

Thus is our psychological evolution limited and retarded. But unless we can overcome this difficulty sufficiently to adjust to the imperative needs of new conditions, the issue for civilization is scarcely in doubt. Modify or disappear is the inexorable sentence of evolution when the organism is confronted by a changing environment. If we turn to the history of evolution we can read of one success which serves to illustrate my point.

"The law of progress is this—the race is not to the swift, nor to the strong, but to the wise." So said Gaskell in pointing out that comparatively early in evolution a conflict is seen between the development of the central nervous system and of the alimentary tract. In cœlenterates the central nervous system formed a ring surrounding the mouth. When symmetry became bilateral instead of radial, the œsophagus was still surrounded by a ring of nervous tissue. The highest arthropods developed the central nervous system until it gripped the œsophagus so tightly that they could only continue to exist as blood-suckers, such as spiders and scorpions. Their progress was leading to a terrible dilemma—either the capacity for taking in food without sufficient intelligence to capture it, or intelligence sufficient to capture food and no power to consume it. Two methods of escape from this dilemma were found—one the development of the gregarious habit, the other the evolution of the

vertebrates. The former method, in which each individual is absorbed into the community and is helpless apart from it, marks as distinct an advance in evolution as that from unicellular to multicellular organisms, and is fraught with even greater possibilities. For bees and ants this was comparatively easy, because of the very smallness of the brain of the individual and the limited number of reactions of which it is capable. Moreover the social habit in insects has imposed its demands not only on the work, but on the structure of the individual composing the herd. It has sterilized large numbers, rendering them neuter, and thus enormously simplifying the problem. Conflict and competition is greatly intensified in a community where each individual aims at seeing himself immortalized in his offspring. Still more is this the case when one such community comes up against another similar one.

It would seem as if the vertebrates had now reached a closely similar dilemma, for if man's brain were to become any larger, the chances of his being born alive would be greatly reduced. The lightening of the non-nervous structures of the skull to allow of some further increase of brain tissue, to which Trotter alludes, may do something, but if we have to depend on an increasing size of brain for further evolution, the dilemma would soon become acute both for mothe. and child. Are we to look forward to a race of Cæsarian born, or rather is not this dilemma to be solved, as was the former, by the development of a new co-consciousness? Inevitably further evolution can only be psychological.

There are three stages in the evolution of human society; to the first the name of co-consciousness has been applied, or, as Aldrich calls it, "a collective unconscious morality inherent in the laws of life," so far as they can be appreciated. At this stage man is bound with a hypnotic completeness to every tabu. If he breaks a tabu he may even die, apparently from the sense of sin and isolation he experiences, as a bee dies when separated from the swarm. Rivers' studies of the Melanesians convinced him that they seemed to recognize instinctively, using that much-abused word in the strict sense, what the general feeling of the group was and what definite line of action it should take. Such communities are stable precisely because they are not individualized. The avoidance of collisions between foot passengers in crowded pathways, thought reading and social tact, he regarded as vestiges among us to-day of that social common consciousness.

In the second stage individuals begin to emerge, and it is interesting to our profession to observe that it is the witch doctor, the magician, who is the first to do so. Probably the proto-individual realizes that he is different from the herd before it becomes apparent to them. So he adopts a *rôle* which is impressive to the onlooker and suggestive to himself. But he is soon conscious not only that he is alone, and that he can never go back, but that there is enmity between him and the tribe, which spares him because it fears him. He evolves into the priest-king and, as Freud says, the elaborate tabus by which the lives of the priest-kings are made little better than a pestered imprisonment, are the outcome of a profound sub-conscious jealousy based on a feeling of fundamental difference in quality between the group and this particular individual. Frazer inquires, why did it become customary in many parts of the world to put divine kings and other human gods to a violent death? It was because they feared that if they allowed him to die of sickness or of old age, his divine spirit might share in the weakness of its bodily tabernacle, or perhaps perish altogether, thereby entailing the most serious danger on the whole body of the tribe. Whereas by putting him to death while he was yet in full vigour of body and mind, they could transmit his still uncorrupted powers to his successors. This is the real origin of the divinity that doth hedge a king, who was at first a sacrificial object—the central object of fertility rites on which the survival of the tribe depended. But as the evolution of human society proceeds the individual learns to outwit the tribe, and to substitute others or even an image or symbol for his own body, which was intended for sacrifice. Another man or an animal died in the king's stead. The King is dead, long live the King. Such a change made for absolutism. The divine right went on without its distressing consequences.

This conception of kingship makes much more intelligible the ascription of divine powers and the final deification of the Cæsars, for this was merely a reversion to an earlier mode of thinking. It also explains their frequent assassination, which must often have seemed a religious duty to the assassin. Even to-day, in many parts of the world, assassination of the ruler is too often regarded as a political argument, and lunatics who are admittedly prone to revert to primitive methods of thought find a particular fascination in it.

The king at this stage in his attempts to outwit the tribe realizes that what they want is physical plenty, and so he leads them out to conquest. A study of epic literature reveals that they are the record of a short, violent, vivid period in the advance of human culture, an invariable stage, the heroic age. There is a transition from the cult of the totem animal to the heroic cult. "The glorious heroes are for the most part kings, but not in the old sense, bound to the soil, responsible for its fertility. Homage paid them is devotion for personal character. . . . Another noticeable point is that in heroic poems scarcely anyone is safely and quietly at home" (Jane Harrison). An heroic age is an almost invariable characteristic of the movements of people and comes to an end with their re-settlement. Heard says that the "passion for praise" which Chadwick notes as the heroic characteristic is surely indicative of an acute crisis in individuality, similar to the small boy's crying, "Look at me; look at me!" We can therefore see how inevitable it is, even in modern times, that a king who claims divine right and leads his people out to battle unsuccessfully should lose his crown, and often his head with it.

"The raiding stage over, the re-settled peoples will, to some extent, return to magic as they will have gone back to crop-raising and will once again be obsessed with fertility; the generalship will break up; a separation arises between the priestly and the kingly aspects. On the religious side, priesthood will re-establish itself, but as a profession. This priesthood will not have to pay its old price, neither will it be paid the old reverence" (Heard). The struggles between the kingly and priestly aspects of rulers are typified in the Middle Ages by the recurring conflicts between Emperor and Pope. They were seen in Egypt in the conflict between the "modernist" Aknaton and the priests of the temples. If the priest wins, he puts a boyish usurper on the throne, whom he can control. Such was Tut-ankh Amen, who succeeded Aknaton. Seen from this angle what a fascinating story the history of the Old Testament becomes. Moses followed by the victorious raiding general, Joshua; the struggles between Samuel and Saul; the successful claim of the priest to decide certain things against the king, as when Samuel hewed Agag in pieces before the Lord, but against the wish of Saul; Saul, bewildered and outwitted by superior intelligence, reverts to fertility rites and consults the witch of Endor, and finally Samuel places the boyish usurper on the throne—David.

Originally only the king was regarded as having a future life, and therefore as the only one to possess a soul. But as individualism grew and spread, there was a similar demand from many humbler beings for immortality after death. Hence arose the mystery religions such as those of Osiris in Egypt, Orpheus in Greece, and Mithras in Persia, each of which purported to teach man how to attain to a future life. The spread of the Roman Empire imported these ideas into Rome itself, where, especially in the second century, they contested fiercely for supremacy with Christianity. And no impartial observer can deny that Christianity, in winning, absorbed some of the tenets of its rivals. St. Paul sometimes used the exact phraseology of Osiris and the Eleusinian mysteries, and hymnology, particularly Cowper's, is steeped in Mithraism. At the co-conscious stage the individual is satisfied with the continuance of the tribe, and fertility rites satisfy his religious aspirations. But at the stage of individualism he demands personal immortality. Fertility rites are regarded with grave disfavour and even disgust, and man's religious aspirations are fixed upon the next world. "In Israel, Josiah ends the fertility-religion with that sudden passionate revulsion against procreative rites which always attends such a termination, and which must show an abrupt amnesia of its own past."

And so individualism spreads and grows. In this second stage, as Aldrich says, "the group represses egotistic tendencies by forcibly imposing a conventional morality." But as more and more individuals become self-conscious, the state becomes more unstable. It has been said that civilizations do not really decay, but burst from the tension produced by the rapid expansion of individualities within its borders. This is the present and urgent problem of civilization—to give scope for individual development, and yet for the individual to fit into his place as a part of a much larger whole. It is Aldrich's third stage—not yet reached by any society, but recognized by an increasing number of persons—a stage in which the numbers of the group consciously co-operate for the common good, and not merely instinctively as in the social insects.

Bridges has a remarkable passage in the first book of the *Testament* pointing out the utter slavery of the bee, however much this may be travestied by man's sentimental approach to the subject. Such communities would be incompatible with human happiness. But individualism is not enough—it may even be but a temporary phase. What, after all, is an individual? Looking at Dr. Canti's film, where the cells are busily engaged in building up periosteum with the frantic eagerness of bees building a comb, and realizing that all the cells of our body are similarly busy, it seemed to me that when a man talks of "my" body, he is speaking much as a king speaks of "my" kingdom or "my" subjects, knowing very little of their struggles, their hopes and fears, their loves and hates, their lives and deaths. We are impressed by the instinctive knowledge of animals, but is it more striking than the instinct of the dividing ovum, each division knowing, as it were, exactly what to do. As Bridges says—

> "Tis a task
> Incomparable in complexity with whatsoe'er
> The bees can boast: nor do the unshapely cells behave
> With lesser show of will, nor of purpose or skill."

Just as the solar system has an infinitesimal replica in every atom, so what we call an individual is a hive of minuter individuals. We are merely landlords for life—some of our tenants go on. But just as we contain

cells that are living their own lives, so we form part of a greater individual. H. S. Jennings, in his book, *The Biological Basis of Human Nature*, uses a striking metaphor: "Taken together, the generations constitute a great web or network. This network extends indefinitely forward and backward in time. It is formed by innumerable strands, the genes, which pass continuously through the net, which interweave and at intervals are gathered into knots, that we call individuals. From the knots, the strands again issue, separate, interweave with other strands, and form new knots, individuals of a new generation. . . . Every knot, every individual, is a new combination of strands, diverse from the combination forming any others, but containing strands that have been part of many earlier individuals . . . and will later pass to others. Of your store of genes, you may say, as Iago said of his purse, 'Twas mine, 'tis his, and has been slave to thousands.'"

While I was writing this I found a passage in a review by C. E. M. Joad of Gerald Heard's latest book, *The Emergence of Man*, which exactly expresses the idea I I want to convey:

"Meanwhile man's power of apprehending the universe grows. At each stage of his development he knows only so much of the outside world as he is capable of apprehending, representing his guesses to himself under the guise of myth and legend. Hence arise religion, literature, and presently science, which is the latest form of man's guesses about the world.

"At each stage of this developing knowledge there are attempts to construct a building for the mind out of the materials which have been acquired, a shelter of absolute truths within which men may protect themselves from the impact of fresh knowledge. There have been numbers of these 'settlements,' as Heard calls them, in the history of the race, the Church, the Reformation, the French Revolution, and now Communism. The architects of each 'settlement' demand that it shall not be a resting-place but a goal. In effect they say to man's inquiring mind, 'You have found out enough. Further search is impious, or unnecessary, or foolish or impossible.' And always the developing mind of man, driven forward by the urge of life, refuses to rest in the settlement and presses forward to fresh horizons."

The next demand of evolution is clear—how to give scope for the individual as a real entity, and yet for him to form as much a part of a greater whole as the cells do of his own body. It involved a change of spirit rather than of form. Here is a task for the choicest minds, and the last part of Bridges' *Testament* shows how it occupied his, and how he felt that "our happiest earthly comradeships hold a foretaste" of the power to "surmount humanity in some superhumanity." A very distant but not impossible goal, for we are still but 'prentice hands in the art of social relation.

You may well feel that here is a ha'porth of Bridges' bread to an intolerable deal of my own sack. But you would hardly expect a synopsis of the poem. I have merely tried to tell you something of the effect it has had on my own thoughts. I am a happier man for reading it, and if I have encouraged any of you to read this rich flowering of the wisdom of a generous, cultivated mind for yourselves, my object is achieved. At the first reading the brilliance of the imagery, the striking illustrations drawn from history, science and art may conceal how closely knit is the thought. But the remedy is simple—read it again.

THE THYROID: CONQUESTS, FAILURES, MYSTERIES, AND MEN.*

IT is as one to whom grey fate has callously denied the most exquisite joy in all the world and one of life's most cherished privileges, a University education, that to-night I stand among you in sackcloth, using this apology as a smoke-screen to blind your eyes against the imperfections of the remarks which I am about to make and you are about to swallow. There has grown up around the question of the true function of a University such a wealth of literature in the form of the most elaborate researches, the most attractive theories, and the most ponderous tomes, that the uninitiated almost shudder at this holocaust of time and energy. The one definition which appeals to me because it is so simple, so unexpected and noiseless like a thief in the night is this: a University teaches its children to shun the second-rate. It is the second-rate which will constitute your menu to-night, hastily prepared by one whom the absence of a University education has maimed for life. A poor guide indeed, hobbling along on his crutches, you are asked to follow on a stroll through the weed-choked garden of medical history. Shall we stroll along the well-trodden paths, which look so pathetically honest, so respectable, so tedious, or shall we penetrate into the undergrowths, where thorns brush our faces and wily serpents wriggle in the long grass? There is promise of adventure ahead! It is the thyroid we are chasing—an elusive prey. What shall it profit a man to worry what shadowy and anæmic figure first in all history described this gland?

* An address given to the Osler Club on October 27th, 1931.

Across the ages you can hear a monotonous and melancholy stream of talk, like an eternal lament, words, words, which vainly batter against the formidable and impenetrable barrier of time, knowledge, and intellectual superiority, only to fall back once more into the womb of silence, hollow and meaningless and dead. If you will listen carefully, you may distinguish among the innumerable voices some which are shrill and insistent, and some which are so quiet and yet strangely hold your attention. Pioneers are funny folk. The majority are so retiring, and few sport the crusading spirit. Epoch-making discoveries are not at once written across the sky in blazing letters of gold, when the cow jumps over the moon.

One of the first anatomical descriptions of the thyroid was given by Vesalius in *De Fabrica*, 1543 (Lib. VI, cap. iv). The original description I cannot claim to have studied. I am a child in scholarship. Eustachius of Rome is credited with having discovered the isthmus in 1552. The name "thyroid" was introduced by Thomas Wharton in his monograph *Adenographia*, 1656. This is a peculiar but delightful example of adult baptism in a well-advanced centenarian. Across this distance of time his views on the functions of the gland are comic: he regarded it as a cosmetic organ intended to produce a nice, soft roundness of the neck and to protect the larynx against cold. Ours is a conservative profession. The belief in a direct communication between the thyroid and the larynx, expounded by Morgagni and Santorini, lingered until the time of the Franco-Prussian War. The gland was looked upon as a lubricant of the larynx. Its excretory canal emptied in the region of the vocal cords. The theory that the thyroid is a mechanical regulator of the circulation posterity has relegated to the domain of phantasy. We have ceased to speak of it as an arterial reservoir which, when full of blood, compresses the carotid arteries and thus diminishes the blood-supply to the brain.

From time out of mind there has been known to exist a mysterious connection between the thyroid and the sex-apparatus in man and animals. To the Greeks the thyroid was the "uterus of the neck." Both in folk-lore and in poetry you will find references to the swelling of the gland which may follow sexual excitement. Clinicians know that its enlargement at the time of puberty may lead to a true goitre and that many of the permanent goitres start during a menstrual period. In pregnancy, swelling of the thyroid to a greater or less extent is almost universal. But as we ask ourselves the inevitable question, Why and wherefore?, we find ourselves in a devilishly cunning maze. Before we lose our way and reputation, let us escape. Come with me to Cambridge, where that giant of Physiology, Michael Foster, founding his school of experimental physiology, attracted around him a narrow band of devoted men who had received their training in the exact sciences. One of these was Walter Holbrook Gaskell, a mathematician, destined to become Foster's greatest pupil. For many years Gaskell was interested in the evolution of the vertebrates. He was infatuated with the theory that the central canal of the vertebrate nervous system represents the lumen of a primitive gut. This was announced in its final form in his work *The Origin of the Vertebrates*, 1908, which bristles with exciting problems such as the developmental connection of the thyroid with the uterus. A simple and genial man, Gaskell enjoyed the taste of the bread of revolt but he towered above his fellows. As a lecturer, it was his good fortune to teach subjects which he had made essentially his own and which were very near to his heart. His lectures, quietly given and innocent of verbiage, were popular, inspiring, and to some even thrilling. The strength and the weakness of Gaskell the scientist lay in his generalistic attitude, which sometimes led him to victory and sometimes led him astray. It may be said of him that while he was making his own observations in the scientific atmosphere of his laboratory, his imagination was kept from running wild by the experiments which he devised to put his theories to the test. But when he ventured forth on the highroad of morphology, where he flirted with wider generalizations, he had to take as his guidebook the work of other men. And that way danger grinned.

While civilization has brought in its train a host of new diseases, of goitre it may be claimed that it has been a familiar affliction for countless generations. But its early history is as confused as it is voluminous. The Atharva Veda, a Hindu collection of incantations dating back to 2,000 B.C., contains numerous exorcisms against goitre. Cæsar alludes to the frequent occurrence of "big neck" in the Gauls. Judging by Juvenal's query (13, 162): Quis tumidum guttur miratur in Alpibus?, by the first century A.D. goitre had become proverbial and no longer excited curiosity. The Romans realized the relation between exophthalmos and physical incapacity: experience had taught them that a slave with bulging eyes was a poor purchase. Thus through the centuries we trace the slow and painful story of the recognition of goitre. But on every page of history we must beware of gate-crashers. So often cervical adenitis and scrofula masquerade in the literature as goitre. Come in, thou wife of Jeroboam: why feignest thou thyself to be another?

The etiology of the goitres has ever been keenly contested. Pliny believed that one form was caused by impurities in the water-supply. "Only men and

swine are subject to swellings in the throat, which are mostly caused by the noxious quality of the water they drink." Though in our enlightened 20th century goitre is no longer accepted as a dispensation of Providence, its causation remains obscure.

In 1900 there went out to India a young Irishman, Robert McCarrison, who was destined early to meet on a large scale a disease which has interested him all his life. For his first appointment as medical officer at a little hill-station in the Himalayas gave him rich opportunity for the epidemiological study of goitre. While many of his colleagues spent their leisure in search of big game, McCarrison devoted his spare time to visiting remote valleys in search of goitrous patients. He demonstrated the increasing incidence of goitre in villages situated one above the other in the grossly polluted open irrigation-channels which intersect the Gilgit Fan; the freedom from goitre of the Kashmir troops who drank river-water, the occurrence of goitre in soldiers who in defiance of standing orders drank the polluted waters; finally the action of intestinal antiseptics in curing cases. In himself he experimentally produced goitre by swallowing the suspended matter from the irrigation-channels traversing the most goitrous village. Let us pause for a moment. The ghostly hand of Pliny and the robust hand of McCarrison meet in a firm grip.

The operative story of goitre is fully and eloquently told by W. S. Halsted. I must refer you to his paper in the *Johns Hopkins Hospital Reports*, 1920, xix, 71–257 (reprinted in his *Surgical Papers*, 1924, ii, 257), with a careful bibliography enlivened by short but appropriate quotations. Some of the early references are extremely doubtful and capable of misconstruction. In its beginning, the operation was performed by ignorant persons. Intoxicated men removed large portions of their tumours without apparent ill effect. A barber performed a successful thyroidectomy on his wife for cosmetic reasons. Celsus is said to have extirpated goitres as early as 45 A.D. but he was a confirmed pessimist: "whether treated by the knife or by medicines, they generally reappear near the old cicatrices." He doubtless refers to tuberculous cervical glands. The following quotation from *De Medicina* (trans. A. Lee, 1831, v, xxviij) is of interest: "It has been known by the experience of some rustics that a person has been freed from struma by eating a snake."

In this country, Sir William Blizzard was the first in 1811 to ligature the superior thyroid artery in an attempt to cure a goitre, but hæmorrhage due to sepsis quickly killed his patient. One of the boldest surgeons who have ever lived, Robert Liston, was so terrified by the vascularity of a goitre that he dismissed extirpation as "a proceeding by no means to be thought of." A thyroidectomy in the days before the birth of Lister and the artery-clamp must have been a bloody enterprise. Billroth who is credited with having injured the recurrent laryngeal nerve 31 times in 84 patients about 1870 gave up operating for goitre because of the terrible risk of sepsis. Later his experience in antiseptic technique increased his confidence. As late as 1866 W. W. Greene wrote in the *New York Medical Record* (1, 441): "It is well understood by the members of the profession that extirpation of an enlarged thyroid gland is one of the most fearful operations ever undertaken by the surgeon. While there is always great danger from shock, secondary hæmorrhage, inflammation of the cervical vessels and of the œsophagus and respiratory organs, the danger which overshadows all others, hanging like a thunderbolt over patient and operator, is terrible and uncontrollable hæmorrhage."

In the development of thyroid surgery Halsted accords Kocher the leading *rôle*. Kocher was an early advocate of the operative treatment of exophthalmic goitre and the first to describe in 1883 the condition of cachexia strumipriva following total thyroidectomy. "Of operators," Lord Moynihan says, "there are many types, and like every other work of art, an operation is the expression of a man's temperament and character." As an operator Kocher was deliberate and compared with many was inclined to be slow, but he was infinitely careful, a master of minute dissection. He was a small, aristocratic man, with rather prominent teeth, of which he was self conscious. Though his voice was gentle, the sarcasm of his humour could be biting but the grace of its infliction was above reproach. In the brilliant galaxy of thyroid pioneers, his star shines and sparkles with undiminished radiance.

What shall I tell you of W. S. Halsted, the surgeon, the scientist, the man? Though he spent much of his time trying to avoid patients and students alike, yet in his quiet and often halting way he founded in his country a school of surgery to be compared only with that of Billroth in Vienna. He is the Father of the Surgery of Safety. To him above all others we owe our familiarity with the remote past of goitre-surgery. Though he perfected an operation of thyroidectomy which specifically bears his name, his signature is writ large on more than one page of the history of thyroid endeavour. In his youth he was full of physical and intellectual vigour and the joy of life. Then came his tragic breakdown due to his experimental cocaine habit. In his later years he was almost bald. He had a drooping moustache, with a tuft of hair growing from his lower lip. Short-sighted, of timid aspect, something of a recluse, aristocratic in manners and outlook, Halsted the man was a lonely figure. Though he could wax expansive with a few chosen intimates, the majority of men he kept at a distance by his caustic wit and his icy courtesy. A devotee of the dictionary, he was intrigued by long and unusual words. All his suits he had made in London, while his shirts were sent to Paris to be washed. Like many dry and reserved men, Halsted was fond of playing practical jokes. Once, returning from Germany, he made a formal appearance at a medical dinner of the Maryland Club as the personal representative of the Kaiser to confer the Order of the Red Eagle of the Second Class on one of his colleagues. The recipient was overcome and responded in a dignified speech, when it leaked out that Halsted had bought this order in a Berlin pawnshop.

Historians reverently speak of Halsted as the man who introduced rubber gloves into surgery. Will it come as a shock to some of you to learn that at first he used gloves merely with the idea of protecting the hands of his theatre nurse whose skin was particularly susceptible to mercuric chloride solutions then in fashion, rather than to eliminate the operator and his assistants as formidable sources of sepsis? So you see, in medical history as in jurisprudence, Cherchez la femme is the golden rule. What does a man not do for his favourite nurse? Into the well-planned life of this pedantic cynic fate had brought a touch of romance, so fresh, so invigorating, that it made old Halsted sit up and sneeze with excitement and surprise. His theatre nurse was a great beauty, full of high spirits, and a very good nurse. And Halsted looked at her, and behold! his years fell lightly off his bent shoulders; and he forgot the red mark which the evil drug had left upon his soul like the touch of a bloody hand. And all at once his busy life seemed so empty, and no longer out of his work could he suck abiding satisfaction. Whenever he looked down his microscope, his thyroid preparations became blurred and mocking. Nothing but visions he saw of "the face that launched a thousand ships and burned the topless towers of Ilium." To the end of his days Halsted never ceased to express surprise that she could have married a person so unworthy of her as himself. Happily married, he passes out of the chapter.

Iodine, discovered in 1811 by Courtois, a chemist in Paris, was first used in the treatment of goitre by the Swiss physician Coindet in 1829. In 1895, impressed by the similar action of iodine and thyroid, Kocher unsuccessfully analysed the thyroid for iodine. This was discovered in the same year by Eugen Baumann of Freiburg in B. Kendall was the first in 1914 to isolate from the gland a crystalline substance, thyroxin, containing 60% iodine.

There are so many others, great and small, of whom I ought to speak to-night, but historical boredom quickly and surely leads to fatigue, and fatigue to exhaustion. So let their remembrance pass away with a happy sigh, like sleepy children saying good-night.

In conclusion, just a word about exophthalmic goitre. Are we to-day so very much nearer to the solution of its mystery than they were in the days of the Roman Empire? Glibly we talk of various etiological factors, such as focal sepsis, psychical trauma, and sexual imbalance. And yet the vast army of goitrous patients who invade your consulting rooms does not appear to diminish greatly in strength. The thyroid is full of unsolved mysteries. If the pituitary gland is the leader of the endocrine orchestra, where does the thyroid come into the story? What is it that makes one man a dynamo of explosive energy, and another man floats like a dead leaf on the mighty torrent of life? Behold, I will show you a mystery. But enough! We want a peep into the minute ahead, not the minute that is past. This I think will be the greatest service the history of medicine can ever render to medicine: from a conscious and philosophic understanding of the past to allow it a peep into the minute ahead. But this is a vision as beautiful as a star and as remote. It is certainly heroic. In the very end, when the historian takes the last fatal plunge into the waters of extinction, perhaps some tiny voice of a Peter Pan will cheer him as he disappears into the night: Farewell, you not entirely unheroic figure, farewell! W. R. BETT.

ABERNETHIAN SOCIETY.

A meeting of the Society was held at 8.30 p.m. on Thursday, December 3rd, 1931, in the Medical and Surgical Theatre, with the President, Mr. Kersley, in the chair. Dr. H. Crichton-Miller gave an address on "Social Evolution and Birth Control" before a large audience of members.

Dr. Crichton Miller dealt mainly with the theoretical aspects of this much-discussed subject, and gave a vivid outline of its future effects upon the race and of its use in solving many of the social problems of the present day. Prof. Woollard, in proposing the vote of thanks, said how much more important it was for the members of the Society to know about birth control than about appendicitis, for the former concerned the future of the race, while the latter was of temporary importance. This was seconded by Mr. C. H. S. Harris.

A Clinical Evening was held in the Abernethian Room on Thursday, December 10th, when 17 members of the Society were present, the Vice-President, Mr. Rodgers, being in the chair. Mr. Rodgers gave an interesting account of his experience and views on "Septic Fingers," and dealt fully with the pathology, ætiology and treatment of the condition. In a discussion which followed Mr. Rodgers's remarks, several members expressed their opinions on the subject, and asked questions relating to it.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

Played on Saturday, November 21st. This eagerly awaited match at Winchmore Hill was favoured with glorious weather, and Redruth, who were making their first appearance in London, brought three charabanc-loads of supporters to cheer them on. Consequently it was no surprise that the "gate" was the largest for years, and the enthusiasm of the crowd was in proportion to its size.

Bart.'s kicked off and play remained in mid-field for a time, neither side being able to make much headway. However, at the end of five minutes J. T. C. Taylor made a characteristic "steal-away" from the base of the scrum, and only a timely tackle by K. Williams brought him down a yard short of the line. From the ensuing scrum Redruth heeled, and J. Andrew, hampered by the Bart.'s wing-forwards, was forced hurriedly to pass back, with the result that the ball, instead of reaching a colleague, rebounded from the goal-post for B. S. Lewis to gather it and score between the posts. W. M. Capper converted (5–0).

Redruth soon reduced the lead, however, for during a line-out in the Hospital half Bart.'s were penalized, and R. Jennings kicked a fine goal from the touch-line (5–3). The Cornish forwards had now settled down, with the result that their backs were receiving many more chances; Rule, Rogers and Jennings showed cleverness and good understanding in attack, but Bart.'s defended well, and it was some time before Jennings broke through; then he raced up to the full-back, and had he gone on upon his own he might well have given Redruth the lead, but he passed to Hicks, and Thomas was able to bring off a good tackle to save the situation. After many fruitless attempts by Bart.'s to give their wings an opportunity, an inside pass from L. M. Curtiss to a forward started a quick passing movement, in which Thomas, Mundy, Capper, Lewis and Darmady also joined, which completely baffled the "Reds" defence, for the last-named to score. Capper failed to convert (8–3). Shortly afterwards a similar hand-to-hand movement among the forwards again spread-eagled the visitors' defenders, and J. G. Youngman took the final pass and sprinted over in the corner for a try which J. G. Nel converted with a magnificent kick (13–3). Nothing daunted, Redruth forced their way into the Hospital half, and only timely tackles of Jennings by Beilby and Taylor kept them out. The relief obtained was, however, only temporary, for a good breakaway by J. Andrew gave H. Curnow the chance to force his way over far out. Jennings's kick was an excellent one (13–8). From now until close on half-time the battle raged chiefly in mid-field, but before the interval Bart.'s went further ahead, when Taylor put in a very neat dribble down the touch-line, which ended with a most favourable bounce, and enabled R. Mundy to fight his way over in the corner. Nel made a great effort to convert, but his kick hit the upright.

Half-time: Bart.'s, 16; Redruth, 8.

Redruth rearranged their three-quarter line at half-time, Rogers going on to the wing and Curnow coming into the centre, but the improvement in the visitors' play in this half was due almost entirely to the great work of their scrum, which was much more in keeping with the traditions of Cornish forward play than their first-half display had been. In fact it is no exaggeration to say that for the first twenty minutes of the second half the Hospital pack did not heel the ball from the tight upon a single occasion. Consequently the whole team was called upon doggedly to defend, being penned in our own half for long periods, while Jennings and his men tried every means of breaking through. With a quarter of an hour remaining for play Andrew broke away on the open side from a scrum, entirely unopposed, and running up to the full-back, he passed to Rule, who scored between the posts. Jennings converted (16–13). Four minutes later Jennings at last managed to elude Beilby, who had held him in check very creditably, and though grasped by two defenders, he was able to force his way over for a try. It seems almost unnecessary to record the result of his subsequent attempt at conversion! This put Redruth in front for the first time (16–18). The Hospital now rearranged their pack, and from the next scrum we heeled it cleanly at last and the backs immediately showed their gratitude, for Taylor sent Kingdon away, and crisp passing gave the ball to Thomas, who sprinted down the touch-line, punted over the full-back's head and then raced for the touch-down with Curtiss and Jennings. Jennings and Thomas fell over in a heap in a desperate dive for the ball and Curtiss was able to get his hand on to it. The kick failed. "No-side" was blown very soon afterwards.

Result: St. Bartholomew's, 2 goals, 3 tries (19 pts.); Redruth, 4 goals (1 penalty) (18 pts.).

This was quite one of the most enjoyable and sporting games contested at Winchmore Hill, and was reminiscent of the Otley match, and it is pleasant to be able to record that the fixture is to be repeated in London next season.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, F. J. Beilby, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, J. M. Jackson, R. Mundy, K. J. Harvey, D. W. Moynagh, E. M. Darmady (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

Played at Devonport on November 28th.

Owing to the late arrival of the train Bart.'s were forced to change in their compartments and to dash on to the field with a minimum of delay. This fact, coupled with the length of the journey and the heavy state of the ground, caused the team to cut rather a poor figure for the first quarter of an hour; consequently it was fortunate that J. T. C. Taylor, by means of some very good defensive kicking, saw to it that the Services did not obtain any substantial lead before we found our feet. Devonport were unlucky on one occasion early on, for good combination between Davies and Bailey gave Walsham a chance to go through, and the latter, when challenged by Nel, kicked ahead and appeared to touch down for a try, but a 5 yards scrum was ordered. Bart.'s were obtaining the ball scarcely at all from the scrums at this stage and the Services were attacking constantly, and at the end of ten minutes' play Attwood put them ahead with a good penalty goal (0–3). Bart.'s now began to find their form and L. M. Curtiss made a good break through, only to see Thomas pushed into touch just short of the home line. Soon afterwards Curtiss again cut through in fine style, but Bailey tackled him very well and smothered his pass. The Hospital were now attacking vigorously, and a little more steadiness in finishing would have earned at least two tries. B. S. Lewis was prominent at this stage with two good tackles of Bailey, the Services stand-off, and he also put in a good run which nearly led to a score. However, so great was the pressure exerted by Bart.'s that it seemed certain that equalizing could only be a matter of time, and after D. M. E. Thomas had just failed to take advantage of two good chances, a wild kick by a defender gave Nel a chance to open up the game to the left; this he did, only to see the movement break down, but quickly securing the ball again he cleverly changed the direction of the attack to the right, with the result that J. R. Kingdon gave Thomas a quick pass, for the latter to squeeze over by the corner flag.

Half-time: Devonport Services, 3; Bart.'s 3.

Bart.'s restarted the second half in very lively fashion and play was for the most part in the Devonport half, so it was no surprise when, after seven minutes' play, the Hospital took the lead, for a quick passing movement in which Mundy, Taylor and Darmady also took part ended in Jenkins scoring. Capper's kick failed (6–3).

From the kick-off, Mundy, in trying to field the ball, had one of his fingers broken, but pluckily continued playing, and Bart.'s soon had the ball back in the home team's "25" as the result of some good forward rushes and excellent work by Taylor, who was playing quite his best game to date. Bart.'s were now reduced to seven in the scrum, but this merely seemed to stimulate them to still greater efforts, with the result that the Services were quite outplayed and seldom penetrated into our half of the field, and when they did, the tackling of the Bart.'s backs was very sound. Ten minutes from the end B. S. Lewis completed a very good display by scoring an excellent try which ended with a spectacular dive for the line, and E. M. Darmady kicked a goal (11–3). During the last few minutes of the game the Services made desperate efforts to score, but the Hospital defence was too steady for them to break through, and the final incident was a Bart.'s forward rush, which carried play from our "25" almost to the Devonport line.

Result. St. Bartholomew's, 1 goal, 2 tries (11 pts.); Devonport Services, 1 penalty goal (3 pts.).

No description of this match would be complete without a reference to the fine leadership and forward play of W. M. Capper, which was a great inspiration to the rest of the team.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, F. J. Beilby, J. D. Powell (*three-quarters*), J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh, E. M. Darmady (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* ROYAL NAVAL ENGINEERING COLLEGE (KEYHAM).

Played at Devonport on Monday, November 30th. The College, who have had a good season and took Torquay Athletic's ground record a week or two ago, were at full strength, but Bart.'s, owing to the fact that two of their forwards had been injured on Saturday, were forced to rearrange their team. The weather was good, but the ground was still heavy when Capper kicked off for Bart.'s, and the College backs showed cleverness in attack from the outset, with the result that Bart.'s were forced to defend desperately. However, good work by Taylor and Kingdon enabled J. D. Powell to put in a good run, which he finished off with a lengthy kick to touch. Having thus obtained a footing in the College half, Bart.'s were able to maintain their position by means of quick heeling by the forwards, followed by smart touch-kicking by Taylor. Eventually Evans and Hawkins led a College rush which took play to the Bart.'s "25," and here Walsham looked very dangerous on two occasions, but Kingdon, Curtiss and Thomas showed up well in defence, and long kicks from Taylor and Capper gave the Hospital relief. From a line-out in midfield Briggs, Capper and Darmady led a rush to the Keyham line, and from the ensuing loose scrum L. M. Curtiss suddenly appeared on the "blind side" with the ball, to run over quite unchallenged. [It was a try reminiscent of that scored by Bettington in the cup-tie against St. Mary's in 1928, when everyone, including the scorer, looked surprised.]

The kick failed (3–0). The Bart.'s pack were now displaying more liveliness, and aided by Taylor's accurate touch-kicking they kept Keyham on the defensive, with the result that ten minutes before half-time the Hospital increased their lead. From a scrum outside the College "25" Taylor sent Kingdon away, and the latter started to run across the field for about 20 yards, then just when he appeared to be herding his three-quarters into touch, he changed direction with great speed, and darted through the defence to give J. D. Powell a clear run in. Darmady's kick failed (6–0). Until half-time Keyham set up almost incessant attacks, and it was mainly due to the defensive kicking of Taylor and Kingdon that Bart.'s were able to hold out until the interval.

Half-time: Bart.'s, 6; R.N.E.C., *nil*.

For the first quarter of an hour of the second half the College literally lived on the Bart.'s try-line, and great credit is due to the Hospital team for the way in which they defended. These were nerve-wracking moments for Bart.'s supporters, for first Hawkins and then Laman got over our line, only for a 5-yards scrum to be awarded in each case. Owing to an injury to Thomas, a further reconstruction of the team had been necessitated. Kirkwood, who, owing to the shortage of forwards, had been playing in the pack, came into the centre, while Fairlie-Clarke went out on to the wing and Thomas took Kirkwood's place in the pack. After several gallant efforts by Powell and Curtiss to break away Keyham's pressure bore fruit, for Kirby, who had been playing very well on the left wing, darted over for a try, which was not converted (6–3).

Keyham continued to attack, but Bart.'s "closed up" the game as much as possible, with the result that play, although exciting enough to the partisan, must have been rather uninteresting to the casual spectator. Curtiss and Fairlie-Clarke combined well on two occasions, while Briggs and Lewis headed some forward dribbles, but for the most part, favoured by the slope, the College did the attacking and Kirby was a constant source of danger, while Malim several times dodged his way through from full-back in a disconcerting manner. The College made tremendous efforts to draw level, but Taylor's kicking, as in so many of our closest cup-ties, must have been almost heart-breaking to the opposition, and certainly brought much-needed rest to our tired and depleted forwards.

Play was in mid-field when "no-side" was blown, and thus Bart.'s were successful in winning both matches for the first time since this week-end trip commenced.

Our most hearty thanks are due to the R.N.E.C. (Keyham) for the splendid way they entertained us over the week-end.

Result: St. Bartholomew's, 2 tries (6 pts.); R.N.E.C., 1 try (3 pts.).

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, G. A. Fairlie-Clarke, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper, B. S. Lewis, J. M. Jackson, K. J. Harvey, E. M. Darmady, D. W. Moynagh, G. D. S. Briggs, R. M. Kirkwood (*forwards*).

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

Played on December 5th. Both sides were rather depleted for this game at Winchmore Hill, Bart.'s owing to injuries, and Northampton through the absence of players taking part in the International Trial. The weather was dull but fine at the start, and for the first twenty minutes Bart.'s were subjected to heavy pressure, and had the visitors taken advantage of their opportunities they might well have scored on two or three occasions. Northampton were securing the ball frequently in the scrums, and J. Millward, their diminutive scrum-half, was giving his partner some excellent passes, while J. H. Treen frequently looked dangerous, but the Hospital defence was sound. The Bart.'s pack, although outweighted, were doing very well, and by means of good dribbling, backed up by the clever kicking of J. T. C. Taylor, they worked their way up the field to the half-way line. Here, following a line-out, Curtiss and Beilby made a lot of ground before handing on to J. D. Powell, who ran strongly on the left wing, and then put in an accurate cross-kick. Northampton, however, saved at the expense of a scrum five yards from their line. From this scrum Bart.'s secured the ball, and Taylor, feinting to pass to the open side, suddenly darted round the "blind side" and passed to Powell, who crossed the try-line, but too far out for Nel to convert (3–0). The Bart.'s forwards were now obtaining a much better share of the ball from the scrums than hitherto. L. M. Curtiss made a clever run, and from the ensuing scrum the ball travelled along the line to F. J. Beilby, who gave J. G. Youngman a perfect pass which enabled the latter to show his speed and easily outstrip all opposition. E. M. Darmady converted with a good kick.

Half-time: Bart.'s, 8; Northampton, *nil*.

Rain now set in and made the conditions unpleasant, for the ground soon became churned up, while accurate handling was rendered difficult. Under these circumstances the Hospital forwards gave an excellent display, for the heavy going might well have enhanced the chances of the visitors' powerful pack, including, as it did, five East Midlands county players. As the game went on, however, Bart.'s gradually obtained possession in the scrums more and more frequently, while Taylor behind them was in great form, his defensive kicking being first rate, and he never neglected an opportunity of opening up the game; in fact, the duel between Millward and Taylor was quite the most interesting feature of the game, and all the more because they both appeared to be enjoying it so thoroughly.

For the greater part of this half both sides attacked in turn, with the home side appearing rather more effective and dangerous. It was, however, Northampton who scored next, for following a good three-quarter movement A. D. Daniels was obstructed when about to dribble over the line and V. Watkins kicked a good penalty goal (8–3). Soon afterwards J. D. Powell was almost over for Bart.'s but Knott forced him into touch on the corner flag. The visitors started a passing movement on the left but Youngman intercepted cleverly, and going at a great pace ran quite 50 yards to score a brilliant try. W. M. Capper converted (13–3). The "Saints" never gave up trying, and a forward rush led by M. Jelley and A. D. Matthews led to a scramble on the Hospital line, during the course of which Matthews secured the touch-down. The kick failed.

Result: Bart.'s, 2 goals 1 try (13 pts.); Northampton, 1 penalty goal 1 try (6 pts.).

Team.—J. G. Nel (*back*); J. G. Youngman, F. J. Beilby, L. M. Curtiss, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), B. S. Lewis, E. M. Darmady, J. M. Jackson, K. J. Harvey, D. W. Moynagh, G. W. Hayward, G. D. S. Briggs (*forwards*).

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

Playing their sixth game in the space of three weeks it is small wonder that the Hospital looked a stale and lifeless team in this match at Thames Ditton, and that we were unable to stem the virile attacks of the Old Cranleighans. For the first time this season we were without W. M. Capper, and his inspiring leadership and robust line-out work were greatly missed. Other absentees were R. Mundy and L. M. Curtiss.

The Old Boys went off with a rush, and within two minutes a good goal dropped by G. R. K. Lee gave them the lead (0–4). Stung by this early reverse Bart.'s fought back with spirit, and for a quarter of an hour played good football. The forwards put in some excellent rushes, in which B. S. Lewis, K. J. Harvey and E. M. Darmady were particularly prominent, and as the result of one of these Lewis put in a good run, and when challenged by the full-back passed to

G. D. S. Briggs, who crossed the try-line. A 5-yards scrum was ordered, however. Nothing daunted Bart.'s heeled smartly, and Taylor started a "blind" side-movement which ended in J. D. Powell scoring far out. The kick failed (3–4). Bart.'s still held the upper hand, and consequently it was no surprise when Taylor sent his backs away smartly to see J. G. Youngman, receiving the ball at half-way, make a great run down the touch-line to give the Hospital the lead (6–4).

Bart.'s now appeared to have taken the measure of the opposition, but such expectations proved premature, for two Old Cranleighan tries, which from our point of view can only be described as "unfortunate," were scored in quick succession before half-time. The first of these followed a good forward dribble, which took play from the Hospital line nearly to the centre of the field; here the forwards heeled when checked, only to see the Old Boy forwards dribble away and start a movement, which ended in Goodall scoring an unconverted try (6–7). Hartley, the Cranleighan left wing, secured the other by intercepting a rather careless pass from the right centre to the right wing, and easily outpacing the defence. Lee converted.

Half-time: Old Cranleighans, 12; Bart.'s, 6.

The Old Cranleighans showed marked superiority from the start of the second half, and Bart.'s looked a very lifeless team, the forwards, in particular, being constantly beaten for possession in the line-out, and showing signs of missing Capper's presence. On the few occasions upon which the Hospital pack did give Taylor the ball, the latter's efforts to set his backs going were, it must be frankly stated, frequently nullified by the stand-off half's habit of running across the field, which resulted in the centres being bunched up together and given no room at all to work in. This meant that both Powell and Youngman, the two main scoring forces of the side, were left idle from the attacking point of view practically throughout this half of the game. In defence, however, the backs all did their part nobly, and with the forwards badly outplayed there was certainly plenty of tackling to be done. It was not until a quarter of an hour from the end that the Cranleighans were able to break through, but then Goodall and Miles scored in quick succession. Lee converted the last try (6–20). Faced with oberwhelming defeat, Bart.'s roused themselves from their lethargy, and with Taylor making heroic efforts to find a gap in the Old Boys' defence, play was gradually transferred to the home team's "25." The handling and backing up of our forwards was not up to its usual standard, however, so Taylor's efforts might have been in vain but for J. D. Powell's eye for an opening. For, following a poorly conceived movement by the backs the ball was dropped on the ground, whence Powell picked it up smartly, and catching the defence on the wrong foot, swerved through most of the Old Cranleighan team to score between the posts. The place-kick was not a very successful effort.

Result: Old Cranleighans, 3 goals (1 dropped) 2 tries, (20 pts.); Bart.'s, 3 tries (9 pts.).

Bart.'s need not be disheartened by this defeat, for most of the team were suffering rather obviously from a surfeit of football. Moreover, the Old Cranleighans proved themselves to be a speedy and well-balanced side, and, as their record shows, a difficult one to beat.

Team.—J. G. Nel (*back*); J. G. Youngman, F. J. Beilby, G. A. Fairlie-Clarke, J. D. Powell (*three quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); J. R. R. Jenkins, B. S. Lewis, E. M. Darmady, J. M. Jackson, K. J. Harvey, D. W. Moynagh, G. W. Hayward, G. D. S. Briggs (*forwards*). J. R. R.

ASSOCIATION FOOTBALL CLUB.

1st Round, London University Cup, 1931–32.

ST. BARTHOLOMEW'S HOSPITAL *v.* BATTERSEA POLYTECHNIC.

Played at Winchmore Hill on Saturday, November 21st.

Shackman and Hunt were kept out of the side by injuries, and their places were taken by Owen and McGladdery.

Bart.'s, as usual, were slow to settle down, and at first the visitors had the best of the game, keeping the Hospital defence busy for the first ten minutes, but never really threatening to score. Bart.'s eventually got away on the right, and kept up a good pressure, but lack of finishing power near goal spoiled the good approach work. Bart.'s attacked for some minutes, the occasional attacks by the visitors being broken up by the Hospital backs, who played very well throughout. After some twenty minutes' play a good centre from Dolly was met by Gilbert, who had no difficulty in scoring from close in.

The rest of the half was even, with Bart.'s the more dangerous near goal, though Johnson made one good save from a well-placed ground shot. There was no further score before half-time.

The second half opened with Bart.'s attacking with great vigour. Gilbert and Wheeler were, as usual, combining well on the right wing, while Owen seemed to have settled down, and was distributing the ball well. Nevertheless, the game developed into rather an uninteresting one, and slowed up considerably, until Howell scored from the edge of the penalty area. This put some life into the game, and Bart.'s kept up a hot pressure. Dolly had hard luck with a good header, which hit the inside of the post, but came out. Bart.'s certainly deserved to increase their lead, but it was some minutes before they scored a third goal, a shot from Howell going in off one of the visiting backs. Immediately after this Bart.'s went further ahead, when the visiting goalkeeper allowed a centre from Gilbert to cross the line for an easy goal. The visitors attacked for the rest of the game, but were not allowed to become really dangerous near goal. Thus Bart.'s secured a clear and very creditable victory. A feature of the game was the good form shown by the Hospital backs and wing-halves, McGladdery being outstanding in defence.

Result: Bart.'s, 4; Battersea Polytechnic, 0.

Team.—D. J. Johnson (*goal*); J. Shields, R. McGladdery (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, W. A. Owen, G. H. Brookman, R. C. Dolly (*forwards*).

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

Played at Winchmore Hill on Saturday, November 28th.

The pitch was very slippery for this game, and conditions were all in favour of heavy scoring. The visitors pressed vigorously from the start, and went ahead after two minutes' play, through a nice cross-shot by their outside-right. Bart.'s carried the ball into their opponents' goal-mouth straight from the kick-off, and Gilbert came near to scoring. However, the Old Mercers retaliated, and soon added two goals through their centre-forward and inside-left. They were thus three goals up after less than fifteen minutes' play, and Bart.'s appeared to be in a hopeless position. The Hospital set up a determined attack, however, Hollinrake setting the right wing in motion, and Shackman headed a neat goal from Gilbert's centre. Bart.'s continued to have more of the game, even though the visitors broke away and scored a fourth goal, and Owen soon scored after a really good combined movement on the left wing. The Hospital kept up the pressure, and just before half-time were rewarded when Gilbert scored his fifth goal in three matches, from another centre by Dolly. The score at the interval was 4–3 in the visitors' favour.

The second half opened at a fast pace, the ball travelling from end to end with great speed. The Mercers added to their score after ten minutes, but Bart.'s fought back in creditable fashion, and Shackman scored again. The Hospital continued to attack with determination and vigour, Hollinrake being prominent in the vigour of his tackles. Bart.'s had the best of the game for some time, but could not equalize, and the visitors suddenly broke away and scored once more. The game was more even after this, but the visitors scored a seventh goal from a fine shot by their inside-right. This brought an end to the scoring, and, although beaten by a large margin, Bart.'s deserve praise for the manner in which they fought back after being in a seemingly hopeless position. The game was far more even than the score would indicate.

Result: Bart.'s, 4; Old Mercers, 7.

Team.—D. J. Johnson (*goal*); J. Shields, R. McGladdery (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, W. A. Owen, R. C. Dolly (*forwards*).

2nd Round, London University Cup.

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON DAY TRAINING COLLEGE.

Played at Winchmore Hill on Saturday, December 5th.

Following the heavy rains of the previous week the pitch was in very muddy state for this game, and conditions were all against good football. Bart.'s made only one change, Brookman returning to inside-left.

The visitors kicked off and the game soon developed into a mid-field scramble, neither side securing a definite advantage, the attacks by both teams being foiled by the mud, and by the first-time kicking of the opposing backs. Hollinrake was the best of the Hospital half backs, but there was very little intelligent football on either side. The visiting goalkeeper saved one or two shots, and Gilbert and Shackman both had bad luck with good attempts, but Bart.'s were unable to keep up a dangerous attack for any length of time. There was no score before the interval.

The second half continued even, with the appalling conditions keeping the game under their control. No goals were scored, and neither side appeared likely to score at any time. It is doubtful whether Johnson had a direct shot to save, and, although the visiting goal-keeper was occasionally brought into action, he was not seriously troubled. The Hospital attack suffered from the weakness of the extreme wings, neither of these forwards being able to centre the ball accurately. A goal-less draw was a very fair result to an uninspiring game, the only consolation being that the Hospital, at any rate, are capable of much better football, and may expect to put up a more worthy performance when the tie is replayed early in January.

Result: Bart.'s, 0; London Day Training College, 0.

Team.—D. J. Johnson (*goal*); J. Shields, R. McGladdery (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*). D. R. S. H.

HOCKEY CLUB.

Hockey Results up to date.

1st XI.—Played 11, won 5, lost 5, drawn 1.
2nd XI.—Played 10, won 5, lost 5, drawn *nil*.
3rd XI.—Played 7, won 2, lost 4, drawn 1.

1ST XI *v.* EMMANUEL COLLEGE, CAMBRIDGE.

Played at Cambridge on November 21st. Won, 1—0.

The Hospital were without three of their regular players, including their captain, so did well to win this game. The ground played well considering the amount of rain that had fallen, and the hockey was fast and interesting. In the first half, though we had the best of the game and were attacking strongly, yet the forwards were not playing well together, and the wings had little to do for lack of passes from the centre. At half-time neither side had scored, but the bringing in of Davidson from the right wing to play centre-forward soon made a difference in our attack. The game opened up better, and as a result of some good play by the forwards Symonds scored our first and only goal. Following this, Bart.'s had bad luck in not scoring again, and for the most part the ball was in our opponents' half until the whistle blew for time.

Team.—H. L. Hodgkinson (*goal*); K. W. Martin, D. Gale (*backs*); V. C. Snell, A. D. Iliff, B. Thorne-Thorne (*halves*); R. T. Davidson, J. W. Symonds, E. W. Burstal, L. Heasman, J. Lockett (*forwards*).

1ST XI *v.* SURBITON II.

Played at Surbiton on December 5th. Won, 4—0.

A fast and interesting game on a somewhat heavy ground, which, however, played far better than we had expected. The Hospital were again without two of their team, but Thorne-Thorne, who came in at half, played an excellent game; and Snell, playing in an unaccustomed position at left back, also playing well. Our defence was seldom in trouble, and the forwards got together better. Goals were scored by Hay-Shunker (2), Symonds and Heasman.

Team.—H. L. Hodgkinson (*goal*); K. W. Martin, V. C. Snell (*backs*); B. Thorne-Thorne, A. D. Iliff, J. H. Hunt (capt.) (*halves*); E. H. Smyth, J. W. Symonds, C. L. Hay-Shunker, L. Heasman, J. Lockett (*forwards*).

1ST XI *v.* R.N.C., GREENWICH.

Played at Greenwich on Saturday, December 12th. Won, 2—1.

A fast and interesting game, spoilt by too much whistle—free hits both for and against us were numerous, and the offside rule was somewhat rigidly enforced. The Hospital missed Martin at back, but Snell again showed up well in that position, and Hindley played an excellent game. Both wings sent across some good centres, of which the insides failed to take advantage, usually because they were out of position. Hay-Shunker scored our first goal, but our opponents equalized before half-time. During the second half we had much the better of the game, but our weakness in the circle was more apparent. Eventually Lockett scored, following a good individual run of his own up the left wing. Just before time the College had bad luck in not equalizing again, Hodgkinson stopping a very hard shot which appeared to be almost a certain goal.

Team.—H. L. Hodgkinson (*goal*); V. C. Snell, G. T. Hindley (*backs*); B. Thorne-Thorne, A. D. Iliff, J. H. Hunt (capt.) (*halves*); J. W. Symonds, J. A. Nunn, C. L. Hay-Shunker, L. Heasman, J. Lockett (*forwards*).

2ND XI PROSPECTS.

Most of last season's men are playing this year, and one or two very useful freshers have joined us.

So far our match record is only fair: we have won more games than we have lost, but it is certain that we can do much better than this.

What perhaps we lack most of all is team-work. Individually people have been playing well, but we have sometimes lost a game when a little more combination might have turned the scale in our favour.

This term we have the cup-matches to look forward to, and we feel that if the XI goes "all out" there is a jolly good chance of winning the Junior Cup.

Anyway we mean to make a good effort. C. F.

RIFLE CLUB.

The Miniature Range has experienced a considerable revival of interest this term. An aggregate competition has produced keen rivalry, while there have been large entries in the shoots for the newspaper certificates. There have been four matches this term:

November 24th *v.* London Hospital R.C.: Lost 554–558.
November 30th *v.* St. Thomas's Hospital R.C.: Lost 400–472.
December 1st *v.* Aquarius R.C.: Won 580–567.
December 3rd *v.* L. C. Smith & Corona R.C.: Lost 565–569.

The Bell Medal was won by J. Shackleton Bailey with an average for his five best scores of 97·8, B. P. Armstrong gaining second place with 97·2.

The newspaper certificates were awarded as follows:

The Times Certificate: B. P. Armstrong.
The Daily Telegraph Certificate: W. H. Cartwright.
The Daily Mail Certificate: P. G. F. Harvey.

There is plenty of room for more shooting members and there are two excellent "pots" going next term. The range is open on Tuesdays and Thursdays from 4.30 p.m. D. O. D.

ATHLETIC CLUB.

The Annual General Meeting of the Athletic Club was held on Thursday, December 10th. Dr. Morley Fletcher, who has held the office of President for many years, asked the Committee to accept his resignation, on account of his retirement from the active staff of the Hospital.

This was accepted very regretfully by all present. A hearty vote of thanks for his generous help and the many valuable services rendered to the Club during his long spell of office was proposed and carried unanimously. Mr. Theodore Just, the old running "blue," was elected President for the coming year. Other officers elected were:

Vice-Presidents: Dr. Morley Fletcher, Sir Charles Gordon-Watson, Mr. H. B. Stallard, Mr. Girling Ball, Mr. Reginald Vick, Prof. Gask, Dr. Adolph Abrahams.

Captain.—J. R. Strong.

Hon. Secretaries.—W. Jopling and J. W. Perrott.

Committee.—K. W. Martin, J. Shields, G. D. Wedd, C. E. Goodhart, J. G. Nel, J. R. Hill, W. H. Coltart, R. J. Simcox.

Honours for Season 1931 were awarded to J. G. Nel, J. G. Youngman, J. R. Hill, W. H. Jopling, C. E. Goodhart, J. W. Perrott, G. Dalley, G. D. Wedd, J. Shields, C. B. Prowse, R. J. Simcox, J. R. Strong.

ACKNOWLEDGMENTS.

L'Écho Médical du Nord—Bulletins et Mémoires de la Société de Médecine de Paris—Bulletins de l'Hôpital Saint Michel—The Kenya and East African Medical Journal—Medical Times and Long Island Medical Journal—The Hospital—The Student—The Clinical Journal—Irish Nursing and Hospital World—Cambridge University Medical Society Magazine—Clinical Excerpts—The Magazine of the London Royal Free Hospital School of Medicine for Women—Guy's Hospital Gazette—London Hospital Gazette—St. Mary's Hospital Gazette—King's College Hospital Gazette—University College Hospital Magazine—The Queen's Medical Magazine—The British Journal of Nursing—The Nursing Times.

REVIEW.

CLINICAL INTERPRETATION OF AIDS TO DIAGNOSIS. Vol. II. (*The Lancet.*) Pp. v + 342. Price 10s. 6d.

In this volume and its predecessor an endeavour has been made to help the clinician in the interpretation of those investigations which he institutes. It is important that the clinician should know when and how to request certain pathological investigations; he should be aware of the labour which is expended over them, and lastly, when he receives the report, he should apply the correct interpretation. This volume will serve as a source of quick reference when such reports are received; with this in view a preliminary paragraph is given summarizing the contents of each article, and black type has been used in the index for diseases on which light may be thrown by one or other of the technical methods described in either volume. Each article is written by experts in the particular branch of which the article treats. With regard to the examination of fæces, it is well pointed out that there are certain conditions which must be fulfilled in order that the result may be of value to the clinician, and if these conditions are not fulfilled much valuable time is lost for the pathologist. An appropriate section is devoted to directions for collection of specimens of fæces, on which subject there appears to be some degree of ignorance on the part of clinicians. The section on radiograms of the alimentary canal merits careful perusal; the figures are good. The significance of blood calcium in diseases of bone we think may have been more fully developed with advantage in view of all the recent work. For the ophthalmic surgeon there is a valuable discussion on the significance of various micro-organisms which may be found in the conjunctival sac. In acute pancreatitis Dr. Harrison aptly recommends, whilst the patient and theatre are being prepared, examination of the urine, estimation of the urinary diastase and the performance of Loewi's reaction—these findings supporting or excluding a direct attack on the pancreas. He points out with regard to urinary diastase that complete negative findings do not exclude disease of the pancreas. A useful table is given of those tests of pancreatic efficiency which are considered most helpful. Light is shed on the interpretation of dental radiograms, together with many clear illustrations. The section on chest radiography is helpful.

We think the book will be of distinct service to clinicians.

[We regret that, owing to lack of space, many reviews have been unavoidably held over.]

EXAMINATIONS, ETC.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1931.

Honours.—Harris, C. H. S. (*a, b, d,* University Medal), Langston, H. H. (*d*).

(*a*) Distinction in Medicine; (*b*) Distinction in Pathology; (*d*) Distinction in Surgery.

Pass.—Attwood, J. H., Bennett, R. C., Caplan, A., Cook, A. B., Fawcett, R. E. M., Fisher, J. F., Gubbin, J. H., Knight, B. W., McGladdery, W. F., Renbom, E.

Supplementary Pass List.

Group I.—Hackett, L. J., Hiscock, L. A., Ogden, W., Trueman, R. S.
Group II.—Smith, D. A.

Royal College of Surgeons.

The Diploma of *Fellow* has been conferred on the following:

Body, H. A., Boovariwala, D. D., Boyd, A. M., Cooper, S. B., Evans, E. S., Handousa, A. el E., Harris, H. E., James, H. E., Lal, R., Letcher, H. G., Mitchell, D. H., Mitchell, D. M., Pain, A. B., Phillips, H. A., Philps, A. S., Price, E. E., Raven, R. W., Rycroft, B. W., Stone, V. S., Welsh, F., Williamson, J. C. F. L.

The following were successful at the Examination for the *Primary Fellowship:*

Hilmy, A., Jones, D. M., McGavin, D. B., McIndoe, A. H., Price, D. C., Tregaskis, T. G.

Royal Colleges of Physicians and Surgeons.

The following Diploma has been conferred:

D.P.H.—Diamond, D.

CHANGES OF ADDRESS.

BELL, ARTHUR C., 44, Queen Anne Street, W. 1. (Tel. Welbeck 9021.)
CASTLEDEN, L. I. M., 9, Regency Square, Brighton. (Tel. Brighton 3333.)
CHOLMELEY, M. A., Islington Institution, St. John's Road, N. 19.
MORGAN, E. W., 229, Chamberlayne Road, Brondesbury Park, N.W. 10.
NOBLE, J. A., Lowthorpe, 17, Queen's Park Avenue, Bournemouth.
WALKER, H. N., 103, Dulwich Village, S.E. 21.

APPOINTMENT.

ROCHE, A. E., M.D., M.Ch.(Cantab.), F.R.C.S.(Eng.), appointed Honorary Assistant Surgeon to the Genito-Urinary Department, West London Hospital.

BIRTHS.

ALSOP.—On December 13th, 1931, to Margaret, wife of A. F. Alsop, 34, Leckford Road, Oxford—a daughter.
BLOUNT.—On December 3rd, 1931, at De Parys Nursing Home, Bedford, to Muriel, wife of Douglas A. Blount, M.D.—a daughter.
CRABTREE.—On November 10th, 1931, to Gwen, wife of J. B. Crabtree, F.R.C.S., of Ilfracombe, Devon—a daughter.
CROSSMAN.—On November 28th, 1931, at White's Hill, Hambrook, Glos, to Alice, wife of Dr. F. W. Crossman—a daughter.
GREGSON WILLIAMS.—On November 27th, 1931, at 6, Queen's Road, Hertford, to Patience, wife of Dr. A. Gregson Williams—a son.
HORSFORD.—On December 13th, 1931, at 24, Harley Street, W. 1, to Edith, wife of Cyril Horsford, M.D., F.R.C.S.—a daughter.
POWELL.—On November 24th, 1931, at Earlsridge, Redhill, Surrey, to Thelma, wife of Dr. Ronald R. Powell—a son.
TOMS.—On December 19th, 1931, at 27, Welbeck Street, W. 1, to Hope, wife of Dr. Humphrey W. Toms, of Bangkok, Siam—a daughter.
WELLS.—On December 14th, 1931, at West Bar, Banbury, to Vera (*née* Grantham-Hill), wife of Clement John Lethbridge Wells, M.B.—a son.

MARRIAGES

BAYNES—LEAY.—On December 15th, 1931, Dr. H. Godwin Baynes, 11, Chelsea Embankment, son of the late Helton Arnold and Mrs. Baynes, Mortimer, Berks, to Agnes (Anne) Sarah Leay, daughter of Frederick P. and the late Laura Bromilow Leay.
CASTLEDEN—SMITH.—On December 15th, 1931, at Holy Trinity, Chester, Ivan, only son of the Rev. G. D. and Mrs. Castleden, of Dennington Rectory, Suffolk, to Joan, youngest daughter of L. P. Smith, Esq., of Blacon Point, Chester.
DUNCAN—GODDARD.—On December 14th, 1931, at St. Mark's, North Audley Street, by the Rev. Pennyman, Charles Matthews, younger son of Dr. and Mrs. Matthews Duncan, Sunninghill, to Betty, eldest daughter of Mr. and Mrs. Jack Goddard, The Whins, Sunningdale.
GOODWIN—MCLEAN.—On November 27th, 1931, at St. John's Church, Hollington, by the father of the bride, assisted by the Right Rev. Bishop Moloney, D.D., Theodore Stewart Goodwin, M.A., M.B., B.Ch., to Sheelah Teape McLean, only daughter of the Rev. and Mrs. W. McLean.

DEATHS.

GABRIEL.—On December 18th, 1931, at 7, King Street, S.W., Leonard Maurice Gabriel, M.D., aged 67.
HARRIS.—On November 27th, 1931, at Woodrouffe House, Milford-on-Sea, Hants, Vincent Dormer Harris, M.D., F.R.C.P., J.P., aged 80.
HEWER.—On October 24th, 1931, Earnshaw Hewer, O.B.E., F.R.C.S., of Stratford-on-Avon.
PICKERING.—On December 16th, 1931, at 50, Upper Berkeley Street, W. 1, Rowland Neville Umfreville Pickering, M.R.C.S., L.R.C.P. L.S.A., F.B.H.I.
WINTER.—On December 24th, 1931, at The-House-that-Jack-Built, Wolverhampton, Walter Henry Trimnell Winter, M.R.C.S., L.R.C.P.I., son of the late G. W. Winter, of Ceylon.

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. XXXIX.—No. 5.] FEBRUARY 1ST, 1932. PRICE NINEPENCE.

CALENDAR.

Mon., Feb. 1.—Special Subjects: Clinical Lecture by Mr. Sidney Scott.
Tues., ,, 2.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Wed., ,, 3.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling. Rugby Match *v.* University College, Dublin. Away.
Fri., ,, 5.—Medicine: Clinical Lecture by Dr. Gow. Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., ,, 6.—Rugby Match *v.* Old Haileyburians. Home. Association Match *v.* Queen's College, Oxford. Away. Hockey Match *v.* R.M.C., Sandhurst. Away.
Mon., ,, 8.—Special Subjects: Clinical Lecture by Mr. Bedford Russell.
Tues., ,, 9.—**Bart.'s *v.* Guy's.** (2nd round Hospital Cup-ties). Richmond. Dr. Gow and Mr. Girling Ball on duty.
Wed., ,, 10.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri., ,, 12.—Medicine: Clinical Lecture by Sir Thomas Horder. Prof. Fraser and Prof. Gask on duty.
Sat., ,, 13.—Rugby Match *v.* Devonport Services. Home. Association Match *v.* Old Aldenhamians. Home. Hockey Match *v.* Keble College, Oxon. Away.
Mon., ,, 15.—Special Subjects: Clinical Lecture by Mr. Elmslie.
Tues., ,, 16.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Wed., ,, 17.—Surgery: Clinical Lecture by Mr. Girling Ball. Hockey Match *v.* Gloucester Regiment. Home.
Fri., ,, 19.—Medicine: Clinical Lecture by Dr. C. M. Hinds Howell. Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Last date for receiving matter for the March issue of the Journal.
Sat., ,, 20.—Rugby Match *v.* Old Paulines. Away. Association Match *v.* Downing College, Cambridge. Home. Hockey Match *v.* Mill Hill School. Away.
Mon., ,, 22.—Special Subjects; Clinical Lecture by Mr. Bedford Russell. Association Match *v.* Liverpool Ramblers. Home.
Tues., ,, 23.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., ,, 24.—Surgery: Clinical Lecture by Mr. Girling Ball.
Thurs., ,, 25.—Semi-final Hospital Cup-ties.
Fri., ,, 26.—Medicine: Clinical Lecture by Sir Percival Hartley. Dr. Gow and Mr. Girling Ball on duty.
Sat., ,, 27.—Rugby Match *v.* Nuneaton. Away. Association Match *v.* Emmanuel College, Cambridge. Away. Hockey Match *v.* Staff College. Away.
Mon., ,, 29.—Special Subjects: Clinical Lecture by Mr. Elmslie.

EDITORIAL.

WHEN *St. Bartholomew's Hospital Journal* was inaugurated nearly forty years ago its objects were stated as follows: (1) To form a permanent record of clinical and other work done in the Hospital, and thus enable old students to keep in touch with the progress of the science and art of medicine, surgery and midwifery in the Hospital; (2) to record clinical lectures and other addresses; (3) to bind the past with the present and keep up the interest of the old students in the doings of those now in the Hospital, and to promote the friendship of all Bart.'s men, past and present.

To this list we must now reluctantly add another, namely, to make ends meet. The present state of economic depression which exists in the business world has affected the JOURNAL finances to no small degree. We are at present living on our capital, which represents the sum total of our profits in the past. We find that the difficulty can best be met, not by raising the price of the JOURNAL, nor by a decrease in size or quality of our publication, but by trying to increase the number of our subscribers. It is a fact that although more men qualify from here now than in former years, the number of subscribers to the JOURNAL does not show a corresponding increase. We feel that the advantages of being a subscriber to the JOURNAL cannot have been sufficiently well pointed out to the Bart.'s men who have qualified recently.

That you wish to keep in touch with the Hospital and its work goes without saying. The JOURNAL also helps you to keep in touch with friends of your student days by reminding you of the dates of the various social functions in connection with the Hospital. Such links are none too numerous. Often friends who dissected together, clerked and dressed together, or spent

the same month on the District, after qualifying are widely separated, and never hear of one another again till the obituary notice of one of them appears.

We strongly urge all Bart.'s men, on qualifying, to become JOURNAL subscribers. And here we wish to clear up what appears to be a misunderstanding. Copies of the JOURNAL supplied to the Cloak Room for distribution are meant for students only; as soon as you qualify you are no longer entitled to a free copy of the JOURNAL. We feel sure that if the number of our subscribers can be increased our present financial difficulty will quickly be solved.

* * *

We do not at present receive a large enough number of case-reports. Interesting and instructive cases are continually being seen and treated in the wards and out-patient departments, and many of them are worthy of a wider publicity than is afforded by the luncheon table and the book-shelves to which the notes eventually find their way. House physicians and house surgeons who cannot themselves find time to "write up" such cases should stimulate their clerks and dressers to do so.

* * *

We are pleased to announce that Prof. Hugh Cabot, C.M.G., of the University of Michigan, intends to pay us another visit this summer. Prof. Cabot knows England and the English well. Many of us remember his visit here in 1926, when he addressed the Abernethian Society on "Travels with the North American Indians," and also lectured on "The Present Position of Prostatic Surgery." This year Prof. Cabot will address the Abernethian Society on "Further Travels with the North American Indians" on Thursday, April 14th, at 8.30 p.m. The address will be illustrated by a film. He also intends to lecture to the Medical College on a urological subject.

Several Bart.'s men, including Mr. Hume and Mr. Corbett, have worked at Prof. Cabot's clinic at Ann Arbor. These international exchanges must have an enormous value in the progress of medical knowledge. It is a pity that more of them are not arranged.

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

We are asked to draw the attention of students and old Bart.'s men to the Great Jumble Sale to be held by the Women's Guild next May. The sale held in 1931 realized £233, and it is hoped to double this amount at this year's sale. The funds are used to aid the necessitous poor treated at the Hospital, and owing to the present financial depression the Guild has more calls than ever on its purse. Gifts of "jumble" should be sent at any time to the Guild, and they can be stored at the Hospital. On receipt of a card addressed to Mrs. Hinds Howell, 145, Harley Street, a car will call at your house on the first Monday in any month. The most saleable goods are clothes, boots and shoes, blankets and sheets, curtains and cretonnes, toys and household utensils, gramophone records and the like.

* * *

BART.'S CHRISTMAS STOCKINGS.

120,000 "stockings" were sent out at Christmas, 1930, and brought in over £9000 from all over the world. Last Christmas another 100,000 were posted. If any Bart.'s man can influence any who have received but not yet made use of a "stocking," real help will have been given to the Appeal Committee, in whose activities our Consulting Surgeon, Mr. McAdam Eccles, is taking a leading part.

* * *

HUNTERIAN PROFESSORSHIPS.

Among the lectures to be given at the Royal College of Surgeons during the present year are those by Prof. J. P. Hosford on "Some Factors in the Causation of Hydronephrosis" on February 1st, and by Prof. Reginald T. Payne on "Excretion Urography" on February 3rd.

A course of three lectures will be given on "Feeding and Nutritional Diseases of the Infant" by Dr. Leonard Finlay at St. Bartholomew's Hospital on February 8th, 9th and 12th, at 5.30 p.m. The lectures will be illustrated by lantern-slides. The Milroy Lectures will be delivered by Prof. Cyril Okell on "The *Rôle* of the Hæmolytic Streptococci in Infective Disease," at the Royal College of Physicians, on February 18th, 23rd and 25th.

* * *

It is scarcely necessary to remind our readers of the Rugby Cup Tie at Richmond on February 9th, when Bart.'s will meet Guy's. Everyone is looking forward with great interest to this encounter, and we shall no doubt have a large crowd of enthusiastic supporters, prepared to use their voices to good effect.

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At a meeting of the Historical Section of the Royal Society of Medicine, to be held on Wednesday, March 2nd, at 5 p.m., Dr. W. Langdon Brown will open a discussion on "The introduction of Biochemistry into Medicine." Visitors are cordially invited.

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The Warden requests us to state that the closing date for applications for House Appointments in May is 12 noon, Saturday, February 13th, 1932.

OBITUARY.

JAMES CALVERT, C.B.E., M.D., F.R.C.P.

THE sudden death of Dr. James Calvert on January 13th came as a great shock to his many friends at St. Bartholomew's and elsewhere, for, to outward seeming, time was dealing very gently with him.

The son of Edward Calvert, of Stonerigg, Cumberland, he was born in 1856, and entered on a medical career rather later than usual. His academic record was a distinguished one, for he graduated in arts, science and medicine at the University of London, gaining first-class honours in the final M.B. examination, proceeding to the degree of M.D. in 1886, in which year he also obtained the diploma of M.R.C.P. After the usual junior appointments he was elected one of the Demonstrators of Practical Medicine. In this post he found scope for his special characteristics. Those who learned their auscultation and percussion from him will never forget the care and thoroughness with which he inculcated the strict routine of physical examination. But it was in the tutorial classes in medicine that his genial good humour, sturdy common sense and patience with the none too brilliant student had such a good influence on the teaching of medicine in the Hospital. In 1895, when the number of physicians and assistant physicians was increased from four to five, the promotion of Sir Wilmot Herringham and the late Dr. Howard Tooth to the Staff led to a rearrangement of posts; the Medical Registrarship was combined with the Demonstratorship of Morbid Anatomy, and Sir Archibald Garrod and Dr. Calvert were appointed the two holders of this combined office. In the same year Dr. Calvert was elected F.R.C.P. When Sir Lauder Brunton resigned the lecturership in Pharmacology, Materia Medica and Therapeutics, Dr. Calvert took his place. In 1898 he became Warden of the College. In those days there was no Dean of the Medical School, the Warden discharging many of the duties now allotted to the Dean. In this capacity Calvert

was a very familiar and popular figure at the Hospital. In 1902 he was elected Assistant Physician, becoming full Physician in 1913, and Consulting Physician in 1919.

As regards other activities, early in his career he was elected to the staff of the Royal Hospital for Diseases of the Chest, and Bart.'s men of those days will remember the kindness with which he allowed them, before their final examination, to see cases with him there. He was a Censor of the Royal College of Physicians in 1924–5, and examined for the Conjoint Board, the University of London, and the University of Liverpool. During the war he was a Lieutenant-Colonel on the staff of the 1st London General Hospital, Camberwell, where he was in charge of the Medical Division and Chairman of the Medical Board. He was also appointed to inquire into the serious outbreak of influenza which occurred among the troops at the Crystal Palace. For these services he received the C.B.E.

It has been stated that he wrote no book, but that is to forget his practical text-book on Prescribing, which appeared in 1902. He also contributed articles to Hutchison and Collier's *Index of Treatment*, the *St. Bartholomew's Hospital Reports*, and the transactions of various medical societies. Practical as these contributions to medical literature were, it is not by them that he will be best remembered. It will be the man himself, the kindly, humorous teacher, the sound and sympathetic physician, the entirely loyal and dependable colleague. Deliberate in action as he was, he could quickly pierce the bubble of pretence or lay his finger on the weak spot of a theory. But it was all done so kindly, and with a disarming twinkle of the eye. For his was a personality of encompassing kindliness.

He married Thérèse, the eldest daughter of the late Mr. John Smithers. She died in 1930, after an illness as painful and prolonged as his was mercifully swift. His only son served right through the war, but emerged with shattered health and died not long afterwards. The elder of his two daughters married Sir Eric Taylor, Bart., the son of Sir Frederick Taylor, who in his time was President of the Royal College of Physicians, and author of the well-known text-book of medicine.

A memorial service was held in the Hospital church on January 18th, the Rev. J. L. Douglas, Vicar and Hospitaller, and Canon Hopkins officiating. It was largely attended by relatives and friends, together with representatives of the various bodies with which Dr. Calvert had been associated. It seemed appropriate that at the end, instead of a funeral march, the "Nunc Dimittis" was quietly sung.

THE MASTER OF THE MORTUARY AT WINTON MERE.

(With apologies to the late Sir Arthur Conan Doyle.)

"THE countryside in December, my dear Watson, is always delightful, especially on such a day as this, when frost and snow have transformed the landscape into what, for some reason, we call a typical old-fashioned Christmas scene. Such a view as we see even in Baker Street of thick-falling snow is lovely enough, and always tempts me to try and escape if possible far from chimney-pots and traffic. I am taking you to-morrow into the country, where we shall stay for a few days with an extraordinary man, whom I believe you have already met. I hope you can come?"

"As it happens," I said, "I have staying with me at present a young medico, recently qualified, whom I feel sure will be delighted to act as my *locum tenens*."

"Excellent!—you will remember our friend Professor Larkin, whose body-snatching activities led us to spend a few days in Ireland last year——"

"—And you a few months in an asylum—"

"Yes, yes. Please keep to the point, Watson. Shortly after that he retired from his temporary tenure of the Chair of Anatomy at the hospital and to all intents disappeared."

"Quite so; it is believed he is abroad."

"He is in England, Watson."

"How do you know?"

"Never mind—a person whom I have identified as Larkin has for a time made his headquarters in the heart of the country, near the old village of Happelcoombe-cum-Snotlingthorpe, which lies about thirty miles from Winchester. He occupies a magnificent old house with acres of park and water. The house is named Winton Mere, possibly, I fancy, because it was formerly a palace of one William Waynflete, Bishop of Winchester, whose episcopate in the fifteenth century was the most momentous in the whole story of that historic see. Our professor is well known locally as an anatomist; he keeps a small private zoo. Naturally many rumours are abroad about one who holds the office of lord of the manor. He is looked upon with fear and superstition. His secretive habits and reputation for dissecting human bodies have earned him the title of 'The Master of the Mortuary.' It is he whom you and I are to bring to justice after a long career of the most dastardly and impudent crime it is possible to imagine. I have spent a week in the vicinity and have corresponded with him on matters of anatomy, in which he is particularly interested—hence the invitation to visit him. You I mentioned as my collaborator, that is why you are included in the invitation."

"Good heavens!" I said, "it is years since I read my anatomy—what sort of an impression shall I make?"

"Look it up, Watson—you must do your best."

The following afternoon found us in my car, steadily eating up the miles which lay between Baker Street and Happelcoombe-cum Snotlingthorpe. It was a bitterly cold day in December. Holmes was dressed simply in a bowler and Inverness cape. I wore a large overcoat with a deep collar, which touched the brim of my silk hat when I turned it up. The countryside was covered by a blanket of snow which lay thick, filling up the ditches and half-obliterating the hedges. There was a little moaning wind, and as the daylight failed, the trees stood out with startling clearness against the changing colours of the sky. My friend had been chatting of his experiences in the ring. He always admired the clean, honourable methods of the noble art, and tried to adopt these ideals in his work; no matter how degraded his opponent, Holmes was ever a clean fighter. His voice gradually grew silent as the miles flew by; finally we passed through the silent and deserted streets of the village and began to climb. The moon had begun her vigil, and just ahead and to our left, its mullioned windows glimmering like jewels reflecting the pale radiance, thrusting towards heaven a multitude of gables and turrets, rose the stately pile of Winton Mere. We approached the lodge gates, a marvel of intricate workmanship in wrought iron. My lamps shone on a crest surmounted by a mitre—the arms of Bishop Waynflete. The lodge was apparently asleep, and we swept up the long drive, flanked on each side by trees and lawns, until we came to rest before the wide stone steps leading to the Tudor porch. Our first impression of the beauty of the place was doubly realized. My car was taken round to the garage, and we were led into the hall which still bore much of its original architectural splendour. The great open fireplace was ablaze with a pile of mighty logs, which hissed and steamed and filled the air with a genial perfume. Behind us rose the great oriel window, the heraldic devices gleaming softly in many hues. Holmes clapped his thin cold hands in delight.

"A lovely home, Watson. Did you notice the animal houses as we came up the drive?"

"Yes—I heard some beasts howling from that enclosure far away on our right."

We were shown to our rooms—mine was beautifully carpeted and held a great four-poster bed. A fire blazed in the hearth, the flames rising up a wide chimney. The windows opened on to a stone balcony, which I found was over the main porch, and overlooked a great part of the park. A long corridor led to the east wing where Holmes's bedroom was situated. Still further on a short flight of stone steps led us through a thick oaken door into one of the turrets. From this height we could see a great panorama of the surrounding country; between the trees we saw stretches of ice, reflecting the moon as in a mirror. We came down and washed for dinner. We had been told by the butler that the professor rarely dressed for the meal, as he frequently came straight through from his dissecting-room. During this interval Holmes told me his plan, which was a simple one: all the proof he needed was to find a human body in the dissecting-room, and once found he intended to take it back with him in order, if possible, to identify it. He suggested, therefore, that he should go down in the early morning hours and put a body in a sack. He would have to work, of course, in the dark. I was to leave my car just a few yards down the road from the lodge gates. He required me, however, to return to my bedroom and keep watch from the window. If necessary I was to cause an uproar in the house in order to cover his retreat. Once in the car with his prize he would wait for me, and it was my business to join him as soon as I could. He had given instructions to the local police to be ready to surround the house, for as usual he intended to supply the proof for the conviction and leave the glory of the arrest to the official constabulary.

The deep booming of the gong warned us that dinner was ready; we descended the great staircase to the hall, where the flickering flames gleamed on suits of armour and old weapons of war. The butler led us across to the dining-room, where, standing with his back to the fire, was Professor Blake. He was a man of splendid physique, tall and broad-shouldered, with a fine, intellectual head. Perhaps his most prominent feature was a great black beard, which covered the upper part of his chest. It was a mannerism of his I noticed to survey us intently with his penetrating black eyes, fingering his beard the while. I confess it made me feel uncomfortable, especially as we were both posing as anatomists. I felt for my pocket Gray and the little book of mnemonics I had brought with me. I was better off than Holmes at any rate, who, although deeply learned in the anatomy of the crab, knows very little of the human body; he can repeat the old mnemonic "Timothy doth vex" somewhat haltingly, but has great difficulty in interpreting it. The professor came forwards with both arms outstretched, and in a booming voice bade us welcome to Winton Mere. Without more ado we sat down to dinner, sumptuously served amidst the mellow gleam of candle-light, falling softly on oak, silver and glass. We were ravenous; the wine was superb.

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Shortly after we began, the butler went in response to a knock on the door, and ushered in with great solemnity a huge and hairy ape, fully dressed, who came nimbly up to the professor's side.

"Gentlemen," said our host, "allow me to introduce the pride of my zoo, Alfred; he is almost human, and as I am often alone, he is my constant companion. We go walks together. He is grateful for favours, but has a long memory for injuries, and in fact an insatiable passion for revenge is his only vice. He is particularly short-tempered at present, as he has recently lost his mate Phyllis, who died of pneumonia."

This amazing beast walked round the table, and indeed when he stood up he was as tall as myself. As luck would have it he took a fancy to Holmes, which was rather embarrassing to my friend, who has hated the monkey tribe ever since one bit his ear when he was at school. But to make matters worse the animal stuck to him, and periodically stole choice morsels off his plate. Holmes was as hungry as I, and it was ominous to see his smile grow more and more forced, as one tit-bit after another was snatched from under his very nose. We had each a roast pigeon, consummately cooked, and my friend was just turning his over, admiring its plumpness, when in a flash it was torn from him and devoured by his unwelcome neighbour. Our host uttered some words of gentle reproof. I could see that Holmes was getting really angry; he was gnawing his upper lip and trembling with suppressed rage. He told me after that he was starving. The climax came, when after the butler had filled his goblet up to the brim with an old red wine of which he is particularly fond, a hairy arm shot across and the ape drained the goblet at a gulp. The professor and I happened to be discussing the influence of the Mendelian theory on the problem of the disposition of pigment in the eyeball of the goat, when I heard a snort of rage and saw Holmes give his tormentor a vicious jab in the belly with his fork. Alfred gave a scream of pain and rage, and dealt my friend a terrific blow in the chest which knocked him backwards head over heels into the fireplace. Holmes leapt up from the hot bricks and replied with a smashing blow behind the ear, followed by a tremendous uppercut, which laid the beast full length on the floor. He then picked up an enormous poker and, swinging it round his head, advanced with a loud yell to give the *coup de grâce*. Professor Blake, however, came to the rescue of his pet, which was dragged half-dazed from the room; Holmes was disarmed and finished his meal still simmering with rage. Our host was obviously extremely annoyed, and warned my friend that he had made a dangerous enemy.

We sat long over our port the warmth and good food made us loth to rise. After passing his glass up many times for more whisky, Holmes expanded and became positively affable. He was just offering to sing for us when I rose to go to bed. Blake bade us "Good-night."

"Before we turn in," I said, "we would like a stroll in the park to see the trees and lakes in the full moon."

"By all means," replied our host; "I will not accompany you, however, as I must be at work early in the morning."

The cold night air soon cleared our heads, and after going out together we separated, I to run my car down the gentle slope to the gates, and out into the road, Holmes to find a body. I succeeded admirably, and owing to the thick carpet of snow was able to run my car noiselessly down. We met in my friend's bedroom. His eyes were bright, and his cheeks faintly flushed. Under his bed was a long still form tied in a sack. It was impossible to take the body out by any other way than through the house, as Holmes had found the outer doors and windows of the dissecting-room securely barred. It had to be carried down the drive.

"There, Watson," he cried, "victory at last!—the thing has been astonishingly easy. I found this body in a tank. We must wait till three, when all the house will be asleep. I will then slip out of the front door with the body, you follow as soon as you hear me blow the horn, and in a few seconds we shall be heading for London."

I went to my room, and being very tired, I got into bed. My eyes remained open a short time, and then, after making a stern resolve not to fall asleep, they closed, and I fell into a pleasant slumber. I was aroused by a tremendous blow, which knocked me clean out of bed on to the floor. I struggled to my feet, and was immediately hit by a heavy object which floored me again. I arose more cautiously, and was met by a blast of cold air as a huge form disappeared over the balcony, taking in its arms my hat and coat. It was the ape! Groping about in the dark I found the heavy missile to be nothing less than Holmes's precious parcel. I had no doubt that the beast had escaped from its den and made its way to renew hostilities with him. I crept to the door and looked along the corridor. A din proceeding from his bedroom confirmed this. Suddenly his door opened, and I crouched behind an old cabinet at the top of the stairs as the figure of our host, his great beard flying in the breeze, came hurtling down the corridor. I waited for him, and as he passed me put out my foot. He went flying over the banisters, taking a suit of armour with him as he fell, and both landed on the floor of the hall with a crash like a naval battle. He picked himself up and I heard him unbarring the great door. I realized our plan had gone awry.

Holmes had been obliged to flee without the body, and the professor was even now struggling with the heavy door, to pursue him across the park. No time was to be lost. I darted back to my room, and with an effort, dragged the body on to the balustrade of the balcony and waited. I heard the door swing open and hove the body overboard with a tremendous shove, just as the professor's form appeared beneath. It was beautifully timed. To my joy it caught him on the shoulders, and both man and corpse pitched headlong down the wide stone steps. My elation, however, was changed to dismay as the professor struggled to his feet, lifted the body with an almost superhuman effort on to his back and departed at a steady run for the waiting car. And Holmes had not yet signalled to me. No sooner had Blake disappeared down the drive than I saw another gigantic figure arrayed in my hat and coat, the collar turned up, concealing the face, running swiftly and silently after him across the lawns. Something in its gait attracted my attention; the truth flashed upon me—again it was the ape! Then to my astounded ears I heard a blast on the horn—our prearranged signal—the door slammed, and I heard the hum of the engine as the car leaped into view from behind the trees, its powerful headlights stabbing the darkness like swords. A hand fell on my shoulder.

"Dear me, Dr. Watson, you keep a late and lonely vigil." I turned in amazement to see the huge familiar form beside me. It was the Master of the Mortuary.

"I have verified that point about the goat's eyeball," he continued; "you were quite right."

"Never mind that," I said; "your precious ape has gone for a joy ride in my clothes and my car!"

"Good heavens!" shouted Blake, "we must stop him; he's an awfully bad driver—he will ruin your gears. Come on!"

We tore downstairs, ran a powerful limousine out of the garage, and in a very few minutes were tearing down the road after the car, whose tracks were plainly visible in the newly-fallen snow. During our ride I was a little uneasy as to the identity of the driver of the first car—it was true he had a large beard, but after all they are easy to come by.

Alfred and the black beard had not gone very far. We came across the car about three miles from the village. It was partly in a ditch. Below and to our right was a clump of trees, beyond which a steep slope led to a frozen lake. The moon was at its height, and on the ice were two figures, locked in a close embrace. One, bviously the invincible Alfred, broke free, and clutching his opponent round the neck shook him until I thought his head would drop off. At that moment an owl began to hoot in a neighbouring tree. With that lack of concentration characteristic of his race, the ape left off fighting and turned his back on the bearded one to listen, thus exposing a vulnerable area of his body to attack. The other was not slow to see his opportunity, took a short run, and landed the ape a tremendous kick over the sacro-coccygeal junction, a kick which was as magnificent in its execution as it was unfortunate for the bestower. Alfred shot forwards on his face with a roar; the man overbalanced and fell flat on his back, there was an ominous crack and he disappeared through a hole in the ice. He soon reappeared, and after divesting himself of his outer clothes, which impeded his movements, he scrambled out, ran across to the far side of the lake and disappeared. The ape meanwhile had gone to the car and dragged the body from beneath it; in response to a whistle from the professor, he came up and laid it at his feet with a dismal howl. I began to have serious misgivings as Blake undid the knots, and I made ready to escape. My heart leaped, however, as he drew back the sacking and the three of us gazed on the face, peaceful in the majesty of death, of Phyllis, Alfred's deceased consort.

"You had better go after your friend, doctor," said the professor. "I see your car is undamaged. I am glad to have met you, and hope to continue our discussion on the pontine nuclei at a later date. I wish you good-morning."

I watched this strange man and his companion drive off. Phyllis was laid on the floor in the back, and the last view I had was of the ape, my silk hat crushed like a concertina, and jammed on the back of his head, my overcoat split down the back and hanging in ribbons around his legs as he took his seat in front. I noticed that the professor was at the wheel.

After following the main road for a mile, I saw my quarry in front trotting down the road in his underclothing, his beard flying in the wind; as the ground was very slippery he was travelling in his socks, carrying his boots in his hand. It was Holmes. He climbed in and we made for home. Our luggage was on board, and he was able to exchange his wet garments for his dressing-gown and pyjamas. This dress caused some comment when we got caught in the traffic near Baker Street.

* * *

"Holmes," I said, "let this be a warning to you to learn your anatomy more thoroughly. Although I do not claim to be an authority, I took third-class honours in my Tripos at Cambridge, and comparative anatomy was my principal subject; even now I have no difficulty in differentiating between a dead man and a dead ape, even with the skin off. Furthermore, I did not like the way you kicked Alfred; I am no pugilist but I do know

that to kick below the belt may cause what is called a 'penalty kick' to be awarded against you."

"Matters would have been different," he replied, "if the beast had not climbed down my chimney; I had fallen asleep, and I suppose he smelled the body and recognized it. I disguised myself as the professor and might then have got away had not some manservant tripped me up as I flew down the corridor; that was a dirty trick Watson."

"Very dirty," I said.

"And then when I did get out the ape nearly brained me by hurling down the body which he got from under my bed."

"Too bad," I remarked.

"But when I blew the horn and a figure in your hat and coat leaped in beside me I confess I mistook Alfred for you. He soon reintroduced himself and began to quarrel almost immediately. During a fight for the wheel he ditched the car, and the rest you know. I cannot understand how Blake kept off the scene—it was a mercy that he did. I fully expected to be shot in the back; they say he never misses. By the way, what happened to you Watson?"

I started and dropped my pipe.

"Oh—er—I heard the row and saw you fall downstairs. I remembered your instructions and obeyed them to the letter. After I saw you down the steps and across the park, I found the professor and engaged him in conversation, I heard the car start and knew you were safe."

"You ran a very great risk."

"Perhaps I did" there was an eloquent silence.

When Holmes spoke again, his eyes were moist: "That was very noble of you, my dear Watson."

"Not a bit, my dear Holmes," I replied, and blushing modestly I carefully selected a glowing coal from the fire and relit my pipe.

There are several abstruse points yet to be explained. For instance there is the identity of the man who threw Holmes downstairs, and the person who hurled the body at him from the balcony. Is it possible that some day these points may be cleared up?

I sincerely hope not. F. W. J. W.

ACKNOWLEDGMENTS.

The Nursing Times—The British Journal of Nursing—The Queen's Medical Magazine—The Post-Graduate Medical Journal—The Leprosy Review—The Kenya and East African Medical Journal—The Hospital—The Clinical Journal—L'Écho Médical du Nord—Giornale della Reale Società Italiana d'Igiene—Revue Belge des Sciences Médicales—The University of Toronto Medical Journal—The London Hospital Gazette—St. Thomas's Hospital Gazette—Middlesex Hospital Journal—St. Mary's Hospital Gazette.

ACUTE RHEUMATISM AS A CAUSE OF UNEXPLAINED FEVER.

FEVER and acute rheumatism are generally inseparable. Indeed the behaviour of the fever under certain defined conditions provides real help in the proper understanding of any individual case of the disease. For example, complete disappearance of fever and of joint signs under sodium salicylate treatment indicates an uncomplicated rheumatic fever; whereas persistence of slight fever, in spite of adequate dosage by sodium salicylate, is proof of a cardiac infection, myocardial, endocardial or pericardial.

Active rheumatism with fever as its only definite and marked sign is rare. During ten years at the East London Hospital for Children, no such case came under the writer's observation. The same is true of experience at St. Bartholomew's. During the same period, however, about half-a-dozen such cases have been met with in private practice—a fact which would hint at the possibility of the disease being modified by more favourable home conditions. The difficulty of diagnosis makes them worthy of record. In each case the presence of unexplained and persistent fever was the striking clinical manifestation, and only by careful physical examination were the slight but definite evidences of active rheumatism discovered; and in each case the difficulty of explaining the fever was the reason for calling for a second opinion.

The cases are reported in the hope that other similar cases may meet with an easier recognition.

CASE 1.—A young girl, æt. 17, had suffered from persistent fever, of an intermittent type, for fifteen days. The range of the temperature was between 102·6° and 99°, the average being about 101°. The pulse-rate varied between 100 and 80. The respiration-rate was normal.

No definite subjective symptoms were complained of. There had been no pain in the limbs, chest or abdomen; no sore throat, no cough, no abnormality of bowel function or of micturition. There was no previous history of any illness other than measles, and no family history of significant illness.

On examination the patient was a little flushed, but lying comfortably in bed. The fauces were slightly hyperæmic, but the tonsils and tonsillar glands were not enlarged. On withdrawing the bedclothes a definite sourish odour of perspiration was noticeable. This was independently remarked upon by the nurse.

The lungs were normal in all respects. The apex-beat was displaced to the left (5¼ in. from the midline in the fifth space). It was diffuse, and exceedingly flabby and difficult to localize.

The first sound was short, of poor quality, and approximated in tone to a distant second sound. The action of the heart was weak, and the rhythm of the sounds tic-tac. No murmurs were present.

The spleen was not palpable, and no abnormality was detected in the abdomen.

On reconsidering the question, a very careful search was made for the presence of rheumatic nodules, and one small one was found on the left elbow. This disappeared about five days afterwards.

The Widal reaction was negative to T.A. and B.; the leucocyte count was 14,500. The urine was normal. She was kept at rest in bed, upon 2-hourly doses of sodium salicylate (gr. x, with sodii bicarb. gr. xx). The condition slowly cleared up.

CASE 2.—A schoolboy, æt. 13, had for several months been suffering from vague pain and tenderness in the joints, particularly in those of the hands. During that period he had felt less well and had suffered from lassitude and some loss of appetite.

On being sent to the seaside, as a means of improving his health, he became rapidly ill with high fever. There was no history of sore throat, cough, or gastro-intestinal disturbance. On examination he was lying in bed, apparently comfortable.

The chart was of some interest. For the preceding six weeks considerable fever had been constantly present. This was remittent in type as a rule, but occasionally intermittent. Definite undulatory bouts of fever were present, the period of each being from eight to twelve days. At the height of a period of fever the temperature ranged between 104° and 100°, and between the periods between 101° and 98°. The general appearance of the chart was not very unlike that of a Pel-Ebstein fever.

There was slight tonsillar enlargement and reddening, and the cervical glands were palpable.

The heart showed an apex-beat definitely displaced to the left (3¾ in. from the midline in the fifth space). The sounds were weak, but otherwise natural. No murmurs were present. The heart-rate varied on the chart between 120 and 90.

The lungs were normal in all respects. The spleen was just palpable on deep inspiration. The lymphatic glands in the axillæ and groins were not enlarged. The white blood-count was 12,000, and the blood-culture was sterile.

In view of the vague history of joint pains and the displacement outwards of the apex-beat, the opinion was formed that the boy was suffering from active, acute rheumatism. The possibility of lymphadenoma with displacement of the heart from the presence of mediastinal glands was discussed, in view of the temperature chart, but was discarded. He was given full doses of sodium salicylate (120 gr. a day), but after fourteen days there was very little change in his condition. It was then decided to give him a course of neokharsivan intravenously.

The result of the first dose (0·15 grm.) was as unexplainable as it was dramatic. There was an abrupt cessation, within twenty-four hours, of all fever, and the pulse-rate subsequently slowly declined. A second similar dose was given after a week's interval. The boy made an uninterrupted recovery.

When he was seen eighteen months later, with a view to assessing his athletic programme at school, he had definite hypertrophy of the left ventricle, and the murmurs of both mitral stenosis and regurgitation were audible.

CASE 3.—A little girl, aged 8, had been suffering from loss of appetite, constipation, general malaise, and fever for 16 days, varying from 102° to 99°.

On examination she was slightly flushed and rather peevish. The throat was normal, and the tongue somewhat coated. The heart showed some enlargement, the apex-beat being just over 3 in. from the midline in the fourth space. The impulse was diffuse and weak. The sounds were not strong, and there was a distant soft localized systolic murmur at the apex-beat. The lungs were normal; the spleen was not felt. No other abnormal physical signs were discoverable other than a single very small nodule on the right elbow, which afterwards disappeared. The urine contained no white blood-cells and was sterile; the Widal reaction was negative to T.A. and B.; the leucocyte count was 10,000.

She was given 80 gr. of sodium salicylate a day and made a complete recovery in about seven weeks. The nodule disappeared, and the heart returned to normal size. The localized murmur disappeared.

CASE 4.—A boy, aged 12, had had fever for fourteen days, averaging 102°. There was no previous history of joint pains or sore throat.

During his illness there had appeared from time to time a localized pinkish, erythematous rash. This was generally confined to the trunk or to the upper halves of the limbs. It would last for twenty-four hours and then disappear for a few days, to return for another brief period.

On examination no rash was visible. The throat was slightly reddened, the tonsillar glands being palpable.

The heart was somewhat enlarged, the apex-beat being just over 3¼ in. to the left in the fifth space. The impulse was diffuse and weak. The sounds were of poor volume. No murmurs were present.

The lungs and abdomen showed no abnormal physical signs. No nodules were found.

The white blood-count was 6400; the Widal reaction was negative to T.A. and B.; the blood culture was sterile.

He was given adequate doses of salicylate. Recovery was slow but uninterrupted, and was accompanied by a return to normal in the size of the heart.

DISCUSSION.

The clinical characteristics of the condition are as follows:

The past history in the cases here described contained no account of rheumatic fever, chorea or scarlet fever, nor did the heart in any case provide definite evidence of past acute rheumatism in the shape of mitral or aortic endocarditis. The attack may thus be an acute primary infection.

On examination the significant syndrome appears to be the co-existence of a slight but definite cardiac lesion, with other slight and easily overlooked signs of acute rheumatism.

The cardiac evidence is definite but its detection needs careful examination. Almost invariably there is an acute myocarditis, producing some dilatation and flabby action of the left ventricle. The signs of this are displacement of the apex-beat to the left and heart-sounds of poor quality; in addition there may be a faint systolic apical murmur, caused by atonic stretching of the mitral ring. The weakness of the cardiac impulse may be a source of error in diagnosis, for it diverts attention from the heart, and renders the exact localization of the apex a matter of some difficulty; but when this has been decided, the weak impulse, from being a handicap, becomes a definite help to the diagnosis. A disappearance of the dilatation, producing a move towards the mid-line in the position of the apex-beat, is a further confirmatory point.

The other manifestations of acute rheumatism in the present series of cases were nodules, hyperæmia of the fauces, sour-smelling sweat, erythema multiforme, and a history of previous vague pains in the limbs.

Of these the presence of nodules is the most valuable confirmatory evidence. Nodules in such cases are not the large text-book lumps so easily recognizable; they are small, often no larger than a pin's head, and are situated usually over the bony prominences of the elbow. They can be more easily seen than felt, and are especially visible when the skin over them is slid rapidly from side to side in a good light. Their presence is then more obvious, there being an illusion of semi-transparency. Similar points should be compared on each side, for most natural and permanent irregularities tend to be bilateral; moreover the nodules, if real, soon disappear, or fresh ones emerge.

Of the clinical pathological findings in these cases, the most characteristic seem to be a moderate leucocytosis and a negative blood culture. The Widal reaction is almost invariably done, for typhoid fever is the first possibility that seems to be suggested by the symptoms and signs. It is, of course, negative.

DIFFERENTIAL DIAGNOSIS.

The other possibilities to be borne in mind, besides typhoid fever, are acute tuberculosis and a *B. coli* bacilluria and pyelitis. The latter is easily excluded by examination of a catheter specimen, and by observing the reaction to potassium citrate in adequate dosage. The former is not accompanied by cardiac dilatation or by the other slight evidences of acute rheumatism; moreover, intra-thoracic or abdominal signs and symptoms are generally present.

CONCLUSIONS.

Fever may be the only striking sign or symptom of an attack of acute rheumatism. Cardiac dilatation is generally present. Other signs or symptoms of the disease are often very slight or absent. Four cases are described, and the differential diagnosis is discussed.

GEOFFREY BOURNE.

CHORION-EPITHELIOMA.

THIS uncommon type of tumour occurs both in females and in males; in the latter, however, it is rare indeed; in the former it is found not only in pregnant women, but also in non-pregnant and virgins on rare occasions; in this paper no further reference will be made to either of these rare types.

In 1889 Sänger (7) reported a case of very malign sarcoma-like growth following an eighth week abortion; he considered it to be a special tumour arising from the decidua.

Marchand (5), however, in 1895 showed that the growth was composed of cells from both layers of the chorionic epithelium.

He also classified the tumour into two types: (*a*) The typical chorion-epithelioma—named by him "chorio-carcinoma"—in which are found multinucleated syncytial masses and Langhans cells. Metastases are early, numerous and widespread. This is the commoner group. (*b*) The atypical form or syncytioma, in which no Langhans cells are found. Metastases are found on occasion in the broad ligament or in the vagina, but these are probably not due to true metastatic spread, and often regress on treating the primary mass.

The prognosis is bad in the first type, but rather better in the latter.

Between the two poles there is a series of intermediate grades.

This classification has been in general use for some time, but Ewing (2) has made another classification—mainly from a histological standpoint—which introduces certain new terms, although agreeing in general with that of Marchand.

He divides tumours of the chorionic epithelium into: (1) Chorio-adenoma, which tends to remain locally, but occasionally may give rise to vaginal or pulmonary metastases. Villi are prominent in this form. It is doubtful whether this type really comes within the name of chorion-epithelioma as generally used. (2) Chorio-carcinoma, corresponding to Marchand's typical group, and (3) divided by him into syncytioma and syncytial endometritis—degrees of the same condition—which correspond with Marchand's atypical form.

ÆTIOLOGY.

We do not know at present whether climate, race, social conditions, occupation and such-like factors exert any influence on the occurrence of the disease, but it is of interest to compare the incidence of the disease in certain conditions.

Chorion-epithelioma follows hydatidiform mole, abortion, full-time labour or ectopic gestation, and it will be seen by the figures given below that the relative incidence of these is fairly constant; it is more commonly a sequela of hydatidiform mole than the other forms.

	Normal labour.	Abortion.	Hydatid mole.	Ectopic gestation.
Teacher (10)	28%	31%	36·6%	4·4%
Pollosson and Violet (6)	22%	30%	45%	2·5%
The writer's	28·5%	28·5%	43%	0%

The disease may occur after the first pregnancy or at any succeeding one. As will be seen from the table below, it is not very common in the first pregnancy, but increases to a maximum about the fourth in the series of Teacher and the writer; the figures of Vineberg, which are like those of the latter for a small series, will be seen to show a greater tendency to the disease at later pregnancies.

Pregnancy.	1st.	2nd.	3rd.	4th.	5th or more.	Number of cases quoted.
Teacher	4·7%	15·4%	28·2%		37·8%	189
The writer	0%	14·2%	14·2%	43%	28·5%	7
Vineberg (11)	11%	0%	11%	0%	78%	9

The age-incidence varies from extremes of under 20 to over 50, but while a few cases do occur at these limits, the majority are in the early thirties. Teacher, in the same series as quoted above, gives an average age of 33, and that of the writer's series is also 33. Vineberg's series shows an average of 38.

As to the interval between the termination of the pregnancy and the subsequent development of chorion-epithelioma, it is very difficult to be precise. The indefiniteness of the commencement of symptoms and the difficulty in excluding the possibility of a second pregnancy (not recognized as such by patient or doctor), which is the true antecedent of the disease rather than a more distant pregnancy, make accurate information difficult to come by.

Certainly, as a rule, the interval is short, a few weeks only, but much longer ones are quoted; for example, Taylor (9) mentions one of 3¼ years and Lynch (4) one of 15 years, and even longer intervals have been quoted.

That the disease itself is uncommon is manifest by the fact that at St. Bartholomew's Hospital, a general hospital with about 700 beds, there have only been 7 cases of chorion-epithelioma diagnosed in twenty years (July, 1910–June, 1930).

DIAGNOSIS.

The primary site of the condition is usually in the wall of the uterus, but it may also occur less commonly in the vagina, labia, Fallopian tube or possibly ovary.

Spread from the primary site is nearly always by venous channels, rarely lymphatic.

It is widely acknowledged that it is very difficult, except in a few obvious cases, to diagnose chorion-epithelioma with any certainty from curettings.

Persistent vaginal hæmorrhage after hydatidiform mole should always and early suggest the possibility of chorion-epithelioma, and all such cases should be followed up thoroughly.

TREATMENT AND PROGNOSIS.

Till the advent of irradiation as a therapeutic instrument there was really only one line of treatment for the condition which gave any hope of cure, namely hysterectomy. Unless the local condition or the general health of the patient excluded operation, most surgeons

removed the uterus and appendages; as lymphatic spread is rare, there is no indication for the Wertheim operation.

In the older results, then, it is comparatively easy to assess the value and results of treatment.

With the rise of radium treatment the task becomes harder.

Owing to the infrequency of the condition it is unlikely that one man has yet, at any rate, had an appreciable number of cases to treat by one or a combination of the possible methods, and owing to the degree of malignancy of the condition, rather than trust to one line of treatment, and thus test its unaided efficacy, one feels one must attack the disease with every available weapon. Certain results have nevertheless been obtained.

The prognosis is very bad; there is no gainsaying this, but, as Teacher remarks, "No form of malignant new-growth offers greater variation in malignancy than chorion-epithelioma." Some cases have been reported as recovering even after the formation of pulmonary metastases, while in others, who died, healed lung metastases have been found.

A survey of the views on treatment and some results may be of value.

Operative (alone).

Wolfe (12) considers that radical surgery is usually of no avail, but quotes a case in which the patient was alive and well two years after panhysterectomy.

Geist (3) advises hysterectomy for chorio-carcinoma, but suggests that hysterectomy should only be performed in syncytioma if the clinical course of the disease indicates it. If operation is performed in both types and sufficiently early, he considers the prognosis to be fairly good in the former and good in the latter.

Of his 12 cases, 2 were classified as syncytioma. Hysterectomy was performed, presumably because, as he states, "it is better to err on the safe side" when the diagnosis is not clear. Both survived operation, but it is not stated with these or his other cases how long they have been "cured." Of the 10 classified as chorio-carcinoma, 1 was inoperable, 1 apparently recovered without operation, and 8 were operated on, 6 surviving the operation and 2 dying.

Vineberg, in distinction to the previous surgeon, advises immediate hysterectomy, as there is no accurate means of telling how malign a case may be; he also advises hysterectomy in cases where there are metastases in the lung (provided the patient is fit enough), as disappearance of these has followed removal of the primary growth. He advises excision of vaginal metastases.

Of his 9 cases all were operated on, and 8 were living for nearly or more than a year afterwards; with regard to these figures, which are very good, it should be stated that the average age of the patients, 38, is higher than the usual, and 78% are women with 5 or more pregnancies, which is again unusual.

Teacher has reported on 189 collected cases, and of 163 of these, 63 were inoperable; all except one died. Of the 100 cases in which operation was performed, there were 63 immediate recoveries, 32 alive and well after six months, and 24 after one year.

Of his own series of 17 patients, 2 were inoperable and died, and of 15 operated on, 6 were alive after one year.

He advises panhysterectomy without delay, and advocates careful control of the veins to avoid the dissemination of metastases; and he considers vaginal nodules should be removed.

The writer's cases total 7; 2 (Nos. 3 and 5) were inoperable and died; 2 (Nos. 6 and 7) were treated with irradiation, 1 with operation, 1 without, and will be discussed below, and 3 (Nos. 1, 2 and 4) were operated on. No. 1 underwent abdominal subtotal hysterectomy with removal of cystic ovaries, and is still alive and well; No. 2 had a vaginal hysterectomy performed, and was alive several years later; No. 4, in whom operation was delayed to over four months after the onset of symptoms, owing to a negative report from curettings, underwent panhysterectomy, but died four and a half months later with generalized metastases.

Operative followed by Radium.

Erck and Outerbridge (1) reported a case in which, three months after hysterectomy for chorion-epithelioma with intraperitoneal hæmorrhage, a large mass was found in the left vaginal vault and left parametrium; three tubes of radium of unrecorded strength were inserted into the vagina and retained for 24 hours. Considerable temporary improvement resulted when no further operation was possible.

Taylor published a case in which two vaginal nodules were excised and examined microscopically; the sections showed chorion-epithelioma, so two weeks later hysterectomy was performed. Four weeks later a recurrent vaginal nodule appeared; this was excised, and radium, 130 mgrm. for 9 hours, was applied to the area. The patient died nine months later, and metastases were found in the lungs, but no recurrence in the vagina.

Operation followed by Deep X-Ray Therapy.

Case 7 in the writer's series was curetted and a vaginal "cyst" was removed; sections of the curettings showed little other than blood-clot, but those of the vaginal "cyst" showed definite chorion-epithelioma. Panhysterectomy was then performed, and three and a half weeks later a full course of deep X-ray treatment to the region was given, lasting over a fortnight. The patient is alive and well, one year after.

Radium followed by Operation.

Lynch has reported the case of a very stout woman, æt. 52, who was curetted, and, the curettings proving inconclusive and the bleeding being persistent, was treated with two tubes of radon, 55 and 87·5 m.c. respectively, inserted into the uterus for 24 hours. This lessened the hæmorrhage, and seven weeks later panhysterectomy was possible.

He condemns temporizing in this disease (unless the patient's general condition is poor) owing to its possible very malignant nature, and advises hysterectomy; at the same time he considers that radium is of value, although in his case there was apparently little histological response to the radon.

Sellers (8) quotes the case of a primipara, an ill patient, on whom a diagnostic curettage was performed, followed by the insertion of 90 mgrm. of radium for 25½ hours; twelve weeks later the patient's condition had greatly improved, and panhysterectomy was performed. The uterus now showed no signs of the disease, although the sections had previously been positive. The patient was alive and well two years afterwards.

Deep X-Ray Therapy followed by Radium.

Case 6 of the writer's group is the only case he has found which had this type of treatment. She was treated at another institution for bleeding following a miscarriage; curettage and the removal of a vaginal "cyst" was performed, but no sections of the material were made.

Five weeks later, at St. Bartholomew's, deep X-ray treatment was given to the anterior and posterior aspects of the abdomen and to the vaginal nodule, which had recurred. The hæmorrhage decreased, the nodules shrank considerably, and the patient's general health improved.

Three weeks after admission curettage was performed (curettings were negative), the vaginal nodule excised (section showed chorion-epithelioma), and radium needles inserted, fourteen (39 mgrm.) loosely into the wall of the uterus—*viâ* the cervical canal—and two (4 mgrm.) into the bed of the vaginal nodule. The radium was left in for 85 hours, after which, owing to the toxic condition of the patient, they were removed.

The patient rapidly improved, although there was for a time considerable vaginitis and vulvitis from the irradiation, and was still alive and well when last heard of recently, over two years later.

CONCLUSIONS.

1. Diagnosis by clinical or histological methods is usually difficult.

2. The degree of malignancy of a given case is equally difficult to foretell.

3. It is a disease occurring most commonly in women about 33, after about the fourth pregnancy, and more commonly after hydatidiform mole than the other forms of pregnancy.

4. As to treatment, cases have been quoted which have been alive and well a year or more after each of the various forms of treatment, *viz.* hysterectomy, hysterectomy followed by deep X-ray therapy, radium followed by hysterectomy, and deep X-ray therapy followed by radium.

It seems, then, that in certain cases possibly, although this is not proven, those seen early or of a relatively benign type, any method is efficient.

Irradiation has also been shown to be of value as a palliative measure in inoperable cases.

It would appear to be reasonable to suppose that the tumour should be markedly radio-sensitive owing to the rapidity of its growth.

As to which is the method of choice, if all are available, it is difficult to say, it is to be hoped that the various methods may be tried out more fully. Deep X-ray therapy followed as soon as possible by hysterectomy, would seem at present to be the ideal line of treatment.

CASES.

CASE 1.—Mrs. A. B—, æt. 29, was admitted August 10th, 1910, complaining of passing blood and clots *per vaginam*.

After three normal labours (last in 1908) she thought in May, 1910, that she was pregnant eight to ten weeks; then she had three moderate vaginal hæmorrhages.

June 17th she was delivered of a hydatidiform mole. She was in bed for ten days and a white foul discharge persisted for fourteen days.

In July she began to lose blood and clots daily; this loss was usually slight, but three large clots were passed.

On admission she was seen to be a thin, very anæmic woman. Temperature 99°; pulse 100. Abdomen was slightly distended, and two distinct swellings were palpable, on the left, one the size of a fœtal head, the other on the right smaller, near the brim of the pelvis and less mobile, both mobile, elastic and ? fluid. *Per vaginam* the cervix was found to be dilated, the body was large and dilated, with a softish mass attached to the posterior and left wall. The uterus was freely mobile; there was slight induration at the base of the left broad and utero-sacral ligaments.

Treatment.—

August 15th: Abdominal subtotal hysterectomy and bilateral ovariotomy by the late Dr. H. Williamson. Both ovarian cysts burst on removal.

Description of part removed.—Uterus twice normal size, enlarged

especially posteriorly; white, smooth, doughy. Peritoneum over it smooth. Right and left lutein cysts of ovaries.

Section from uterus showed much blood-clot with two types of cells in it, one somewhat oval, large deep-staining nuclei, the other, masses of protoplasm with no definite cell outline and many large nuclei. Chorion-epithelioma.

Uninterrupted recovery.

September 10th: Discharged.

Patient was reported well in 1931.

CASE 2.—Mrs. A. A—, æt. 29, was admitted October 17th, 1910, complaining of vaginal bleeding.

After six previous pregnancies, five normal labours and one miscarriage in 1906, she had an apparently normal parturition on June 7th, 1910. The loss was normal up to the fourteenth day, but then gradually increased in amount. At first this was slight, but later, about every third day the loss was profuse, and was followed by a foul greenish watery discharge.

Since September she had been given hot intra-uterine douches by her doctor. There was no pain.

On admission she was very anæmic. Tongue furred; slight left facial palsy. Systolic murmur at apex.

Abdomen: Right rectus rigid and some tenderness in this region. *Per vaginam* dark red mass was seen coming through the external os; very offensive. No further examination done, but—

Treatment.—

October 17th, 1910: Lump size of pigeon's egg looking like placental tissue removed (under general anæsthesia by house surgeon) and a mass like a bunch of grapes found growing from the upper and posterior wall of the uterus. This could not be scraped away, so a small piece was removed for section, and the uterine cavity irrigated. Section was reported as chorion-epithelioma.

October 28th: Vaginal hysterectomy by the late Sir Francis Champneys. The uterus was small and appeared healthy except for a small rough area at the fundus. Both ovaries healthy.

Uninterrupted recovery.

November 23rd: Discharged.

Patient was reported alive and well some years later.

CASE 3.—Mrs. M. W—, æt. 39, was admitted on August 2nd, 1913, complaining of abdominal pain and vomiting.

After two previous pregnancies (normal labours) she was delivered in February, 1912, of a hydatidiform mole. She was in bed for two weeks.

April, 1912: There was a rise in temperature and pulse, and a large "abscess" was opened *per vaginam*: it lay between uterus and rectum.

July: Better. Menses normal till—

April, 1913, since when amenorrhœa. Fairly well till—

July: Pain in lower abdomen; fairly sudden onset and acute at times; pyrexia, temperature 100°, pulse 108. Occasional vomiting. Constipated. Micturition normal.

On admission her general condition was fair; slight wasting and jaundice. Tongue furred. Conjunctivæ yellowish.

Heart: Nothing abnormal discovered. Lungs: Crepitations and impaired percussion note at left apex. Liver not enlarged.

Abdomen: Lower part distended. Indefinite elastic mass arising to 1 in. below umbilicus, smooth, mobile, slightly tender, and over it the percussion note is diminished.

Per vaginam there was felt a fixed, somewhat elastic tender mass bulging into the posterior fornix. Mucosa moved over it. Induration extended from the mass to the left pelvic wall.

Bimanual examination differentiated the abdominal and pelvic tumour.

August 11th: Tumour more definite and now also to the right; less elastic and more nodular.

Crepitations and dull areas marked in the right lung. Liver enlarged below costal margin. Patient drowsy and jaundiced.

Treatment.—

Nil advised.

There was a gradual increase of symptoms, and the patient died on October 22nd.

Post-mortem examination showed advanced chorion-epithelioma with metastases in liver and lungs.

CASE 4.—Mrs. A. W—, æt. 27, was first admitted in May, 1918. There was a history of a miscarriage in 1913, followed by a premature labour, seventh month, the child living two hours.

April 18th, 1918: Premature parturition (eighth month). Placenta and puerperium apparently normal.

May 10th: Vaginal hæmorrhage with clots.

May 22nd: Admitted. Uterus slightly enlarged. Two clots and a small piece of placental tissue removed.

June 6th: Discharged.

June 20th: Readmitted on account of recurrent bleeding.

June 22nd: Curetted. Section showed no evidence of malignancy. Slight dark discharge continued.

July 15th: Under anæsthetic uterine sound passed. Much clot in uterus. Packed.

Discharge continued. Wassermann reaction ++.

August: Sudden hæmorrhage. Uterus plugged. Slight bleeding persisted.

September 13th: Readmitted.

September 24th: Panhysterectomy (abdominal) and bilateral salpingo-oöphorectomy by Dr. Griffiths. Ovaries cystic. On upper and posterior part of uterus was a sloughing area 1½ in. in diameter, yellow, soft, covered with thickened peritoneum, which was not eroded. On opening the uterus the right superior and lateral walls were seen to be occupied by foul necrotic area, 2 in. in diameter, red, ragged and necrotic. Penetration all but complete.

Section of this area showed chorion-epithelioma.

Uneventful recovery from the operation.

December, 1919: Noticed swelling under tongue. Slight cough.

January 8th, 1920: Pain in chest and left shoulder. Embolus in right lower leg.

January 20th: Removal of growth size of hazel-nut from floor of mouth. Section. "Round-celled sarcoma?" reported.

January 27th: Pains in head. X-ray of chest showed growth in lungs and at hila.

February 4th: Very drowsy and ill. Papilloedema.

February 5th: Died.

Post-mortem examination showed metastatic chorion-epithelioma growth in cerebellum, lungs, heart, liver, kidneys and left mandible. Stump of vagina and vaginal walls normal.

CASE 5.—Mrs. V. H—, æt. 34, was first admitted on September 22nd, 1927. The history and course of the disease were as follows:

She had had five previous pregnancies and normal deliveries.

September 28th, 1927: Spontaneous abortion of a hydatidiform mole (at thirteenth week). Doubtful whether complete.

October 1st: Blood transfusion, followed by recovery.

October 21st: Discharged with definite instructions to return for examination in three months.

April 5th, 1928: Returned, having been bleeding ever since November. The hæmorrhage had become more offensive and increased in the last six weeks, and small clots had been passed. Although weak, she had not felt really ill till the end of March.

Condition on admission.—Very ill, and ashen pale. Temperature 101·8°, pulse 132, respirations 40. Cyanosis of mucous membranes. Heart overacting. Lungs full of moist *râles*. Abdomen: Liver enlarged to 1 in. below costal margin, tender and smooth. Tumour arising out of pelvis to 3 in. below umbilicus; rather tender.

Per vaginam: Friable mass, 3 in. in diameter, on posterior vaginal wall. Cervix healthy. Mass in abdomen continuous with cervix.

Blood transfusion 500 c.c. Little improvement.

April 10th: Died.

Post-mortem examination.—Chorion-epithelioma. Large primary growth in uterus, with secondaries in parametric tissue, vagina, vulva, liver and lungs. Also hydro-ureter and hydronephrosis right.

CASE 6.—Mrs. L. E—, æt. 46, was admitted on October 16th, 1928.

After three normal labours patient became pregnant again in April, 1928. Amenorrhœa from April till June was followed by the intermittent passage of blood and clots. She was told she had had a miscarriage. The bleeding continued, and she was admitted to another institution.

September 18th: Curettage of uterus and removal of a vaginal "cyst." No sections were taken, unfortunately.

The "cyst" recurred, and shivering attacks and sweats began. Some hæmorrhage continued.

On admission she was seen to be ill and worried. Heart: Double murmur at the apex. Lungs: Few scattered *râles* (but X-ray showed no abnormality). Abdomen: Normal except for healed scar of operation in 1916 for ? torsion of bowel. Inguinal glands normal. *Per vaginam*, at vulval orifice posteriorly was a hard nodule, which showed evidence of bleeding into its substance, 1½ in. in diameter. Uterus enlarged, but mobile. Blood and clots in vagina.

Treatment.—

October 19th–November 3rd: Deep X-ray treatment—full course of fourteen applications to nodule, anterior and posterior pelvis.

November 2nd: Nodule now ½ in. in diameter. Bleeding stopped. No rigors. Felt better.

November 8th: By Dr. Donaldson:—

(1) Curettage, gentle. Section of material: "Blood clot."

(2) Insertion of radium—39 mgrm. in fourteen needles through cervical canal loosely into uterus (body). Uterus then packed loosely with gauze.

(3) Excision of vaginal nodule and insertion of radium—4 mgrm. in two needles vertically into bed parallel to surface.

November 11th–12th, midnight: Radium removed owing to the general toxic condition of the patient and sudden rise of temperature. Much foul discharge followed. Radium was therefore *in situ* for 85 hours.

November 12th: Condition much better.

November 14th: Improved greatly. Still pale. Abdomen slightly distended. Vagina and vulva much inflamed owing to the irradiation (this subsided fairly quickly). Cervix feels healthy. Uterus almost normal.

Section of vaginal nodule: Vaginal mucosa intact. Deep area of hæmorrhage, surrounded by cell necrosis. Embedded in the blood-clot there is a collection of cells resembling Langhans cells and masses of syncytium.

November 17th: Discharged.

Patient has been seen at intervals since then, the last time being June, 1931, two and a half years afterwards, and she is very well and the pelvic organs appear normal.

CASE 7.—Mrs. A. Q—, æt. 27, was admitted on April 26th, 1930, complaining of irregular passage of blood *per vaginam*. She had had a normal labour in 1922, and from November, 1929, to January, 1930, amenorrhœa. In January and February there were losses for one and a half days; in March there was increasing loss with clots—? a miscarriage.

From March 29th to admission she was treated as an out-patient with ergot and pituitrin, but the loss continued.

On admission she looked healthy. Nothing abnormal was discovered *per abdomen*. *Per vaginam*: Vagina a dark mass ½ in. in diameter on posterior wall, firm, bleeds on touch. Cervix uteri normal. Body somewhat enlarged and soft.

Treatment.—

May 1st: Curettage and excision of vaginal nodule. Sections: Curettings—blood-clot; Vaginal nodules—chorion-epithelioma.

May 8th: Panhysterectomy (abdominal) by Dr. Barris. Section from uterus showed chorion-epithelioma.

Good recovery.

May 27th: Blood transfusion, 500 c.c.

June 2nd–15th: Deep X-ray treatment—full course.

June 15th: Discharged. In good condition.

Patient has been examined at intervals since then, the last occasion being in May, 1931, when the general and local conditions were found to be excellent.

I have to thank Dr. W. S. A. Griffith, Dr. J. D. Barris and Dr. M. Donaldson for their courtesy in allowing me to quote their cases.

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J. C. F. LLOYD WILLIAMSON.

"THE WHOLE TOWN'S TALKING"

THE dullness of a Christmas clouded by economy might have been a dullness unendurable had it not been for the unusual talent shown in the ward shows, and for the still greater talent of the Theatre Nurses in their production of "The Whole Town's Talking." Here was something unexpected which filled pleasantly the gap economy had broken in our usual round of Christmas festivities.

The play was well chosen and the players well cast. Miss Margaretta Evans was all that the good wife of such a man as *Henry Simmons* should be. She knew almost everything and controlled almost everything, but she could not stop *Henry* from sowing wild oats, and although this was no easy part to play, "Mr." C. Rutter played it admirably. "Mr." D. Essam was a marvellous *Chester Binney*. A novice to the trade, he sowed his wild oats, with *Henry's* able guidance, skilfully and with character before a house which was either amused, or very amused laughing uncontrolledly; and we were pleased to see his honesty—or discretion—rewarded by the hand of the graceful, modern and not too sophisticated *Ethel Simmons*, Miss Mary Woosnam. "Mr." M. Richford as *Roger Shields* from Chicago and Paris played a rather characterless and unfinished but

useful part with clearness and decision. The jealous, gigantic, though rather too pleasant Motion Picture Director, *Donald Swift*—"Mr." M. Yeomans—burst into the field of imaginary oats furiously in search of prey, but through the usefulness of *Roger Shields*, the discretion of *Chit Binney* and the dark, he was led away by the most "thrill-making" *Letty Lythe*. Miss Barbara Mullins as a motion-picture queen was paramount, and in her super-spectacle, "making love to the unknown office drudge," kept the audience laughing through the second interval. Miss Kitty Stanley was an excellent maid, and so sympathetic with poor *Mr. Simmons*. "Mr." M. Martin was as nice a young taxi driver as ever we have seen, and we were quite sorry to see him only get a dime for returning the five-dollar handbag Miss Joyce Biggs as *Sadie Bloom* the dancing teacher—retrieved from that old dodo and all too soon returned to her rather warm shop. Miss Ena Williams and Miss Kathleen Keneally, as the two girls, were simply sweet and sweetly simple.

All this talent was splendidly welded together by Mr. John Nunn, whose work as producer added not a little to the quality of the performance. The grouping, so far as a rather awkwardly-shaped stage would allow, was good. The lines were clearly spoken, and the action of the play went as smoothly as the very appreciative audience wanted and allowed. H. W. R.

ABERNETHIAN SOCIETY.

On Thursday, April 14th, Prof. Hugh Cabot has promised to give the Summer Sessional Address to the Society on "Further Travels with the North American Indians." Prof. Cabot, who is a perpetual student of the Hospital, gave the Summer Sessional Address in 1926, and those who attended will remember the great popularity of his lecture on that occasion, which included a very beautiful film. We hear that the forthcoming lecture will be illustrated with an even more beautiful film.

Dr. Brontë, who had arranged to give his lecture on famous medical trials in April, has kindly consented to postpone it till June.

STUDENTS' UNION.

RUGBY FOOTBALL.

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

It was unfortunate that the conditions were so terrible at Ovenden Park on the occasion of Bart.'s first visit to Halifax, but a rapid thaw accompanied by torrential rain made the ground a quagmire. Bart.'s were without Youngman and Moynagh, while Halifax lacked the services of H. Wilkinson. The Hospital won the toss, but chose to play against the wind, and Halifax were the first to become dangerous, their forwards dribbling through in splendid style, and C. W. John was forced to save from Wood and Townend in quick succession. The home team continued to attack, Berry showing particularly good form at the base of their scrum, and it was through him that Halifax went ahead after 10 minutes' play, when he cut smartly round the "blind" side to create an opening for G. Townend to cross far out. Thompson failed to convert (0—3). Bart.'s retaliated by making their first visit to the Halifax half, but first J. Smith, the home full-back, sent them back, and when the pack heeled from the next three scrums the three-quarters tried passing, which, with the ball like a piece of soap, was doomed to failure from the start, and Halifax were able to dribble the ball to the Hospital "25." The Yorkshiremen were adapting themselves well to the conditions, the forwards making some excellent concerted dribbles while the backs kicked ahead judiciously, and it was no surprise when they went further ahead through W. H. Flathers following good work by J. T. Standeven. Thompson converted (0—8). Bart.'s had more of the game after this and some good cross-dribbling gave them an attacking position, until a penalty for off-side transferred play to half-way. However, a try should have rewarded the Hospital's efforts shortly afterwards when, following a long dribble by the pack, R. Mundy was on the point of crossing the Halifax try-line when he appeared to be badly obstructed, but the referee was unsighted and Halifax were able to save the situation. A fine kick by Flathers forced Bart.'s to defend, and both J. R. Kingdon and J. T. C. Taylor stopped dangerous movements with well-judged tackles. Despite the state of the ground both teams were maintaining a fast standard of play, and though Bart.'s improved considerably towards the interval they could not penetrate the sound Halifax defence.

Half-time: Halifax, 8 pts.; Bart.'s, 0.

The first incident of note after the interval was a splendid kick to touch by Taylor, which gave Bart.'s a footing in the Yorkshiremen's "25," but here again the futility of attempting passing movements on such a day was demonstrated, and the Halifax forwards rushed the ball down the field, following a dropped pass by the Hospital backs. A high punt from Townend at last eluded John, who was playing a most sound defensive game in such difficult conditions, and the home forwards took play to the Bart.'s line, where M. Jagger dashed over in the corner for an unconverted try (0—11). Some strategic kicking by Taylor and Kingdon enabled Bart.'s to have more of the game after this, while the forwards also infused more life into their play, but whereas the Yorkshire pack would sweep down the field in a solid mass, the Bart.'s rushes too often consisted of the unsupported efforts of two or three people, with E. M. Darmady, K. J. Harvey and J. M. Jackson usually well to the fore.

Bart.'s reduced the lead in quite a sensational style, for following a dropped pass by the Halifax centres in the Bart.'s "25," L. M. Curtiss dribbled the ball practically the whole length of the field to score a fine try, which W. M. Capper converted from far out with an equally good kick (5—11).

Except for a good attempt by Thompson to place a penalty goal Halifax were forced to act on the defensive for the rest of the game. The Bart.'s pack played really well for the closing 10 minutes and Taylor put in some elusive runs, but although Halifax were forced to touch-down three times in rapid succession, their defence was too sound for the Hospital to score again.

Despite the weather, the first meeting of the two clubs provided a most enjoyable game, well refereed by Mr. D. Hellewell, and the Bart.'s team were most splendidly entertained on the Saturday evening by the Halifax club.

Result: Halifax, 1 goal, 2 tries (11 pts.); Bart.'s, 1 goal (5 pts.).

Team.—C. W. John (*back*); L. H. Buckland, F. J. Beilby, L. M. Curtiss, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, R. Mundy, E. M. Darmady, J. M. Jackson, K. J. Harvey, F. H. Masina (*forwards*).

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

This rousing game was played in very windy weather on the Irish's new ground at Sunbury-on-Thames. Bart.'s heeled from the first three scrums, but Taylor's efforts to get his backs moving were unsuccessful, and the bustling work of the home team's pack, ably led by W. Morgan, kept play in the Bart.'s half of the field. J. L. Reid, the Irish stand-off, twice looked dangerous in attack at this stage, but J. R. Kingdon marked him well. Good kicks by C. W. John and W. M. Capper took play into the Irish half, but lack of combination among the Hospital three-quarters prevented them from looking dangerous, and this state of affairs continued throughout the match, individually they did many good things, but probably in a large measure owing to the gusty weather, they seemed quite unable to "find" each other with their passes. Bart.'s should have gone ahead when L. M. Curtiss broke away, but instead of either passing out to the unmarked J. D. Powell, or going on hard himself, he hesitated and then cut inside and was smothered. However, a moment later a free-kick for foot-up against the Irish enabled Capper to kick an excellent goal from the touch-line (3—0). Maintaining the pressure, Bart.'s might well have gone further ahead when Kingdon and F. J. Beilby brought off a delightful "scissors" movement, which took the Irish defence by surprise, but the final pass went astray.

Though the London Irish forwards put in some typical rushes, the Hospital forwards were gradually getting the upper hand, and this was due in no small degree to the almost complete impotence to which Morgan, the most dangerous of the home pack, was reduced in the line-out by E. M. Darmady's deadly marking. This achievement enabled Bart.'s to open out the game from the throw-in far more than is usually the case.

Nevertheless, the London Irish were the next to score, for good work by Reid gave J. Buckley the chance to cut through the Bart.'s centres and score an unconverted try (3—3). A well-placed diagonal punt by Kingdon put the Hospital once more in an attacking position, and some stirring forward play in the neighbourhood of the Irish line saw first B. S. Lewis and then Capper only just fail to force themselves over.

Bart.'s did, however, deservedly take the lead before half-time, when from a scrum just inside the halfway line Taylor received the ball, and dodged his way cleverly through the defence to score a fine try between the posts. Capper converted.

Half-time: Bart.'s, 8; London Irish, 3.

Early in the second half J. W. MacCarthy evaded J. G. Youngman and put in a fast sprint down the line, only to be brought down by a fine tackle from C. W. John. The latter was also prominent hereabouts with two well-placed kicks to touch. The Hospital forwards, who, under Capper's good leadership, were playing better together than they had done for some time, took play down the field and kept it in the Irish "25" for the next ten minutes, but though Taylor gave an excellent display at scrum-half, he could not quite engineer another opening in the steady Irish defence. When Bart.'s did score again it was in rather unexpected fashion. The home team started a passing movement at halfway, but Youngman intercepted a high pass cleverly and ran half the length of the field to score a splendid try. The angle was too acute for Capper to convert (11—3).

A rousing struggle ensued between the rival packs, with Bart.'s holding the territorial advantage, and this state of affairs continued to operate uninterrupted by any cohesive back play until ten minutes from the end, when Reid broke down the field, and on reaching the full-back passed to T. W. King, for the latter to sprint the last 40 yards unopposed. Reid converted, and things did not look quite so happy for Bart.'s (11—8). Play remained just inside the Hospital half, with neither side making much headway until the final minute of the game. Then G. McMahon, the Irish full-back, fielded the ball and passed to McCarthy, who slipped inside his opposite number and ran to the Bart.'s "25"; here he kicked ahead and raced for the line with a Hospital forward, for both to fall in a heap over the line on the ball. A 5-yards scrum was ordered, and a desperate struggle raged at that spot until the ball was booted into touch by a defender, and "no-side" was blown.

Result: Bart.'s, 2 goals (1 penalty), 1 try, 11 pts.; London Irish, 1 goal, 1 try, 8 pts.

Team.—C. W. John (*back*); J. G. Youngman, F. J. Beilby, L. M. Curtiss, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, R. Mundy, E. M. Darmady, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* TORQUAY ATHLETIC.

Owing to the late arrival of the train at Torquay, Bart.'s were once again handicapped by having to rush on to the field immediately afterwards—an experience which is very apt to unsettle a side during the opening quarter of an hour. This fact, allied with two very rash passes among the halves and centres, enabled W. Jackson to score a "soft" try for the home team during the first two minutes of the game. The kick failed (0—3). Torquay continued to attack for some time, but the defence of the Hospital backs, aided by the "spoiling" work of B. S. Lewis, prevented them from driving home their onslaughts. W. J. Delahay, the veteran Welsh international, and T. Jenkins showed cleverness at half-back for the Athletic, and credit is consequently due to J. R. Kingdon for the purposeful way in which he marked the latter. Meanwhile the Bart.'s pack had gradually been finding its feet, and play was soon transferred to midfield, but the efforts of Taylor and Kingdon to get their backs moving met with little success for some time, J. G. Youngman in particular being rather unfortunate in the type of passes he received.

However, when Jackson did intercept one and break away, Youngman easily overtook him and brought him down. At last Bart's deservedly got on level terms, when good passing by Curtiss and Beilby gave Youngman the opportunity to race down the touch-line and put in a most accurate cross-kick, for J. R. R. Jenkins to gather and score. W. M. Capper failed to convert (3—3). Torquay returned to the attack after this, and Bart.'s were forced desperately to defend, until at last an excellent round of passing ended in Ivor Thomas crossing for a try (3—6). Shortly afterwards the home team increased their lead, following a forward rush which took play to the Hospital line, where a mistake by a Bart.'s defender enabled H. Smart to dribble over. G. Sims converted with a good kick (3—11). Roused by these reverses, Bart.'s proceeded to monopolize the remainder of this half, the forwards putting in some rousing work, while the backs showed their best combined play of the season.

This improvement was soon rewarded with a spectacular try: J. R. Kingdon cut round the "blind" side and passed to L. M. Curtiss who handed on to J. D. Powell at just the right moment; the latter, who was receiving what was literally his first chance for weeks, shook off Foot in fine style, cut inside, and when challenged by the full-back he gave K. J. Harvey an inside pass, for the latter to sprint 25 yards to score in the corner. The kick failed (6—11).

Before the interval Bart.'s should have scored on two more occasions, once following a fine bout of passing between the forwards, which only broke down a foot from the Torquay line, and again when Curtiss broke right through on his own. Youngman was also most unlucky when he saw a left-footed drop at goal sail just outside the upright.

Half-time: Torquay, 11; Bart.'s, 6.

The standard of play after the interval was not so high as that of the first half, primarily because of the excellence of the defence on both sides, which stifled many promising movements, and also because the heavy nature of the ground was telling on the players. Incidents of note were rare and play was mainly confined to the forwards—a phase of the game at which Bart.'s were by no means inferior.

C. W. John, at full-back, must be singled out for praise for the cool manner in which he dealt with the fiercest Torquay foot rushes and for the accuracy of his touch-kicking, being in no way overshadowed by his international *vis-à-vis*, I. Scourfield, who also gave a sound display.

Try as they would, the Hospital could not get within striking distance of the Torquay line, though had the pack placed more reliance in their feet they might well have had more of the play, for apart from some good dribbles by E. M. Darmady and J. M. Jackson, the footwork was not up to the high standard of the rest of the vanguard's work. These two forwards, with B. S. Lewis, were the best of a hard-working eight. Fifteen minutes from the close a fine passing movement by the home backs gave D. Scourfield the chance to score far out. Sims's kick hit the cross-bar (6—14).

Nothing daunted, Bart.'s rallied strongly, and following some hectic loose scrums, D. W. Moynagh emerged from the ruck with the ball and passed to Youngman, who beat his man and sprinted 20 yards before passing in to F. J. Beilby, who ran from nearly halfway to score between the posts. Owing to a difference in interpretation of the rules between referee, place kicker and the Torquay team, the kick was charged out before it could be taken (9—14).

What is politely termed "a little feeling" was now introduced into the game, and both Taylor and Curtiss were the victims of incidents for which Bart.'s received free kicks. The game ended when a forward rush took play to the Torquay line, where an exciting *mêlée* occurred, during the course of which scenes reminiscent of The Ring, Blackfriars, were witnessed, happily without any unfortunate results.

Result: Torquay Athletic, 1 goal, 3 tries, 14 pts.; Bart.'s, 3 tries, 9 pts.

Bart.'s gave one of their very best displays, a most encouraging feature being the great improvement in defence and in combination behind the scrum. So completely to beat the Torquay defence on three occasions is in itself a matter for some congratulation, for the Athletic have lost only five matches out of the last sixty they have played.

Team.—C. W. John (*back*); J. G. Youngman, F. J. Beilby, L. M. Curtiss, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, R. Mundy, E. M. Darmady, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*). J. R. R. J.

ASSOCIATION FOOTBALL CLUB.

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

Played at Winchmore Hill on Saturday, January 9th.

Our opponents, who have held the Arthur Dunn Cup for the past three years, fielded a strong team against us, and started the game confidently, the right wing breaking through in the first minute, but putting over the bar from close range. The visitors continued to attack, but Bart.'s kept their goal intact, and gradually had more and more of the play. Gilbert and Wheeler both made good attempts, but Ricketts utilized his height and reach to advantage. After some 15 minutes' play the visitors scored through McArkie, who was acting as substitute. This was a good shot, but a somewhat easy goal, the greasy ball slipping through Johnson's hands. The visiting inside-left soon made the score 2—*nil* against us, scoring from a scrimmage following a corner kick. There was little else of incident until the interval, although Bart.'s had so much of the game that they may consider themselves unfortunate in being two goals behind at half-time.

The Hospital soon showed that they were not to be discouraged by a two-goal deficit. The forwards attacked with vigour, and were soon rewarded with a good goal by Shackman, who was playing with a broken finger. Midfield play followed, excellent positioning by the visiting wing-halves enabling them to prevent Bart.'s extreme wingers from breaking away. However, Gilbert eventually got through on his own, and drew Ricketts out of goal. The latter, in attempting to stop Gilbert, tripped him up. Gilbert recovered well, however, and placed the ball in the net, but the referee awarded a penalty-kick for the foul by Ricketts. Shackman took the kick, but put it outside the posts. Without appearing to make excuses for the team, it was at least unfortunate that we should have been robbed of a goal that would have placed us on level terms at a critical stage in the game. The visitors were quick to take advantage of their let-off, and broke away and scored an easy goal. Bart.'s still played up strenuously, and Wheeler put the ball in the net, following a scramble in the visitor's goal-mouth. This goal was well worked for, and it was therefore very discouraging when it was disallowed, a free kick being given against one of the Hospital attack. This further rebuff seemed to take all the life out of the Hospital game, while the visitors showed their best form, and had no difficulty in scoring two more goals before the end. They also missed a penalty kick, but finished the game in good style; nevertheless, their superiority was by no means as pronounced as the score would indicate.

Result: Bart.'s, 1; Old Wykehamists, 5.

Team.—D. J. Johnson (*goal*); J. Shields, A. H. Hunt (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*).

2nd Round, London University Cup Competition.

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON DAY TRAINING COLLEGE.

Played at Motspur Park on Wednesday, January 13th.

The Training College had drawn with us 0—0 in the original tie at Winchmore Hill, and fielded a stronger team than before for the replay. However, Bart.'s started the game by attacking, and continued to do so for the first ten minutes of the game, only good first-time kicking by the opposing backs keeping us out. There was, however, a distinct slackness in the play of the Hospital, and it was difficult to realize that a cup-tie was in progress. Our opponents, on the other hand, were always trying, and were quicker on the ball. Their efforts were rewarded after 15 minutes' play, when they opened the scoring through their outside-left, their best forward. Bart.'s resumed their lifeless pressure, any efforts to score being repelled by the splendid kicking of the opposing backs. Shackman nearly dribbled the ball into the net on one occasion, but was robbed when on the goal-line. Gilbert was playing very well on the right wing, but the rest of the forwards were ineffective, and we were soon two down, their centre-forward scoring with a cool shot, following a miskick by one of the Hospital backs. This stung Bart.'s into a really determined effort, and Wheeler scored immediately before the whistle went for half-time.

Half-time: Bart.'s, 1; London Day Training College, 2.

The second half opened with Bart.'s attacking hard, and with far greater penetrative power than before. Wheeler scored after five minutes, and the whole side was playing with far greater determination. The forwards were passing and shooting accurately, and the defence were kicking the ball first-time, in contrast to their methods before the interval. Shackman put us in front with a really fine goal, after a good movement on the right wing. The opposition made a big effort to get on terms, but there was no slackness in the Hospital defence, and Johnson was never seriously troubled. Bart.'s returned to the attack, and gave the opposing defence no rest. Wheeler scored his third goal by cleverly diverting past the goal-keeper a shot from Maidlow, who was playing his customary efficient game. Dolly scored the fifth from a corner by Gilbert, and Shackman added another excellent goal. He and Wheeler went through into the goal area, and the defence came up the field with the object of putting Wheeler off-side, but Shackman did not give the expected pass; instead, he dribbled through on his own and scored from close range.

Thus the Hospital registered a good win, after being two goals behind at the start. This very creditable performance was made possible by good team-work. Hunt, Gilbert, Wheeler and Shackman were outstanding, but there were no weaknesses, and the team certainly played better in the second half than at any previous time during the season.

Result: Bart.'s, 6; London Day Training College, 2.

Team.—D. J. Johnson (*goal*); J. Shields, A. H. Hunt (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*), R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*).

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

Played at Winchmore Hill on Saturday, January 16th.

Bart.'s fielded their Cup side, and started in confident fashion, doing all the attacking for the first half. This was unusual for the Hospital, as it usually seems to take 15 minutes or so for the team to get "warmed up" sufficiently to play well together. On this occasion the confidence of the Hospital attack proved its undoing, and shot after shot soared over the crossbar, or went harmlessly behind. Thus, although Bart.'s kept the ball in their opponents' half of the field almost all the time, the Old Westminsters' goal was kept intact without much difficulty. The visitors broke away occasionally, and from one of these attacks their inside-right scored with a rather lucky shot. Soon afterwards a misunderstanding by the Hospital defence allowed the visiting centre-forward to score a second goal. Thus Bart.'s were two down at the interval, and had no one but themselves to blame. The passing of the Hospital forwards and half-backs was inaccurate, and the inside men refused to take advantage of the undoubted opportunities which they themselves worked for.

The visitors attacked from the start of the second half, and the Hospital defence had a busy time. However, there was no further score until 15 minutes after the interval, by which time Bart.'s had renewed their pressure. Shackman dribbled through cleverly, and scored as the goal-keeper advanced to meet him. This goal was, however, neutralized by the visiting inside-right, who broke away and scored with a good shot. Bart.'s retaliated once more, and scored through a shot by Wheeler. During the next few minutes the game was held up three times for injuries to Hospital players, and Bart.'s were temporarily on the defensive. The visitors scored again, after Johnson had pushed out a hard shot from the right. Bart.'s carried the ball back into their opponents' goal-mouth, and kept it there for some time. The final whistle went with the Hospital attacking hotly, but with the score still 4—2 against us.

It was frankly disappointing to be beaten in such a fashion. Our opponents were good, their extreme wing men being excellent, but one felt that the Hospital should have won. The very bad state of the ground was admittedly against good football, but our failure was undoubtedly due to our lack of opportunism in the first half of the game. However, the team has vastly improved since the beginning of the season, and the incentive of the Inter-Hospital Cup-ties should produce that extra amount of "pep" so vital to the success of the side.

Team.—D. J. Johnson (*goal*); J. Shields, A. H. Hunt (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*).

HOCKEY CLUB.

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

Played at Winchmore Hill on Saturday, January 9th. Won 5—3.

For this match the Hospital fielded a full side for the first time this season. This was fortunate, particularly so because, with but a moderate team out, we had been beaten by this same side earlier in the year. The ground was naturally somewhat heavy after rain for the past few days, but quite a fast and interesting game resulted. We tried a different forward line as an experiment, in view of the near approach of the cupties, and the result was successful in that the line worked better together as a whole.

The Hospital played uphill in the first half and had the best of the game to begin with. At half-time the score was 3—0 in our favour, Davidson's goal shot from the extreme edge of the circle being noteworthy. Sittingbourne improved, however, began hitting harder, and soon after resumption of play scored two goals themselves. Hinds Howell then put us further ahead by a quick rush through, but our opponents scored once more and always looked as if they might at any moment catch us up.

The backs played well and were quite reliable, clearing well. The halves were rather apt to crowd into the centre, leaving their wing men unmarked, but got through a fine amount of work. Good stick work on such a heavy ground, however, was necessarily difficult.

Team.—H. L. Hodgkinson (*goal*); P. M. Wright, G. T. Hindley (*backs*); V. C. Snell, K. W. Martin, J. H. Hunt (capt.) (*halves*); R. T. Davidson, C. A. Hinds Howell, A. D. Iliff, C. L. Hay-Shunker, J. M. Lockett (*forwards*).

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

Played at Reading on January 16th. Won 4—3.

The game started off at a great pace, the ground playing far better than we had expected. The teams were very evenly matched, and there was little to choose between them. Both goals were frequently in danger, and Gale, in ours, playing in that position for the first time, made some good clearances. We were lucky to score first, the ball just trickling over the line after a weak shot, but Hay-Shunker soon put us further ahead with a good hard shot into the corner of the net. At half-time we were still leading, but soon after, our opponents began to do better. They were opening up the game better than we were, the right tactics under the conditions, the ground by now being somewhat cut up and heavy. Davidson, however, after a good individual run up the wing sent in an excellent shot which completely beat their goalkeeper, and we kept our lead till the end. They had bad luck at times in not scoring, but on the other hand several "sitters" were missed in front of goal by the Hospital forwards. Our players did not last out the fast pace so well as they, and if the team is to do well in the cup-ties, they must put in some strict training beforehand.

Team.—D. Gale (*goal*); P. M. Wright, G. T. Hindley (*backs*); V. C. Snell, K. W. Martin, J. H. Hunt (capt.) (*halves*); R. T. Davidson, C. A. Hinds Howell, A. D. Iliff, C. L. Hay-Shunker, J. M. Lockett (*forwards*).

UNITED HOSPITALS SAILING CLUB.

The final placings at the end of last season have just come to hand, and are as follows:

	Starts.	1st.	2nd.	3rd.	Unplaced.
London	18	8	7	1	2
Bart.'s	18	6	6	4	2
U.C.H.	19	4	4	3	8
St. Mary's	14	1	0	2	11
Guy's	13	0	1	2	10
St. George's	11	0	0	1	10
Middlesex	15	0	0	1	14
St. Thomas's	10	0	0	1	9

The Spring General Meeting is to be held on Friday, March 4th, at 8.30 p.m., at University College Hospital. Anyone who would like to hear about next season's programme is asked to make an effort to attend.

It is hoped to call a meeting of the Bart.'s Sailing Club sometime before that date, to discuss certain amendments to the rules of the U.H.S.C. which have been suggested, to give prospective members an opportunity to find out about the facilities for sailing at Burnham, and any details of the Club's activities they may want to know.

W. H. CARTWRIGHT,
Hon. Sec.

FIVES CLUB.

Owing to the generosity of the Governors of the Hospital in building the Fives Court which now exists at the back of the New Block, the Fives Club was able to resume its activities at the commencement of the winter season.

At a meeting held in October of last year the following were elected Officers of the Club for the ensuing season:

President: Dr. Wilfred Shaw.
Captain: J. S. MacVine.
Hon. Sec.: K. A. Latter.
Committee: Captain, Hon. Sec., J. H. Hunt, W. H. Gabb.

Fives has proved extremely popular amongst the students, and a tournament was started in November with the primary object of bringing to light any hidden talent. The number of entries received was very gratifying, and only showed how keen everybody was: there were over 60 entries for the Singles and about 25 pairs in the Doubles. The competition is now reaching the closing stages and some exciting games are to be expected.

This term a number of matches have been arranged; so far only two have been played, one of which was won and the other lost. Against the Old Allevnians the Hospital side won by the narrow margin of 7 points. This success was in great part due to the good form shown by W. H. Gabb, who won many points by his powerful return of service and deep returns down the wall. He was well supported by H. L. Hodgkinson, who played a very steady game. The second pair, G. Oppenheimer and J. R. Kingdon, played well against opponents who were severe and accurate; their results will be even better when they have had more opportunity of playing together as a pair.

On January 14th the Old Blues brought a side along which proved rather too strong for our IV. In this match Oliver replaced Hodgkinson, who was indisposed, and showed himself to be quite sound, both in defence and attack. During the next two months seven more fixtures have been arranged, and it is to be hoped that all those interested in Fives will play as much as possible in order that next season the match list may be extended so as to include many more players.

Results to date:

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

January 7th. Home.

W. H. Gabb and H. L. Hodgkinson beat Rimmer and Vogle, 15–7, 15–7, 6–15; beat Oliver and Jonas, 15–11, 15–8.

J. R. Kingdon and G. Oppenheimer lost to Oliver and Jonas, 15–13, 2–15, 15–10; lost to Rimmer and Vogle, 10–15, 15–13.

Match won by 123 points to 114.

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

January 14th. Home.

Gabb and Kingdon drew with Black and Gooby, 15–9, 9–15; lost to Millage and Glassborow, 4–15.

Oppenheimer and Oliver lost to Black and Gooby, 9–15, 15–13; lost to Millage and Glassborow, 9–15, 12–15.

Match lost by 73 points to 97. K. A. L.

INTER-HOSPITALS CROSS-COUNTRY RACE.

This is to be run on Wednesday, March 9th, from the Hospital's headquarters at Richmond.

Last year we were just beaten by Thomas's, who will have almost the same team this year, and our only hope of beating them will be if every man of our team turns out and trains regularly. In a team race such as this, good packing is far more effective than brilliant individual running, and it can only be achieved by training together.

If there are any freshmen who are interested in cross-country running, they should get in touch with J. R. Strong or G. Dalley at once, or go down to Richmond any Wednesday afternoon; full particulars will be found on the notice-board. G. D.

UNITED HOSPITALS HARE AND HOUNDS.

U.H.H.H. *v.* DUBLIN UNIVERSITY AND THAMES H. & H.

At Roehampton.

With the Hospitals at very nearly full strength this proved an exciting race, and resulted in a tie with the Thames for first place, Dublin being third. As to the race itself, it was started in a fine drizzle. "Jimmy" Craig (Dublin) led from the start, setting a very fast pace. At about the halfway mark, Sandiford (Thomas's), Strong (Bart.'s) and V. E. Morgan (Thames) had passed him, but the last-named was beaten out of third place by Craig. The individual winner was Sandiford, in the fast time of 38 min. 20 sec.

Points:

1. { U.H.H.H., 1, 2, 8, 11, 14, 17 = 53.
   { Thames H. & H., 4, 5, 7, 9, 12, 16 = 53.
3. Dublin University, 3, 6, 10, 13, 15, 18 = 65.

G. D.

LAWN TENNIS CLUB.

The Annual General Meeting was held on December 14th with Sir C. Gordon-Watson in the Chair.

The following officers were elected for 1932:

President: Sir Charles Gordon-Watson.
Vice-President: Mr. Bedford Russell.
Captain: O. A. Savage.
Hon. Sec.: J. R. Kingdon.
Captain 2nd VI. R. C. Witt.
Extra Committeeman: J. H. Hunt.

It is proposed to hold a singles tournament as in last season, and it is hoped that as many entries as possible will be secured.

J. R. K.

CORRESPONDENCE.

DUNCANIANA.

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

DEAR SIR,—May I also testify to the impossibility of the tasting urine story being true of Duncan; that was the very opposite of his style. In my time (I was his H.P. in 1883) the incident was told of a much more likely member of the Staff, who shall be nameless.

Perhaps some of your readers may remember this characteristic touch: "Barnes' bag is said to be fiddle-shaped. It's not fiddle-shaped; a Barnes' bag is Barnes'-bag-shaped!"

I am, Sir, etc.,
JOHN MASON.

Cross-in-Hand, Sussex;
December, 1931.

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

DEAR SIR,—Doctor Maidlow's paper in the December number of the JOURNAL tempts me to send you the following quotation from Matthews Duncan as I heard it often repeated by my father.

It illustrates to my mind Dr. Maidlow's point that Duncan's lapses into coarseness were made for the sake of emphasis, and there is little doubt that they did impress his hearers.

I leave the Scottish intonation to be supplied by those familiar with it.

Duncan was talking of the propulsive power of the abdomen, and wound up thus: "They say the propulsive power of the abdomen is infinite; did you ever hear such rubbish? You have all seen little boys standing in the gutter trying which can piss the highest; well gentlemen, if the propulsive power of the abdomen were infinite the stream of urine, instead of being a few inches high would go right over the housetops, and the accoucheur would only have to go into the lying-in room and open the window and the poor little baby would be shot out into infinity."

I am, Sir, etc.,
L. F. STRUGNELL.

Royal Naval Hospital, Malta.

UNUSUALLY LARGE OVARIAN CYST REMOVED UNDER TWILIGHT SLEEP AND SPINAL ANALGESIA.

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

DEAR SIR,—Even under present conditions, patients from outlying districts sometimes wait till abdominal swellings, especially ovarian cysts, reach enormous proportions before they seek surgical aid. The present case, one of the largest I have seen, was admitted under my care to the General Hospital, Colombo, complaining of an abdominal swelling for the last three years. She was a married woman of 34, who ceased to menstruate eighteen months ago. She had one child eight years ago; since then no further pregnancies occurred. The abdominal swelling gradually increased in size, and caused no discomfort except for its size and weight. She began to lose flesh and her legs became œdematous. She had taken medicines from an Ayurvedic physician, but without any success.

On admission, patient looked emaciated and presented a characteristic ovarian picture. The heart was pushed up by the large abdominal swelling, and there was evidence of slight œdema of both bases of the lungs. There was definite secretion in both breasts—a point of some importance, as pregnancy might be suggested in cases of smaller ovarian cysts. The abdomen was uniformly and enormously distended and the tumour presented all the evidence of a large encysted swelling. An ordinary multilocular ovarian cyst was diagnosed.

The patient was operated upon a week after admission. The previous night she was given morphia gr. $\frac{1}{4}$. On the morning of the operation at 6 a.m. she was given gr. $\frac{1}{4}$ morphia with $\frac{1}{150}$ gr. of scopolamine. Just before the operation at 8 a.m. she was given $\frac{1}{150}$ gr. of scopolamine only. Her eyes were tied up, her ears were plugged and she was carried into the theatre. The usual lumbar puncture was done, 60 minims of cerebro-spinal fluid withdrawn and 2 c.c. of stovaine in glucose and distilled water (Barker's formula) introduced. When analgesia was established, a median incision as for a Cæsarian section was made. The cyst was tapped below the umbilicus with the usual ovarian trocar and cannula. A thick chocolate-coloured fluid ran out, and the cyst contained many loculi, which were in turn tapped. The cyst was then removed in the usual way. About 2 in. of abdominal wall were cut away, and the edges approximated. A flat sandbag weighing about 4 lb. was placed over the dressings and the abdomen was tightly bandaged. This sandbag takes the place of the cyst, and prevents splanchnic dilatation, with resulting fall of blood-pressure.

The patient had a stormy convalescence during the first week. Her temperature oscillated between 104° and 100° for 4 days and she had very troublesome diarrhœa. She gradually settled down and the diarrhœa was controlled. She was able to get about in 3 weeks, and left hospital within 5 weeks of the operation.

The interesting points in this case are: (1) The unusually large size of the cyst, measuring 47 in. round and 35 in. long, and containing 25 pints of fluid. (2) The presence of milky secretion in the breasts. (3) The success of the twilight sleep associated with the spinal analgesia. It would have been impossible to give this patient a general anæsthetic without subsequent pulmonary complications. (4) The severe diarrhœa following the release of pressure in the abdominal cavity.

I am, Sir, etc.,
GUNARATNAM COOKE.

General Hospital, Colombo, Ceylon;
November, 1931.

REVIEWS.

CLINICAL LECTURES ON PSYCHOLOGICAL MEDICINE. By H. YELLOWLEES, O.B.E., M.D., F.R.C.P., D.P.M. London: J. & A. Churchill, 1932. Pp. vii + 310. Price 12s. 6d. net.

The appearance of a short series of lectures on psychiatry is especially welcome. The various subjects in the over-burdened curriculum are legion, and none is more puzzling than the realm of psychiatry as presented by most of the ordinary text-books. The poor student turns from one book to another, trying to glean something of the terms and conditions of which he is expected to know and understand, till at last he gives the subject up in disgust, hoping that his luck will be in, and that the examiners will not touch upon it. But that is not the end, for in hospital and in general practice he is continually up against the problems of the psychoses and the psychoneuroses, and his out-patient benches reek with the many manifestations of neurotic ailments. He must do something.

The lectures presented in this book were mostly delivered at St. Thomas's Hospital during the course of instruction in psychological medicine, and a few are from other sources. They serve as an excellent introduction to the subject for those who are attending such a course, and also to those who wish to refresh the memories of their scanty attendances at a mental hospital before qualification. Psychological medicine has gone and is going through a period of revolution, and it is vital that all concerned should understand something of its elementary principles; it is, however, perhaps the most specialized of all the specialities, and the harassed student or the busy practitioner cannot be expected to have anything but a nodding acquaintance with its conditions; he must know something, however.

This book can be recommended for its simplicity, and for its attractive style in presenting the subject. It will act as a key for the student to unlock the mysteries of the larger psychological text-books. Finally, to those who are reading that wonderful series of clinical lectures on diseases of children by Dr. Robert Hutchison, this volume will come as a twin brother, helping the student to gain his introduction to two of Medicine's most fascinating daughters.

POCKET ATLAS OF ANATOMY. By VICTOR PAUCHET and S. DUPRET. Second edition. (London: Humphrey Milford, 1931.) Pp. xiii + 377. 343 plates. Price 12s. 6d. net.

This little work, hailing from the Anatomical School of Amiens, now appears in its second edition in slightly enlarged form.

It remains, however, no small feat on the part of the authors to have kept within "pocket" size such an exhaustive survey of the anatomy of the human body.

But its diminutive size, though admittedly one of its greatest recommendations, carries with it certain disadvantages.

The absence of text necessitates a quantity of explanatory letter-press around the diagrams, which as a result are inclined to become somewhat bewildering. The plates themselves, however, are of good size and excellent draughtsmanship and are remarkably comprehensive.

A feature of great value for the student of surgery is the clear representation of the lymphatic system—often a weak point in the largest text-books.

The authors, doubtless for the sake of economy, have omitted the familar blue coloration for the venous system from their plates; this lack of differentiation tends to add to the complexity of the figures.

A good index is provided, and throughout the alternative terminologies are given.

PROTECTIVE MEASURES AGAINST THE DANGERS RESULTING FROM THE USE OF RADIUM, ROENTGEN, AND ULTRA-VIOLET RAYS. Report to the League of Nations Health Organization. By HERMAN WINTZ, M.D., Ph.D., with the assistance of WALTHER RUMP, Ph.D. (George Allen & Unwin, 1931.) Pp. 114. Price 3s.

This is a book that should be available to anyone who has to deal with these problems.

The main part is devoted to protection from the rays for X-ray radium workers and patients.

The authors have summed up the recommendations of the various countries on this matter, and have added the results of much experimental work done by themselves. The book enlarges on the international recommendations, which are usually used in this country, and only disagrees with them in one point, namely, in stressing the necessity of considering quantity as well as quality in deciding on the amount of lead necessary for protection. The authors also go into greater detail on the amount of protection necessary from scattered radiation, and by giving exact figures for the amount of allowable radiation, they enable one to test whether one's own working conditions are satisfactory.

There is also a section on protection from electric shock, and the dangers from film fires.

There is a large bibliography at the end.

THE CARDIAC CYCLE. By HARRINGTON SAINSBURY, O.B.E., M.D., F.R.C.P. (Bristol: John Wright & Sons, Ltd.) Price 5s.

This small book is dedicated to William Harvey and Isaac Newton, and in it the author describes, and seeks to explain, the cycle of events responsible for the circulation of the blood and lymph on the physical basis of the laws of motion.

Particular stress is laid on the initiation of the pulse wave in

the isometric phase of ventricular systole, and on the importance of this wave in the interpretation of the diastolic blood-pressure and in the circulation of the lymph. The inclusion of a diagram of superimposed auricular, ventricular and aortic pressures greatly assists in understanding the arguments put forward in a text in which platitudes are risked in the interests of simplicity.

A MANUAL OF GENERAL MEDICAL PRACTICE. By W. STANLEY SYKES, M.A., M.B., B.Ch. Second edition. (London: H. K. Lewis & Co., Ltd., 1931.) Pp. 214. Price 7s. 6d. net.

It is with real pleasure that we welcome the second edition of this attractive little volume by an old Bart.'s man. The first edition appeared in 1927. It has altered little with the years. Freshly written, every page contains practical advice. There are some good notes on influenza (a disease treated in four pages in the latest edition of Osler, which devotes over forty pages to typhoid), and much that is useful about appendicitis. While the chapters on anæsthetics are especially sound, some pædiatricians will fail to share the author's optimism concerning the safety of ethyl chloride as a general anæsthetic.

Many pleasing aphorisms compensate for a grammatical howler on p. 92.

SOME RADIUM CASES AT THE MIDDLESEX HOSPITAL: A PHOTOGRAPHIC RECORD. By A. CAMERON MACLEOD, M.B., B.S., F.R.C.S. (John Murray.) Pp. 134. Price 7s. 6d.

Photographic records are of the greatest importance in the documentation of the effects of treatment, such as radio-therapy, and we therefore welcome this modest volume of one hundred and twenty-two plates, collected and annotated by the late Surgical Registrar at the Middlesex Hospital. It is obvious that only surface lesions lend themselves to this form of illustration, so that a collection of this kind can be of little scientific value by itself. The photographs are, however, of excellent quality, having been made by Mr. Amyas McKenzie, Clinical Photographer to the Hospital, and are at any rate of value as propaganda, since they afford ocular demonstration to the sceptics of the remarkable effect of radium treatment in a number of spectacular cases. The photographer was evidently properly equipped for his task, and the book points a clear moral to the authorities at St. Bartholomew's Hospital, which still, in 1931, lacks an adequate photographic department.

AN INTRODUCTION TO HYGIENE. By W. ROBERTSON, M.D., D.P.H., etc. (Edinburgh: E. & S. Livingstone.) Pp. 207. With illustrations. Price 6s.

This book is based upon the lectures delivered at the School of Medicine of the Royal Colleges, Edinburgh. The author, in a very brief and modest preface, states that he has written the book for those who, in their undergraduate days, may be interested in public health and go more deeply into it. The scope of the book is a wide one. The chapter on various acts is well condensed; the student will realize the ease with which the vaccination of children may be evaded by their parents, and the danger of the so-called "conscientious objector." Particularly useful is the information given on the control of food supplies, and any practitioner can feel secure against the multitudinous questions about milk which may be asked him by parents if he will take the trouble to learn what is set forth about it on pp. 36–37.

Only the more commonly encountered infectious diseases are dealt with. In dealing with smallpox a small table is provided, giving very illuminating figures as to the incidence of the disease in various large towns amongst vaccinated and unvaccinated. Here, again, is a useful piece of authentic information so effective in replying to the anti-vaccinationist. The statement that maternal mortality is lower in cases supervised by skilled nurses than in those attended by medical men because instrumental interference brings in greater risks is rather misleading. Dr. Robertson goes on to say that "nurses are not allowed to apply forceps, whereas medical men frequently do." He must surely allow that as soon as a case becomes abnormal the midwife sends for the doctor and the responsibility is his. Any surgeon can produce a very creditable mortality rate for his operations by handing difficult cases to someone else.

The latter half of the book dealing with water, building and sewage is well illustrated by very clear diagrams.

The whole book is attractively produced, and can be recommended as an introduction to a larger work.

MIDWIFERY. By TEN TEACHERS, under the direction of COMYNS BERKELEY, M.A., M.D., F.R.C.P., F.R.C.S., etc. Fourth edition. (London: Edward Arnold & Co., 1931.) Pp. x + 740. 297 illustrations. Price 18s.

During the arduous life of a general practitioner, and perhaps later in the evening of his life, when he has leisure and means to sit by the fire and smoke after the blinds are drawn, he will no doubt often run through in his mind the faces and names of those teachers and books whose collective wisdom gained for him his qualification. There are a few books which are as universal as a text-book is ever likely to be. "Midwifery by Ten Teachers" comes out again in a fourth edition. First published in 1917, it may hardly be expected that many of those who learned their midwifery from it are now retired and affluent. But it has made its name, and is of very great value by virtue of that the editor stated in the preface to the first edition, "the writers . . . . are all teachers in London medical schools . . . . most of them have had experience as examiners." They represent "eight general hospitals with medical schools, and the three large lying-in hospitals." Numerous meetings of the writers were held, in which adjustments were made in order to make the work thoroughly representative of the ten. We can imagine the heart-rending scene when one particular fad after another was sternly refused by the "non-placets" of the assembly.

The same course has been followed in the present edition. Ovulation, menstruation, puerperal sepsis and anæsthesia in labour have been almost re-written, and the illustrations have been carefully revised. There is still the customary list of theories as to the causation of toxæmias of pregnancy. Mention is made of the theory involving the increased intra-abdominal pressure and drawing attention to the renal lesions, which was so ably expounded by Paramore in his paper read in Dublin in 1929. The treatment he has used with spinal anæsthesia and incision of the kidney capsule is mentioned.

Infant feeding is dealt with extremely well. The tables and illustrations deserve mention. The conduct of normal and abnormal labour occupy the major part of the work, and the destructive operations, which nowadays are fortunately rarely seen, are given an appropriately modest place.

There appears to be no mention of the lower uterine segment operation for Cæsarian section with the transverse incision of the uterus; it would seem that this is worthy of mention in such an authoritative book, as it has advantages which the classical operation does not possess.

The impression left after closing the book is that it is extremely well written and produced. It has an undeniable dignity, and commands the respect which belongs to those who are responsible for it. It is a pleasure to read, and it would be difficult to find any adverse criticism to apply to it.

PHYSICAL CHEMISTRY FOR STUDENTS OF MEDICINE. By A. FINDLAY. Second edition. (Longmans, Green & Co., 1931.) Pp. xii + 260. Price 10s. 6d.

This excellent book has now been revised and enlarged; the revision has been thorough, and the new matter introduced is of great importance for students of the various branches of biochemistry. For example, a new chapter has been added on the subject of oxidation and reduction, with special reference to the idea of oxidation-reduction potential and its measurement, to the use of oxidation-reduction indicators, and to some results obtained in this field in the examination of enzymes and bacteria which will interest alike the physiologist and the bacteriologist. Equally suggestive new additions have been made in the chapters on the colloidal state and on adsorption.

The references, both to original papers and books, have been much extended, and these increase the value of the book for students who wish to make a serious study of the subject with which the book deals. A reader will doubtless be grateful to the author for defining the term "activity" and hinting at its applications, but he will not be so grateful for the infliction upon him of two equations without a hint as to the method of their deduction and relationship.

ORGANIC CHEMISTRY FOR MEDICAL, INTERMEDIATE SCIENCE AND OTHER STUDENTS. By A. KILLEN MACBETH, M.A., D.Sc., F.I.C. Second edition. (Longmans, Green & Co., 1931.) Pp. xiv + 296. Price 6s. 6d.

A second edition. It is a thoroughly useful and interesting book on the subject with which it deals, and has been brought quite up to date. The author has made excellent use of the 280 pages of text at his disposal. We can recommend it unreservedly as an introduction to the study of organic chemistry.

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

ADAMS, JOHN, F.R.C.S., and ADAMS, PHILIP, M.C.R.S., L.R.C.P. "Generalized Gas Gangrene Developing during Parturition." *British Medical Journal*, December 26th, 1931.

ADAMS, PHILIP, M.R.C.S., L.R.C.P. *See* Adams and Adams.

BACH, FRANCIS, M.D. (and HILL, N. GRAY, *M.C.*, M.B., D.P.H.). "Erythrocyte Sedimentation-rate in Rheumatic Fever." *Lancet*, January 9th, 1932.

BROWN, W. G. SCOTT, M.D., F.R.C.S. "An Epidemic of the Bulbar Type of Poliomyelitis." *Lancet*, December 12th, 1931.

BROWN, W. LANGDON, M.D., F.R.C.P. "Recent Observations on the Pituitary Body." *Practitioner*, December, 1931.

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CHOPRA, R. N., M.A., M.D.(Cantab.), I.M.S. (and KRISHNA, S., and GHOSE, T. P.). "Indian Ephedra: Their Chemistry and Pharmacology." *Indian Journal Medical Research*, July, 1931.

COLT, G. H., M.B., B.Ch., F.R.C.S. "Three Cases of Torsion of an Appendix Epiploica of the Sigmoid Colon." *British Journal of Surgery*, January, 1932.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "The Nasal Element in Spasmodic Asthma." *British Medical Journal*, December 19th, 1931.

ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "Some Points in Connexion with the Treatment of Glaucoma." *British Medical Journal*, December 26th, 1931.

FISHER, A. G. TIMBRELL, *M.C.*, M.B., B.Ch., F.R.C.S. "A New Method of Approach to the Semilunar Cartilage of the Knee-joint." *Lancet*, December 26th, 1931.

GILDING, H. P., B.M., B.Ch.(OXON.), REEVES, H. GORDON, D.Sc., Ph.D., and RENBOM, E. T., B.Sc., M.B., B.S. "The Action of Dihydroxyacetone on Mammalian Plain and Cardiac Muscle." *Quarterly Journal of Experimental Physiology*, vol. xxi, No. 3, November, 1931.

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HOWELL, C. M. HINDS, M.D. "Some Effects of Trauma on the Nervous System." *Lancet*, January 16th, 1932.

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OSMOND, J. E., M.B. (and HUGHES, K. E., M.R.C.S.). "Value of the Kline Test for Syphilis." *Lancet*, January 16th, 1932.

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POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. VI: Amputation. The Operation on Nelson in 1797" (*contd.*). *British Journal of Surgery*, January, 1932.

REEVES, H. GORDON, D.Sc., Ph.D. *See* GILDING, REEVES and RENBOM.

RENBOM, E. T., B.Sc., M.B., B.S.(Lond.). *See* GILDING, REEVES and RENBOM.

SPARKS, J. V., B.A.(Cantab.), D.M.R.E. "Localization of Pleural Adhesions," *British Journal of Radiology*, November, 1931.

WALKER, KENNETH M., O.B.E., M.B., F.R.C.S. "Accidents of the Male Climacteric." *British Medical Journal*, January 9th, 1932.

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WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Idiopathic Spontaneous Pneumothorax." *British Medical Journal*, November 28th, 1931.

WELLS, A. Q., D.M. "Variations in the Antigen Content of Serum in Disease." *Lancet*, December 19th, 1931.

WELLS, C. J. L., M.B., B.Ch.(Oxon.), "Catarrhal Infection and Formalin Vapour." *British Medical Journal*, January 9th, 1932.

RECENT ADDITIONS TO LIBRARY.

BAINBRIDGE and MENZIES: *Essentials of Physiology.* Seventh edition. (2 copies.)

BANISTER, BOURNE, DAVIES, RIVETT, PHILLIPS and LANE-ROBERTS: *The Queen Charlotte's Practice of Obstetrics.* Second edition.

BOYD. *The Pathology of Internal Diseases.* (2 copies.)

Browne Sir Thomas. The Works of. Edited by GEOFFREY KEYNES. 6 volumes.

CAMERON: *Textbook of Biochemistry.* Third edition.

CHADWICK: *Radioactivity and Radioactive Substances.* Third edition.

CHEATLE and CUTLER: *Tumours of the Breast.*

CLARKE: *The Fundus of the Human Eye.*

CROSSEN and CROSSEN: *Operative Gynæcology.* Fourth edition.

CUNNINGHAM: *Text-book of Anatomy.* Sixth edition.

——— *Practical Anatomy.* Eighth edition.

DIXON: *Manual of Pharmacology.* Seventh edition. (Additional copy.)

EARLE, Sir JAMES: French translation of certain works.

EDEN and HOLLAND: *Midwifery.* Seventh edition. (2 copies.)

FIFIELD: *Minor Surgery.* Second edition.

GLAISTER: *Medical Jurisprudence and Toxicology.* Fifth edition.

GREY TURNER: *The Paget Tradition.*

HADFIELD: *Practical Anæsthetics.* Second edition.

HARRISON: *The Diagnosis and Treatment of Venereal Diseases.* Fourth edition.

HEALD: *Injuries and Sport.*

HOMANS: *Text-book of Surgery.*

HUTCHISON: *Lectures on Diseases of Children.* Sixth edition.

KUNTZ: *The Autonomic Nervous System.*

LAWRENCE: *The Diabetic Life.* Sixth edition.

LEES: *Diagnosis and Treatment of Venereal Diseases.* Second edition.

LEWIS: *Clinical Disorders of the Heart Beat.* Sixth edition.

——— *Clinical Electrocardiography.* Fifth edition.

EXAMINATIONS, ETC.

University of Oxford.

The following Degree has been conferred:

D.M.—Macfadyen, J. A.

Final Examination for the Degrees of B.M., B.Ch., December, 1931.

Forensic Medicine and Hygiene.—Beal, J. H. B., Leishman, A. W. D.

University of Cambridge.

The following Degrees have been conferred:

M.B., B.Chir.—Cole, B. H.

M.B.—Lloyd Williamson, J. C. F.

Third Examination for Medical and Surgical Degrees, December, 1931.

Part I. Surgery, Midwifery and Gynæcology.—Burrows, T. E., Campbell, J. W., Gabb, W. H., Hall-Smith, C. S., Jones, P. W. E., Mandow, G. A., Mears, A. R. R., Metcu, R. V. I., Radcliffe, F., Roper, R. D., Scott, J. L. S., Tracey, J. B., Tubbs, O. S., Wedd, G. D., White, H. D., Williams, R. H. H., Wilson, W.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Franklin, A. W., Graetz, G. H. A., Green, H. F., Harris, A. G. J., Jameson Evans, L. P., Masina, M. H., Partridge, G. T., Thorne Thorne, V., Tracey, J. B., Westwood, M.

University of London.

M.D. Examination.

Branch I. Medicine.—Clark, A., Cruden, S. S., Forrest, J. R. Selbourne, H. A. H.

Branch V. State Medicine.—Oldershaw, H. L.

M.S. Examination.

Branch IV. Laryngology, Otology and Rhinology.—Deighton, T. D.

First Examination for Medical Degrees, December, 1931.

Pass.—Armstrong, B. P., Barrett, R. H., Cates, J. E., Cawthorne, J. E., Cobb, W. A., Dubash, J. J., Grundy, T. N., Hollands, F. G., Lewis, C. L., McKenzie, J. K., Moore, F. T., Smyth, E. H. J., Stephens, A., Vahrman, J., Williams, A. M., Williams, R. T. H., Woddis, G. M.

Conjoint Examination Board.

Pre-Medical Examination, January, 1932.

Chemistry.—Coates, H., Jackson, K. V., Kershaw, R., Owen, W. A., Smith, J. B. G.

Physics.—Coates, H., Jackson, K. V., Nixon, J. C., Owen, W. A., Smith, J. B. G., Weiner, H.

Biology.—Jackson, K. V., Mills, P. J. W., Nixon, J. C., Rosten, B. M. D., Smith, J. B. G.

First Professional Examination, January, 1932.

Anatomy. Barbour, A. B., Clifford Smith, J., Knight, W. C., McAvoy, J. C., Merriman, R. M., Osen, H. E., Paget, W. O. G., Ringdahl, K. E. O., Samuel, R. G., Wooding, J. E.

Physiology.—Bird, G. E. N., Clifford Smith, J., McAvoy, J. C., Osen, H. E., Paget, W. O. G., Samuel, R. G., Wooding, J. E.

Materia Medica and Pharmacology.—Brownlees, T. J. K., Croft, F., Evans, W. E. F., Howell, T. H., McAvoy, J. C., Noordin, R. M., Orpwood, R. M. M. C., Squire, J. A., Trubshaw, W. H. D., Turner, R. E. S., Wheeler, F. E.

L.M.S.S.A.

The Diploma of the Society has been granted to: Watson, E. O.

CHANGES OF ADDRESS.

BANKS, W. E. H., 15, Florence Terrace, Falmouth, Cornwall.
BARNSLEY, Major R. E., R.A.M.C., Officers' Mess, The Citadel, Cairo, Egypt.
BLOOM, S., Surgery, 108, Brecon Road, Merthyr Tydfil.
CAPENER, N. L., 40, Southernhay West, Exeter. (Tel. 4692.)
ENOCH, R. H., "Hillcroft," Friars Gate, Guildford.
GOODWIN, T. S., Ashbrook, Vine Court Road, Sevenoaks, Kent.
GRIFFIN, F. W. W., 29, Ellerby Street, Fulham, S.W. 6.
HENDLEY, H. J., Holmesdale House, Brasted, Kent.
HOGG, W., King Edward VII Memorial Sanatorium, Hertford Hill, near Warwick.
MANSELL, Major R. A., R.A.M.C., A.D.M.S. Office, Government House, Mount Wise, Devonport.
MAPLES, E. E., Gorey House, Jersey, Channel Islands.
ROBB, W. A., "Quarrylands," Dunsford Hill, Exeter. (Tel. 4387.)
TOPHAM, E. J. E., 293, Victoria Avenue, Wanganui, New Zealand.

APPOINTMENT.

HOGG, W., M.B., M.R.C.S., L.R.C.P., appointed Junior Assistant Resident Medical Officer, King Edward VII Memorial Sanatorium.

BIRTHS.

BROADBENT.—On January 9th, 1932, at Ng'ora, Uganda, to Marcus and Norah Broadbent—a daughter.

CORFE.—On January 15th, 1932, at the Bevan Nursing Home, Folkestone, to Dorothy, wife of Dr. F. R. Corfe—a son.

FRASER-SMITH.—On December 23rd, 1931, at B.C.M.S. Hospital, Kachwa, Dist. Mirzapur, United Provinces, India, to Eileen Margaret (*née* Allen Baker), wife of Dr. A. E. Fraser-Smith—a daughter.

GARSON.—On January 2nd, 1932, at 66, Rodney Street, Liverpool, to Mr. and Mrs. Philip Garson—a daughter.

RICE.—On December 26th, 1931, at 47, Thorpe Road, Norwich, to Doris (*née* Slater, wife of Dr. R. A. C. Rice—a son.

TOPHAM.—On December 7th, 1931, to Dr. Helen Topham, wife of Dr. E. J. E. Topham, Victoria Avenue, Wanganui, New Zealand—a daughter.

WARE.—On December 26th, 1931, at 10, St. Andrew's Street North, Bury St. Edmunds, to Phyllis (*née* Capps), wife of Dr. H. A. Ware—a daughter.

WIGHT.—On January 3rd, 1932, to Dorothy (*née* Templeton), wife of Cecil H. Wight, M.C., M.R.C.S., L.R.C.P., of Wangford, Beccles—a son.

MARRIAGES.

HENSMAN—KIRKPATRICK.—On January 23rd, 1932, at Christ Church, Westminster, by the Rev. P. T. R. Kirk, assisted by the Rev. J. D. Orpen, Dr. Stuart Hensman, son of Mr. and Mrs. James Hensman, to Catharine, younger daughter of Sir Cyril and Lady Kirkpatrick.

MARSHALL—ROWLANDS.—On January 15th, 1932, at Southwark Cathedral, by the Rev. Ian White-Thomson, assisted by Canon J. B. Haldane and the Rev. E. Royle, Robert Mackenzie, B.M., B.Ch.(Oxon.), only son of Dr. R. J. Marshall, of Shanghai, to Betty, only daughter of Mr. Robert P. Rowlands, O.B.E., F.R.C.S., and Mrs. Rowlands, of 45, Wimpole Street, and Hurtwood Edge, Ewhurst, Surrey.

RUSHWORTH—ROBINSON.—On January 5th, 1932, at All Souls', Langham Place, W., by the Rev. Oswald Brenton, Norman Rushworth, M.R.C.S., L.R.C.P., of Beechfield, Walton-on-Thames, to Cynthia Beryl, younger daughter of Montagne J. Robinson, of Farringford, Walton-on-Thames.

SPARKS—GUDGEON.—On January 4th, 1932, at St. James's, Piccadilly, by the Rev. A. Linzee Giles, John Victor, youngest son of Mr. and Mrs. C. P. Sparks, Ormesdale, Dorking, to Dorothy May, younger daughter of Mr. A. J. and the late Mrs. Gudgeon, of 2, Norfolk Square, Brighton.

TIERNEY—GOWLLAND.—On January 16th, 1932, at All Souls', Langham Place, W., Thomas Fane, elder son of Dr. and Mrs. Thomas Tierney, of 178, Great Cumberland Place, W., to Dora May, only child of Mr. and Mrs. F. E. Gowlland, of Muswell Hill, N.

DEATHS.

CALVERT.—On January 13th, 1932, suddenly, James Calvert, C.B.E., M.D., F.R.C.P., of 113, Harley Street, and 21, Portman Mansions, W. 1, aged 76.

HENDLEY.—On January 21st, 1932, suddenly, at The Thatched House, Caxton, Cambridge, Major General Harold Hendley, C.S.I. (I.M.S. retired), aged 70.

HENSHAW.—On January 20th, 1932, at 24, Shawfield Park, Bromley, Kent, Harry Williams Henshaw, M.R.C.S., L.R.C.P., D.P.H., aged 63.

NOTICE.

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

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

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

St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Tues., Mar. 1.—Dr. Gow and Mr. Girling Ball on duty.
Wed., ,, 2.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri., ,, 4.—Medicine: Clinical Lecture by Sir Thomas Horder. Prof. Fraser and Prof. Gask on duty.
Sat., ,, 5.—Rugby Match *v.* Rosslyn Park. Home.
Hockey Match *v.* St. Lawrence College. Away.
Mon., ,, 7.—Special Subjects: Clinical Lecture by Mr. Bedford Russell.
Tues., ,, 8.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Wed., ,, 9.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Fri., ,, 11.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Sat., ,, 12.—Rugby Match *v.* Moseley. Home.
Mon., ,, 14.—Special Subjects: Clinical Lecture by Mr. Just.
Tues., ,, 15.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Fri., ,, 18.—Dr. Gow and Mr. Girling Ball on duty.
Sat., ,, 19.—**Last day for receiving matter for the April issue of the Journal.**
Rugby Match *v.* London Scottish. Home.
Hockey Match *v.* Radlett. Away.
Tues., ,, 22.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 25.—**Good Friday.**
Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Sun., ,, 27.—**Easter Day.**
Tues., ,, 29.—Rugby Match *v.* Bristol. Away.
Sir Thomas Horder and Sir C. Gordon-Watson on duty.

EDITORIAL.

A FEW days before we went to press came the news of the death of Sir Frederick Andrewes. One of the great figures of the last generation, Sir Frederick devoted his life to the study of pathology and bacteriology and did much to make them what they are to-day—an invaluable adjunct to the science of medicine. None of our teachers was more beloved by his colleagues and pupils. His memory will be grateful to Bart.'s men all over the world. The news of his death did not come as a surprise; we all knew the nature of his illness, for he gave us a characteristic account of it, in an essay which is almost unique and which will now become a "classic." To Lady Andrewes and her son and daughter we extend our respectful sympathy.

An appreciation of the great services of Sir Frederick Andrewes to St. Bartholomew's Hospital and College will appear in the next issue of the JOURNAL.

* * *

We learn that the recent economy campaign has already produced some results in the Dispensary, and that still better results are expected in the next few weeks. The outstanding item in the Dispensary bill appears to be liquid paraffin, of which 2500 gallons (10 tons) are dispensed annually at a cost of 5*s.* per gallon. It is stated on good authority that two teaspoonfuls will produce as good a result as two tablespoonfuls in the majority of patients. Other drugs, in the use of which economy can be effected are the proprietary remedies and products in which there is a "corner," such as bismuth and potassium iodide.

* * *

The new rule, long overdue, that insured persons cannot be seen without a letter from the panel doctor, except in cases of accident or emergency, has relieved us of some of the unnecessary part of our work. It is also recommended by the Economy Sub-Committee that the unnecessary attendance of out-patients should be discouraged, and that more patients be referred back to their panel doctors. *À propos* of this, we hope to publish shortly an agonized letter on the subject of "Chronics," written by one who has worked in the Surgery.

* * *

A most important document has reached us, in the form of the Final Report of the *Lancet* Commission on Nursing. It appears that we are faced with the prospect of a shortage of nurses in the near future. The reasons for this are only too obvious, and they are discussed

thoroughly and sympathetically in the report of the Commission, of which Prof. Fraser was a member. Nursing is surely the walk of life above all others in which the labourer is worthy of her hire; yet there are few vocations which ask for so much and give so little. Moderate reforms are outlined by the Commission, and it is to be hoped that they will be widely adopted, although the resources of most hospitals are already seriously strained. The report will be fully reviewed in our next issue.

* * *

Most Bart.'s men have sooner or later to decide an important question—what they will do when they leave the Hospital. The *Handbook for Recently Qualified Medical Practitioners*, of which the third edition has just been brought out by the British Medical Association at the moderate price of 3*s.* 6*d.*, will help you to decide this matter. We are asked to draw attention also to Mr. Philip Mitchener's address, "After the Finals," which will be delivered at B.M.A. House at 5 p.m. on Tuesday, March 8th, and to which all recently qualified men are invited.

* * *

The long-awaited book on *Diseases of the Kidney*, by Mr. Girling Ball and Dr. Geoffrey Evans, has at last been launched upon the world. As is to be expected, this book maintains the great teaching traditions of the Hospital. Time does not yet permit of an adequate review, which will appear in the April issue of the JOURNAL.

* * *

The Fourth Annual Dinner of the Eleventh Decennial Club will be held at the Holborn Restaurant on Friday, April 15th. Dr. M. L. Maley will be in the Chair. Information may be obtained from the Secretaries, Wilfred Shaw and F. C. W. Capps, at St. Bartholomew's Hospital.

* * *

We tender our humble apologies to all who may have been misled or inconvenienced by our mistake in the "duties" for February as they appeared in the Calendar.

EXAMINATION HOWLERS.

I.

THE IMPORTANCE OF THE CONJUNCTIVE.

The question dealt with the symptoms of G.P.I., and the candidate was giving an example of the patient's grandiose ideas: "He often considers himself a person of great importance or the King of England."

OPENING REMARKS IN A DISCUSSION ON THE COMMON COLD.*

By SIR THOMAS HORDER, M.D., F.R.C.P.

MR. President,—I appreciate greatly the compliment you pay me in asking me to open this discussion. I conceive your intention to be that a physician should present the subject in its general aspects, and that the more localized features of the disease which we term the "common cold," being concerned, as they are, with the nose, throat and ears, should be dealt with by members of the Section of the Society over which you preside. This being so, I propose to touch upon the more debatable general points of what, though it is perhaps the most frequent of all human ailments, is also one concerning the causation and prevention of which we know very little. That we cannot prevent the "common cold," or that we cannot nip it in the bud, is a favourite grievance of the general public against us. It behoves us to meet the charge frankly and scientifically, and I congratulate you upon your wisdom, and also upon your courage, in selecting this subject for to-day's discussion.

It seems desirable in the first instance to define our subject, so that we do not wander from it. And so I start by asking, What is the common cold?

We can often get nearer to a clear conception of what a thing *is* by marking off certain other things which it is *not*. "Paroxysmal rhinorrhœa" is not the common cold; nor is "paroxysmal sneezing"; nor is "hay-fever"; nor is "pituitous bronchial catarrh"; nor is the acute naso-pharyngitis, with or without laryngitis and tracheo-bronchitis, which ushers in, or is incidental to, certain of the acute specific fevers, measles chief amongst them. Nor, probably, is "acute coryza," though here the differentiation becomes less clear, because the criteria, precise enough in the morbid states just mentioned, are not established with sufficient exactness. I speak always, and of course, of *our* criteria, not the criteria of the layman; indeed the layman has no criteria in these things, or he would not be a layman. To him any, or all, of these things are, or may be, inseparable from the common cold. If a fellow passenger in the train is seized with a paroxysm of sneezing, though it be purely vasomotor in nature, and non-infective, the timid layman shrinks away, and protects himself by an open window and his own handkerchief. His pathology is all wrong, but his actions are hygienically correct, for though the sneezing

* At the Section of Laryngology of the Royal Society of Medicine, February 5th, 1932.

person is probably not suffering from the common cold, even in its incipient form, he may be a carrier, and may convey, by the splashes from his mouth and nose, the virus of the disease to a more susceptible subject. It may even be that the bout of sneezing is of service to the sneezer, the flow of mucus actually clearing away infective material which has lodged upon the mucous membrane. It may be regarded as a special effort on the part of the defensive mechanism which we know to be present in the healthy nose. We have given up the use of sternutatories in medical practice, and snuffing has gone out of fashion; we may have deprived our patients of some therapeutic benefit, even though they have gained in æsthetics by discarding an unsavoury habit.

So much for what the common cold is *not*. Let me now turn to what it *is*. I should define the common cold as "an acute specific catarrh, involving the upper respiratory tract, and in the great majority of cases chiefly the nose and pharynx, running a benign course of three to ten days, with pyrexia and certain constitutional symptoms, the attack protecting the patient against another infection for a short period only." Is the infection always the same? Or are there infective catarrhs, closely resembling each other, and yet due to different agents? I think this question is very analogous to the question, Is there one "influenza," or are there different "influenzas"? Though complete proof is not as yet forthcoming, it is probable that there is a true influenza, due to a filterable virus without (but generally with) secondary infection by catarrhal organisms, and a number of false influenzas, in which these catarrh-producing cocci and bacilli are present alone. So in acute naso-pharyngitis, it seems probable that what we generally understand by a "common cold" is a specific infection by a filterable virus, associated with secondary infection by catarrhal organisms readily isolated by ordinary bacteriological methods. There is probably, however, a number of other acute and very similar clinical conditions in which the infection is caused by these secondary invading organisms only. The terms, a "feverish cold," and "an influenzal cold," sufficiently indicate that these things are as here stated, and though these names are condemned by some writers, they are in fact justified by the inadequacy of our clinical differentia, and equally by the incompleteness of our bacteriological knowledge. A few years ago we were criticized severely if we diagnosed a case as influenza in the absence of the demonstration of Pfeiffer's bacillus. To-day, when the favourite view is that the causative organism of influenza is a filter-passer, such criticism has ceased. I have myself always inclined to a diagnosis of influenza in proportion as skilled bacteriological examination of exudates failed to demonstrate any organism at all. And I take the same position in regard to an acute naso-pharyngitis—the cases in which the secretion shows few or no organisms in films, and little or no growth on ordinary laboratory media during the first twenty-four hours, are those which I regard as coming into the category of our discussion.

As to the *site* of the infection, although the disease is a simple rhinitis in the majority of cases—at any rate at first—the pharynx is often affected also, later if not earlier, and the larynx and the trachea not seldom. Some degree of sinusitis and of Eustachian catarrh, and also some degree of conjunctivitis, may be regarded as part of the type case, thus amply justifying the popular term a "cold in the head." It is interesting to note how frequently an individual tendency is shown in respect of the anatomical distribution of the catarrh. I think it highly probable that in some persons the nose nearly, or altogether, escapes, and the infection spends itself upon the pharynx, or larynx, or trachea. But this is not possible to prove in the present state of our criteria.

The intensity of the attack, and the degree of the constitutional disturbance, we know, again, to be very variable. In some persons the disease is prone to be quite trivial, in others quite devastating; and this, not only from the severity of the local discomforts, but also from the depth of the toxæmia. No doubt there are abortive attacks, and quite apart from the use of remedies. When we come to consider the question of *the "common cold" in its chronic aspects*, we are faced with so many difficulties that, quite frankly, I for one find them insurmountable. I am not sure that we have any facts to support the view that the causative agent of the acute rhinitis which we recognize as the "common cold" expresses itself in terms of a chronic catarrh. Of chronic nasal catarrhs we have plenty, but I think them to be different in origin from the catarrh of the "common cold," though some of them are doubtless sequelæ of one attack or, more probably, several attacks, of this disease.

Reverting, then, to the acute disease, the features of which we can easily recognize, I must express doubt concerning some of the *predisposing causes* often alleged, such as heredity and rheumatism. Age I am prepared to admit: as with most of the infections, increasing years bring a compensating immunity. We know there is a seasonal incidence in the disease, and that January, September and November are bad months for this and for catarrhal infections in general. Of *exciting causes* I doubt if we can admit mere cold, or mere heat, but rapid changes in temperature would seem to be a

definite adjuvant to what, all said and done, we must postulate as being the main causative factor—some *materies morbi* which, though proof is still to come, is probably of the nature of a filterable virus.

Our difficulties in differential diagnosis cannot, at present, be solved bacteriologically; still less can they be solved physiologically. The tissue which forms the nidus of infection is a mucous membrane. One of the functions of a mucous membrane is to secrete mucus; neither the snivelling nose of the urchin, nor the dripping nostril of the old man, necessarily connotes disease, still less any affinity with the "common cold." They may only mean that there is a departure from the ideal healthy mucosa on the one hand, and the presence of irritants, mechanical or chemical, in the atmosphere of the other. The nearest solution we possess at present to this diagnostic problem is a careful clinical study of the case, and experience of many other similar and dissimilar cases. Though this statement is not popular these days, when clinical observation has become the Cinderella of medicine, I believe it to be true, as I believe it to be true of influenza, of measles, of encephalitis, and (though I am here speaking prophetically rather than scientifically) of all infections in which the causative agent is of the filterable virus type.

Let me now turn to some points that need discussion on the subject of *treatment*. I will touch upon preventive methods first and curative methods afterwards. *Prophylaxis* in regard to the common cold is a subject of great importance. Consideration of this falls under five heads: general measures as regards the individual, whereby his susceptibility is lowered; purification of the atmosphere, and especially of public buildings and living-rooms, thus lessening the risk of infection; cleansing and disinfection of the naso-pharynx; isolation of the infected person; and preventive inoculation.

(i) It is generally assumed that the fitter the individual, the less prone is he to fall a victim to the common cold; that "hardness" tends to resistance, and that "softness" tends to susceptibility. I am not sure that this belief, which we and the public share in common, will stand the test of strict inquiry. It is a common experience that the fitness we store up during a holiday does not save us from experiencing an attack of the disease when we return to work; indeed, we seem to be specially prone to the infection during the first few days after we resume duty. This recalls the experience of fever hospital practice, where the resident officers are more likely to develop scarlet fever during the first week or so of their return from a holiday than at other times. It is good to have an A1 population, and I have nothing to say against the exhortations to personal hygiene in the matter of clothes, food, exercise and ventilation which we read under the heading of "preventive treatment" of this disease in some of the text-books. But I am not convinced that the "common cold" is, like tuberculosis, a disease "of low resistance," though it is clearly often regarded in this light. We must not confuse a tendency to infection with ability to stand the disease. It is very easy to let our ideas get in advance of our facts. If we consider only the primary infection, then I think experience shows that fitness does not necessarily protect us against it; but I also think that it fares worse with the weakly and with the tired patient in respect of the secondary infections than it does with the patient who is fit at the time he becomes infected. Once more the analogy with influenza seems very close: during epidemics, many of the very severe, and even fatal, cases of the primary infection occur in robust young adults; but debilitated patients succumb more frequently to streptococcal and other infections of a secondary nature.

(ii) That the avoidance of over-heated and vitiated atmospheres tends to diminish the frequency of infection may be conceded, but whether this is due to a beneficial effect upon the patient's health or to a lessening of the contact risk is uncertain. An obvious fallacy of the same kind underlies the argument of the fresh-air and the cold-bath enthusiast. These things may not act so much by raising resistance as by diluting the virus.

Can anything be done by way of systematic spraying of the atmosphere, furniture, etc. in schools and other institutions? Dr. C. J. Wells has recently reported favourably concerning the use of a 10% formalin spray in a boarding school under his care. (See *Brit. Med. Journ.*, Jan. 9, 1932.)

(iii) Of local measures of defence there are two that may be referred to: (*a*) I assume a unanimity in favour of correcting defects in the air-way of the nose and pharynx, of relieving obstruction, of draining areas of focal sepsis, and of treating chronic catarrh, seeing that chronic catarrh predisposes to acute catarrh—though here, again, not all acute catarrhs arising in such patients are examples of the "common cold": many are entirely of endogenous origin. I also assume that we believe in teaching and exhorting physiological breathing if this is not being observed. These matters will no doubt be dealt with by some of those who follow me. (*b*) Does any form of treatment of the mucosa of the nose and throat lower the susceptibility to infection, and, if so, what method is the most helpful? Should it be simple cleansing, as by an isotonic salt solution? If so, what is the best technique: is it by spray or by douche? Or is an antiseptic of greater value; and if so, which? Should we aim at some degree of penetration by the chemical agent, or be satisfied with a purely surface application? I think these matters can also best be dealt with by those who have an intimate acquaintance with the mucous membrane concerned. Here, too, there may be statistical evidence available, whether from school doctors or others. Be it remembered, however, that without appropriate controls all statistics of this kind are unhelpful.

(iv) Isolation of the infected patient is a principle which the public has accepted. Unfortunately the mild case, which is equally contagious with the severe one, goes free, and on economic grounds this can scarcely be avoided.

(v) A great deal of preventive treatment has been attempted by means of antigens of the type of bacterial vaccines. Dr. Freeman will, of course deal with this matter. If we have not as yet isolated the infecting agent, it is obvious that all our present efforts can only deal with the secondary infections—valuable remedial measures, no doubt, but scarcely touching the root of the matter of the common cold *in excelsis*. Some of our patients who have been inoculated ask for more, and thus emphasize their conviction that they have been helped. Others are disappointed. A few declare that vaccines have increased, rather than lessened, their liability to the infection. The number, and variability, of the different formulæ used bespeak our ignorance of which is the most efficient. No doubt efficiency varies with the particular catarrh endemic at the time, and also with the individual. We do not seem to have decided whether the most effective vaccine should be of the "stock" or of the "autogenous" kind. It may well be that this uncertainty is bound up with the question whether a patient's recurrent catarrh is exogenous or endogenous in nature. If exogenous, the stock vaccine is likely to be more helpful to him; if endogenous, the vaccine prepared from the flora of the patient's own mucosa is more likely to give protection.

Curative treatment should begin at the very earliest moment. Time, the essence of most contracts, is specially essential here. I regard our ability to "abort" an attack of the common cold—though by no means in all instances—as an established therapeutic fact. Nor are the remedies either specific or magical. Many of them are old wives' cures, but by no means to be despised on that account. I believe in the hot bath, in copious hot drinks, in a smart purge, and in a warm bed. I believe in opium. But I do not think it matters greatly if the subsequent remedy be cinnamon, or aspirin, or ammoniated quinine, or camphor or any other of the numerous "panaceas"; and the patient's faith in the remedy must by no means be scouted. I am dubious about the value of local measures, though I am sure they give comfort, and I think the essential oils, in addition, help to protect the other parts of the U.R.T. But I am here to learn about local measures from my rhinological colleagues. As the disease progresses, treatment of the patient becomes more and more important, and treatment of his nose less and less so, though we have to remember that the adnexa, whether the sinuses or the larynx and trachea, frequently require attention. Treatment during the stage of convalescence does not call for discussion.

But I must digress a little in view of some recent developments in therapeusis in acute infections in general. It has formerly been the custom to speak of remedial measures of a curative kind as specific and non-specific. The whole principle of the specificity of remedies in infective diseases has lately been called in question. I have made some reference to this matter in my Presidential Address to the Harveian Society last month. The practitioner's post-bag is to-day crowded with literature concerning a number of substances which he is invited to use in the treatment of several acute infections which certainly own a very different ætiology. The common cold shares this invitation with influenza, pneumonia, furunculosis and streptococcal septicæmia. And there seems no reason why the list should not be extended to include typhoid fever, encephalitis, and psittacosis. I refer, of course, to S.U.P., edwenil, antibacyn, *et hoc genus omne*. Time alone can decide if this class of remedy is really helpful in combating acute microbic infections, and to what extent. The history of therapeusis records the introduction of not a few empirical measures which have been subsequently rationalized, so it ill behoves us to condemn these substances out of hand. Rather is it our duty to preserve a healthy scepticism in observing their effects. Our other duty, or rather the duty of those who press these remedies upon the profession, and therefore upon the public, is to pursue such lines of research as will test the hypothesis upon which their action is based. I have no personal experience of these remedies to offer this evening, but it may be that others present have used them, and will tell us what results they have had in the treatment of the "common cold" by means of them. It would not be without precedent if we succeeded in finding a potent remedy for this troublesome complaint on chemo-therapeutic lines, even

before we know with certainty the nature of the infection, and thus pave the way for treatment of an immunological kind. Be the method one of chemo-therapy or of immunotherapy, we shall welcome the defeat of the common cold as being the defeat of a common enemy.

CLASSIFICATION IN THE STUDY OF MEDICINE, WITH SPECIAL REFERENCE TO NEPHRITIS.

THE student beginning the study of medicine is no stranger to classifications. The first one he meets is a lengthy one, beginning, 1, Protozoa, 2, Metazoa, and passing vertebrates and invertebrates, it arrives finally at "man," and is designed to show the insignificant place he holds in the scheme of life. This, and others that he meets until the beginning of his clinical work, are classifications of unassailable value. They are definite *ex cathedrâ* statements, and as such are not to be doubted, merely accepted. On beginning his clinical work, however, the student finds that a classification is taken down from that lofty position. Soon the timid student is making, or is being asked to make, classifications of his own.

From an inspection of many of the authoritative classifications now extant, it will clearly come as a surprise to many that classification is a branch of logic with rules of its own. The errors of the many, then, make it necessary to inquire into—

1. The object of classification.
2. The rules of classification.
3. The practical use of classification.

This inquiry proved open to attack in two ways: by questioning people who knew, or spoke as if they knew, what a classification was and why, and by reading books on the subject. The books were very helpful.

Thus: "Classification is the collecting under a common name of a number of objects which are alike in one or more respects. The process consists in observing the objects, and abstracting from their various qualities that characteristic which they have in common."

Again, elsewhere: "Classification consists in discovering the causal relationships of natural objects."

The first statement deals with the grouping of the various symptom-complexes under a single head; for example, the collecting of the various diseases included in the term "nephritis." The second definition is more helpful, and if the phrase "natural objects" is allowed to be paradoxically applied to disease, and the disentangling of the various entities contained within the groups is carried out with that definition in view, the classification evolved will be both accurate and useful. The logical classification based on the second definition would be an ætiological one, which, as the writers on the other side of the Atlantic have pointed out, is also the most useful form a classification can take from the clinical point of view.

The "rules of classification" were, on investigation, an unknown, unwanted quantity to the large majority of people using and making classifications. Books, on the other hand, yielded an awe-inspiring list, grandiloquently called "The Canons of Classification," beginning with one which reads: "A classification should proceed from terms of great extension and small intension to terms of small extension and great intension." This merely means that a classification should proceed from a term of general application, such as "nephritis," to terms of ultimate particularity, such as "acute embolic focal nephritis."

Aggressive as these canons were, they had much sense and are worth repeating. Apart from the one already quoted and paraphrased, they are:

2. The process of division must be gradual.
3. The basis of the classification must be essential to the purpose.
4. The characteristics must be consistent.
5. The terms must be mutually exclusive.
6. The enumeration must be exhaustive.

The terms are self-explanatory, and when written seem obvious, but how many classifications follow them? To take the classification written below and examine it, in order, by the light of the canons, will show how an apparently sound classification flings them over the windmill and runs wild on its own account.

NEPHRITIS.

1. Acute diffuse nephritis.
2. Chronic parenchymatous nephritis.
3. Chronic interstitial nephritis.
   - A. Primary granular kidney.
   - B. Contracted white kidney.
4. Trench nephritis.
5. Renal syphilis.

Canon 1.—The term "nephritis" is certainly one of great extension, but hardly can the term "acute diffuse nephritis" be said to be one of "great intension and small extension," including, as it does, all forms of acute nephritis (except "trench nephritis"), with such widely differing conditions as "embolic focal nephritis" and "acute glomerulo-tubular nephritis."

Canon 2.—To jump from the term "nephritis" to the term "renal syphilis" cannot by any stretch of the imagination be called "a gradual process of division"

Canon 3.—This is controversial. Presumably the person who made the classification found it essential to the purpose, but it will be found that a classification which is more generally logical will be more useful in practice.

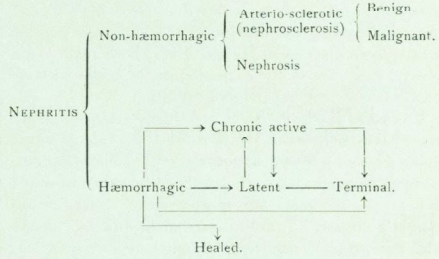
Canon 4.—The basis of division is very far from consistent. Terms 1, 2 and 3 are divided from the general term "nephritis" on a basis of morbid anatomy; the terms A and B from the term "chronic interstitial nephritis" on a basis of the post-mortem appearance; 4 and 5 on an ætiological basis in respect of environment and in respect of bacteriology respectively.

Canon 5.—As has already been shown in connection with Canon 1, the terms "trench nephritis" and "acute diffuse nephritis" do not mutually exclude one another. It may be mentioned, in passing, that this is the commonest fault of the classifications which are met with in connection with medical work, and leads to a great deal of unnecessary repetition.

Canon 6.—The classification makes no mention of "tuberculous nephritis," to mention only one omission, but here it may be said in excuse that the classification was not meant to be a complete one, merely one for some particular use.

From this it can be seen the chief trouble is with the terms employed, and that provided the terms are well chosen, the classification itself will be almost self-made. In fact, to return to the definitions, when it is settled what the "natural objects" are, the rest is easy—in medicine, at all events, since it does not deal with lengthy lists which would present any sort of problem to the expert classifier.

Classifications are so universal that the replies to the third question, namely, What is the use of classification? should have been clear and unequivocal. The result was, however, a large and diverse opinion, which showed that classifications may be varied to suit their purpose with advantage. In fact it became clear that a pure, correct classification was not to be preferred to one that was more useful in practice, even if the latter showed some of the "faults" already pointed out. Be that as it may, the main purpose of medicine (though this is somewhat controversial ground) is first to prevent disease, and secondly, to cure and alleviate it, and the classification which assists the practical side of the practice of medicine will not only be the most commonly met with, but also the most useful. A classification for this latter purpose, then, will be one which will assist the physician to visualize the morbid process, and its cause, by which the patient is incapacitated, and enable him most easily to recall those appropriate remedies which are available. A classification which has this point in mind is the one which includes the terms "azotæmic" and "hydræmic" in its nomenclature. And more recently in a scheme of Van Slyke's, given in simplified form below.



This is scarcely a classification, and as such is not really fair game in an article of this type, but it contains a piece of erroneous thinking to which attention should be drawn. The whole point of such a scheme is that a clear clinical distinction is made between the "inflammatory" and "vascular" forms of nephritis, the clue to their division being the fact that in the "inflammatory" form there will always be some degree of hæmaturia, however slight. This is perfectly correct, though it is well known that in the old "chronic inflammatory" forms the blood is often small in quantity, and numerous examinations of the centrifuge deposit may be necessary before that blood is found, but if a case of the "vascular" type is admitted to hospital the correct diagnosis will never be made during life, since (apart from extra renal blood, which may place the patient in the wrong class altogether), the laws of medicine (and logic) do not allow an affirmative inference of any kind—universal or particular—to be deduced from a particular negative proposition. Thus the denial of hæmaturia (the particular negative) will never allow of a diagnosis of "vascular" nephritis (the particular affirmative).

Constructive criticism being of more value than destructive, the building up of a comparatively elaborate classification will be shown in detail, the same subject (nephritis) being retained.

As already indicated, the terms are the main difficulty. The definition of those terms must, therefore, be the first task.

The word "nephritis," coming from the Greek νεφρίτης, meaning "pertaining to the kidneys," has a classical correctitude about it, but in its modern sense the word cannot escape so easily, since the termination

"itis" has for some time been held to indicate inflammatory processes, and two at least of the conditions included under the term "nephritis" are not inflammatory in nature. However, the term has been hallowed by custom, and it would be useless to try and change it. The term "nephritis" is taken, then, to mean that series of disorders attributable to pathological processes causing dysfunction of the kidney in part or whole, or to diseases in the blood-vessels thereof. This gives a fair view of the extension of the term, without trying to give any bullet-proof definition.

The more intensive terms are chiefly conspicuous by their multiplicity, and the possibility is that the name applied by one person does not refer to the same symptom-complex as is referred to by another who uses a so-called synonym. To make the matter quite clear, "acute Bright's disease," "acute catarrhal nephritis," "acute glomerulo-tubular nephritis," "trench nephritis," (even) "acute diffuse nephritis" are all names applied to more or less the same condition. More or less, but how much less? The point is of some importance, and in formulating a classification it will be necessary to give a short explanation of some of the terms used.

The first division of the classification is into the inflammatory and "vascular" groups, the term "non-inflammatory" being preferred to "vascular." The inflammatory group is subdivided into suppurative and non-suppurative classes, and both main parts are yet further divided into the clinical types "acute, subacute and chronic"; there is, however, no advantage gained by so dividing the vascular group. Thus far the divisions are:—

NEPHRITIS.

1. Non-inflammatory.
2. Inflammatory:
   - (*a*) Suppurative:
     1. Acute.
     2. Chronic.
   - (*b*) Non-suppurative:
     1. Acute.
     2. Subacute.
     3. Chronic.

The non-inflammatory group finds its final divisions on an ætiological basis, the terms "primary vascular nephritis" and "senile nephritis" being the most definite that the present state of knowledge allows. The increase in knowledge which is reasonably expected, and which will throw more and more light on the ætiology (and therefore on the correct classification), adds to the already difficult task, but if the classification aims at placing the terms of known ætiology in their correct positions, and then adds the terms of unknown or hypothetical ætiology in their *probable* places, then, so far as they have been correctly placed, by so much the less will the whole classification have to be altered with every new discovery. With nephritis there is enough known already to build such a skeleton scheme, but in conditions such as enlargement of the thyroid, so little is known that the best classification is still entirely a pathological one. Although, therefore, it is not a fully established fact that "vascular" nephritis, as it is termed here, is really due to vascular disease, as opposed to primary inflammation of the kidney, it is taken as the more likely cause, and some definite opinion must be taken on controversial matters, or the whole classification becomes a thing of straw.

In the inflammatory section, taking the suppurative subsection first, the final divisions might quite easily be made on a bacteriological basis, but to subdivide the suppurative pyelo-nephritises into the large number of classes such a procedure would involve would be an act of folly, and here distinction has only been made where the treatment differs so much that it calls for special remark, the two conditions being "syphilitic interstitial nephritis" (occurring in the tertiary stage, and may be conveniently held to include the rare gumma of the kidney), and "tuberculous pyelo-nephritis." The term "suppurative pyelo-nephritis" (*sic*) is to be taken in this classification to mean all suppurative conditions except those due to the *Sp. pallida* and the tubercle bacillus.

The non-suppurative inflammatory group has three subdivisions, acute, subacute and chronic, of which the two last have, each, only one final term, whereas the acute group is here divided into four subgroups, and if some people had their way, apparently, it would not fall far short of a dozen. The mass of nomenclature provided for this group is prodigious, and it has been deemed churlish to refuse the work which so many clever brains have done in constructing more and more complex terms, and though they cannot all be used, there have been introduced no new terms with the possible exception of the term "pan-nephritis" (or should it be "παναινεφριτις" since "νεφριτις" is feminine?). The first term in this group, "glomerulo-tubular nephritis," is the common condition known to all, showing œdema, hæmaturia, sore throat and albuminuria. "Tubular nephritis" is the condition associated with toxæmias generally, notably eclampsia. The tubules only are damaged, and it might be held that since the division here is on an histological basis (except in respect of the last term), there ought also to be a class for a pure "glomerulitis," and, indeed, such a class was suggested by some American writers, but it is doubtful if such a condition ever exists

owing to the interdependence of the tubules on the glomeruli, which ensures that if the glomeruli are damaged the tubules also will suffer, but the tubules may easily be damaged without the glomeruli being hit. The term "acute interstitial nephritis" is used to designate different conditions by different people. A member of the staff states categorically that not only does it occur very rarely (in the *first* week of scarlet fever), but also that it is invariably fatal. Muir, on the other hand, states that it probably occurs more often than is suspected, and "is never fatal." He probably refers to the common albuminuria of acute fevers, and in this classification the term is used in the sense first mentioned, viz. the fatal, scarlatinal form. The "syphilitic pan-nephritis" is the condition occurring in the early secondary stage, giving a massive cloud of albumen, most alarming (one can imagine) to the inexperienced, but which clears up very rapidly under anti-syphilitic treatment if it is remembered that mercury is contra-indicated. "Trench nephritis" has been blessed with a name of its own, but for no adequate reason, since the cases occurring during the Great War are appearing at the post-mortem table just as the other old, acute, glomerulo-tubular forms do, and there is nothing very remarkable in their mode of onset, except that the patients have been exposed in a trench rather than to some more pacific form of cold and wet.

The two terms in the subacute and chronic classes have caused more difficulty, almost, than all the other forms, owing to the terms "parenchymatous" applied to the "subacute glomerulo-tubular" form, and "chronic interstitial nephritis" applied to the "chronic pan-nephritis." These terms were originally devised with the idea of indicating that in the subacute stage the main symptoms were still due to the lesions in the glomeruli and tubules, whereas in the chronic stage the fibrosis and scarring of the interstitial tissue dominated the picture. The term "pan-nephritis" is suggested with exactly the opposite idea, namely, of indicating that the lesions in the glomeruli and tubules are still active, but that the scarring process, before mentioned, has been superadded. This class is now set out as follows:

ACUTE, NON-SUPPURATIVE NEPHRITIS.

1. Embolic focal nephritis.
2. Glomerulo-tubular nephritis.
3. Tubular nephritis.
4. Interstitial nephritis.
5. Syphilitic pan-nephritis.

And the whole scheme:

NEPHRITIS

1. Non-inflammatory.
2. Inflammatory.

Non-inflammatory:
- A. Primary vascular nephritis.
- B. Senile nephritis.

Inflammatory:
- A. Suppurative.
- B. Non-suppurative.

Suppurative:
1. *a*. Acute suppurative pyelo-nephritis.
   b. Embolic focal nephritis.
2. Chronic.
   a. Chronic suppurative pyelo-nephritis.
   b. Syphilitic interstitial nephritis.
   c. Tuberculous pyelo-nephritis.

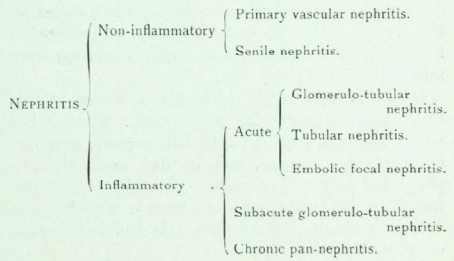
Non-suppurative:
1. Acute.
2. Subacute.
3. Chronic.

Acute:
- *a*. Glomerulo-tubular nephritis.
- *b*. Tubular nephritis.
- *c*. Interstitial nephritis.
- *d*. Syphilitic pan-nephritis.

Subacute:
Subacute glomerulo-tubular nephritis.

Chronic:
Chronic pan-nephritis.

This is far too complex a scheme to carry in the head for ordinary purposes, and is not intended as such. A smaller scheme, including the common conditions, is added; the above is merely given for completeness sake.



This classification is almost identical with that recommended by the authority mentioned in connection with "acute interstitial nephritis," whom, it may be said, many students must thank for being the first person to throw that revealing ray of light into the darkness which surrounds their conception of nephritis. This last classification, be it observed, has the great merit of brevity, and in making other classifications it is well to remember that "Nature is pleased with simplicity, and affects not the pomp of superfluous clauses."

BARON RUSSELL.

RUPTURE OF A DISSECTING ANEURYSM OF THE AORTA.

THE following case is recorded not only because of the rarity of the condition, but also on account of the difficulty in ante-mortem diagnosis, in spite of the fairly classical sequence of events, which may so easily be followed when the solution is before us.

G. B—, a well-built man, æt. 50, publican by trade, was admitted to St. Bartholomew's Hospital on December 8th in a state of coma.

It was stated that he had had kidney trouble twenty five years previously, but had completely recovered. *Six years ago* he had some pain in the back and passed red urine, and an X-ray diagnosis of calculus was made. No operation was performed. *Four months ago* he began to feel "off colour" and lost his appetite, but had no headaches or vomiting. *Two months ago*, as the result of an attack of bronchitis, he went to see his doctor, who diagnosed kidney trouble, and for the last *three weeks* he had been kept in bed. During this period of rest he had felt much better, but had had attacks of mistiness of vision. On the morning of the *day of admission* he was seen by his doctor, who said that he could get up later in the day. He had a light lunch at 1 o'clock, and at 2.30 a severe headache suddenly began. His speech became wandering, while he stared vacantly about the room. His left arm began twitching, and this gave place to generalized convulsions, which lasted for ten minutes. He then sank into coma with stertorous breathing, from which he was slowly recovering when seen in the Surgery at 5 p.m.

He had always been a healthy man and came of good stock, but was passed B1 in the army. He had had no symptoms of cardio-vascular failure except shortness of breath on exertion, and he had never had any præcordial pain. There was no difficulty or increased frequency of micturition, but he was slightly puffy under the eyes in the morning. He had had a slight cough for three weeks.

When seen in the Surgery he was drowsy, but could be roused. There were no signs of trauma. The right pupil was smaller than the left and reacted less briskly to light. The fundi and discs were natural. No abnormality in the cranial nerves, other than the change in the pupils, was discovered except slight weakness of the left face. There was no change in power or tone in the arms or legs, but the patient complained of slight numbness of the left hand. There was no sensory change and the reflexes were natural.

The tongue was covered with a moist brown fur. The veins of the neck were prominent. No abnormality was found in the lungs. The cardiac impulse was heaving, the apex-beat being 1½ in. outside the mid-clavicular line in the fifth space. The aortic second sound was loud and prolonged, but there was no murmur. Pulse regular, rate 95, arteries hardened and tortuous. Blood-pressure 180/140. The urine was pale, clear, with a moderate cloud on boiling and a slight red deposit with Benedict's reagent, but no acetone was present. Nothing else of note was discovered on examination of the patient.

The next morning he appeared better, but at 6 p.m. he had a sudden attack of pain under the sternum, radiating to the back between the shoulder-blades. This pain caused him to writhe in bed, but the pulse-rate and blood-pressure remained unaffected. The pain recurred with intermissions and at times he became quite irrational, but could temporarily be roused and would converse naturally. At one time during the night he tried to throttle the nurse, and later attempted to kiss the "Houseman," but the latter escaped, and the unwanted blessing was bestowed on the porter who was now looking after him.

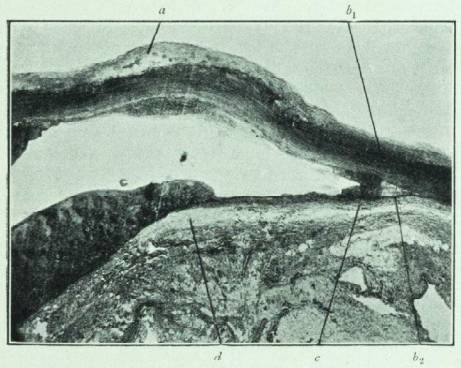
The following day it was discovered that there was diminished movement, impaired percussion note and weak breath sounds at the left base of the lungs. The signs were so obvious that the unhappy house physician began to think it was time that he gave up medicine and took to marbles if he had missed them on his routine examination thirty-six hours before.

The diagnosis at this stage seemed most obscure. Was the condition due to a cerebro-vascular accident consequent upon a renal hyperpiesis? Or, was the patient uræmic? The high diastolic blood-pressure coupled with the history and the albuminuria was suggestive. The glycosuria seemed obviously due only to arterial change in the pancreas, or possibly it might be cerebral in origin, but at all events it was not of ætiological significance. Did alcoholism play any part in the mental state, as the patient's occupation might suggest? There were no stigmata of spirochætal infection of the nervous system. Then what about the pain and signs in the chest? Coronary thrombosis seemed an unlikely cause of the pains, as the pulse-rate and blood-pressure were unaffected, and there was an absence of change in the cardiac signs. Could hæmorrhage into a neoplasm cause such signs and symptoms? Such were the thoughts that passed through one's mind, when, to complicate things further, the report on a lump of blood-clot which the patient had expectorated came back stating that tubercle bacilli were present. This statement was received with some scepticism. The blood-urea was determined and found to be only

·05 and ·08 mgrm. per cent. on two occasions, and the blood-sugar was 155 mgrm. per cent.

The condition of the patient remained the same, attacks of pain in the chest, which necessitated the exhibition of morphia for their control, continuing until the fourth morning after his admission, when he was sitting up in bed talking to his wife, and, without a word, fell back dead.

At autopsy there was atheroma of the basilar artery, a small thrombus in the middle cerebral artery, with softening of the anterior part of the lenticular nucleus on that side. The mediastinum was infiltrated with blood-clot, in which the œsophagus was embedded.



TRANSVERSE SECTION OF THORACIC AORTA, SHOWING EDGE OF DISSECTING ANEURYSM. *a*, ATHEROMATOUS INTIMA. b_1 AND b_2, MEDIA SPLIT BY DISSECTING ANEURYSM. *c*, BLOOD-CLOT. *d*, ADVENTITIA.

The left pleural cavity contained a massive blood-clot and the left lung was collapsed. The right lung was emphysematous and the pleura natural. The whole aorta, from the second part downwards, showed atheroma but little calcification. A dissecting aneurysm was found, with the initial tear of the intima and media situated at the level of the diaphragm and involving the whole circumference of the vessel. From this point the splitting of the media had extended both upwards and downwards throughout the length of the thoracic and abdominal aorta, and even into the common iliac arteries. The section shows the splitting of the media near to the adventitia, the cleft being occupied by blood-clot. The kidneys showed arterio-sclerotic changes, but not in a very marked degree, and the rest of the viscera were normal for the man's age.

On reviewing the events in this case, the sequence seems to be as follows: The patient suffered from arterio-sclerotic changes in the aorta, kidneys, pancreas and cerebral vessels. An embolus was dislodged probably from the aorta and caused a cerebro-vascular disturbance. An embolus in a branch of the middle cerebral artery could cause softening in the region of the anterior part of the lenticular nucleus, and this might be expected to give the same symptoms as those of the patient, namely clonic movements and possibly some motor or subjective sensory change, but these signs and symptoms should be contra-lateral. In this case, so far as records go, they were homo-lateral. While in hospital the leak into the mediastinum from the dissecting aneurysm, which had resulted from the diseased condition of the wall of the aorta, began. This gave rise to the pain and the physical signs in the left chest by pressure on the root of the lung. Instantaneous death occurred on rupture of the aneurysm into the left pleural cavity.

According to Boyd, dissecting aneurysm is confined to the aorta, and only occurs after the age of fifty. In the senile aorta there is atrophy of the oblique elastic tissue of the media, and hence when a crack, the result of atheromatous degeneration, occurs in the intima, the media is easily split into two layers. The blood "dissects" its way through the media, extending both longitudinally and around the circumference. The blood may rupture back into the lumen at another point, or the clot may become organized, contract, and leave a space in the media. More often, however, an external rupture occurs, causing death within a few days of the initial symptoms, which are, as a rule, by no means pathognomonic. In 121 case-reports examined by Wood, pain in the back was mentioned in 19, but this pain appeared to have no localizing value for the site of the rent in the wall. The only two other symptoms he mentions were bradycardia, which occurred only in 5 cases, and tingling or pain in the legs. In the majority of the cases death occurred so rapidly that inadequate histories were obtained.

I should like to express my thanks to Prof. Fraser for allowing me to publish the notes of the case, and to Miss Vaughan for photographing the section.

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BOYD.—*Pathology of Internal Diseases*, p. 125.
WOOD.—*Lancet*, 1931, p. 402.

G. D. KERSLEY.

POUPART AND ALL THAT:
A MEMORABLE ANATOMY.

COMPRISING ALL THE FACTS YOU CAN REMEMBER AND ALL THE RELATIONS YOU CAN RECOGNIZE, INCLUDING SEVENTY NINE *GOOD THINGS* AND SEVENTEEN CAUSES OF SURGEONS.

By I. BRAY, L.S.S.A.(*failed*).

CHAP. IX.

THE ABDOMEN.

We now come to the most exciting part of anatomy. The abdomen is lined throughout and throughin by a serious membrane called the perineum. Sometimes it is so serious that only a demonstrator can follow it. The perineum divides the abdomen into two sacks, known as the greater sack and the lesser sack. The greater sack holds the most usually, but, with the exception of the headovthepancreas, all the abdominal viscera have been known to enter the lesser sack. The student should verify this observation on himself and his friends.

The entrance to the lesser sack is through a piccolo foramen, socalled because at this point there is a rift in the flute. It might have been called the foramen ovale or foramen rotundum, both of which would have done very nicely, but these names had already been bagged by the skull. So it was given the nickname Foramen of Winslow, after an anatomist who didn't get the windup on the morning ot the primary fellowship.

THE LIVER.

The liver lies in the upper part of the abdominal cavity with its upper convex surface applied to the dome-like diaphragm. It is thus TOP ORGAN which is a GOOD THING. The liver is quite a fashionable organ; even "Ladies" have them and they are epecially developed in retired Colonels.

The liver shows—

(*a*) A wave of fossæ—for bladders, veins, etc.
(*b*) A wave of ligaments.
(*c*) A bcycraria.
(*d*) A Spigelian lobe.
(*e*) A wave of ducts.

Associated with the liver is the gall bladder, which is one of the causes of surgeons. The gall bladder is not seen in the vertical disposition of the perineum, because it PEEPS from behind the tip of the nineth costal cartilage (Lady Godiva is sometimes represented in the abdomen by a teratoma ot the ovary, the layer of rods and cones being shrouded demurely by a wisp of chestnut hair).

THE STOMACH.

The most memorable thing about the stomach is that it is all wrong. The only way truly to appreciate its shape is to look at it with X rays when it will be seen to be full of J's fluid except for the bubble at the top. The stomach has waves of curvatures and surfaces, and beyond is the duodenal cap. The duodenum usually refuses the customary gesture of politeness, even to ladies, as Part I and Part II are so occupied in embrasing the headovthepancreas. This is the main function of the duodenum.

After Duodenum Part III the intestines get involved in a series of Convocations. The student's best plan is to walk quietly down to the R.I.F. and look for its terminal part there. Another way is to get a pack of typhoid baccilli and hiss at them "Seekum! Seekum!" and then follow the pack. This is known as Gram's method.

Sometimes the Convocations get enraged by violence, overcrowding and claustrophobia. Then the Grey Tomentum slowly proceeds to the inflamed area, and the intestines indulge in diatribes, dialysis and diapedesis, and even diarrhœa. This is another cause of Surgeons and is therefore a Good Thing.

The Seekum, although blind, generally manages to find the appendix unless some bold surgeon has already removed it. Sometimes it has to search behind the perineum, psoas to make sure the ubiquitous organ is not hiding there. Having found the appendix, the seekum anchors it by means of a memorable vascular fold known as "The bloody fold of Treeves."

The most utterly memorable structure in the abdomen is Meckel's diverticulum, which was first discovered, post mortem, by Meckel, in himself. Lying back against the wall of his cave he thus apostrophised his discovery—

> Methinks thou art a viscus ne'er described
> And I, expiring, do expound on thee!

HERNIA.

While in the inguinal region the student should again examine the anatomy of hernia. Hernia is the chief cause of Surgeons, and is thus a GOOD THING. These are three kinds of hernia, inguinal, femoral and funny. The funny ones are rare but memorable and include—(i) obdurate, (ii) die a phlegmatic.

THE BLADDER.

The bladder is less memorable in the female than in the male, due to overcrowding. The nerve supply is from two sources, the sympathetic and the unsympathetic. This explains nocturnal enuresis. At the base of the bladder is found the prostrate gland, so called because it gets you down in advancing age. It is roughly the size and shape of a horse-chestnut. [*N.B.*—Most memorable things in anatomy are roughly, especially the crista galli and the deep muscles of the back.]

THE KIDNEYS.

The kidneys are paired organs, placed behind the perineum, and were first discovered by Morrison who was hit there in a boxing match. This was a GOOD THING as it caused more surgeons and explains the buttons on a tail-coat. Crowning the kidney is the supra-regal body which raises the B.P. and is the ONLY cause of physicians. This is a doubtful thing.

THE SPLEEN.

Incredible as it may appear, the spleen was found present in 100% of autopses conducted by P. Bland and in 100% of dissecting room subjects injected by Hallet (1928). Such remarkable unanimity among anatomists suggests dirty work at the cross roads. The best spleens are very suitable dissecting room missiles, and certain German writers have speculated on the ontological significance of this fact. Little contribution to the literature has been made by English anatomists.

THE GASTRO-COLIC REFLEX.

This structure is difficult to define in the injected specimen. It is stated to connect the stomach and colon sometimes in some people and always in some people, but not always in all people or always in other people. Generally most definite ten minutes after breakfast, it is thus one of the causes of *The Times*, missing the 8.47 and corridor trains. In order to assist the student, the more certain relation are as follow:—

Paternal.—I. Leo and C. Kal Valve. These have always been the main supporters of the entero-political dogma "Government *of* the colon, *for* the colon, *by* the colon."

Lateral.—Superficial fascia, deep fascia, pelvic fascia, infundibuliform fascia.

Maternal.—Dura Mater (who brought him up with a hard hand), Miss Enteric Vessels, Auntic Dysenteric Serum.

Medial.—Spine, erector spinæ, arteria spinalis retinæ, M. constrictor vel extractor spinalis proprius.

The gastro-colic reflex, although not a cause of surgeons, is nevertheless a GOOD THING.

TEST PAPER ON CHAPTERS VII, VIII AND IX.

Question i: Which do you consider the more interesting, the ovary, the kidney or both?

Question ii: What is NOT external, NOT abdominal and NOT a ring? Who said this and why? (be Biblical).

Question iii: Explain the difference in the female between the sustentaculum tali and the receptaculum chyli.

Question iv: Illustrate by graphs how angry you would be if it were suggested to you that—

(*a*) the intimate anatomical relation between the corpus luteum and the islands of Langerhans is responsible for the phenomenon of hippus in aphrodisiacs.

(*b*) you had failed to grasp the lesser sack.

VIKTOR HENSEN.*

"to keep men out of their Urnes."

HEAVIER and heavier from generation unto generation grows the burden of historical prejudice. Embarrassing questions of priority, with their atmosphere of intellectual integrity no less than of littleness, intrigue those whose leisure is infinite and who are not congenitally immune to gossip.

From your student days, the venerable figure of Claude Bernard is associated in your minds with the discovery of the glycogenic function of the liver in 1857. He was then in his forty-fifth year, and already Fame had knocked at his door. Seventy-six years ago, at a meeting of the Physikalisch-medizinsche Gesellschaft held in Würzburg on July 18th, 1856, a medical student of 21 years, Viktor Hensen, in a lecture on "Sugar Formation in the Liver," announced that this organ contains a substance capable of producing sugar by fermentation. A series of experiments on animals like the rabbit, dog, cat, pigeon, frog, mouse, and ox, led him to the discovery of glycogen, whose properties he demonstrated to the local Naturwissenschaftlicher Verein der Studirenden on December 11th, 1856, and to Virchow, Hoppe, Gerlach, and others at the Pathological Institute on April 1st, 1857. His work was published in the *Verhandlungen der physikalisch-medizinschen Gesellschaft in Würzburg*, 1857, vii, pp. 219–22, and in the *Archiv für pathologische Anatomie*, 1857, xi, pp. 395–8, where he fully describes his technique for obtaining glycogen from the liver of a rabbit fed for a few days on oats and cabbage. In the second paper he mentions the publication of Claude Bernard's discovery in the *Gazette médicale de Paris*, dated March 28th, 1857, a copy of

* A communication made at a meeting of the Osler Club on January 22nd.

which he obtained from Virchow on April 12th. His own paper was submitted for publication on April 13th. "As Bernard succeeded in having found out this important process by himself, I have almost to take care that my part in this discovery should not be forgotten altogether."

Viktor Hensen, born in Schleswig on February 10th, 1835, became Professor of Physiology at Kiel in 1868. He was a tremendous worker and a popular teacher. Though retiring and taciturn, he had a keen sense of humour and the imagination of an artist. He died on April 5th, 1924, at the age of 89.

While in this country his discovery of glycogen is generally ignored, in the German literature it is dismissed with "honourable mention."

Hensen has found eponymic immortality in English and American medical dictionaries. He is kept out of his Urne by such familiar terms as "Hensen's canal" (canalis reuniens of internal ear), "Hensen's cells" (sustentacular cells of organ of Corti), "Hensen's line" (the light stripe in a dark sarcomere), and "Hensen's node" (a collection of cells at the anterior end of the embryonic streak). W. R. BETT.

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STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

Results.

Saturday, January 23rd, *v.* Pontypool, at home. Lost, 5—6.

Saturday, January 30th, *v.* Old Millhillians, at home. Won, 10—0.

Wednesday, February 3rd, *v.* University College, Dublin, away. Won, 5—3.

Saturday, February 6th, *v.* Old Haileyburians, at home. Lost, 3—8.

Tuesday, February 9th, *v.* Guy's (2nd round Hospital Cup). Lost, 0—11.

Saturday, February 13th, *v.* Devonport Services. Scratched.

Saturday, February 20th, *v.* Old Paulines, away. Won, 6—0.

Results to Date (February 20th).

				Points.	
Played.	Won.	Drawn.	Lost.	For.	Against.
26	14	0	12	238	230

"A" XV.

Wednesday, February 17th, *v.* Guy's "A," 2nd round Junior Hospital Cup, home. Won, 12—10.

The rugger season is approaching its end, and with only nine more matches to complete we shall then close one of the most successful and yet one of the most disappointing seasons that the club has experienced during recent years.

In club matches we have had some of the most enjoyable games imaginable; we have beaten quite a number of our old rivals, while with others we have had exceptionally close games. But in our cup-ties hopeless failure overtook every effort that was made, and we can but congratulate Guy's on their magnificent display.

Against Pontypool, on January 23rd, we were perhaps fortunate in keeping the score so close, but any faults that were evident in the Hospital play were outshone on the following Saturday, when the Old Millhillians were entertained at Winchmore Hill. This was perhaps the most encouraging match of the season, for in every department of the game a great deal of spectacular play was shown by the Bart.'s XV. The opposition included such well-known names as Spong, Sobey, Carris and Lawther, the Scottish International, and it was little wonder that by defeating the Old Boys we looked forward to a successful voyage through the first Cup match on February 9th.

In Dublin, on February 3rd, further laurels were heaped upon our heads by defeating University College, Dublin, in our first encounter with this club. This was again a match in which we were lucky, but great credit is due to the dogged defence shown especially by the backs against the strong attacks of the "national." It is hoped that this fixture will become a permanent one, for not only was the game most enjoyable, but also the hospitality and dance given in our honour.

On Saturday, February 6th, it was decided to rest the 1st XV owing to the proximity of the Guy's match, and so a complete "A" XV, except for Mundy in the pack, turned out against the Old Haileyburians at Winchmore Hill. The "A" must be congratulated on their fine performance.

A report is given of the Cup match against Guy's and it is therefore out of place to say more than a word of sympathy to all the Bart.'s supporters who watched what must have been a very painful afternoon's entertainment.

The return match against the Old Paulines on February 20th at Thames Ditton did not produce spectacular football, for with a bitter wind blowing the backs were frequently unable to hold the ball, and it remained for Darmady to repeat our victory by converting two penalty goals. The feature of the match from the Bart.'s point of view was the forward rushes and the encouraging play of J. D. Wilson, who made his first appearance in the XV as a wing forward.

The "A," who have experienced a fairly successful season so far, atoned somewhat for the failure of the 1st by defeating Guy's "A" in the second round of the Junior Hospital Cup. We see no reason why they should not retain the Cup, which is now looked upon as their property, as we have won it more often than any other hospital in recent years.

Casualties have fortunately been few this season, but during recent matches we have been unlucky, for not only was Lewis unable to play against Guy's owing to a knee injury, but J. R. R. Jenkins has been warded since the Pontypool match with what appeared to be a synovitis of the ankle-joint; we wish him a speedy recovery, for as a hard-working secretary and one of our best forwards we miss him greatly.

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

Played at Richmond on Tuesday, February 9th. (From *The Morning Post.*)

Guy's beat St. Bartholomew's, the holders, in the second round of the Hospitals Cup competition at Richmond Athletic Ground yesterday by a goal and two tries (11 points) to nothing, and, in doing so, conclusively proved themselves the superior team all round.

The surprise of the match was the way in which the Guy's forwards

not only held but mastered the Bart.'s pack in most branches of forward play. This development may have been due in part to the inability of two of Bart.'s best forwards, B. S. Lewis and J. R. R. Jenkins, to turn out; but it should not be forgotten that Guy's, too, were without an excellent second-row man, I. C. Robin.

Quite early in the game it was seen that the expected forward superiority of Bart.'s was not materializing; in fact, the ability of O'Shea to get the ball in the set scrums became so pronounced that Guy's were soon disclaiming the throw-in from touch in favour of forming down. In this formation a tribute should be paid to Batchelor, O'Shea and Cunard, who successfully got under the Bart.'s front row time after time and forced them up into a losing position.

As is customary in a match of this description there was a vast deal of scrappy forward play, with prolonged mauls in the loose and "mass" tackling at the line out.

Behind the scrum there was only one side in it and that was not Bart.'s, whose passing was laboured and inaccurate, though Kingdon and Curtiss, individually, each made a couple of good runs. Guy's might have increased their score had Ashdown not had a tendency to lie up too far for his pass, which resulted in three good openings, the workmanship of Alexander and Giesen, running to waste from the forward passes which resulted.

The "class" of Alexander and Giessen in the centre was constantly in evidence, not only for their crisp attacking work, but also for the diligence and promptness with which they remedied any omissions, nearer the scrum, to keep an eye on the wily and elusive Taylor.

Unsuccessful drops at goal by Lewis and Kingdon and a series of charged-down kicks by Bart.'s characterized the alternating attacks of the first half-hour. Then a movement by Clarke, Morgan and Ashdown ended in the last-named being thrown into touch near Bart.'s line, and from the ensuing throw-in and *mêlée* the ball went to Alexander, who cut through skilfully for a well-deserved try.

Kingdon ran well through some weak tackling, but he had "lost" the rest of his side, and his kick over Clegg's head was too hard. This was the nearest that Bart.'s ever looked to a score, and early in the second half, after Ashdown had gone over but been recalled for a forward pass, Giesen gained a second try similar to the first, and Hogbin this time converted.

Bart.'s forwards brought off some good loose rushes in the course of the remaining play, but the result was put beyond doubt when Hogbin broke away on the blind side in mid-field and passed to O'Shea, Johnson meeting the latter's wild pass with his foot and, by adroit ball-control, dribbling over and touching down for a try.

Team.—C. W. John (*back*); J. G. Youngman, A. H. Pirie, L. M. Curtiss, J. D. Powell (*three-quarters*); J. R. Kingdon, J. I. Taylor (*halves*); W. M. Capper (capt.), G. W. Hayward, G. D. Briggs, J. M. Jackson, E. M. Darmady, R. Mundy, K. J. Harvey, D. W. Moynagh (*forwards*).

ASSOCIATION FOOTBALL CLUB.

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

Played at Winchmore Hill on Saturday, January 23rd.

Owing to injuries, the Hospital was compelled to make four changes for this game, and it was therefore very encouraging to score such a clear victory against strong opponents.

The visitors soon took up the attack, and it was some time before the Hospital forwards approached their opponents' goal. The right wing was prominent, and it was from that side of the field that the first score originated. Wheeler went through, and centred for Shackman to score while on the run. The game continued evenly for a while, with the Bradfieldians finding the Bart.'s defence very sound, Hunt, Shields and Maidlow being prominent. However, our forwards were also in dangerous mood, and whenever they broke away they appeared likely to score. Brookman had hard luck with a good attempt, and a little later the ball was again worked up in good style on the left wing, for Royston to centre to Wheeler, who put us further ahead.

Bradfield attacked desperately after this, and, just before half-time, were rewarded with a good goal by their inside-right.

The second half began with Bart.'s on the defensive, but playing up well. The forwards soon had another opportunity to demonstrate their new-found deadliness in front of goal when Wheeler scored, after he and Shackman temporarily exchanged positions.

During the next 20 minutes the Hospital defence showed up very well indeed. The visitors attacked continuously, and with great vigour, and the Bart.'s inside forwards had to assist in defence. However, the goal only fell on one occasion, which was greatly to the credit of all concerned. Hunt was particularly noticeable for his good work, and Johnson played extraordinarily well in goal, giving by far his best display of the season up-to-date.

The forwards, inspired by the example set them by the rest of the team, played up splendidly towards the end, and Shackman made the result obvious by restoring our two-goal lead. Not content with this, Royston dribbled through very neatly and made our win even more impressive.

A satisfactory feature of this success was the good form shown by the three players brought in to fill the places of those injured.

Result: Bart.'s 3; Old Bradfieldians, 2.

Team.—D. J. Johnson (*goal*); J. Shields, A. H. Hunt (*backs*); J. K. Brownlees, R. E. Owlett, W. M. Maidlow (*halves*); R. C. Dolly, F. E. Wheeler, R. Shackman, G. H. Brookman, G. R. Royston (*forwards*).

1st Round Inter-Hospitals Cup Competition, 1931–32.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL (holders).

Played at Honor Oak on Monday, January 25th.

Guy's had beaten us 4—2 in the Final last year, taking the Cup from us, and we were therefore particularly anxious to relieve them of it this season. Bart.'s were able to field their strongest side, and it was interesting to compare the team with that which played Guy's at the Crystal Palace last March. Only three of the positions in the Bart.'s side were occupied by the same men on both occasions; Guy's, on the other hand, had the majority of last year's team still available. Nevertheless the Hospital put up a much better relative performance this year than last, and were, on the whole, unlucky to lose.

The team was handicapped by the late arrival of Shields, who had difficulty in finding the ground. Guy's took full advantage of their good fortune, and kept Bart.'s on the defence for the first 15 minutes of the game. During this period they scored once from close in, and it was with difficulty that they were prevented from adding to their score. However, with the completion of our team, Bart.'s gradually assumed the offensive, and came near to scoring on two or three occasions. This pressure was maintained for several minutes; the forwards were finding each other fairly well, and the team was only slightly infected by the inevitable cup-tie excitement. Eventually, after 25 minutes' play, Brookman equalized with a good shot through a crowd of players. The rest of the first half was fairly even, with Bart.'s having slightly more of the attack. The two wing men, and particularly Gilbert, were plied with good passes, and kept the Guy's defence busy. However, there was no further score before half-time, and Bart.'s crossed over feeling they had done well to deserve equality at the interval.

The second half began as the first had ended—with both sides striving hard to obtain the lead, and with Bart.'s looking the more likely to be successful. After about 10 minutes' play our efforts were rewarded with a nice goal. Brookman made a perfect pass down the middle, and Wheeler shot well to score as the goalkeeper advanced to meet him.

Following this goal Guy's appeared a well-beaten side. Bart.'s obtained the ball from almost every tackle, and were playing with great confidence. It seemed inevitable that we should increase our lead, but unsteadiness near goal proved our undoing. However, several shots were on the target, and with ordinary luck we should have scored at least two more goals—the ball striking the goalposts, with the goal-keeper beaten. Nevertheless, the main reason for our failure to score was the inability of our extreme wing men to take advantage of the many opportunities provided them.

Bart.'s continued to press for 15 minutes, but without avail, and then Guy's showed themselves to be excellent opportunists, when they regained the lead. First Hunt, who otherwise played extraordinarily well, lost the ball to the opposing outside-right, who centred well, and set his centre-forward a simple task. Bart.'s returned to the attack for a moment or so, but much of the life seemed to have gone out of the team, and, soon afterwards, another slip gave the Guy's outside-left the opportunity of scoring their third goal. Guy's now had the upper hand, and though they were seldom really dangerous, they attacked persistently for the rest of the game.

Result: Guy's, 3; Bart.'s, 2.

Thus, for the first time in four seasons, Bart.'s will not figure in the Final at Crystal Palace, but the team can console itself with the

thought that it came very near to victory, and that there is still a very excellent chance of winning the London University Cup, the semi-final round of which will be played ere the JOURNAL is published.

Team.—D. J. Johnson (*goal*); J. Shields, A. H. Hunt (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*).

D. R. S. H.

HOCKEY CLUB.

2nd Round Inter-Hospitals Cup.

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

Played at Perivale on January 28th. Won, 5—0.

Bart.'s were fortunate in drawing a bye in the first round of the cup-ties and so passing straight into the second round. Here we were up against a team of moderate strength whose chief hopes lay centred in two Old Blues playing for them. The ground was somewhat heavy after rain and soon cut up, little good hockey being seen. A feature of the game was the excellent play of Hindley at back; it was quite the best game he has played for the Hospital. Wright also did well, with the result that Hodgkinson had little to do, though he made one or two very good saves. The halves were steady, and the forwards combined fairly well, though the shooting left something to be desired: perhaps the state of the ground accounted for this. The result was very satisfactory, and we hope the team will do as well and better in the next round.

Team.—H. L. Hodgkinson (*goal*); P. M. Wright, G. T. Hindley (*backs*); V. C. Snell, K. W. Martin, J. H. Hunt (capt.) (*halves*); R. T. Davidson, C. A. Hinds Howell, A. D. Iliff, C. L. Hay-Shunker, J. Lockett (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* R.M.C. SANDHURST.

Played at Sandhurst on Saturday, February 6th. Won 5—0.

This was quite one of the best games we have had this season, played on a perfect ground on a fine sunny afternoon. The score hardly reflects the run of the play for the teams were very evenly matched, and, in fact, Sandhurst to begin with were much quicker on the ball. They were unlucky in not scoring, one shot in particular which should have tested Hodgkinson soaring over the top of the goal.

The game was played at a very fast pace all through, and for once the Hospital team outlasted their opponents, being very much fitter at the end. From the beginning Sandhurst pressed, and there followed some anxious moments with the ball in our circle. But some good work by the defence kept them out, and Bart.'s soon took the ball up the other end and scored. At half-time the score was 1 to *nil* in our favour, but soon after resuming play Hay-Shunker shot a good goal from what appeared to be an impossible position. And towards the end of the game Sandhurst seemed to go to pieces, our last three goals being scored fairly easily and most of the play being in their half of the field.

Snell played a good game at halt, but let his wing, one of the best men on the field, go clear away once or twice too often. Hunt got through a vast amount of work, and fed Symonds well with some good passes. The latter made some excellent runs down the wing, but should learn to centre earlier. Davidson on the right sent across some good ones, of which the insides might have taken more advantage at times.

A very pleasant and enjoyable game, which augurs well for the next round of the Cup-ties soon to be played.

Team.—H. L. Hodgkinson (*goal*); P. M. Wright, G. T. Hindley (*backs*); V. C. Snell, K. W. Martin, J. H. Hunt (capt.) (*halves*); R. T. Davidson, C. A. Hinds Howell, A. D. Iliff, C. L. Hay-Shunker, J. W. Symonds (*forwards*).

Semi-Final Inter-Hospitals Cup.

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

Played at Richmond on February 10th. Won, 8—1.

Weather conditions were about as bad as they possibly could be for this match. The ground was frozen hard and covered with a thin coating of snow, and it was bitterly cold. Despite this, however, it was quite an enjoyable game for everyone concerned except perhaps the goalkeepers.

Bart.'s pressed from the start and were soon one goal to the good, and two more followed in quick succession, Hinds Howell doing a lever run through on his own. Guy's rallied and scored their only goal with a good shot just before half-time. In the second half Guy's pressed harder, and both our backs had more to do, Hindley particularly being prominent for the defence. Two corners, one after the other, were given against us but fortunately were not taken advantage of, and it looked as though the final result would be closer until the Bart.'s forwards ran through again and scored. Thereafter we went ahead, and had little difficulty in keeping them out of our circle until time.

The whole team played well, and it is difficult to single out any particular member for mention, which is as it should be, for combination together as a team will count more than individual brilliance in the final to be played next month.

Team.—H. L. Hodgkinson (*goal*); P. M. Wright, G. T. Hindley (*backs*); V. C. Snell, K. W. Martin, J. H. Hunt (capt.) (*halves*); R. T. Davidson, C. A. Hinds Howell, A. D. Iliff, C. L. Hay Shunker, J. Lockett (*forwards*).

RIFLE CLUB.

The Miniature Range has been well supported this term and there are several promising new members. The eatries for the Lady Ludlow and Sir H. J. Waring Cups have been large and plenty of good scores have been put up. The Club has recently purchased a new rifle of the latest type, which has produced a noticeable improvement in the standard of the shooting.

The team have put up some good scores and the match totals are still increasing. Six matches have been shot up to date, with a total of two wins, three losses and one draw. In this last match G. S. Druce scored the first match "possible" recorded for some years.

If the club continues to receive the support it is receiving at present it is hoped to start a "B" team, challenges for which have already been received.

MATCHES.

January 7th *v.* L. C. Smith & Corona R.C.: Bart.'s, 571 (G. S. Druce, 99); L. C. Smith & Corona, 569. Won by 2 pts.

January 14th *v.* Aquarius R.C.: Bart.'s, 563; Aquarius, 570. Lost by 7 pts.

January 21st *v.* Dunlop R.C.: Bart.'s, 572 (J. S. Balley, 99); Dunlop, 577. Lost by 5 pts.

February 2nd *v.* London Hospital R.C.: Bart.'s, 571; London Hospital, 540. Won by 31 pts.

February 4th *v.* Swansea R.C. "B": Bart.'s, 575, Swansea "B," 582. Lost by 7 pts.

February 11th *v.* 5th Battn. Bedfordshire and Hertfordshire Regiment: Bart.'s, 579(G. S. Druce, 100); 5th Battn. Bedfordshire and Hertfordshire Regiment, 579. Drawn.

D. O. D.

UNITED HOSPITALS HARE AND HOUNDS.

U.H.H.H. *v.* METROPOLITAN POLICE A.C.

At Imber Court.

This race was run on the coldest day there has been for some time; the ground was covered with snow and there was a howling gale blowing. We started with the wind behind us, fortunately, W. F. Butler (M.P.A.C.) setting a fast pace, closely followed by Kinnear and Dalley (Bart.'s). Next came Dalziel (M.P.A.C.), Strong (Bart.'s) and Smyth (London), in that order. In the shelter of the reservoir the first three went away from the rest and Smyth came up to them. Butler was continuously challenged on the way home, but just managed to keep ahead to win in 29 min. 49 sec. Smyth, Kinnear and Dalley finished together in 29 min. 56 sec.

Points:

1. U.H.H.H., 2, 3, 4, 6, 8, 12 = 35.
2. M.P.A.C., 1, 5, 7, 9, 10, 11 = 43.

U.H.H.H. *v.* OXFORD UNIVERSITY CROSS-COUNTRY CLUB "A."

At Oxford.

For an "A" team Oxford turned out an extremely strong team, which included no less than five "blues," and as the Hospitals had a team much weakened by sickness, the result was rather unfortunate for us. The race soon developed into a procession, C. J. Mabey (St. Edmund Hall) leading throughout, followed by five more Oxford men. At the top of "Shotover" none of our men were in a position to cause any anxiety to Oxford, and although J. F. Cornes, the winner of the Inter-Varsity Cross Country race, had to drop out, Oxford had the first five men home, thus winning by the minimum score.

U.H.H.H. *v.* CAMBRIDGE UNIVERSITY "A."

At Richmond.

Conditions were favourable for fast times, and H. Brown (Peterhouse) set off very fast, followed by Strong, Kinnear, Smyth, Dalley and Sandiford, all Hospital men. Brown, however, could not last the pace, and Kinnear and Smyth took the lead for a little while, soon losing it to Gething (Sidney Sussex), who had come up in the meanwhile. These seven ran in a bunch most of the way, the lead continually changing and the rest of the field tailing out behind. The individual winner was R. T. Gething, and his time was 35 min. 42 sec. He was closely followed by Smyth (London) and Kinnear (Bart.'s), who finished together in 35 min. 51 sec. Strong (Bart.'s), who had been running well, got a "stitch" about a mile from home, and was beaten by Brown. The Hospitals packed very well indeed and deserved to win.

Points:

1. U.H.H.H., 2, 3, 5, 6, 7, 10 = 33.
2. Cambridge, 1, 4, 8, 9, 11, 12 = 45.

G. D.

REVIEWS.

CLINICAL NOTES ON DISORDERS OF CHILDHOOD. By D. W. WINNICOTT, M.A., M.R.C.P. (London: William Heinemann, 1931.) Pp. viii + 216. Price 10*s.* 6*d.*

This is an intensely interesting book dealing with diseases of children from the point of view of symptomatology. Dr. Winnicott has given a prominent place to the emotional life of the child. "Emotional development," he says, "is normally difficult and commonly incomplete. Most of the common symptoms of children arise from difficulties of emotional development." While engaged in his difficult task the child needs friends, and much of the doctor's work is a specialized form of friendship.

The first chapters deal with history taking and physical examination and form an excellent guide. "Study the child and not the disease" is a principle to which the author adheres throughout the book. The chapters on rheumatic carditis are extremely good. The author first describes the examination of the heart in the normal child, and the variations which may be met with as a result of apprehension on the part of the patient. The fallibility of the stethoscope is fully proved. He urges that the diagnosis of active rheumatic heart disease must be made long before physical signs appear in the heart itself. Every case which shows rheumatic manifestations, such as joint involvement, chorea or recurring sore throats must be regarded as a heart case and treated accordingly. Conversely if a child is not subject to these symptoms, great caution must be exercised in diagnosing active carditis, whatever the signs found on examination of the heart. The normal heart of an anxious child may give physical signs closely resembling those of rheumatic carditis. A table is given of the reasons for which children are being wrongly treated as rheumatic and kept in bed and prevented from playing games. Dr. Winnicott boldly states that "growing pains" are not rheumatic, but closely bound up with other anxiety symptoms. This is a statement with which most clinicians will entirely disagree.

We are then led on to a consideration of anxiety and other psychological disorders in children. These chapters are very interesting and are illustrated by a series of admirable case-notes, which are so good that they form a unique feature of the book—probably the most valuable part of it.

It is to be regretted that practically no mention is made of treatment, and that many common diseases of children are dismissed in a few lines, or not mentioned at all. We hope that the author will produce another such book in the near future, giving his views on fevers and diseases of the alimentary and respiratory tracts.

Dr. Winnicott is to be congratulated on writing an original book of such absorbing interest that the reader is reluctant to put it down until finished. There is no doubt that it forms a useful contribution to the study of the disorders with which it deals, and that it merits a place on the bookshelves of every practitioner who is called upon to treat children.

THE FUNDUS OF THE HUMAN EYE. An Illustrated Atlas for the Physician. By ERNEST CLARKE, C.V.O., M.D., F.R.C.S. (Oxford Medical Publications. Humphrey Milford, 1931.) 51 coloured plates. Price 18*s.*

This atlas supplies a real need, and will prove a most useful and convenient handbook for the physician who carries an ophthalmoscope. The value of this instrument can scarcely be exaggerated, and the electric ophthalmoscope is now within the reach of everybody's purse and skill.

The fifty-one plates, which, with their legends, constitute the book, are taken from the collection of paintings in the art department of Messrs. Hamblin; they are admirably reproduced, and each plate is fixed with a linen strip so that the atlas can be opened flat. The selection is well made, the variations in the normal fundus being fully displayed. We could wish for a larger number of plates of albuminuric retinitis, showing the appearances of the various stages more fully. Only the commoner conditions are illustrated.

The legends, written by Mr. A. H. Levy, are brief and to the point. A short introduction, explaining the technique of focusing and using the electric ophthalmoscope, would be a useful addition; the student would appreciate some definite order to adopt in examining the structures of the fundus.

We have nothing but praise for this book, and in view of the excellent method of binding and the high quality of the plates, we regard the price as reasonable.

A HANDBOOK OF MIDWIFERY. By RICHARD E. TOTTENHAM, M.D., F.R.C.P.I. (London: J. & A. Churchill, 1931.) Pp. ix + 307. 102 illustrations. Price 10*s.* 6*d.*

This admirable little book fulfils its purpose of providing for students and midwives an introduction to obstetrics. The author confines himself to material which is of practical use, and seldom enters the realms of theory. For this reason his book is scarcely comprehensive enough for the student who is about to take his finals. For example, it is simply stated that the causation of placenta prævia is unknown; no theories are provided. There are a few minor points in which Dr. Tottenham's teaching disagrees with ours. We do not give ergot in cases of threatened abortion, nor pituitrin in the first stage of labour, rigidly withholding it in the second and third stages. For eclampsia, Tweedy's treatment is given in detail, and Strognoff's is merely outlined. The manual rotation of the head in cases of persistent occipito-posterior positions is not described, and is stated to be seldom indicated; we feel, however, that it is more deserving of space than is the Baudelocque-Schatz manœuvre for face presentations. The latter is fully described. Primary and secondary uterine inertia are not distinguished. Apart from these matters we agree whole-heartedly with the author's methods. An admirable chapter describes in detail the technique of the minor obstetrical operations such as douching the uterus, preparation of the vulva and vagina before manipulations, repair of perinæal and cervical lacerations and the application of forceps. Pelvimetry is described in full detail, and the author's own pelvimeter is introduced; it appears to have many advantages. The important subject of puerperal sepsis is discussed at some length and the exposition of it is excellent. No mention is made of abdominal hysterotomy in the treatment of vesicular moles; this method is gaining popularity, and is surely superior to manual removal or the use of spoon forceps. The author steers a middle course between controlling the fundus in the third stage of labour and the Rotunda method of leaving the fundus entirely alone: he advocates pressure by the ulnar border of the hand on the abdomen *above* the level of the fundus.

Like all Churchill's books, this volume is well and attractively bound and beautifully illustrated.

WHEELER AND JACK'S HANDBOOK OF MEDICINE. Revised by JOHN HENDERSON, M.D., F.R.F.P.S.(Glas.). Ninth edition. (Edinburgh: E. & S. Livingstone, 1932.) Pp. xvii + 654. Price 12s. 6d.

There is no need to introduce to readers of the JOURNAL this old favourite. That it has reached its ninth edition in just under forty years is sufficient evidence of its usefulness and popularity. The present edition, looking a little scriptural with its soft black covers and round edges, has been completely revised, certain sections having been entirely rewritten, notably those dealing with pernicious anæmia and arthritis deformans. New chapters deal with coronary thrombosis, various neuroses, narcolepsy and hepatic efficiency tests. The size of the book has been but little increased, and it makes no claim to be a text-book. There is no doubt, however, that it will prove as popular and successful as its predecessors, being sufficiently comprehensive for the majority of students approaching their finals.

MEDICAL EMERGENCIES. By CHARLES NEWMAN, M.D., M.R.C.P. (London: J. & A. Churchill, 1931.) Pp. ix + 128. Price 8s. 6d.

This little book is issued as a companion volume to *Surgical Emergencies in Practice* by Romanis and Mitchiner, published earlier in the year. It is pointed out that medical emergencies are often much more urgent than surgical emergencies; it therefore seems appropriate that a series of conditions requiring accurate diagnosis and prompt correct treatment should be grouped together.

The first chapter consists of a list of poisons and their appropriate remedies. The author then deals very explicitly with the subjects of coma and convulsions. Heart failure, hæmorrhage, asphyxia and the colics are then dealt with. The accounts are all brief, and where various methods of treatment are available only one is described. The prevention of such emergencies as eclampsia and tetanus does not come under the scope of this book and is therefore omitted. A very useful chapter deals with sudden insanity and describes the proper procedure. Technique of blood transfusion, tracheotomy, lumbar puncture and intravenous injection is given in full detail. The book contains much that is useful in an easily accessible form, and it can be recommended with every confidence to students, and especially to house-physicians at the outset of their career. The information is, however, of an elementary nature, and should be at the finger-tips of every qualified man.

THE STUDENTS' HANDBOOK OF SURGICAL OPERATIONS. (London: Cassell & Co., Ltd., 1930.) Pp. xi + 535. With 190 illustrations. Price 10s. 6d. net.

This edition, the fifth, edited by Mr. Cecil Wakeley, can be said to carry on truly the teaching traditions, laid down by its first editor, Mr. Jonathan Hutchinson, some thirty eight years ago.

The earlier chapters, dealing with amputations, ligature of arteries, excision of joints, etc., would amplify any course of instruction in operative surgery; while the later ones, on regional surgery, are of great value to the student in revising for his final examinations. The technique of radium therapy is briefly outlined, special reference being made to treatment of cancer of the mouth, breast and rectum.

The injection method for hæmorrhoids and varicose veins is alluded to and sections are devoted to other recent work, such as the treatment of congenital dislocation of the hip, and plastic surgery.

The work throughout is fully illustrated by lucid and instructive drawings, and is written in a clear and concise manner, while the "comments" at the end of each section add further value to an excellent book, which every student should have in his possession.

MANUAL OF BACTERIOLOGY. By ROBERT MUIR, M.A., M.D., F.R.S., etc., and the late JAMES RITCHIE, M.A., M.D., F.R.C.P.(Ed.). Revised by CARL H. BROWNING, M.D., D.P.H., F.R.S., and THOMAS J. MACKIE, M.D., D.P.H. Ninth edition. (London: Humphrey Milford, 1932.) Pp. xxiv + 866. With 212 illustrations and 6 coloured plates. Price 20s. net.

There are few subjects ancillary to medicine in which knowledge advances so rapidly at the present time as bacteriology. During the five years since the last edition of this text-book there have been many changes in the subject, so that clinical workers and students will appreciate the revising of such a well-known manual.

The size is not appreciably different from former editions, although the whole text has been largely rewritten and new illustrations added. The bibliography has been reduced and only the more recent works included, while the sections on Filter-passing Viruses, Immunity and the Streptococci have received special attention in the light of recent work.

It is unnecessary to give this popular text-book further recommendation.

FUNDAMENTAL PRINCIPLES OF RAY THERAPY. By WILLIAM BEAUMONT, M.R.C.S., L.R.C.P. (London: H. K. Lewis & Co., Ltd., 1931.) Pp. viii + 124. Price 6s. net.

We regret that we are unable to recommend this book to those for whom it was written, viz. nurses, medical students and medical practitioners. It is marred by many loose, inaccurate or misleading statements, and cannot be regarded as a reliable exposition of the *principles* of ray therapy.

POCKET MONOGRAPHS ON PRACTICAL MEDICINE. General Editors: ARNOLD SORSBY, M.D., F.R.C.S.; MAURICE SORSBY, M.D., F.R.C.S. (John Bale, Sons & Danielsson, Ltd., 1932.) Price 2s. 6d. net each.

THE ACUTE ABDOMEN. By C. H. FAGGE, M.S., F.R.C.S. Pp. 92.
RADIUM AND CANCER. By H. S. SOUTTAR, C.B.E., M.D., F.R.C.S. Pp. 64.
DISEASES AND DISORDERS OF THE DIGESTIVE ORGANS. By ADOLPHE ABRAHAMS, O.B.E., M.D., F.R.C.P. Pp. 110.

This attractive new series presents much that is wise, useful and readable in cheap and handy form. The information is terse and accurate, and print and paper are good.

Mr. Fagge tells simply and graphically of the various abdominal catastrophes, their diagnosis and treatment, pre- and post-operative. Mr. Souttar in his accustomed elegant style discusses the physical properties of radium and its application to surgery, giving both his own and other people's methods. The last chapter is devoted to accidents following the use of radium. On p. 45 Halsted's name is incorrectly spelt.

Dr. Abrahams' contribution to the series is learned and vivid. He deals with such conditions as peptic ulcer, appendix dyspepsia and flatulence, and devotes some space to the test-meal and the examination of the stools for occult blood. The quotation on p. 60 from the late J. C. Hemmeter is of poignant interest.

A GUIDE TO BIRTH CONTROL LITERATURE. By NORMAN E. HINES. (London: Noel Douglas, 1931.) Pp. 46. Price 3s. 6d. net.

This little book consists of a bibliography of the numerous works that have been written in recent years on birth control. It does not pretend to be complete, but its aim is to place before the busy physician or the misguided layman a guide to the literature of the subject. It is divided into three parts—technique, economic and sociological background of birth control, and continental literature on technique; each part is brief, and contains a list of the best works under the respective headings.

NOTES ON RADIUM THERAPY. By H. A. COLWELL. (London: H. K. Lewis & Co., Ltd., 1931.) Pp. x + 165. 6s. net.

This little book is one of the best introductions to radium therapy with which we are acquainted. Beginning with a brief account of the physics of radio-active substances and a description of radium containers, the author considers in turn the chemical and biological effects of the emitted radiations, and their clinical applications.

This is followed by concise accounts of the techniques most in favour at the present time for the radium treatment of carcinoma of the breast, tongue, cervix uteri, rectum, etc., as well as for rodent ulcer.

The author comments on the dangers, contra-indications and results of the various treatments, and proves himself a competent guide to the student sitting his "finals," and a lucid expositor to others interested but not yet learned in the subject.

In spite of a few minor blemishes, we heartily recommend the book.

MEDICAL ELECTRICITY FOR STUDENTS. By A. R. I. BROWNE. Third edition. (London: Oxford University Press, 1931.) Pp. xvii + 245. Price 12s. 6d.

This book is intended primarily for students preparing for the Examination in Medical Electricity conducted by the Chartered Society of Massage and Medical Gymnastics. The fact that three editions have been called for in ten years is evidence of its popularity. A perusal of the contents shows that this popularity is justified by the careful and comprehensive treatment given by the author.

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

ABRAHAMS, ADOLPHE, O.B.E., M.D., F.R.C.P. *Diseases and Disorders of the Digestive Organs.* London: John Bale, Sons & Danielsson, 1932.

ATTLEE, WILFRID, M.D., B.Ch., M.R.C.P. "Spontaneous Rupture of an Abnormal Spleen." *Lancet*, February 6th, 1932.

BALL, W. GIRLING, F.R.C.S., and EVANS, GEOFFREY, M.D.(Cantab.), F.R.C.P. *Diseases of the Kidney.* London: J. & A. Churchill, 1932.

BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Ed.). *A Descriptive Atlas of Radiographs.* Second edition. London: Henry Kimpton, 1932.

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BROWN, W. LANGDON, M.D., F.R.C.P. "The Endocrines and Some Associated Psychoneuroses." *British Medical Journal*, February 6th, 1932.

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

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CLARK, A. J., *M.C.*, M.D., F.R.C.P., D.P.H. *Applied Pharmacology.* Fourth edition. London: J. & A. Churchill, 1932.

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FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.H. *Diphtheria, Past and Present.* London: John Bale, Sons & Danielsson, 1932.

GRAHAM, GEORGE, M.D., F.R.C.P., and JOHNSON, R. S., M.D., M.R.C.P. "Anæmia with Dysphagia." *Quarterly Journal of Medicine*, January, 1932.

HALL, ARTHUR J., M.A., M.D., D.Sc.(Hon.), F.R.C.P. (and DAWBARN, R. Y., M.D.). "Pyopneumothorax in Hodgkin's Disease." *Lancet*, January 23rd, 1932.

HARTRIDGE, H., M.A., M.D., Sc.D., M.R.C.P., F.R.S., and WEST, RANYARD, M.D., M.R.C.P., D.P.H. "Parathyroid Tetany in Dogs and its Abolition by Curare." *Brain*, vol. liv, Pt. 3, 1931.

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HORDER, Sir THOMAS, Bart., K.V.C.O., M.D., F.R.C.P. "Comments on some Recent Excursions in Therapeusis." *Lancet*, January 23rd, 1932.

HOWELL, B. WHITCHURCH, F.R.C.S. "The Use and Abuse of Plaster of Paris." *Post-Graduate Medical Journal*, January, 1932.

JOHNSON, R. S., M.D., M.R.C.P. *See* Graham and Johnson.

LEVICK, G. MURRAY, M.R.C.S., L.R.C.P. "The Medical Properties of Wine." *Practitioner*, February, 1932.

LEVITT, W. M., M.B., D.M.R.E.; Editor of *A Text-book of X-Ray Therapeutics.* London: A. & C. Black, 1932.

MAINGOT, RODNEY, F.R.C.S. "The Injection Treatment of Varicose Veins." *Medical Press and Circular*, December 23rd and 30th, 1931.

MYERS, BERNARD, M.D., M.R.C.P. "Gaucher's Disease: Splenectomy." *Proceedings of the Royal Society of Medicine*, February, 1932.

NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. "The Pentavalent Compounds of Antimony in the Treatment of Kala Azar. Part VI. A Comparison of Results with Different Compounds." *Indian Journal of Medical Research*, January, 1932.

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NELSON, H. P., M.B., F.R.C.S. "The Tracheo-Bronchial Lymphatic Glands." *Journal of Anatomy*, January, 1932.

ROBERTS, J. E. H., O.B.E., F.R.C.S. *See* Woollard, Roberts and Carmichael.

ROLLESTON, Sir HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., Hon. D.Sc., D.C.L., LL.D., F.R.C.P. *The Cambridge Medical School: A Biographical History.* Cambridge University Press, 1932.

WEST, RANYARD, M.D., M.R.C.P., D.P.H. *See* Hartridge and West.

WINNICOTT, D. W., M.A.(Cantab.), M.R.C.P.(Lond.). *Clinical Notes on Disorders of Childhood.* Practitioner's Aid Series. London: William Heinemann, 1931.

WOOLLARD, H. H., M.D., ROBERTS, J. E. H., F.R.C.S., and CARMICHAEL, E. A., F.R.C.P.(Edin.). "An Inquiry into Referred Pain." *Lancet*, February 13th, 1932.

RECENT ADDITIONS TO LIBRARY.

BAILEY: *Emergency Surgery.*
——— *Physical Signs in Clinical Surgery.* Third edition.
BALL and EVANS: *Diseases of the Kidney.*
BERTWISTLE: *A Descriptive Atlas of Radiography.*
BISHOP: *Arterial Sclerosis.*
CLARKE: *Applied Pharmacology.* Fourth edition.
DIBLE: *Recent Advances in Bacteriology.* Second edition.
FRAZER: *Manual of Embryology.*
HUTCHISON: *Index of Treatment.* Tenth edition.
JACOBI: *Atlas of Dermochromes,* with English Text by HENRY MACCORMAC, C.B.E., M.D., F.R.C.P.
JOLL: *Diseases of the Thyroid Gland.*
MACLEOD: *Some Radium Cases at the Middlesex Hospital: A Photographic Record.*
MAINGOT: *The Management of Abdominal Operations.*
MEAD, RICHARD: *Medica Sacra,* 1749.
MUIR and RITCHIE: *Manual of Bacteriology.* Ninth edition.
POTT, PERCIVALL: *Some Few Remarks on Fractures and Dislocations.* Second edition. 1773.
——— French translation of certain works.

POWER: *The Foundations of Medical History.*
PURVES STEWART: *The Diagnosis of Nervous Diseases.* Seventh edition.
ROLLESTON: *The Cambridge Medical School.*
ROSE and CARLESS: *Manual of Surgery.* Thirteenth edition. (Additional copy.)
SHATTOCK: *Handbook of Surgical Diagnosis.*
SHORT: *An Index of Prognosis and End-results of Treatment.* Fourth edition.
SMITH, SYDNEY: *Forensic Medicine.* Third edition.
SPENCER and CADE: *Butlin's Diseases of the Tongue.* Third edition.
STEVENS: *Diseases of Women.* New and revised edition.
TEN TEACHERS: *Midwifery.* Fourth edition.
THOMSON and MILES: *Manual of Surgery.* Eighth edition.
TODD and SANFORD: *Clinical Diagnosis by Laboratory Methods.* Seventh edition.
WOOD JONES and PORTEUS: *The Matrix of the Mind.*
WINNICOTT: *Clinical Notes on Disorders of Children.*
——— *Clinical Interpretation of Aids to Diagnosis.* Vol. ii.
WRIGHT, SAMSON: *Applied Physiology.* Fourth edition.

Collected Papers of the Mayo Clinic and the Mayo Foundation. Vol. XXII. 1930.
Index Catalogue of the Library of the Surgeon-General's Office. Third series. Vol. 9.
The Medical Annual, 1931.

ACKNOWLEDGMENTS.

The Nursing Times—The British Journal of Nursing—The Speculum—The Student—The Hospital—The Clinical Journal—The Kenya and East African Medical Journal—Bulletins et Mémoires de la Societé de Médecine de Paris—L'Écho Médical du Nord—Revue Belge des Sciences Médicales—Bulletin de l'Hôpital Saint-Michel—The Caduceus—Medical Times and Long Island Medical Journal—Guy's Hospital Gazette—Charing Cross Hospital Gazette—St. George's Hospital Gazette—The Middlesex Hospital Journal—The London Hospital Gazette.

EXAMINATIONS, ETC.

University of Cambridge.

The following Degree has been conferred:

B.Chir.—Hughes, J., Tracey, J. B.

Royal College of Physicians.

The following have been admitted *Members:*

Franklin, A. W., Landor, J. V., Whyte, A. D. S.

Royal Colleges of Physicians and Surgeons.

The following Diplomas have been conferred:

D.P.H.—Simmonds, F. A. H.
D.L.O.—Siddiqi, M. A. H.
D.P.M. Pentreath, E. U. H.

Conjoint Examination Board.

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

Bamford, H. C., Beal, J. H. B., Beilby, F. J., Blumovitch, H., Bowen, L., Green, L. E., Hayes, D. S., Hayward, S. T., Holdsworth, W., Jones, F. W. E., Keele, K. D., Roberts, P. G., Scott, J. L. S., Thomas, J. C. S., du Toit, G. C. T.

L.M.S.S.A.

The Diploma of the Society has been conferred on Sturgess, G. W.

CHANGES OF ADDRESS.

HENSMAN, J. S., 2, Buckingham Street, Buckingham Gate, S.W.1. (Tel. Victoria 0812.)
LEVY, A. H., 149, Harley Street, W. 1. (Tel. Welbeck 4444.)
MCCURRICH, H. J., 19, Palmeira Avenue, Hove, Sussex.
MOORE, C. F., 88, Harley Street, W. 1. (Tel. Langham 1874.)

APPOINTMENT.

HENSMAN, J. S., B.Ch.(Cantab.), M.R.C.S., L.R.C.P., appointed Honorary Anæsthetist to the Queen's Hospital for Children, Hackney.

BIRTHS.

BELL.—On February 2nd, 1932, at Sevenoaks, to Ruth (*née* Grandage) wife of William Duncan Bell—a daughter.

BLACKABY.—On January 5th, 1932, at Zomba, Nyasaland, to Beatrice Mary, wife of Dr. E. J. Blackaby—a son.

BRIGGS.—On February 6th, 1932, to Constance (*née* Clarke), wife of Dr. W. A. Briggs, 6, Minster Yard, Lincoln—a son.

MCCURRICH.—On February 23rd, 1932, at 19, Palmeira Avenue, Hove, to Bettine (*née* Ellis), the wife of H. J. McCurrich, M.S., F.R.C.S.—a son (stillborn).

ROWELL.—On February 4th, 1932, to Marie, wife of Dr. Leslie Rowell, of 10, Chapel Street, Belgrave Square, S.W.—a daughter.

WILLCOCKS.—On February 21st, 1932, at Springfield, Chelmsford to Hope, wife of Dr. Robert W. Willcocks—a daughter.

MARRIAGE.

LANGHORNE—JESSOP.—On December 18th, 1931, at St. Botolph's, Boston, Douglas Alfred Langhorne, of Creekside, Bosham, Chichester, to Yvonne Valetta Jessop, younger daughter of the late Mr. and Mrs. Sidney Jessop, of Hathersage.

DEATHS.

ANDREWES.—On February 24th, 1932, at Windy Gap, Merton Lane, Highgate, Sir Frederick William Andrewes, M.D., F.R.S., aged 72.

STIRLING-HAMILTON.—On February 4th, 1932, at Horsham, John Stirling-Hamilton, M.B.E., M.B., B.C.(Cantab.), of Grove Lodge, Ingatestone, Essex, younger son of the late Gen. Sir William Stirling-Hamilton, Bart., R.A.

NOTICE.

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

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

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

St. Bartholomew's Hospital Journal.

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

VOL. XXXIX.—No. 7.] APRIL 1ST, 1932. PRICE NINEPENCE.

CALENDAR.

Fri., April 1.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., ,, 2.—Rugby match *v.* Pontypool. Away.
Tues., ,, 5.—Dr. Gow and Mr. Girling Ball on duty.
Fri., ,, 8.—Prof. Fraser and Prof. Gask on duty.
Sat., ,, 9.—Rugby match *v.* Plymouth Albion. Away.
Mon., ,, 11.—Rugby match *v.* Redruth. Away.
Tues., ,, 12.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Rugby match *v.* St. Ives. Away.
Thurs., ,, 14.—**Abernethian Society: Summer Sessional Address by Prof. Hugh Cabot, at 8.30 p.m.**
Fri., ,, 15.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Tues., ,, 19.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Last date for receiving matter for the May issue of the Journal.
Fri., ,, 22.—Dr. Gow and Mr. Girling Ball on duty.
Mon., ,, 25.—Special subjects: Clinical Lecture by Mr. Bedford Russell.
Tues., ,, 26.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 27.—Surgery: Clinical Lecture by Mr. Girling Ball.
Fri., ,, 29.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Sat., ,, 30.—Cricket match *v.* Southgate. Home.

EDITORIAL.

THE much-vexed Out-patient question in the voluntary hospitals of London is again coming into prominence. Several months ago a committee was appointed under the auspices of King Edward's Hospital Fund to inquire into the matter, and we understand that a similar effort is being made on the part of the Hospital Saving Association, with their "Out-patient Committee, 1932."

Our contributor, who writes "On Chronics" in this issue, deals with the question of the suitability of the patients who present themselves for treatment. Everyone who works in the Surgery or in the Out-patient Departments will heartily endorse his sentiments. It seems that if these haphazard conditions are allowed to continue, it will become more and more difficult to give prompt attention to those out-patients who really need it, and whose time is valuable to them. Overcrowding must lead to delay. There is no doubt that we treat many Out-patients who, on medical grounds, do not require our services. These patients cannot be regarded as a serious financial loss, assuming that they pay their sixpence at the "gate," since medicines of the "penny-a-pint" variety are just as effective, or ineffective, as the more expensive drugs. Their presence is a serious drain on the House Physician's energy, and their large numbers swamp those whose claims to attention are genuine and urgent.

It is becoming increasingly clear that we should aim at restricting the use of the Out-patient Departments as much as possible to emergencies and to those requiring consultants' opinions or special treatment. General practitioners should receive their patients back again when the opinion has been given or the treatment completed. We shall look forward with interest to the reports of these committees.

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We learn that Prof. Hugh Cabot has confirmed his promise to speak to the Abernethian Society on Thursday, April 14th, at 8.30 p.m. The title of his address will be "Hunting with a Movie Camera in Northern British Columbia." Some interesting films of animals will be shown, chiefly moose, seen while hunting with a camera rather than with a rifle. Prof. Cabot will lecture on "The Present Position of Prostatic Surgery" to the Medical College on Monday, April 18th, at 12.45 p.m., and will also give a lecture on "Nephrostomy in Theory and Practice" at the Section of Urology, Royal Society of Medicine, on Thursday, April 21st.