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St. Bartholomew's Hospital



JOURNAL.

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

VOL. XLI. — No. 1.]

OCTOBER 1ST, 1933.

PRICE NINEPENCE.

CALENDAR.

| | |
|--|---|
| Mon., Oct. 2.—Winter Session commences. | |
| | Old Students' Dinner. |
| Tues., 3.—Dr. Graham and Mr. Vick on duty. | |
| Fri., 6.—Medicine: Clinical Lecture by Dr. Hinds Howell. Prof. Fraser and Prof. Gask on duty. | |
| Sat., 7.—Rugby Match v. Old Leysians. Home. Association Match v. Casuals. Home. | |
| Mon., 9.—Special Subject: Clinical Lecture by Mr. Just. | |
| Tues., 10.—Lord Horder and Sir C. Gordon-Watson on duty. | |
| Wed., 11.—Rugby Match v. St. Thomas's Hospital. Home. | |
| Fri., 13.—Medicine: Clinical Lecture by Dr. Gow. Dr. Hinds Howell and Mr. Harold Wilson on duty. | |
| Sat., 14.—Rugby Match v. Rugby. Away. Association Match. Not arranged. Hockey Match v. Beckenham. Away. | |
| Mon., 16.—Special Subject: Clinical Lecture by Mr. Bedford Russell. | |
| Tues., 17.—Dr. Gow and Mr. Girling Ball on duty. | |
| Wed., 18.—Surgery: Clinical Lecture by Mr. Harold Wilson. Rugby Match v. London Hospital. Away. | |
| Thurs., 19.— Abernethian Society. Sessional Address. Sir Henry Gauvain: "Twenty-five Years at Treloar's". | |
| | Last day for sending matter for the November issue of the Journal. |
| Fri., 20.—Dr. Graham and Mr. Vick on duty. | |
| Sat., 21.—Rugby Match v. Bedford. Away. Association Match v. Downing College, Cambridge. Away. Hockey Match. | |
| Mon., 23.—Special Subjects: Clinical Lecture by Mr. Elmslie. | |
| Tues., 24.—Prof. Fraser and Prof. Gask on duty. | |
| Wed., 25.—Rugby Match v. Cambridge University. Home. | |
| Fri., 27.—Medicine: Clinical Lecture by Dr. Gow. Lord Horder and Sir C. Gordon-Watson on duty. | |
| Mon., 30.—Special Subjects: Clinical Lecture by Mr. Bedford Russell. | |
| Tues., 31.—Dr. Hinds Howell and Mr. Harold Wilson on duty. | |

EDITORIAL.

If Rahere were to revisit Bart.'s to-day, he would find his original buildings changed and the old faces gone, but there is little doubt that he would repeat his vision of the past and hear the voice of St. Bartholomew say: "Nor doubt at all with anxious mind concerning the expenses of this building; merely apply diligence, mine it shall be to provide the costs necessary for the completing the fabric of the work . . . Of this work, know that thou art the minister and I the master. Do thou employ diligent service and I will perform the office of master and patron." The raising of money for charity in the twelfth century was almost as difficult as it is to-day; Rahere and his vision faced it with courage and determination.

At the onset of this new academic year there is but one thought in the minds of all Bart.'s men—the future Medical College. The same problem has to be faced that Rahere overcame eight centuries ago. Diligence has already been applied, but the time has come when we can no longer draw upon our own resources, but need the help and co-operation of the public.

On October 2nd the Old Students' Dinner will be held; this will mark the starting-point of a public appeal for the new Medical College. Old Bart.'s men have been earnestly asked to support the occasion, and it is hoped that a final appeal to them will secure the presence of an even greater number. We hear that the services of Harriet Cohen and Lionel Tertis have been promised.

The Dean has had many visions of late, but he has been spared the effort of a pilgrimage to Rome, and we hope that he has not had a fever or delirium. His visions, however, have been varied and his pilgrimages many. It is hoped that during the coming year he may receive many other such visitants as Saint Unilever, to name but one.

The launching of a Public Appeal does not mean that local support is no longer necessary; it is even more necessary, as old Bart.'s men can now advertise the merits of the appeal directly to their friends and the laity. We now ask for everybody's support.

COLLEGE APPEAL FUND.

| | £ | s. | d. | |
|------------------|--------|----|----|-------|
| Staff | 12,184 | 15 | 9 | (99) |
| Demonstrators | 1,514 | 0 | 0 | (95) |
| Students | 472 | 10 | 6 | (255) |
| Old Bart.'s men: | | | | † |
| Bedfordshire | 5 | 10 | 6 | (2) |
| Berkshire | 86 | 1 | 0 | (13) |
| Buckinghamshire | 72 | 17 | 0 | (12) |
| Cambridgeshire | 154 | 13 | 0 | (11) |
| Cheshire | 1 | 1 | 0 | (1) |
| Cornwall | 22 | 2 | 0 | (5) |
| Cumberland | 5 | 0 | 0 | (1) |
| Derbyshire | 19 | 14 | 0 | (4) |
| Devonshire | 453 | 1 | 0 | (43) |
| Dorset | 25 | 15 | 0 | (11) |
| Durham | 16 | 6 | 0 | (3) |
| Essex | 225 | 15 | 6 | (15) |
| Gloucestershire | 168 | 16 | 6 | (14) |
| Hampshire | 401 | 9 | 0 | (37) |
| Herefordshire | 12 | 7 | 0 | (3) |
| Hertfordshire | 73 | 0 | 0 | (12) |
| Huntingdonshire | | | | (1) |
| Isle of Wight | 166 | 13 | 0 | (10) |
| Kent | 539 | 0 | 0 | (62) |
| Lancashire | 38 | 12 | 0 | (10) |
| Leicestershire | 133 | 12 | 0 | (16) |
| Lincolnshire | 42 | 3 | 0 | (12) |
| Middlesex | 373 | 15 | 0 | (16) |
| Norfolk | 159 | 7 | 6 | (18) |
| Northamptonshire | 34 | 4 | 0 | (4) |
| Northumberland | 101 | 1 | 0 | (2) |
| Nottinghamshire | 13 | 13 | 0 | (2) |
| Oxfordshire | 166 | 10 | 0 | (14) |
| Rutland | | | | (2) |
| Shropshire | 35 | 9 | 0 | (8) |
| Somersetshire | 484 | 6 | 0 | (23) |
| Staffordshire | 104 | 18 | 0 | (6) |
| Suffolk | 262 | 1 | 0 | (15) |
| Surrey | 418 | 5 | 6 | (42) |
| Sussex | 240 | 0 | 0 | (17) |
| Warwickshire | 177 | 0 | 6 | (17) |
| Westmorland | 1 | 0 | 0 | (1) |
| Wiltshire | 99 | 11 | 0 | (10) |
| Worcestershire | 142 | 8 | 6 | (17) |
| Yorkshire | 254 | 10 | 6 | (10) |
| Wales | 37 | 16 | 0 | (9) |
| London | 2,456 | 6 | 8 | (153) |
| Channel Islands | 10 | 0 | 0 | (1) |
| Scotland | 12 | 2 | 0 | (3) |
| Abroad | 38 | 5 | 0 | (7) |
| South Africa | 274 | 0 | 6 | (16) |
| Canada | 113 | 2 | 6 | (8) |
| East Africa | 62 | 7 | 0 | (6) |
| West Africa | 146 | 10 | 0 | (5) |
| India | 14 | 0 | 0 | (6) |
| Syria | 2 | 2 | 0 | (1) |
| U.S.A. | 5 | 0 | 0 | (1) |
| Ireland | 14 | 14 | 0 | (3) |
| North Africa | 1 | 0 | 0 | (1) |
| North Borneo | 5 | 5 | 0 | (1) |
| Australia | 12 | 2 | 0 | (3) |
| Egypt | 2 | 2 | 0 | (1) |
| Malay States | 6 | 0 | 0 | (2) |
| China | 45 | 7 | 4 | (7) |
| Carried forward | 23,362 | 18 | 3 | |

| | £ | s. | d. |
|---------------------|--------|----|-------|
| Brought forward | 23,362 | 18 | 3 |
| Siam | 10 | 0 | (1) |
| France | 50 | 0 | (1) |
| Trinidad | 20 | 0 | (1) |
| British West Indies | 23 | 1 | (3) |
| Konya | 5 | 0 | (1) |
| New Zealand | 1 | 1 | (1) |
| Services | 496 | 11 | (28) |
| *Others | 19,994 | 0 | (198) |
| | 43,872 | 11 | 10 |

*These figures include:

| | £ | s. | d. |
|--|------|----|----|
| University of London | 5000 | 0 | 0 |
| Unilever Bros. | 500 | 0 | 0 |
| League of St. Bartholomew's Nurses | 25 | 0 | 0 |
| The Executors of the late Alfred de Rothschild, Esq. | 2000 | 0 | 0 |
| Rahere Lodge | 105 | 0 | 0 |
| Corporation of the City | 1000 | 0 | 0 |
| Fishmongers' Company | 262 | 10 | 0 |
| Mercers' Company | 1000 | 0 | 0 |
| Ironmongers' Company | 100 | 0 | 0 |
| St. Bartholomew's Hospital Reports | 250 | 0 | 0 |
| The Haberdashers' Company | 50 | 0 | 0 |
| The Goldsmiths' Company | 500 | 0 | 0 |
| St. Bartholomew's Hospital Women's Guild | 627 | 10 | 9 |
| St. Bartholomew's Hospital Governors | 584 | 12 | 0 |

† Number of Bart.'s men in County.

The Inaugural Address of the Abernethian Society will be given by Sir Henry Gauvain on Thursday, October 19th, at 8.30 p.m., in the Medical and Surgical Theatre.

The address will be entitled "Twenty-five Years at Treloar's", and will be illustrated with lantern-slides.

Prof. Gask has kindly handed us two letters from Charles Warren which will be of great interest to all members of the Bart.'s Alpine Club. We would like to offer our hearty congratulations to Warren on his magnificent success.

I have just received your letter here; it was very kind of you to write to me. As you say that you would like to hear news of the expedition I am venturing, in spite of the bad quality of the expedition note-paper, which I hope you will forgive, to let you know something of our successes and failures.

The first thing that we have found out is that this particular district is very difficult to work for various reasons: the produce from the local countryside is practically non-existing until late in the season, so one gets little help in one's provisioning from this source; the local men which we took up as porters were at first rather suspicious and difficult to deal with because they were not used to the invasion of expeditions: the season during which climbing is possible is a very short one—about four to six weeks—as we do not escape the monsoon, as was supposed, in this district.

However, in spite of this, we have managed to get a certain amount done. I was lucky enough to be in on the occasion of the climbing of our highest peak, when Collin Kirkus and myself managed to reach the summit of the Satapant Peak, which is just over 22,000 ft. We had a magnificent camp on the way down from the summit at about 21,400 ft. The ascent was by no means easy with our load of 30 lbs. on our backs, and we were a week on the mountain after leaving "advanced base" camp. Before this we made an attempt on a large, snowy, unnamed peak of about 22,600 ft. We spent a week on this mountain trying to get to the top and in the end were defeated by the weather, having reached a height of about 21,800 ft. On this peak we were able to climb to a camp at about

19,000 ft. on our ski. Other members of the party have climbed various smaller peaks of about 20,000 ft. round the glacier base-camp. Then there has been a certain amount of exploring up two side glaciers, which both appeared to be nearly as long as the Gangotri glacier.

The size and difficulty of this particular district, however, has made us decide that it is not really a suitable one for an expedition run on Alpine lines (i.e. doing one's own carrying above base-camp) as suggested by Dr. Longstaff. We had only four coolies up at "base", and on the mountains were carrying all our own equipment; the method doesn't work really well in such a vast district, though it would probably work in the Sulej valley, where we were originally to have gone.

I hope I am not forgetting the healing art; I think not, as I am kept pretty busy. Here we have an out-patients' hour at 10 a.m., and there are always many and varied cases, with a certain amount of minor surgery.

The last of us came down from the glacier two days ago, when the monsoon had already made things impossible for a week. Now two of our party have to leave us to go back to Mussoorie and thence home. The rest of us (three) are going to cross into the Sulej valley, where we hope to get some climbing, and will return *via* Simla. We hope to get permission to travel through Tibet, in which case we should cross *via* the Nilang pass, but failing this we should use the Nela pass.

This is very fascinating country and very overwhelming in the scale on which things are done. The actual climbing is appallingly strenuous, and is certainly not as pleasant as Alpine climbing because of this. Nevertheless I would always come back here again had I the opportunity; there is a great fascination about the place, and with ones present knowledge, I should like to run my own expedition to the district.

I hope the Bart.'s Alpine Club is still active. We have heard nothing of the Everest party up here, though faint rumours reached us that they were due at Camp VI on May 26th, and were having bad weather. We hope for their success.

Yours sincerely,
CHARLES WARREN.
Harsil,
Tehri Garwal, U.P.;
July 7th, 1933.

DEAR PROFESSOR GASK,

I am writing to you once again because I now have one more item of news to add to the previous adventures of the expedition; and that is that we have succeeded in making the first ascent of the north peak of Leo Parguil.

When I last wrote to you we were just about to start upon "part 2" of our programme. From Harsil we left Tehri State by crossing the 18,000-ft. Nela Pass, followed down the Baspa river to its junction with the Sulej, then moved right up the Sulej valley along the Hindustan-Tibet road in order to reach Nako at the base of the mountain. This journey was most interesting and I shall look back upon it as the holiday part of the expedition.

We had been given to understand before we came that here Leo Parguil, standing as it does on the frontier of Tibet, would escape all monsoon weather; in fact that there would be practically no rainfall. Actually, the very exceptionally bad weather conditions on the mountain were our main difficulty. Only on one day did we get a tolerably good view of our mountain from a distance.

We had four camps above Nako. On August 7th we took two of our men up to Camp III on a snowy col at about 19,000 ft. On the 9th we set out up the snow and ice slopes which rise from the col to a shoulder of the mountain together with our two men carrying bivouac equipment. However, the slope soon turned to ice, and it was evident that there would be some cutting to do higher up. As the porters had no "crimpons" we sent them back and ourselves continued upwards in order to do what step-cutting was necessary before the morrow, and also to select a bivouac site. On the following day we set off up our previously cut steps with our bivouac equipment, the two porters having been sent right down to Nako. That night we camped on a tiny bulge of ice on the brink of a most sensational icy gully. On August 11th we dropped our tent and set out up the slopes of frozen snow on "crimpons" to gain the shoulder crest to the summit.

The day had started well, but no sooner had we reached the

shoulder than it began to cloud over. When we were about 200 ft. from the top and on the narrowest part of the ridge our axes began to hum, then our hair began crackling; we were in the centre of an electric storm. We had to abandon the axes and crouch down on the ridge for half an hour to allow the storm to pass over. Then we pushed on up to the summit. As one could see nothing from the top, for it was snowing, we hurried back down the ridge. Below the shoulder we found that our footprints had been obliterated by new snow and we were in a thick mist. We waited, hoping that this would blow over, but eventually had to grope a way down, which landed us in a crevassed part of the face. Just as I was having visions of spending the night out in a crevasse the mist lifted enough for me to recognize an ice-cliff on our left. After this we found our bivouac again, packed up our things, and hurried off down to Camp III on the col. In the morning there was new snow down to the level of 15,000 ft., and the mountain has remained in cloud for at least five days since.

Thus, although Leo Parguil is not a mountain of exceptional technical difficulty, yet it gave us very considerable trouble and plenty of excitement during our ascent.

We are now on our way to Simla, and from thence home.

We were all sorry to hear of the unfortunate failure of the Everest party, though glad to know that there had been no casualties. We have heard no details yet. It will be exciting to get them at Simla.

Yours sincerely,
CHARLES WARREN.
Forrest Bungalow,
Chini, Upper Bashahr;
August 19th, 1933.

* * *

PRIZE WINNERS, 1932-33.

| | | |
|--|-------------------|-----------------------|
| Kirkce Scholarship and Gold Medal | Edward, D. G. ff. | |
| | Prox. Access. | Bintcliffe, E. W. |
| Senior Scholarship (Anatomy, Physiology and Chemistry) | Oliver, W. A. | } Equal. |
| | Prox. Access. | |
| Junior Scholarships (Anatomy and Physiology) | | |
| | 1. | Baum, I. H. |
| | 2. | Hambly, E. H. |
| Harvey Prize | | Armstrong, J. H. |
| Foster Prize | | Moore, P. T. |
| | Certificates | Dudley Watson, J. D. |
| | | Oliver, W. A. |
| | | Roberts, J. L. D. |
| | | Hambly, E. H. |
| Treasurer's Prize | | Baum, I. H. |
| | Certificates | Roualle, H. L. M. |
| | | Livingstone, F. D. M. |
| Bentley Prize | | Lloyd, G. M. |
| Wix Prize | | Medal not awarded. |
| Matthews Duncan Gold Medal and Prize | | Hadfield, S. J. |
| | Prox. Access. | Thomson, D. M. |
| | | Benson, K. L. |
| Brackenbury Scholarship in Medicine | | Not awarded. |
| Burrows Prize | | Ghey, P. H. R. |
| Skyner Prize | | Not awarded. |
| Brackenbury Scholarship in Surgery | | Innes, A. |
| Walsham Prize | | Innes, A. |
| | | Ghey, P. H. R. |
| | | Wheeler, F. E. |
| | | Innes, A. |
| Shuter Scholarship | | Not awarded. |
| Junior Scholarships (Chemistry, Physics and Biology) | | |
| | 1. | McMahon, R. I. H. |
| | 2. | Fagg, C. G. |
| Entrance Scholarship in Science | | Ives, L. A. |
| Entrance Scholarship in Arts | | Macrae, D. E. |
| Jeafreson Exhibition | | Gunz, F. W. |
| Combined Hospitals University Entrance (British Universities) Scholarship and Exhibition | | |
| | Scholarship | Fraser, D. B. |
| | Exhibition | Parks, J. W. |

OBITUARY.

WILLIAM HARVEY MAIDLOW.

WILLIAM HARVEY MAIDLOW, whose death we have to record on July 29th at a Taunton nursing-home, after a brief illness, was a well-known Somerset doctor.

The eldest son of William Smith Maidlow, a leading member of the London Corn Exchange, he was born at Richmond, Surrey, on January 13th, 1868.

Educated at Charterhouse from 1883 to 1885, he had a deep affection for his old school, where he was followed by his eldest son. It was with great delight that he contributed to the new Medical College situated in the position once occupied by Charterhouse.

Having matriculated at London University, he entered St. Bartholomew's Hospital in 1886, where he had a distinguished career as house-surgeon to Mr. Willet,; he was Obstetric House Physician, and gained several prizes.

He qualified as Fellow of the Royal College of Surgeons in 1892, and then took his degree at Durham University, having obtained honours in 2nd M.B. and the Luke Armstrong Scholarship for the first man of his year in the Final M.B.

By 1895 he was M.D., B.S., F.R.C.S., and L.R.C.P. Besides the above appointments he was Assistant Physician in the Electrical Department at Bart.'s.

He studied eyes at Gray's Inn Road, and was proud that he was in the first batch of qualified students to be allowed in the Metropolitan Fever Hospital.

He also made a special study of mind disorders at the Bethlehem Hospital, where his cousin, Dr. Percy Smith, was Superintendent.

In 1896 he was well in the running for a position on the Senior Staff, but his own interests were directed to other channels. He used to say he wanted to know as much as he could about every branch of medicine before taking the great responsibility of a general practice. After leaving London he was resident M.O. at the Taunton and Somerset Hospital, where he met his future partner, Charles Munden. He joined him in 1897, after a year's study of tropical diseases in India.

At Ilminster he had a long and honourable career, the partnership being made on August 1st, exactly thirty-six years ago to the day of his funeral. He held the post of M.O.H. for ten years, and was President of the Literary Society, was W.M. of the Nyanza Lodge of Freemasons, and was President of the Western Branch of the Somerset Medical Association,

and of the Ilminster Branch of the British and Foreign Bible Society. He captained the Ilminster cricket team 1898-1901.

At St. Bartholomew's he was an original member of the Hare and Hounds, and damaged his leg playing for the Hospital in a football final cup-tie, after which he was Secretary of the Club for many years. He was also President of the Abernethian Society, and later on a Vice-President of the West London Medical Society. During the war he worked hard in the V.A.D. hospitals, and took on with his partners the work of absentees.

He was a very prolific writer of essays, and contributed both to medical and lay papers. Among his medical contributions were: "Tropical Diseases", "British Medical Men of Letters", "Tetanus", "Mistakes", "Caisson Disease", "After 15 Years", and "Excision of Kidney". His literary contributions included "Shakespeareana" (he had a great collection of books on Shakespeare), "Thomas Hardy", "Keats", "Cats in Literature", "The Medical Aspects of Dante", "Dickens", and "Johnson". He was never so happy as when taking the chair at a meeting, where his after-dinner speeches, noted for their dry humour, were much enjoyed. His lectures, too, were always appreciated. He interested himself in discussions of any kind, and enjoyed seeing the lighter side of them. He was extremely well read, and there were very few questions he could not answer concerning classical works.

He adapted himself patiently to the rapid changes of medical thought and practice; to the National Insurance Act and increasing State interference. In his Presidential Address, "After 15 Years", he forecast very correctly what was in store.

He fought the fight. He kept the faith. May he rest in peace and find a corner in the memory of those innumerable people he loved and tried to help. He knew his weakness and how far he was below his ideals, but he always had his ideals, and died hoping for knowledge of the truth so elusive. By those who knew him at Charterhouse, St. Bartholomew's and Ilminster he will be greatly missed, for to these three he showed great affection and loved to do all he could for them.

Dr. Maidlow was a careful, very experienced physician, and at one time a keen surgeon; his excision of a kidney at a country cottage in the early 1900's was highly commented on—his patient had refused to go to a hospital. His opinion as a consultant was very widely sought, for few men around Somerset, Dorset and Devon could have known more about his profession than he.

He married Queenie Cross, daughter of the late W. A. Cross, in 1911, and leaves a widow, three sons and a daughter.

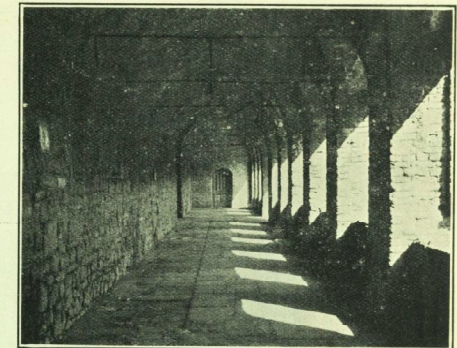
MERCHANT TAYLORS' SCHOOL, THE CHARTERHOUSE, AND ST. BARTHOLOMEW'S HOSPITAL.

By SIR D'ARCY POWER, K.B.E., O.M.T.

THERE has been much talk lately of our Medical School replacing the Merchant Taylors' School at the Charterhouse, as though the School had been settled there from time immemorial. How short is the memory of boys, and for that matter of middle-aged men too! "The School" to us of the older generation does not connote Charterhouse Square. To our mind's eye it is Suffolk Lane, where it was established in 1561, and where we were educated in the very building which, in 1674, replaced that which was burnt in the Great Fire. A long, somewhat narrow room on the upper floor, lighted by tall windows and warmed by a huge fireplace, where the unpopular were literally roasted. Three tiers of benches on each side of solid oak, rubbed smooth by countless generations of boys. A dais with a central table for the monitors—it is still preserved—and a bench for the prompters at the side. The headmaster's chair in the centre, the undermasters in chairs placed according to the forms they taught. Those chairs I saw at Sandy Lodge the other day. They appeared to me as "modern antiques", for I, or rather my father, paid a share of £2 10s. for their repair when they had been reduced to matchwood in one of the periodical "rags" which took the place of games. Dr. Hessey's room, which was also the school library, was immediately to the left of the dais, but the birchings, which were not infrequent, were *coram publico*, the victim being hoisted on the broad back of Couchman, the School porter. Each master was armed with a cane—in such constant use that it was not remarked upon except by the recipient. Below the main school were some badly lighted class-rooms, and parallel with it was the "The Cloister"—a yard of some 60 ft. by 20, which was the only playground for the 250 boys. At the end of the Cloister was a fine leaden cistern and a slate slab, with three or four basins, each with a trickle of cold water.

Punctually at 9.20 the masters, in cap and gown, having taken their chairs, a sixth-form boy took his place at the door, closed it and stood with pencil and paper to take the late list, rendered in Latin. A monitor read the Latin prayers from the *Preces* book, and the cadence still lingers in the ears—"Confiteantur tibi populi, Deus"—with the response of the whole school—"Confiteantur tibi populi omnes". In like manner there were *Preces meridiana*, when the school

was dismissed at 1 o'clock (12.40 on Saturdays), *Preces pomeridiana* at 2 o'clock, and *Preces Vespertina*. The school was empty from 1 to 2 o'clock—foul weather or fine—and the boys had to do the best they could in the hour. Some brought sandwiches, which they ate as they wandered about the streets; some went to the chophouses, which were still numerous, with their partitions and sanded floors. The more literary inclined spent their money on a newspaper—for the Tichborne trial was the excitement of the time—and eked out a meagre sustenance at the bar of the Cannon Street Hotel, where a hard biscuit and a glass of stout could be had for threepence. Many spent the hour in exploring the City, making the acquaintance of the



THE CLOISTERS.

City churches, and finding there was just time to visit the Guildhall Library, which was open to all comers.

There were no games, no corporate life; each was for himself, and yet the school prospered and produced some remarkable men: George Cave, who became Lord Chancellor; Montague Shearman, a judge of the High Court, and, like C. L. Lockton, a fine athlete; Cortis, who won the championship on a "penny farthing" bicycle; Frederick Treves, the surgeon, and many others. The next generation looked down upon its predecessors, forgetting that "multi fortes ante Agamemnona".

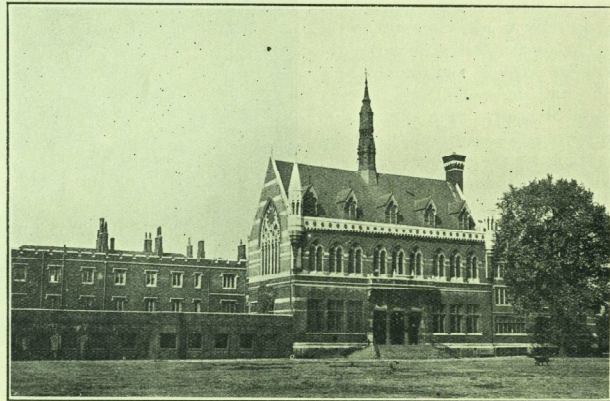
The curriculum had not changed much from what was laid down as necessary when the school was founded. Hebrew was still compulsory for boys in the sixth form and upwards; Latin and Greek were taught, to the exclusion of French and German; arithmetic and mathematics were tolerated, and there was an occasional drawing lesson.

The old order began to change when Dr. Baker was elected head master late in 1870, taking the place of Dr. Hessey. Prayers were then said in a tongue understood of the people. French and German began to be taught. Boys like myself, who were showing an aptitude for modern history or had been certified as the "boy best fitted for a merchant's office", were encouraged to work at special subjects, but of science there was as yet no trace. Games were organized, attempts were made to play football in Victoria Park, and the Merchant Taylors' Company hired a ground for cricket matches. There was, too, an occasional boat-race.

The Charterhouse School moved to Godalming in 1871, and the Merchant Taylors' Company bought the

sites in the south-west corner of the school quadrangle, and long may it remain there.

The buildings of the Charterhouse School were pulled down, and the foundation stone of the new Merchant Taylors' School, designed by Mr. E. B. P'Anson, who was architect both to the Merchant Taylors' Company and to St. Bartholomew's Hospital, was laid by the Duke of Edinburgh on June 15th, 1873. It was opened with fitting ceremony by the Prince of Wales, afterwards H.R.H. King Edward VII, on April 6th, 1875. The main building is in "the collegiate Gothic style". The central portion of the upper part is occupied by the Great Hall—93 ft. long and 50 ft. wide. It is lofty, and has a good hammer beam roof. There is a raised



THE GREAT HALL AND CLOISTERS.

site it had occupied for £90,000. The whole of the ground now called the Charterhouse was bought from St. Bartholomew's Hospital in 1349 by Sir Walter Manny to serve as a burial ground with a chapel for those who were dying of the plague, known to us as "The Black Death". It consisted of 36 acres of waste land. The price he paid for it is not known, but, dying in 1361, Manny left £2000 with certain houses, tenements and rents to endow a Carthusian convent. The 24 monks lived separately in little two-storey houses, each with its own garden round the great cloister, as may still be seen at the Grand Chartreuse in Dauphiné, and it is the site of this great cloister which, having been occupied successively by Charterhouse and Merchant Taylors' schools, is now in our possession. The older and more picturesque buildings called the Charterhouse fortunately remain untouched. A fragment of the great cloister still

dais at one end, and at the opposite end—the north side—there is a very fine stone fireplace, on which are the coats of arms of the Masters and Wardens of the Merchant Taylors' Company from 1872-74. The south wall is occupied by a window combining the features of a rose window with perpendicular tracery. The circular light at the top is filled with stained glass, representing St. John the Baptist—the patron saint of the Merchant Taylors' Company preaching in the wilderness. On the west side of the Hall is a music gallery, in which stood the organ. There is a pillared entrance beneath the Great Hall, with access from the green by a broad flight of steps. At the end of the corridor from the entrance hall is a large and well-proportioned room, which was used as the school library. The other buildings apart from the main school are the gymnasium, the headmaster's house, two dining-rooms, some open

fives courts, a racket court, which is no longer in use, and a well-arranged science laboratory which was opened by H.R.H. the Prince of Wales on July 8th, 1926, the day when he dedicated the war memorial under the entrance gateway at St. Bartholomew's Hospital. This laboratory and the fives court occupy the site of the Charterhouse "big school", which replaced the still older school founded by Sir Thomas Sutton in 1611. In the centre of the quadrangle is a large and pleasant grass plot. The east side is occupied by a mound; in the centre of its boundary wall is a "crown", said to be the last remaining local memorial of Charterhouse school. The Charterhouse boys used to drive their hoops round the "Green", the walls of which were marked at intervals of about a hundred yards by "inns" bearing the names of signs. "The Crown" still survives, and the tradition is that it was painted by Edward Law, the first Lord Ellenborough (1750-1818), afterwards counsel for Warren Hastings, and who became Lord Chief Justice. He was admitted to Charterhouse School on January 22nd, 1761.

We have to thank the Rev. J. L. Douglas for the photographs published.

SURGICAL APHORISMS.

(Continued from vol. xl, p. 238.)

36

There are no rules for the early diagnosis of carcinoma of the breast, since the disease may present at first none of the "classical" signs which are unfortunately those that are chiefly fed to medical students.

37.

Early carcinoma can, therefore, in many instances only be diagnosed on suspicion; but any suspicion is grounds enough for action.

38.

Action does not necessarily mean the "radical operation", nor even the removal of the whole mammary gland.

39.

The precise course of action to be taken in treating carcinoma of the breast must be determined by individual circumstances—not omitting psychology. The surgeon's repertory has been widened by the introduction of radium and its emanation.

40.

The axilla should be examined for secondary glands after the diagnosis of a tumour in the breast has been made. Prognosis will be materially affected by their presence or absence, but diagnosis not at all.

41.

The presence of blood in a discharge from the nipple indicates either a duct papilloma, or an intracystic growth—and the second of these is either carcinoma or its forerunner.

42.

The discharge of blood from any orifice of the body is to be regarded as a serious sign and demands investigation. A blood-stained discharge from the nipple is no exception to this rule—provided that it really is bloody.

43.

Many cystic breasts discharge a fluid that is dark yellow or brown, and this is regarded by the patient as "bleeding from the nipple". The presence or absence of blood-cells is easily determined under the microscope.

44.

Two things are certain about "chronic mastitis": that it is not a bacterial infection, and that it is always primarily glandular, not interstitial.

45.

It has been claimed that "chronic mastitis" (the "mazoplasia" of Cheatle) is a separate disease from "chronic cystic mastitis" (the "cystiphorous desquamative epithelial hyperplasia" of Cheatle, or Schimmelbusch's disease). But since the distinction can sometimes only be arrived at by microscopic sections it does not have much practical importance.

46.

It seems probable that mazoplasia may pass insensibly into hyperplasia, and that the second is the invariable forerunner of carcinoma, which does not arise in a healthy gland.

47.

There are no lymphatic channels known to anatomists crossing the mid-line of the chest from one mammary gland to the other. Many so-called secondary carcinomas of the breast are really to be regarded as bilateral primary carcinomas, which are not nearly so uncommon as is generally supposed.

GEOFFREY KEYNES.

(To be continued.)

SOME OBSERVATIONS ON THE USE OF NITROUS-OXIDE-OXYGEN IN MIDWIFERY.

THERE is an uneasy feeling in the public mind that all is not well with our maternity work, and it behoves us to keep very wide awake.

It would be opportune for us at the beginning of an academic year to consider whether full use is being made of our present knowledge of gas and oxygen analgesia and anaesthesia in labour.

For many years it was the custom to give some kind of chloroform analgesia in labour, but gradually the generation of men who understand the technique is dying out, and the student is not now taught very much about it.

The result is that the great majority of women have no relief from the pains of labour; a condition of affairs which is neither to their advantage nor to our credit.

Yet we have to-day in nitrous-oxide-oxygen an anaesthetic in many ways superior to chloroform for purposes of maternity work. As the advantages of this gas and oxygen are now well known, it only remains for us to allay the doubts and anxieties of those who fear that they can neither afford the apparatus required, nor spend the time necessary on their cases, for this anaesthetic to come into general use in midwifery.

That there is no real need to purchase expensive and heavy apparatus and no need to spend hours by the bedside of the patient should be more generally known.

If we consider these questions in a little more detail, we shall see how some of the difficulties may be overcome, and labour made a less terrifying experience for women of the future.

Take cost and weight of apparatus first.

The tendency of recent years has been to over-elaborate apparatus, with the result that the gas and oxygen machines of to-day are very costly, although they are a delight to possess and a joy to use.

Those used in maternity work are mostly built on something after the principle of McKesson's intermittent flow machine, and usually have four cylinders delivering gas and oxygen to bags fitted with automatic "cut-outs", and thence through a mixing chamber to the patient.

The administration of the gases to the patient is very easy; she inhales a mixture with each pain, obtaining immediate relief.

Between the pains the flow of gasses is cut off and the patient is quietly resting.

But to obtain all the modern refinements in a machine is a very expensive business, and the fittings, together with the cylinders, make a heavy weight to carry. Many of these refinements are, however, not essential, and lighter and less expensive apparatus can be provided.

Fortunately our manufacturers are not unreasonable, but are ready to co-operate, and will make, on request, a simple and efficient apparatus, not too heavy and not too expensive, to suit the requirements of the general practitioner.

Supply follows demand, and as soon as gas and oxygen come into general use in general practice, some very good machines will be produced.

No man, however, should be content with any machine which does not administer gas and oxygen, as the administration of pure gas or even gas and air, while harmless to the mother, may produce very troublesome asphyxia in the baby.

It is possible at the present time to hire a machine for a confinement, and this is delivered at the house or nursing home by the manufacturer.

This only applies to London, however, and it is rather a troublesome business, but gas and oxygen cylinders for one's own machine can be hired all over the country at very little cost and at no trouble at all.

So much for expense and weight of apparatus; now let us consider the time which the anaesthetist must be prepared to give to a case.

It is a popular misconception that a practitioner, undertaking to give gas and oxygen at a confinement, will be required to spend six to seven hours at the bedside.

If this were so, it would be, indeed, an inconvenient and wearisome affair; but fortunately, with improved technique, this is no longer necessary, as we now use basal narcotics and other sedatives to relieve our patients in the early stage of their labours; gas and oxygen usually being required during the second stage.

The problem of what sedative to use, and when and how to use it, is still under discussion, and there does not seem to be any general agreement on this matter except that some form of sedative is desirable.

Here is a wide field open for investigation, and doubtless some satisfactory solution will be found.

It can be definitely stated, however, that the fear of "not being able to give the time" need no longer deter a general practitioner from taking up gas and oxygen anaesthesia in his maternity work.

THE FUTURE OF THIS ANAESTHETIC.

At the present time gas and oxygen is being given in increasing numbers of cases to parturient women in

certain London hospitals and nursing homes, and the more well-to-do women receive the advantage of this anaesthetic in their own homes.

In many provincial towns and in country places, however, it is never used either in hospitals, nursing homes or private houses. This is partly because there is no general demand for an anaesthetic in childbirth.

Some patients even refuse to have it, although they are promised an easy labour with no additional cost. This absence of demand is due to a widespread impression that anaesthetics are only given to difficult and abnormal cases, and it will be necessary to educate women as a whole as to the great advantages of gas and oxygen anaesthesia.

Fortunately we have in our District Nursing Associations a most excellent and efficient body of women who are showing themselves ready and anxious to assist the practitioner in this respect.

In passing, it might be said that we shall have some day to face the question of whether or not midwives and district nurses should themselves administer gas and oxygen to parturient women, and there is much difference of opinion on this matter. But there does not appear to be any real reason why the midwives should not be educated to use this anaesthetic and to administer it to their patients, though possibly under supervision.

In the writer's opinion, however, it would be better to have panels of practitioners in each district who would be ready to administer gas and oxygen in confinements to necessitous cases where the patient could not afford to pay a doctor in the ordinary way, and this is a matter which could be arranged by County Medical Officers of Health.

At the present time general practitioners are not doing enough midwifery, but there does seem some indication that the doctor of the future will attend more confinements, if only to administer anaesthesia, and it can only be of advantage to bring the doctor back to the bedside of the patient, however skilful and careful the midwife may be.

Finally, does the administration of gas and oxygen anaesthesia make for safer and better midwifery?

The answer is emphatically, Yes. For example:

By general admission a considerable number of cases go wrong through premature interference, and doubtless a practitioner sometimes interferes too soon from reasons of humanity or because the relations urge him to do so.

If, however, we can show the relations a patient, quiet, contented, and relieved of all distress, they are most unlikely to urge us to interfere.

In one or two cases the writer has even allowed

husbands to assist with the anaesthetic in order to convince them of its value.

Again, a patient who has been relieved of pain and distress is in a much better condition at the end of her confinement than a woman who is worn out with hours of misery.

The writer is convinced that gas and oxygen analgesia and anaesthesia in midwifery is of the greatest possible value, and looks forward confidently to the time when this method will be used to relieve every woman of her distress, whether she be rich or poor, in her own home or in hospital. G. P.

ELEGY IN A CITY COURTYARD.

By MAJOR R.A.M.C.

[TO THE FOUNTAIN CLUB.]

THE plane trees rustle in the evening air,
The Curfew Bell demands the HS/D,
The night nurse slowly plods across the Square,
And leaves the world to darkness and to me.

Hard by the Tudor King's majestic gate
I sit upon the Fountain's rim awhile,
And on these damp grey stones I contemplate
The source of many a less historic pile.

Here on the coping of this ancient wall,
Their sterns awash in easy negligence,
The rude forefathers of the Hospital
Received their baptism of common sense.

Here doubtless, by some pre-existing rill
Our monkish founder mused with much regret
Some jest retailed with unregenerate skill,
Designed to please the coarse Plantagenet.

Here Abernethy's coat tails may have hung
While he devised that cackle-cutting mot—
The masterful command, "Put out your tongue",
The terse injunction, "Madam, keep it so!"

Let Surgery not lack its memories too:
Here Paget once alighted from his gig,
And wandered round his wards, perhaps to view
The last enormity of Betsy Prigg.

Among the ephemeral forms which daily flit
Like gnats around this Fount's historic flood,
Some mute inglorious Herder here may sit,
Some Hunter guiltless yet of shedding blood.

But most on general practice will decide,
On humble tasks, and destiny obscure—
Hands that expensive scalpels might have plied
Prescribe the simple mixtures of the poor.

Myself when young did eagerly engage
To sound the chest, to set the fractured bone;
Sheer idleness repressed my noble rage—
Militarism marked me for her own!

Let not ambition mock my humble niche,
Nor Harley Street my poor vocation snub;
Still once a month I dine amongst the rich—
The Poet Laureate of the Fountain Club.

R. B. P.

MR. BERNARD SHAW AND THE DOCTORS.

MR. BERNARD SHAW has always been interested in doctors. They have for him the same attraction that a cocoanut shy or an Aunt Sally hold for people with a faculty for throwing balls and sticks. Without us there would have been a blank in Shaw's world, and without him, there would have been a blank in ours.

At a time when we are inclined to be self-analytical and to examine our methods, our education and our short-comings, it may be of interest to turn to the arch-critic of the medical profession and see what he has to say about us. It is in the Preface to the *Doctor's Dilemma* that he has scrutinized us most thoroughly, and it is from this that I will freely quote. "The medical profession has not a high character: it has an infamous character. I do not know a single thoughtful and well-informed person who does not feel that the tragedy of illness at present is that it delivers you helplessly into the hands of a profession which you deeply mistrust, because it not only advocates and practises the most revolting cruelties in the pursuit of knowledge and justifies them on grounds which would equally justify practising the same cruelties on yourself or your children, or burning down London to test a patent fire extinguisher, but when it has shocked the public, tries to reassure it with lies of breath-bereaving brazenness." Now when a person speaks with great violence against an institution or an individual, it is

always advisable to search for the hidden cause that provokes that violence and emotion. In the case of Shaw and the medical profession this is easily found. The key to the understanding of Bernard Shaw lies in the understanding of Samuel Butler. Mr. Bernard Shaw's parents were responsible for his physical make-up, but Samuel Butler is the father of his mind. Without Samuel Butler there would have been no Bernard Shaw. He has as good as admitted this in his writings, for he never loses an opportunity of admiring Butler, and of chastising the British public for having failed to recognize his genius. Samuel Butler was neglected as a novelist, unsuccessful as a painter and unnoticed as a biologist. It was the neglect of his biological writings that embittered him most. Untrained in methods of biological research, he had dared to doubt the conclusions of Darwin, and to express his doubts in no uncertain terms. The professional scientists did not even deign to notice his criticisms. So Butler did what most of us would have done in such circumstances—he engaged in a tirade against the professional experts. Experts were unprincipled, ineffective and prejudiced. They were the dead hand that lay over science and smothered every effort to advance. He hated them with all his being and dipped his pen in undiluted vinegar. His disciple, Bernard Shaw, because he has amused as well as chastised us, has not suffered from that last despair of writers, neglect. Nevertheless, because he has taken over Butler, lock, stock and barrel, he has taken over his master's hostility to the professional expert, including the doctor. To Shaw the only difference between a doctor and a quack is that the former has the disadvantage of holding a trades union licence to kill. If Barker had been a qualified man Shaw would have had nothing to do with him, but standing outside the profession, he became for him a victim of professional prejudice, and a prophet of healing to whom medical men had turned a deaf ear.

There is another reason for Shaw's vehemence and emotion. When, as a young man, he left his native Ireland and came to London to make his fortune, he stayed at the house of an elderly relative who ran a small dispensary in the outskirts of London—I believe somewhere in the neighbourhood of Forest Hill. From what Shaw has said I gather that his relative's medical stock-in-trade consisted of a few favourite mixtures and an odd assortment of obsolete instruments. In the evening Shaw watched his uncle dispensing his wares in a spirit of hope rather than of science. Imagine the young cynic, of far greater intelligence than his senior, laughing in the corner of an untidy dispensary, and losing his last shred of reverence for the professors of the art of Hippocrates. Need we be surprised that Bernard Shaw

is still laughing at the medical profession, and declaiming that they are no more men of science than are the tailors? In the Preface to *The Doctor's Dilemma* he is still pricking the popular bubble that a doctor is a scientist. "As a matter of fact, the rank and file of doctors are no more scientists than their tailors; or, if you prefer to put it the reverse way, their tailors are no less scientific than they. Doctoring is an art, not a science; any layman who is interested in science sufficiently to take in one of the scientific journals and follow the literature of the scientific movement, knows more about it than those doctors (probably a large majority) who are not interested in it, and practise only to earn their bread. Doctoring is not even the art of keeping people in health (no doctor seems able to advise you what to eat any better than his grandmother or the nearest quack); it is the art of curing illness. It does happen exceptionally that a practising doctor makes a contribution to science (my play describes a very notable one); but it happens much oftener that he draws disastrous conclusions from his clinical experience because he has no conception of scientific method, and believes, like any rustic, the handling of evidence and statistics needs no expertness."

We may have discovered the cause of Bernard Shaw's emotion and violence when the medical profession is mentioned, but it does not mean that his exaggerated statements contain no kernel of truth. The caricaturist thrusts himself on our attention by means of exaggeration, and Bernard Shaw emphasizes his points by standing on his head. It is a favorite attitude of his, but it is a mistake to think that there is nothing behind these mannerisms, and no truth underlying his clowning. Shaw is surely right in proclaiming that medicine is an art rather than a science, and my own feeling is that whatever may be the advances in our knowledge, it will always remain an art. We may have studied science in the laboratories, but the patient still remains an enigma for which science has no answer. Our job is to cure patients rather than disease, and it is because of this that we must still be artists. Sometimes we forget this fact, and delude ourselves that in medicine we are employing exact methods. In America the worship of science in medicine is even more apparent than it is at home. The patient enters the front door of a well-equipped clinic in need of help and with a well-filled pocket-case. He leaves by the back door in the same state that he entered, but with an empty pocket-case and an impressive collection of notes. During his journey he has passed through the hands of fifty experts; every secretion in his body has been analysed, every function expressed in the form of an index. He will show you his nicely-typed dossier of notes with pride,

for he has paid a great sum for it, and in a land where value is expressed in terms of dollars, there is every reason why he should set store by what he has got. But although he now knows his respiratory quotient, and can say how long traces of bismuth remain in his stomach, he will be forced to admit that he feels much as he felt before. The doctors were clever and the clinic was as wonderfully organized as the neighbouring canning factory, but in spite of it all he is still a sick man.

Do not let it be supposed that I am opposed to the use of scientific methods: science is a good servant but a bad master. It is against the clinician who regards the patient as a sort of human test-tube that these remarks are directed. The test-tube may contain a thousand million spirochetes, but its cleansing entails something more than the measuring out of an appropriate wash of salvarsan. There are so many gaps in our knowledge of the working of the human machine, so many incalculable factors to be considered, that when it has broken down we can never undertake the task of repair in the spirit of the mechanic called in to mend a bent perambulator. It is this inability of some medical men to appreciate the fact that they are seeing only one or two factors responsible for the human breakdown that provokes our critic's gibes. "We are left in the hands of a generation", he writes, "which, having heard of microbes such as St. Thomas Aquinas heard of angels, suddenly concluded that the whole art of healing could be summed up in the formula: Find the microbe and kill it. And even that they did not know how to do. The simplest way to kill microbes is to throw them into an open street or river and let the sun shine on them, which explains the fact that when great cities have recklessly thrown all their sewage into the open river the water has sometimes been cleaner twenty miles below the city than thirty miles above it. But doctors instinctively avoid all facts that are reassuring, and eagerly swallow those that make it a marvel that anyone could possibly survive three days in an atmosphere consisting mainly of countless pathogenic germs. They conceive microbes as immortal until slain by a germicide administered by a duly qualified medical man. All through Europe people are adjured, by public notices and even under legal penalties, not to throw their microbes into the sunshine, but to collect them carefully in a handkerchief; shield the handkerchief from the sun in the darkness and warmth of the pocket; and send it to a laundry to be mixed up with everybody else's handkerchiefs, with results only too familiar to local health authorities."

But in case it should be thought that bacteriology and the bacterially-minded physician is being singled

out for criticism, let us turn our attention to a type of specialist who is liable to be a far greater peril to the public than these—the surgeon. Sir Calenso Ridgeon dispensing his vaccines in Harley Street is a far less dangerous figure than Mr. Cutler Walpole removing nuciform sacs in the nursing home. Many years ago I was taken round Mr. Walpole's wards by an admirer. His beds were filled with pale and disappointed spinsters, all of whom had had their colons extirpated. They sat up in bed in their pink and light blue dressing-jackets, their thin tremulous hands on the coverlets, their restless eyes taking furtive glances at the stranger in the ward. Three-quarters of them were neurotics for whom life had proved too difficult. Mr. Walpole had operated brilliantly, and his mortality-rate was less than a tenth of that of his followers. At the end of the tour my guide asked for my impressions, and I told him it was the saddest sight I had ever seen. This particular Mr. Walpole has now retired from the operating theatre, but others have taken his place. One sees their mark on the abdomens of many weary women who clog the machinery of our out-patients' departments—women who have had everything removed that can be removed, and are now waiting until we have progressed a little further, and can graft on them everything that can be grafted. The Cutler Walpoles are the great materialists of our profession. To them all human disorders and pains can be expressed in terms of mechanics, and we have only to remove, to short-circuit, to tack down or tie up in order to cure. "Even if we do not know what is at fault, we can surely look," they say; "an exact diagnosis is impossible, but an exploratory laparotomy can do no harm." They have forgotten that scars may heal by first intention and be the admiration of the patient's friends, but that a scar may be left in the patient's mind which never heals. Psychological trauma is something outside Mr. Cutler Walpole's ken. It would almost seem that to the requirements for the Fellowship of the College of Surgeons, a short course in psychology should be added.

Like every other inhabitant of this globe, Mr. Shaw is grossly inconsistent. Having laughed at the doctors for masquerading as scientists, he proceeds to accuse them of pretending to be magicians. Let me quote his words: "The doctor has taught the jury and the judge, and even his own counsel, to believe that he can with a glance at the tongue, a touch of the pulse and a reading of the clinical thermometer diagnose with absolute certainty the patient's complaint, also that on dissecting a dead body he can infallibly put his finger on the cause of death, and, in cases where poisoning is suspected, the nature of the poison used".

In drawing up this indictment Mr. Shaw has displayed

all the skill of a prosecuting counsel in mixing up truth and falsehood so cunningly as to make it impossible to give a direct denial to the charge. We are forced to admit that the public endows us with a wisdom and knowledge deeper than we possess. Greatness has been thrust upon us and, speaking generally, we have by our silence encouraged this exaggeration of our powers. Indeed we have been sometimes forced to give active assistance. Some of our patients demand that we shall be infallible. "If Dr. Jones does not know what is the matter with me, Dr. Smith across the road certainly will," and to Dr. Smith the patient will go. A physician who shakes his head and confesses that he does not know the cause of his illness is as useless to him as the pilot who confesses that he is lost in the fog. If we can label his fever influenza or his indisposition a chill on the liver he will be satisfied, and will wait for the working of the *vis medicatrix naturee* with a patient and unruffled mind. To calm his fears we are often forced to assume a knowledge which we know that we do not possess, and to be invested with powers to which we have never laid claim. The fact that we have provided medicine and ordered a diet has magic in it for our patient. By the natural process of repair he will recover, and in the measuring out of doses and the making of Bengers, there will be balm for his ruffled mind. I knew a physician who, when called into the country to see a case, ordered that a special article of diet should be obtained from a certain shop in London, and cooked in a certain way. Elaborate instructions were laid down and carried out to the last jot and tittle. This entailed special journeys to town, visits to a special shop and special purchases from a special shopman. As a result of this activity a great change occurred in the atmosphere of the whole house. Everybody was engaged, and everybody felt that they were taking an important part in the recovery of the patient. "Bunkum and quackery" would exclaim Mr. Shaw. But dipping seven times in Jordan was a piece of bunkum and quackery that benefited greatly brother Naaman, and they are necessary ingredients in the treatment of a certain type of patient. Yet bunkum has this in common with science—that whilst it is a good servant it is an evil master. He who employs quackery for legitimate purposes may in time, unless he be careful, become a whole-hearted quack: *Facilis descensus Averno*. I have had talks with these interesting gentry. Most of them have come in time to believe in the particular form of quackery they dispense, and without this belief they would have failed to have inspired the necessary confidence and hope in their patients. But their minds are as muddled as fogged plates, and however much one may wish to learn,

nothing can be gained from studying them. A few may be deliberate deceivers, but the majority are suffering from a disease that may afflict both registered practitioners and unregistered quacks—primary atrophy of the critical faculty with secondary hypertrophy of the imagination.

There is no need, however, to defend our profession against the charge of quackery. Three years ago Mr. Bernard Shaw wrote an article in *Time and Tide* which took the form of an imaginary conversation between the Prince of Wales and the Court Physician. The Prince had been hurriedly recalled from his African tour on account of his father's illness, and he is made by Mr. Shaw to plead with the tradition-bound and narrow-minded court doctor for the use of methods unsanctified by orthodox medicine. He suggests in turn that an osteopath, a herbalist, a cheiro-practitioner and a bone-setter should be given a chance. To all these requests the court physician returns an uncompromising "No". But it is not the possibilities that these healers may have secrets unknown to medicine that appeals to Mr. Shaw; it is rather that they are unorthodox practitioners of medicine. Their one advantage lies in their not being qualified to practise.

If it had been my secret ambition to become Mr. Bernard Shaw's medical adviser, I would have known how to act. After having contrived to get myself ostracized by my colleagues, I would have taken steps that would have led to my name being removed from the Medical Register. By this action alone victory would have been brought within sight, for to Shaw the Medical Council is an inner circle of panjandrums that presides over that closest of trade unions, the medical profession. Once I had divested myself of all the restrictions imposed on me by my profession and was free to exploit the public without fear of consequences, I would have become qualified for the post I sought. Then would I have gone boldly to him, and told him that I was convinced that my former colleagues were wrong in more than half they did, that microbes did not cause disease, that vaccines and serum provoked more ill-health than they prevented, that drugs were the offspring of an incestuous marriage between a medicine man and an apothecary wife, that physiology was a delusion based on the misleading results of vivisection, and that his, Mr. Bernard Shaw's, health could only be safeguarded by an increased intake of vegetables, fresh air and sunshine. He would either have embraced me as a brother, or kicked me out of the house for stealing his thunder.

KENNETH WALKER.

THE HISTORY OF THE HEDGEHOG'S ROSARY.

(Concluded from vol. xl, p. 240.)

LEUKÆMIA—cont.

In reading these two accounts, one seems to gain an insight into the mentality of the writers, Hughes Bennett hidebound and determined, his view that the disorder was an unusual case of pyæmia, whereas the young Virchow (he had only been qualified two years, and was just twenty-four) has a much broader outlook, and suggested what was very near if not the correct explanation of it being a primary disorder of the spleen (regarded at that time as the centre of erythropoiesis). These two papers caused much discussion and interest, not only between the authors, but also from many of the leading pathologists, and it was not until about seven years later that Hughes Bennett gave in to Virchow's views, and after that he disappears from the picture.

As to who performed the first blood-count in life in a leukæmic patient there is no very definite evidence. William Aitken states that a Dr. Fuller of St. George's Hospital recognized a case during life in December, 1845, and Mosler (103) published the blood findings in a series of cases in 1847, but any real advance in the cytology had to be delayed till Ehrlich introduced the triacid stain.

In the same year Virchow described another case of great interest; it was a case of white blood, but the spleen was not enlarged, and instead, all the lymphatic glands were enormously enlarged. Accordingly he decided that there must be two types of leucocythæmia, viz. splenæmia and lymphæmia.

The observations of Neumann in 1868 that the bone-marrow is the chief site of blood formation, together with the fact that Mosler had punctured the sternum and recovered leukæmic cells therefrom, introduced a third form known as myelogenous or medullary leukæmia. With the advent of Ehrlich's specific granular stains it was shown that the medullary and splenic forms were in essentials the same. However, shortly after this an acute form was recognized, and it was felt that it was of great importance to distinguish between acute lymphatic and myelocytic leukæmia, and this was very difficult, as both showed large numbers of poorly staining cells. In 1906 Schultze (104) described a case which appeared to be acute lymphatic leukæmia, yet when the indophenol oxydase test was applied they proved to be of the myeloid series. This discovery was received with great enthusiasm, and it was felt that at last a definite test

had been found; but it has since been shown that the most primitive cells of both the lymphatic and myeloid series are oxydase negative, and any cells which give a positive oxydase reaction will show granules when adequately stained by a Romanowsky method.

The treatment of leukæmias has advanced but little. In the late part of the nineteenth century phosphorus was regarded as the most hopeful line of treatment. In 1904 Bécère (105) began to employ X-rays, with very promising results from a cytological point of view, though it is doubtful if the length of life is much prolonged.

It was hardly likely that the startling appearances of chloromatous deposits should long escape the eyes of the eighteenth century morbid anatomists, and the first description, which is of a very typical case, was given by Burns (106) in 1823, and numerous cases were described after that. Waldstein (107), in 1883, observed a leukæmic blood picture in his case, but did not associate it with the masses, and von Recklinghausen (108), from a histological aspect, recognized the resemblance of the chloromatous deposits to those of a leukæmic infiltration, but it was not until 1904 that Dock and Warthin (109) definitely established the relationship between chloroma and leukæmia, and it is only of recent years that it has been shown that the majority of cases are of the myeloid rather than the lymphatic series.

In this paper an attempt has been made to review all the more important hæmatological discoveries prior to 1900, and therefore the description of polycythæmia, acholuric jaundice and splenic anæmia must be omitted.

In conclusion, I must express my indebtedness to Dr. Lovell Gulland, whose Harveian Oration entitled "The Circulating Fluid" (110) inspired me to compile these facts together in order that they might be of use from a reference point of view. A. H. T. R.-S.

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Corrigenda.

Page 212, line 12, column 1, for Thoma, read Uhma.

STUDENTS' UNION.

UNIVERSITY OF LONDON O.T.C.

ANNUAL CAMP, EASTBOURNE, JULY 16TH-30TH, 1933.

What better holiday can one have than a fortnight in the fresh air among one's friends, with something definite to do the whole members of the O.T.C. regard their annual camp.

This year the camp was situated in a small hollow (variously named locally as France Bottom, Cow Gap, etc.), on the east side of Beachy Head, on the edge of the cliffs. The view from this spot eastwards was quite magnificent. Eastbourne by night being especially attractive. The cliffs presented no obstacle to bathing by day, but some people found surprising difficulties after dinner.

There were 300 infantry and 200 medicals in camp, and it was unfortunate that examinations prevented half of the Bart's strength of 50 from attending. The normal routine of work for Certificates

"A" and "B" was well carried out, and the alternation of field work with lectures enabled one to keep at a comfortable temperature. The inspection by General Fitzgerald took the form of a field day, in which the organization and functions of a field ambulance in positional warfare were demonstrated. This was followed by the Herringham Cup competition for stretcher drill, the Bart's "A" company being only third. Towards the end of the fortnight the Medicals did a route march to Nowshaven for a demonstration by the Southern Railway on the conversion of a channel steamer into a hospital ship, and on the transport of wounded. *En route* we bathed and lunched on the beach at Seaford, and returned to Eastbourne by sea.

Side-shows included a most interesting visit to H.M.S. "Warspite", an O.T.C. dance in Eastbourne (a very hot and successful affair run by the Sergeants' Mess), and the usual swimming, rugger and athletic matches. The glorious weather and the excellent site made this one of the best of camps, and judging from the general exodus to Eastbourne each evening, the training was not too strenuous! It deserves also to be put on record (since it is a record), that no member of the local police visited the Adjutant on business.

L. R. L.

CRICKET CLUB.

1ST XI.

The winning of cup-ties becomes increasingly exacting as the rounds proceed, and the final match is apt to produce an unwholesome influence on the team morale. Therefore, in facing such a tie without our captain, vice-captain, and a reliable batsman we were most unfortunate. But the manner in which our team responded in the circumstances is indicative enough of the will to do, and our defeat by 1 wicket only would seem to combat any exculpatory pretence we might offer. Indeed, this was the most closely-fought final we have had against St. Thomas's for many years.

The match was played at Chiswick on September 8th, 9th and 10th, our opponents being St. Thomas's. Of recent years it has been usual for the latter and ourselves to battle out the destiny of the Cup.

The wicket was very hard and it seemed good for an indefinite period of play, but in winning the toss Mundy made a fine start. We had few doubts of our ability to make runs, but the scores will show that on the whole our batsmen failed in the 1st innings and lamentably so in the second innings. Wedd's 92 (including 16 fours), Dolly's 77 and Wade's 43 accounted for 212 of the 287 obtained, and that was unsatisfactory on such a fast wicket. St. Thomas's helded well and took their chances; the contrast was to follow. When our opponents batted chances were offered but not taken; the ground-keeping was frankly bad, and the catching was consistent with that. However, we did dismiss the opposition for 234 runs, thanks to remarkably good bowling by Wedd, and so we led by 50 on the 1st innings.

The worst came in the 2nd innings. Wedd made 89 runs, one other reached double figures, and our total was one of 108 runs! In again so narrowly missing his century Wedd displayed fully his great ability to batter any type of bowling, and his was a grand aggregate of runs. Thomas's were thus left 222 runs to make, and therefore, in spite of our débâcle, we entertained good hopes.

The start showed that we were prepared, for it was a very fine catch by Maidlow that sent back a Thomas's opening bat for 1 run. Throughout their 2nd innings this keenness was maintained to the end, and in contrast to our previous efforts some of the fielding was almost intuitive. The bowling was largely shared by Mundy and Wedd, both of whom sent down many good balls. When the 6th wicket fell to a fine catch in the gully with the score at 140, we entertained high hopes of success, and when the 9th wicket fell at 212 the game was evenly in the balance. Throughout this time Pearson, the Thomas's captain and opening bat, had plodded away as the wickets fell, impetuously taking his chance to seize the fugitive runs. Finally, with the score at 214 and the last man in, he punched a very dramatic 6 over the sight-screen, stole a couple of singles and the game was won. One could only admire the manner of the victory and we heartily congratulate St. Thomas's and their captain. Two figures thus stand out in a very memorable final, and Wedd's amazing total of 181 runs with the bat, and 10 wickets for 488 runs with the ball is, I should think, a record cup-tie performance.

The scores are appended:

Table of cricket scores for St. Bartholomew's Hospital, 1st and 2nd Innings.

Table of cricket scores for St. Thomas's Hospital, 1st and 2nd Innings.

Table of bowling statistics for St. Bartholomew's Hospital.

Our prestige was upheld by the 2nd XI, who recorded a 3rd successive Junior Cup Final victory. They beat the London Hospital by 6 wickets in an interesting game at Winchmore Hill.

Table of scores for London Hospital and St. Bartholomew's Hospital.

Table of bowling statistics for St. Bartholomew's Hospital.

Matches played, 18; won, 8; lost, 6; drawn, 4.

Table of batting averages for St. Bartholomew's Hospital.

Table of bowling statistics for St. Bartholomew's Hospital.

Qualification 5 wickets. 1st XI.

Table of bowling statistics for St. Bartholomew's Hospital.

Table of scores for St. Bartholomew's Hospital.

SOCCER CLUB PROSPECTS, 1933-34.

The fixture list this year has been slightly improved by the addition of matches against such teams as the Casuals, Old Carthusians, London Welsh and Reading University.

difficulty in replacing R. A. L. Wenger in goal, but owing to the wider range of selection the outside right position ought not to be so difficult.

The services of F. E. Wheeler at inside forward will be missed, but it is to be hoped that the injury to his wrist will not keep him out of the game for the whole season.

A few alterations are sure to be made during the first few matches, but provided the side can get settled as quickly as possible, there is every possibility of a good team.

Last year we were unlucky not to get further in the Inter-Hospital Cup matches than the first round, but with some fresh talent we may hope for greater success.

Table of 1st XI Fixtures, A.F.C. for 1933 and 1933-1934.

Table of 1934 fixtures for the Rifle Club.

The Annual General Meeting of the Rifle Club was held on Tuesday, September 5th.

The retiring President, Sir Thomas Dunhill, was unanimously re-elected, and the following officers were elected:

Captain.—B. P. Armstrong. Secretary.—J. Dalziel. Captain of Miniature and Treasurer.—J. E. Underwood.

A proposal that in view of the increasing membership of the Club the custom of having two Vice-Presidents should be revived, was carried by a large majority.

It was decided that from September 12th the miniature range shall be open for practice every Tuesday and Thursday from 4 p.m.

Two teams have been entered for the City of London Rifle League Competition, commencing in October, and Inter-Hospital and Engineers' Cup matches are being arranged for later in the season.

It is hoped therefore that all old members and as many new ones as possible will start regular practice and compete in the purely Hospital events, such as the Bell Medal and Spoon competitions, so that the successes of last season may be repeated or even improved upon.

GOLF CLUB.

STAFF v. STUDENTS.

Played at Deunham Golf Club, Wednesday, May 24th, 1933.

Table of golf scores for Staff v. Students.

Foursomes.

Table of foursomes golf scores.

UNITED HOSPITALS SAILING CLUB.

Newcomers to the Hospital may be surprised to find that sailing is one of the sports which is available for their entertainment; some details of this Club's activities may be of interest.

Formed by eight of the London hospitals it has a membership of about 120 and has been in existence for nine years.

Racing is provided by the Royal Corinthian Yacht Club every month, during bank-holiday weekends, and throughout "Burnham Week" in the beginning of September.

There are various inter-hospital trophies, the Sherren Cup, given for an inter-hospital team race for a team of four helmsmen.

The Harvey Challenge Cup presented by the Royal Corinthian Yacht Club for races during the season, which is awarded on a points basis.

The Dourne Trophy—a silver medal of one of the dinghies—for bank holiday and Burnham Week races.

The Doubleday Cup for the best log of a cruise by U.H.S.C. members during the season.

For those who are already interested in sailing the Club provides an excellent means of enlarging their field of activities; apart from racing, it provides opportunities for meeting other people with similar tastes, and a number of hospital men have been cruising in the Baltic and elsewhere this summer as a result of joining the Club.

For those who have never sailed, an admirable means of learning is provided; it is easy to become proficient, and very well worth while, and no one need feel in the least diffident about beginning.

Further details will be furnished to anyone interested.

SEASON 1933.

The racing season ended on Sunday, September 17th, and the following results are available:

The Sherren Cup was won by Bart's. G. C. Brentnall and K. F. Stephens won the first race quite comfortably from U. C. H. with St. Mary's third. K. D. Roper and W. H. Cartwright won the second race by a narrow margin from the London, with St. Mary's third.

Bart's have now won this trophy for three successive seasons.

The Harvey Challenge Cup has been won provisionally by Bart's, pending a protest.

The Bourne Trophy won by Bart's.

Notice of the Annual General Meeting and Dinner will be given later.

W. H. CARTWRIGHT,
Hon. Sec.

CORRESPONDENCE.

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

SIR,—I did not see Dr. Geoffrey Evans's letter in your August number until I came back from my holiday last week, but I hope you can give me space to comment briefly on it.

I shall not attempt to reply to the letter as a whole. For one thing I suspect I have already said too much—though for this you, Sir, must bear a large share of the blame—and further I am afraid it is clear that however much I expanded and reinforced my thesis, Dr. Evans and I should not agree. Roughly speaking, he regards the curriculum as all right; I regard it as all wrong.

But I do want to explain about "clinical physiology, whatever that may be".

I know, of course, that the young man studies anatomy and physiology so that he shall know about the normal before he comes to the abnormal and that some reason can be advanced for retaining every detail of these subjects in the curriculum (as for retaining every drug in the British Pharmacopoeia). But I say, apart from other arguments, notoriously both the medical student and the full-grown doctor, in spite of all this learning, know far too little about normal living human bodies, and do very often commit the serious (and sometimes disastrous) error of mistaking the unusual or even the normal for the pathological. This I believe might be avoided if students were given more instruction concerning intact healthy persons regarded as subjects for clinical examination.

The classical work of Bennett and Ryle on gastric secretion, performed, I believe, with the assistance, active and passive, of medical students at Guy's, is the kind of thing I mean by research into clinical physiology; that of Barley at Cambridge, on the mechanism of swallowing, and on the mobility of the abdominal viscera is a more recent instance, and the field to be explored is clearly enormous.

I am sorry if I gave the impression of belittling the importance of organic disease. It would be ludicrous to do so, and was far from my intention. But I do think the student should be taught to diagnose and to treat scientifically and rationally that large proportion of his patients whose troubles are not due to organic disease. After all, though they might go elsewhere, they have paid him the compliment of coming to him first.

Dr. Evans, I gather, would not mind so much if he could be sure that my article would be generally regarded as a good joke on a rather stale subject. I should be disappointed if it had not provided

some entertainment, but, *au fond*, my intentions were serious and mine is by no means *vox clamantis in deserto*, but rather a small sound in quite a loud (and not too discordant) international chorus.

May I once more set out the points I most wish to make? (1) Observing, thinking and doing should, from start to finish, be given preference over learning, remembering and reciting. (2) On this principle and because of the student's time, funds and mental capacity are limited, the middle section of his education (which entails more learning and memorizing than the others) cannot be allowed to expand to its logical limits, but must be curtailed to safeguard general education and clinical training. (3) Still—on the same principle—the student should be taught to examine completely all the regions of the body. This means more time in the special departments and less (for example) in the operating theatre. (4) The student's attention should be constantly directed to the patient—the patient as an indivisible whole having generally (I agree not always) more significance than his disease.

And I think that is enough.

I am, Sir,
Yours faithfully,
LINDSEY W. BATTEN.

September 12th, 1933.

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

DEAR SIR,—I think Dr. Young's suggestion in his letter in the August issue an excellent one. Why not apply the same plan to students and recently qualified men with proportionate modification?

To use Dr. Young's words, "I promise Mr. Girling Ball a sum of 50 guineas (spread over five years) if any five students now at Bart's or recently qualified men if any five" students now at a similar promise before the end of the present year."

I am, Dear Sir,
Sincerely yours,
STUDENT.
St. Bartholomew's Hospital,
London, E.C. 1.
September 21st, 1933.

REVIEWS.

INTERNAL DERANGEMENTS OF THE KNEE-JOINT. By A. G. TIMBRELL FISHER, M.C., M.B., Ch.B., F.R.C.S.(Eng.). Second edition. (London: H. K. Lewis & Co., Ltd., 1933.) Pp. xiv + 205. Illustrations. 120 (60 plates). Price 15s. net.

As a model monograph, this small book can have no rival. It embodies the results of all recent research, supported by the author's own personal observations and experiments. The work is founded on the soundest principle of a detailed knowledge of structure and function in studying the effects of disease.

The present edition comprises a complete revision in order to reproduce the published results of the vast amount of work that has been done in this sphere during the nine years that have elapsed. The author is to be congratulated on the way he has achieved success in so difficult a task, for there can hardly be a paragraph that could be omitted without loss. Special attention is paid to after-treatment of operations and to the after-results of treatment. There are also the notes of a large number of illustrative cases.

After a complete and very interesting history of the subject, the first part deals with the surgery and pathology of the semilunar cartilages, the second with other varieties of internal derangement. A special Appendix is included of notes by Sir Robert Jones, made three weeks before his death while reading the proofs. They constitute the last published words of that great orthopaedic surgeon.

There is a very complete bibliography of the subject and an index. The illustrations are protuse and excellent in quality.

The book is excellent in presenting in the best possible way an important side of practical surgery.

THE DIABETIC DIET, WITH RECIPES FOR HOUSEHOLD USE. (John Bale, Sons & Danielsson, Ltd.) Pp. 85. Price 2s. net.

A list of practical and economical recipes that can be recommended as suitable for the housewife in charge of a family containing a diabetic. There are also full instructions on all points of importance in cooking and an explanation of the principles of diet. Many of the recipes are such as would be suitable for non-diabetic consumers. With each recipe is given the food-value of the result, and there is an excellent index for quick reference.

THE LIFE OF EDWARD JENNER. By F. DAWTREY DREWITT, M.A., M.D., F.R.C.P. Second Edition (enlarged). (Longmans, Green & Co., 1933.) Pp. xi + 150. With portraits and illustrations. Price 6s. net.

"Sans Pasteur, Lister serait resté inconnu. Sans Jenner—qui sait—le grand œuvre de Pasteur serait peut-être resté stérile." Here is a short charming sketch of the life of a great man, written by one whose interests lay in very much the same direction. It does not need a reference to the title-page to tell us that Dr. Drewitt adds to his gifts of hearing and writing that of patient study in the field of natural history.

It would be hard to reconcile the two sides of the man's life that we know. His signature alone was sufficient passport on the high seas in time of war; his petitions to two emperors and a king were granted at once, and the date of his first experiment became a day of festival for a nation, and yet he preferred a quiet country practice to a partnership with John Hunter; he would rather have studied hibernation and the emigration of birds than the problems of medical research, even in his day.

Dr. Drewitt, with his insight and sympathy, succeeds in showing us the simplicity of the man and the careful observation that gave the world two discoveries, so widely different and yet waters from the same source—the fact that cowpox-lymph prevented smallpox and a description of the habits of the young cuckoo.

This book would be an excellent inexpensive present for a young would-be medico, and should command a wide public, both lay and medical.

MATERIA MEDICA FOR NURSES. By A. MUIR CRAWFORD, M.D., F.R.F.P.S.G. Second edition. (London: H. K. Lewis & Co., Ltd., 1933.) Pp. viii + 89. Price 3s. 6d. net.

A useful, inexpensive book intended for nurses, not only as a summary for examinations, but for general use in their practice. The new edition brings the book up-to-date with the last edition of the *British Pharmacopoeia* and contains many necessary alterations.

After six preliminary chapters describing preparations, actions and dosage, each drug is separately dealt with. The text is simple and clear, making quite a difficult subject easily assimilable.

BLOOD PICTURES. By CECIL PRICE-JONES. Third edition. (Bristol John Wright & Sons, Ltd., 1933.) Pp. 71. 5 coloured plates and 7 illustrations. Price 6s. 6d. net.

This handbook is styled "an introduction to clinical haematology" and has been written "in response to the frequent request by clinicians for some guide to the interpretation of reports on blood examinations, and also for some simple method by which general practitioners can assist their diagnosis by making examinations of the blood." The work admirably fulfils this purpose and, short of a complete text-book, must be one of the most useful books on the subject obtainable.

There are two parts: the first describes the general technique of haematology and the normal cell appearance; the second the blood picture of various diseases, grouped aetiologicaly. The plates are extremely clear and represent the typical appearance in the diseases they illustrate. A short chapter is devoted to the variations in the size of the red blood-cells associated with the author's name.

The book can be recommended to all as being practical in its teaching and admirable as a foundation for the students' knowledge of clinical haematology.

WHAT IS SEX? AN OUTLINE FOR YOUNG PEOPLE. By HELENA WRIGHT, M.B., B.S. (London: Noel Douglas, 1932.) Pp. 172. Price 5s.

I didn't tell you to die for nothing.
I wanted the virgin you to be home at last
in my heart.

The origin of innumerable papers and books in the modern literature can be directly traced out of the old, old question: how the bones do grow in the womb of her that is with child? Mrs. Wright's purpose behind the above book was to "help in building up an attitude of mind towards sex which will view the whole life". Her attempt is interesting, sincere, scientific and logical, though it is not quite clear if the somewhat indiscriminate blending of occasional child-like simplicity and detailed scientific information

will constitute a suitable pabulum for every youthful palate. The book consists of four chapters: sex in plants, sex in animals, sex-organs and their growth in human beings, and the psychological development of sex instinct and its control. The last is perhaps the most striking, and includes a brief account of masturbation which is both wise and sympathetic. The style on the whole is simple and pleasant, the diagrams are clear, and print and paper are good. There is a preface from the pen of Mr. George C. Turner, of Marlborough College.

PSYCHOLOGY OF SEX. By HAVELOCK ELLIS. (London: Wm. Heinemann, Ltd., 1933.) Pp. 332. Price 12s. 6d.

This is a text-book on the psychology of sex, for the use of practitioners and students of medicine. While the book covers much of the ground so well dealt with by the author's *Studies in the Psychology of Sex* (in seven volumes), it is in no sense a summary or synopsis of the larger work, but is a readable book filling a rather obvious gap in the medical curriculum.

The author has an unusually pleasant style and, writing with an obvious breadth of knowledge, impresses the reader by the balance of his outlook. This is well shown in the discussion on the attitude to be adopted towards sexual abnormalities, and the reader notes the apparent lack of interest taken by the "Code Napoléon" in the private sexual affairs of those for whom it legislates, and contrasts it with the harshness of English and American law towards anything savouring of perversion; however, since we no longer burn our inverts, we may be said to have progressed! There is a good English bibliography, and a glossary defines such matters as "osphresiotagma".

Mr. Havelock Ellis has written in good English on a subject on which he is an authority.

WHITLA'S PHARMACY, MATERIA MEDICA AND THERAPEUTICS. Revised by J. A. GUNN, M.A., M.D., D.Sc., F.R.C.P.; assisted by H. BERRY, B.Sc., Ph.C., A.L.C., and J. CLIFFORD HOYLE, M.D., M.R.C.P. Twelfth edition. (London: Baillière, Tindall & Cox, 1933.) Pp. 645. Price 12s. 6d.

Sir William Whitla revised since 1881 eleven editions of this book. The twelfth edition, revised by Prof. Gunn, in spite of many alterations necessitated by the 1932 *British Pharmacopoeia*, follows the same general plan.

Pharmacy and prescription writing are perhaps dealt with a little more than adequately. The section on Therapeutics will appeal more to the average student. A section by Dr. Hoyle on the unofficial remedies is particularly useful, and the book concludes with an index of poisons, giving appropriate treatment.

The book is well arranged and the printing is unusually good.

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

- ARCHER, H. E., L.R.C.P., M.R.C.S. See Kettle and Archer.
BEATTIE, JOHN, M.A., B.Chir., F.R.C.S., M.C.O.G. "Carcinoma of the Body of the Uterus: a Study of Fifty Cases." *Journal of Obstetrics and Gynaecology, British Empire*, August, 1933.
CARMICHAEL, E. ARNOLD, M.D., M.R.C.P., F.R.C.P.(Edin.), and WOOLLARD, H. H., M.D. "Some Observations on the Fifth and Seventh Cranial Nerves." *Brain*, July, 1933.
COCKAYNE, E. A., D.M., F.R.C.P. *The Inherited Abnormalities of the Skin and its Appendages*. London: Oxford University Press, 1933.
DAVIES, J. H. TWISTON, M.B. "Multiple Gangrene of the Skin: a Report of Three Cases." *British Journal of Dermatology and Syphilis*, August-September, 1933.
FRANKLIN, A. W., M.B.(Camb.), M.R.C.P. "An Anaerobic Gram-negative Dactylitis as a Cause of Pyæmia." *Lancet*, September 16th, 1933.
HAMMOND, T. E., F.R.C.S. "The Treatment of Infections of the Urinary Tract." *Practitioner*, September, 1933.
"Phylaxis and the Treatment of Disorders of the Nervous System." *Clinical Journal*, September, 1933.

- HILTON, REGINALD, M.D., F.R.C.P. "The Action of Artificial Pneumothorax on the Lymphatics of the Lung." *Proceedings of the Royal Society of Medicine*, July, 1933.
- HORDER, Lord, K.C.V.O., M.D., F.R.C.P. "Birth Control: an Introduction." *Practitioner*, September, 1933.
- HUDSON, BERNARD, M.D., M.R.C.P. "Two Remarkable Cases of Large Pulmonary Cavities closed by Surgical Methods." *Tubercle*, September, 1933.
- KITTLE, E. H., M.D., B.S., F.R.C.P., and ARCHER, H. F., I.R.C.P., M.R.C.S. "The Differential Diagnosis of Tuberculo-Silicosis." *Proceedings of the Royal Society of Medicine*, May, 1933.
- MITCHELL, W. E. M., M.C., M.B., B.S., M.R.C.P., F.R.C.S. "The Technique of Suprapubic Prostatectomy." *Lancet*, August 12th, 1933.
- MORLOCK, H. V., M.C., M.D., M.R.C.P. (and SCOTT PINCHIN, A. J., M.D., F.R.C.P.). "Bronchial Diverticulosis." *Lancet*, July 29th, 1933.
- O'CONNOR, F. W., M.R.C.S., D.T.M. (and HULSE, C. R.). "Wuchereria Bancrofti Infection. Two Case Reports." *Lancet*, August 19th, 1933.
- PARAMORE, R. H., M.D., F.R.C.S. "Two Cases of Post partum Eclampsia." *Journal of Obstetrics and Gynaecology, British Empire*, August, 1933.
- ROCHE, ALEX. E., M.A., M.D., M.Ch. (Cantab.), F.R.C.S. "Growths of the Kidney." *Clinical Journal*, August, 1933.
- "Growths of the Testicle." *Proceedings of the Royal Society of Medicine*, June, 1933.
- ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "Essential Vascular Hypertension." *British Medical Journal*, August 5th, 1933.
- SHAW, WILFRED, M.D., B.Ch., F.R.C.S., F.C.O.G. "Pathology of Ovarian Tumours" (Part V). *Journal of Obstetrics and Gynaecology, British Empire*, August, 1933.
- THEOBALD, G. W., M.D., M.R.C.P., F.R.C.S. (Edin.). "The Aetiology and Prevention of the Toxamias of Pregnancy." *British Medical Journal*, August 26th, 1933.
- WALKER, KENNETH, M.B., F.R.C.S. "The Diagnosis and Treatment of Testicular Swellings." *Clinical Journal*, July, 1933.
- "Disturbances in Micturition." *Clinical Journal*, September, 1933.
- WOOLLARD, H. H., M.D. See Carmichael and Woollard.

ACKNOWLEDGMENTS.

The *British Journal of Nursing*—The *Nursing Times*—The *Cambridge Medical Society Magazine*—*Charing Cross Hospital Gazette*—*Guy's Hospital Gazette*—*Magazine of the London Royal Free Hospital*—*Middlesex Hospital Journal*—*St. Mary's Hospital Gazette*—*St. Thomas's Hospital Gazette*—*The Student—University College Hospital Magazine*—*King's College Hospital Gazette*—*Clinical Journal*—*Last African Medical Journal*—*The General Practitioner*—*The Hospital—Buletins et Memoires de la Société Médicale de Paris*—*L'Echo Médical du Nord*—*The Medical Forum*—*The Medical Press and Circular*—*Medical Times and Long Island Medical Journal*—*Post-graduate Medical Journal*—*Rivista Società Italiana D'Igiene*—*Revue Belge des Sciences Médicales*—*Archives Hospitalières*.

EXAMINATIONS, ETC.

University of Cambridge.

The following Degrees have been conferred:

M.D.—Garrod, L. P., Shore, L. R.
M.B., B.Chir.—Boston, F. K., Partridge, G. T., Sykes, R. A.
B.Chir.—Nisbett, J. G. M., Groves, J. N., Carr, C. M.

Royal College of Surgeons.

The Diploma of Fellow has been conferred on the following:

Barrett, H. C., Bhargava, D. P., Coltart, W. D., Fadia, N. B., Hill, H. M., Jones, D., Stanley, R. Spar, B., Kerr, J. A., Leggate, J. M., Munsif, K. G., O'Connell, J. E. A., Robinson, N. H., Rodgers, H. W., Turner, J. B.

Royal Colleges of Physicians and Surgeons.

The following Diplomas have been conferred:

D.P.H.—Lakshmanan, C. K.
D.T.M.&H.—Cook, A. B.

CHANGES OF ADDRESS.

ACTON, T., c/o Bank of New South Wales, Sydney, New South Wales.
CORBETT, RUPERT S. (Residence): 36, Harley House, N.W. 1. (Tel. Welbeck 3080.) (Consulting Room): 91, Harley Street, W. 1. (Tel. Welbeck 2635.)
GREEN, F. H. K., 138, Bedford Court Mansions, W.C. 1. (Amended.)
HOGG, W., Westmorland Sanatorium, Meathop, Grange-over-Sands.

APPOINTMENT.

RAY, P. N., F.R.C.S., appointed Honorary Junior Visiting Surgeon to the Calcutta Medical College Hospital, Calcutta.

BIRTHS.

BALL.—On September 5th, 1933, at Ingledene, Plymouth, to Kate Douglass, wife of Harold C. J. Ball—a daughter.
EVANS.—On September 1st, 1933, at 37, Welbeck Street, W. 1, to Viola (née Quennell), wife of Frankis T. Evans—the gift of a daughter (Rachel).
INGLEBY MACKENZIE.—On September 15th, 1933, at Royal Naval College, Dartmouth, Violetta (née Longstaffe), wife of Surgeon-Commander K. A. Ingleby Mackenzie, Royal Navy, of a son.
MORLOCK.—On September 2nd, 1933, at 27, Welbeck Street, to Kathleen, wife of H. V. Morlock, M.D.—a son.

MARRIAGES.

BELL-FAURE.—On September 2nd, 1933, at Esher Parish Church, Arthur Capel Herbert Bell, F.R.C.S., only son of the late John Herbert and Mrs. Bell, of Quarry House, Epsom, to Hillegonda Anna Elisabeth, younger daughter of Mr. and Mrs. H. M. F. Faure, of The Manor House, Claygate.
MAHOOD-PARKER.—On September 18th, 1933, Allan Edward Mahood, F.R.C.S. (Eng.) to Mary, third daughter of the late Joseph Parker, J.P., Buxton, Norfolk.

DEATHS.

BATSON.—On September 18th, 1933, at Thunborough, Holsworthy, Robert Sewell Batson, third surviving son of the late Thomas Batson, of Eberley, Torrington.
FIELDING CLARKE.—On September 18th, 1933, suddenly, at Monkton, Mill Road, Worthing, F. Fielding Clarke, M.R.C.S., L.R.C.P.
GLYNN.—On September 18th, 1933, at Leeds General Infirmary, Philip Edward Glynn, F.R.C.S., aged 27.
HELMÉ.—On September 12th, 1933, at Oakroyd, Silverdale, Carnforth (formerly of Rusholme, near Manchester), James Milner Helmé, M.D., aged 80.
MANNERS-SMITH.—On September 4th, 1933, at Worthing, Alfred Egerton Manners Smith, M.R.C.S., fourth son of the late Surgeon-General Charles Manners-Smith, aged 73.

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. XLI.—No. 2.]

NOVEMBER 1ST, 1933.

PRICE NINEPENCE.

CALENDAR.

- | | | |
|---|-----|---|
| Wed., Nov. | 1. | Surgery: Clinical Lecture by Mr. Harold Wilson. Hockey Match v. London University. Home. |
| Fri., " | 3. | —Dr. Gow and Mr. Girling Ball on duty. |
| Sat., " | 4. | —Rugby Match v. London Irish. Away. Association Match v. Balliol College, Oxford. Home. Hockey Match v. University College. Away. |
| Mon., " | 6. | —Special Subjects: Clinical Lecture by Mr. Sydney Scott. |
| Tues., " | 7. | —Dr. Graham and Mr. Vick on duty. |
| Wed., " | 8. | —Surgery: Clinical Lecture by Mr. Vick. |
| Fri., " | 10. | —Medicine: Clinical Lecture by Dr. Hinds Howell. Prof. Fraser and Prof. Gask on duty. |
| Sat., " | 11. | —Armistice Day. Rugby Match v. University College, Dublin. Home. Association Match v. Reading University. Away. Hockey Match v. Trinity College, Cambridge. Home. |
| Mon., " | 13. | —Special Subjects: Clinical Lecture by Mr. Higgs. |
| Tues., " | 14. | —Lord Horder and Sir Charles Gordon-Watson on duty. |
| Wed., " | 15. | —Surgery: Clinical Lecture by Mr. Girling Ball. Rugby Match v. Army Trial XV. Home. Hockey Match v. R.M.A. Woolwich. Away. |
| Thurs., " | 16. | —Students' Union Dance. Grosvenor House. |
| Fri., " | 17. | —Medicine: Clinical Lecture by Lord Horder. Dr. Hinds Howell and Mr. Harold Wilson on duty. |
| Sat., " | 18. | —Rugby Match v. Moseley. Away. Hockey Match v. Tulsa IIII II. Home. |
| Mon., " | 20. | —Special Subjects: Clinical Lecture by Mr. Sydney Scott. |
| Last day for receiving matter for the December issue of the Journal. | | |
| Tues., " | 21. | —Dr. Gow and Mr. Girling Ball on duty. |
| Wed., " | 22. | —Surgery: Clinical Lecture by Mr. Vick. |
| Fri., " | 24. | —Medicine: Clinical Lecture by Lord Horder. Dr. Graham and Mr. Vick on duty. |
| Sat., " | 25. | —Rugby Match v. Devonport Services. Away. Association Match v. Old Wykehamists. Home. Hockey Match v. Emmanuel College, Cambridge. Away. |
| Mon., " | 27. | —Special Subjects: Clinical Lecture by Dr. Cumberbatch. Rugby Match v. R.N.E. Keyham. Away. |
| Tues., " | 28. | —Prof. Fraser and Prof. Gask on duty. |
| Wed., " | 29. | —Surgery: Clinical Lecture by Mr. Girling Ball. |
| Thurs., " | 30. | —Abernethian Society: Discussoin on Osteopathy. |

EDITORIAL.

THE past month has been outstanding if it be only for one event—the Old Students' Dinner. We give elsewhere a detailed account of the occasion, but we would testify, in passing, to its magnificent success. The Dean mus' be justly proud of his efforts.

October also saw the advent of a new academic year, and the Hospital veins received their annual transfusion. The quality of the blood remains at its usual high standard and the quantity reached its maximum. We have now passed through the stage of initial rigors.

It is customary for Bart.'s to welcome its new-comers with little more than an invitation to tea in the Library, at which they may meet the various Students' Union Club secretaries and other diarchs. It was probably pointed out by the cynical that 'his is the only occasion on which a student receives anything for nothing during his Hospital days; this is not strictly true. The Fresher was also probably amazed by the number of club secretaries at this annual function.

Now that most Freshmen have investigated all theatre galleries and Hospital "sights", we would like to extend to them our hearty welcome to Bart.'s and congratulate their choice of a medical *Alma Mater*.

* * *

The Dean writes:

"DEAR MR. EDITOR,—No doubt you will be giving in the JOURNAL a full report of the Old Students' Dinner, but I should like to make one or two comments on special aspects of it. I want, for example, to say how very much the Medical College appreciates the magnificent message of encouragement which, as a Perpetual Student of the College, H.R.H. the Prince of Wales sent to us. We are, indeed, grateful. We also thank

most heartily Mr. Ramsay MacDonald, who attended the function and addressed us in such a manner as to leave no doubt that we have his hearty good wishes.

"Advantage was taken of the occasion to announce to the world at large our aims and our financial position. There was a large gathering present, and we trust that each individual member of it, even if unable to give material help himself, will at least stimulate others to do so.

"Lord Wakefield gave us a cheque for £1000 and, knowing how heartily he supports schemes connected with scientific subjects, we must feel that we have at least earned his encouragement. Sir Alexander Grant is sending £100 annually for seven years, and an anonymous donor has promised £100 annually for ten years. This is the sort of subscription we want, and persons able to give on this scale do exist, but someone has to do the asking. Surely there are Bart's men with patients who are potential subscribers. The three noble donations I have specifically mentioned have been acquired through the advocacy of old Bart's men, and I am certain that others could do likewise if only they had the will.

"You will remember that a couple of months ago an old Bart's man, to wit, Ernest E. Young, of Newcastle-under-Lyne, promised to give the fund £25 per annum for five years on condition that four others would do likewise. Another Bart's man has joined in this minor fray. I want three more before Christmas, which is the time-limit. Do not let us miss these two promises.

"To the student's suggestion of ten guineas a year for five years I have not yet had a second promise. Perhaps it only needs a reminder. Ten guineas a year for five years—surely this is within the means of a large number of men.

"There are just two other things which I wish to rub in. There are some who, despite propaganda, still appear to think that the main use of the new site is to accommodate a hostel. Let me state once again this is not so. It is to house the Departments of Chemistry, Physics, Biology, Anatomy, Physiology, and Pharmacology. The hostel is a secondary matter, and must wait until the Departments named are adequately equipped.

"The second point is this. There are some who think that the teaching of the preliminary subjects should be centralized and not connected with individual schools, and who, for that reason, are disinclined to subscribe to our funds. I cannot here go very deeply into the pros and cons of this matter, but I can assure you that it has received most serious consideration, and that it is our deliberate opinion that in a large College like Bart's, where each of the Science Departments has

over one hundred students, many advantages would be lost and none gained by centralizing the pre-clinical teaching. It may be that for the smaller schools centralization would be beneficial and less expensive, but their circumstances are entirely different.

"Come along then, you other old Bart's men, and give us a hand. We want money now to enable us to equip the Departments, and you can help. The number of subscribers has still to pass the halfway line. I often meet men who say they have wished to subscribe but have been put off by the large sums asked for. At the beginning of the campaign we had to try and get these large sums, and I fear (but I hope I am wrong) that we have already got nearly all we are likely to get. My present object is to get every Bart's man's name on the list. Although I have promised that the individual subscriptions given by Bart's men shall not appear in print, I hope that the names of all subscribers will be perpetuated somewhere as an indication of the efforts made by Bart's men of this generation. This list has got to be complete and contain 3800 names, and it is my earnest wish to acquire a subscription from every man, however small may be the sums. Large numbers of men have sent me one guinea, and I do now ask the remainder to do likewise. In this way we can raise at least a further £20000 towards our object. Let it be before Christmas if possible.

"Yours sincerely,

"W. GIRLING BALL,

"Dean of the Medical College."

* * *

COLLEGE APPEAL FUND.

| | £ | s. | d. | (70) | (65) | (258) | † |
|---------------------------|---------|----|----|-------|------|-------|-------|
| Staff | 12,241 | 0 | 9 | (70) | | | |
| Demonstrators | 1,519 | 11 | 0 | (65) | | | |
| Students | 490 | 0 | 6 | (258) | | | |
| Old Bart's men : | | | | | | | |
| Bedfordshire | 10 | 10 | 6 | (2) | | | (26) |
| Berkshire | 86 | 1 | 0 | (13) | | | (37) |
| Buckinghamshire | 72 | 17 | 0 | (12) | | | (29) |
| Cambridgeshire | 155 | 14 | 0 | (12) | | | (42) |
| Cheshire | 1 | 1 | 0 | (1) | | | (26) |
| Cornwall | 22 | 2 | 0 | (5) | | | (36) |
| Cumberland | 5 | 0 | 0 | (1) | | | (6) |
| Derbyshire | 19 | 14 | 0 | (4) | | | (17) |
| Devonshire | 532 | 10 | 0 | (47) | | | (117) |
| Dorset | 52 | 1 | 0 | (14) | | | (30) |
| Durham | 16 | 6 | 0 | (3) | | | (11) |
| Essex | 225 | 15 | 6 | (15) | | | (69) |
| Gloucestershire | 218 | 12 | 6 | (20) | | | (66) |
| Hampshire | 401 | 9 | 0 | (37) | | | (134) |
| Herefordshire | 13 | 3 | 0 | (4) | | | (11) |
| Hertfordshire | 73 | 0 | 0 | (12) | | | (73) |
| Huntingdonshire | | | | | | | (1) |
| Isle of Wight | 166 | 13 | 0 | (10) | | | (25) |
| Kent | 544 | 0 | 0 | (62) | | | (146) |
| Lancashire | 91 | 2 | 0 | (11) | | | (82) |
| Carried forward | £16,958 | 3 | 9 | | | | |

HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from November 1st, 1933:

Junior House Physicians—

| | |
|----------------------------------|--------------------|
| Lord Horder | J. R. Robertson. |
| Prof. F. R. Fraser | G. D. Wedd. |
| Dr. C. M. Hinds Howell | J. A. Squire. |
| Dr. A. E. Gow | J. Wilson. |
| Dr. G. Graham | R. J. G. Morrison. |

Junior House Surgeons—

| | |
|-------------------------------------|----------------|
| Prof. G. E. Gask | J. W. Cope. |
| Sir Charles Gordon-Watson | J. N. Groves. |
| Mr. Harold Wilson | J. B. Bamford. |
| Mr. W. Girling Ball | R. G. Gilbert. |
| Mr. J. E. H. Roberts | O. S. Tubbs. |

Intern Midwifery Assistant (Resident).

J. M. Jackson.

Intern Midwifery Assistant (Non-Resident).

C. W. B. Woodham.

Extern Midwifery Assistants

L. Dexter.*

H. C. H. Higginson.†

H.S. to Throat and Ear Department

W. H. Gabb.

H.S. to Ophthalmic Department

R. G. Orr.

H.S. to Skin and Venereal Departments

F. M. Darmady.†

G. O. A. Briggs.*

H.S. to Orthopædic Department

H. B. Lee.

H.P. to Children's Department

H. B. White.

Junior Resident Anaesthetists

E. Fowler.

S. J. Hadfield.

Non-Resident Anaesthetist

E. C. Fountain.

Casualty House Physicians

W. T. C. Berry.*

A. R. Boney.*

K. J. Harvey.*

C. G. A. Briggs.†

C. M. Carr.†

C. Fletcher.†

Casualty House Surgeons

E. M. Darmady.*

R. T. Simcox.†

* 3 months, November. † 3 months, February, 1934.

Others for 6 months.

OBITUARY.

We hear with deep regret of the death of David Miller Muir, of Exeter, at the early age of 46. The following account of him is taken from the *Times* of October 24th:

"He was a man not only outstanding in his clinical work, but a first-rate physicist with brilliant mechanical ability, which he turned to account in devising new apparatus and methods, including models which he often made with his own hands. In addition to these qualities he had a genius for organization, and raised the Radiological and Electrical Department of the Royal Devon and Exeter Hospital into a position of the first rank, not only in the West Country, but in the British Isles. He devoted a passionate energy to ensuring that not only the hospital equipment should be the very latest and most perfect it was possible to obtain, but also in his private practice he spared neither trouble nor expense in obtaining for his patients' benefit the very latest apparatus that could be bought from English, French, German or American makers. So great was

† Number of Bart's men in County.

A meeting of the Abernethian Society will be held on Thursday, November 30th, in the Morbid Histology Laboratory, when a discussion on "Osteopathy" will be opened by Dr. MacDonald. Mr. Elmslie has kindly consented to speak.

Few medical schools can boast that they teach their students foreign languages. A course of Lectures in Scientific German has recently been started at this Hospital, and Mr. FitzAucher has very kindly undertaken to give weekly lectures, held on Friday evenings, to all who wish to attend. Judging by attendances the lectures have already established their popularity.

his keenness that he would scrap ruthlessly costly apparatus acquired but a few months before immediately upon discovering a new model embodying even slight further improvement.

"Mr. Miller Muir first became interested in physics, which was to be his life's work, before he went to Cambridge and while still at University College School. In those days (1905) the field was very new, and neither the therapeutic possibilities nor the danger to the worker in radiology were really appreciated. It was looked upon simply as a useful means of examining fractures. At Cambridge Mr. Miller Muir became one of that small and keen band who worked in the Cavendish Laboratory under Sir J. J. Thomson, many of whom, like Lord Rutherford, have won world-wide renown. Mr. Miller Muir went from Cambridge to St. Bartholomew's Hospital to complete his qualification in medicine, and worked under Prof. Langdon Brown. The war interrupted his specialized activities just after he had qualified. He was a member of the Society of Friends, and therefore it came to him as a peculiar privilege to serve his country in a medical capacity. He became a Surgeon-Commander in the Royal Navy and was appointed to the 'Bellerophon', where his energies found a splendid outlet in ameliorating in every way his ingenuity could suggest the conditions of the men under active service with the Grand Fleet in the North Sea.

"Immediately upon release from service he threw himself again into his own work and came to Exeter, first as a partner of Dr. Harris, the pioneer radiologist in the West Country, later taking over the whole work of his department at the Royal Devon and Exeter Hospital and that of other local institutions. Fully realizing the vast possibility of radium and X-ray treatment for cancer, Mr. Miller Muir from the first kept himself fully abreast of every modern development of technique with these two agents. He was a trustee of the Exeter Cancer Fund, for which a sum of over £11,000 was raised in 1921 to 1924."

We extend our sympathy to Mrs. Miller Muir and the family in their bereavement.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Nursing Times—The Epsomian—The Cambridge Medical Society Magazine—Charing Cross Hospital Gazette—Guy's Hospital Gazette—The London Hospital Gazette—Magazine of the London Royal Free Hospital—Middlesex Hospital Journal—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Speculum—The Student—University College Hospital Magazine—King's College Hospital Gazette—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletin de Mémoires de la Société Médicale de Paris—L'Echo Médical du Nord—The Leprosy Review—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-Graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

OLD STUDENTS' DINNER.

THE Old Students' Dinner was held in the Great Hall on Monday, October 2nd, Lord Horder of Ashford presiding. The occasion was marked by the presence of many distinguished guests, and the Public Appeal for funds in connection with the scheme for acquiring the Merchant Taylors' site was launched.

The CHAIRMAN said he had received the following message from His Royal Highness the Prince of Wales:

"Not only as President of St. Bartholomew's Hospital, but as a 'perpetual student' of the Medical College, I send my best wishes to all present at to-night's dinner. I welcome the decision to take advantage of the opportunity of moving to the site of Merchant Taylors' School, thus providing for the needs of the College, while, at the same time, vacating space which will be required for the extension of the Hospital. I am glad to hear of the amount already raised towards the cost of the new College buildings, and wish all success to the present appeal. I hope that it will not be long before the students are settled in the residence that is to be provided for them, and I feel confident that the College, in its new home, will continue to play the great part for which, as the largest medical school in England, it is distinguished in the fields of medical education and research."

Continuing, the CHAIRMAN said that, in his name and theirs, he had sent the following telegram:

"Old Students, dining with Prime Minister as chief guest, thank your Royal Highness for your message of good wishes and for your encouragement."

(Applause.)

Among messages from eminent American colleagues, he said, was one from Harvey Cushing, Boston: "Hearty congratulations to the Medical College on its important turning-point in its long history." Hugh Cabot, from Rochester, Minnesota, and Lord Macmillan, from the "Empress of Britain", had also cabled congratulations.

In the name of the company, and in his own, he (the Chairman) welcomed the Prime Minister to their board. (Applause.) They greatly appreciated his stimulating presence, knowing what it was for him to make time to be with them.

Mr. RAMSAY MACDONALD said he was very glad indeed to be able to be with them on that very special occasion. He was one of those who worshipped old things of great repute. He cast his mind back to the many centuries during which medical skill had been

studied and practised there. Begun in 1100, 1933 still found them young and growing. It was a great record for everybody associated with that institution. He thought that, under the circumstances, he would have come there whether allowed or not. They knew what a dangerous experiment it was to attend a dinner of that sort, but Lord Horder had advised him with sagacity and moral rectitude, and had allowed him to eat, drink, and be merry. Lord Horder would breakfast with him on the morrow, and, if there was any damage visible, he would be there. (Laughter.) He (the speaker) felt very safe and happy.

Proceeding, the Prime Minister congratulated Lord Horder on the title under which he appeared that night. (Cheers.) The honour had been conferred by His Majesty on account of Lord Horder's great attainments and disinterested public service.

In proposing the toast of "The Medical College of St. Bartholomew's Hospital", he said they were at that moment branching forth into greater difficulty and more importance. This was a time when the medical profession must go ahead. The days of the old practitioner were days of admirable men indeed. In small and very remote villages, all had a fine old, hard-working, long-suffering friend in the village doctor. But science and the art of medicine had fresh problems every day. The doctor needed not only knowledge, but a great capacity to understand weak human nature. The doctor was a man who knew, and, above all, understood the happy combination of knowledge and understanding.

He was glad they had started on that new venture, and that they had every hope of succeeding. They ought to succeed, for they had generously provided a large part of the money out of their own house. That was the right way. No man was entitled to ask for help unless he could hold his head up. There were so many generous people in the City, and so many had shown themselves willing to help. He ventured to prophesy that, under the circumstances, and in view of the example, almost the challenge, they had made, they would succeed, and the necessary funds would be obtained. He thanked them for giving him the opportunity of sniffing the inspiring air of St. Bartholomew's, and of seeing something of the hard work they had to do there as the inheritors of a great past. (Cheers.)

Mr. W. GIRLING BALL (Dean of the Medical College), after paying a tribute to Lord Horder and the Prime Minister, said: "Our Medical College is, indeed, thriving in numbers of students. We have admitted during each of the last three years a fixed maximum of students, 130, and there are, approximately, 800 students working within these walls during the year. It is also a matter of much satisfaction to us that 84%—and, I think, this

year, 86%—are students of the Universities of London, Oxford and Cambridge, the larger number, naturally, being undergraduates of London University, of which we are a constituent College. The remainder are for the most part Dominion students belonging to universities, and come to this country to obtain an English qualification—usually the Diploma of the Royal Colleges, with a view to obtaining the F.R.C.S. It is thus clear that we do insist that the students entering the Medical College should have reached a high general educational standard. Having reached this standard, they naturally expect to receive the best training for their life's work; it is our ambition that they shall receive it.

"This brings me to the matter which is uppermost in our minds this evening, for it is with the object of reaching this ideal that we have taken the step of which I will now tell you. We feel that we have entered on a new era, which has begun with the recent acquisition of the site lately known as Merchant Taylors' School, Charterhouse Square. The purpose for which we have acquired this site is to meet the requirements of the pre-clinical scientific departments. During the last thirty years the Governors of this Hospital, with whom we work in the closest harmony, and who are in hearty sympathy with our educational ideals, have done much to help us by providing equipment for the clinical departments. They have built a new out-patient department, second to none; a magnificent surgical block, fitted in such a manner that it is already being looked to as an example of efficient equipment; and a thoroughly efficient pathological department, wherein the student learns a great deal of the scientific side of his bedside work. The Governors have further aims with regard to other clinical departments of the Hospital—a plan which will take some time to develop fully. These departments, dealing as they do also with the treatment of the patients, naturally come under their immediate supervision; but it is evidence of their sympathy with our aims that they have done so much, and for their assistance we continually offer to them our heartfelt thanks. I daresay that the general public understands this side of the question from the teaching point of view, for 'walking the Hospital' has for generations been known as the means whereby a student acquires his knowledge before he goes into the world to treat the sick, and carry on the other multifarious duties which it is our lot to perform.

"But I would ask you, Is it generally understood that, of six years required for a student's training, only three of these are devoted to 'walking the wards'. He has to pass through a preliminary three years of scientific training in subjects which are going to fit him with such knowledge as will enable him to obtain the best

advantage from his clinical training. It is for the purpose of this side of his education that we have found it necessary to improve our equipment. It requires little imagination to those interested in medical education to realize the scientific advances in medicine, and the consequent need for additional accommodation, which have taken place during the past century. Cast your mind back over so short a period as a century, a mere eighth in the history of this Hospital's record. It was at this time that the great John Abernethy and his friends pooled their private resources in magnificent spirit in order to form this Medical School on a proper basis. A single room and a museum were granted to them by the Governors for their purpose. Within a period of fifty years their needs demanded much greater space, and led to the building of the present School.

"And now we find ourselves in a similar dilemma. The teaching of those earlier days was a relatively simple matter. Now it is of a much more elaborate nature, and demands that the teacher shall be provided with more adequate equipment if he is to instil into the mind of the student from his earliest days such scientific knowledge as will enable him to understand the chemical, physical, and biological problems which are bound to confront him during the clinical period of his training. This kind of teaching naturally demands that the teacher shall be provided with accommodation enabling him to carry on his research work, so as to keep in the forefront of the scientific world, and co-operate adequately with the clinicians in solving their problems of diagnosis and treatment. Without that co-operation the clinician would often be at a loss. All this demands space.

"This is the primary purpose which has led us to seek a new site for our School—a site of such a size that, when such a dilemma as we are in now arises in the future, there will be adequate room for expansion. There is, however, another reason. We fully realized that we should have to find new accommodation, as the needs of the Hospital for the treatment of patients required the space on which the School stands. Areas of land of sufficient size for our purpose are not commonly found in the City. In fact, after a trial of several plans, we can say that they do not exist. When the Merchant Taylors' School site became vacant, it was clear that we should have to consider it seriously as suitable for our purposes. After very careful investigation, we decided to make an attempt to acquire it, as we realized that its proximity to the Hospital and the amenities it possesses could not be found elsewhere. I am happy to tell you that our efforts have been so far successful that, whereas a year ago we did not see where we were to get the money, to-day we can see our way to £70,000 out of the £130,000 required for the purchase of the site.

It is interesting to note that this land was probably owned in the reign of Edward III by St. Bartholomew's Hospital, for it was at this time that the then Master of the Hospital, one Stephen of Maydenhythe, in the year 1354, granted the land to Sir Walter Manny, of Charterhouse, for the purposes of a plague pit. It is still more interesting to realize that the land was granted to Manny for the sum of £8.

"It is my duty to offer our thanks to those who have helped us thus far with our achievements. The first and foremost is to thank the Master and Wardens of the Merchant Taylors' Company for the sympathetic manner in which they met our proposals, and the magnificent gesture which they made in handing over the site to us on the payment of £35,000, with a mortgage for the remainder on terms which we are able to meet. Secondly, I cannot pass over the moment for thanking Mr. Vigers, who carried through the negotiations for us as a friend indeed, giving his services voluntarily as a generous offering to our College. Thirdly, we must offer our thanks to those old Bart.'s men and donors who have made the acquisition of the site possible for us. In the first instance, an approach was made to the members of the staff of the Medical College, for we felt that, until we could show willingness to help ourselves by gifts of our substance, it was unfair to approach others for assistance. We met with great success, for the staff and the demonstrators have together put up a sum of £13,700.

"We then proceeded to approach the old Bart.'s men with some reluctance, well realizing that, in times like those we have gone through, their pockets must have been the first to suffer. Notwithstanding these difficult times, they have subscribed a sum of money of about £11,000, making the total subscription of Bart.'s men approximately £25,000. I would especially wish to thank the secretaries in the various counties of the Kingdom who have undertaken the collection of money, and have stimulated a spirit of rivalry between the counties with such success that the counties of Devon and Kent have put together over £500, with Somerset very nearly reaching that figure. I should also very much like to thank the doctors in the Services, who have subscribed over £500. I feel sure that the old Bart.'s men have not finished yet. From all over the world we have received messages of sympathy and goodwill from those who cannot afford to send us funds; but, before our appeal is ended, I trust that every Bart.'s man, however small his subscription may be, will see that his name is placed on the list as an evidence to generations to come of what those of this generation thought of their old School.

"I must now also thank those generous donors who

have come to our aid before we made this appeal public, and especially the following:

"University of London, £5000; executors of the late Alfred Rothschild, £2000; Corporation of the City of London, £1000; Mercers' Company, £1000; Goldsmiths' Company, £500; Unilever Bros., £500; Fishmongers' Company, £262 10s.; Ironmongers' Company, £100; Haberdashers' Company, £50; and St. Bartholomew's Hospital Women's Guild, £627.

"We have arrived at a stage when, having acquired the site, we owe £95,000 to the Merchant Taylors' Company, and we require £25,000 to alter the present buildings so as to render them suitable for our purposes. In hard cash we have £15,000. We also have a building valued at something like £20,000. Now this building plays an important part in the next stage of our proceedings. It houses an important section of our medical studies. It is one of the terms of the Merchant Taylors' Company that we should try and sell this building by the end of 1934; in other words, that we should transfer these departments to the new site in Charterhouse Square before that date. It is a matter of some urgency, therefore, that we should raise a sum of money sufficient to alter some of the buildings in order to house these departments, and, naturally, we should like to carry out the whole of the scheme of reconstruction at one sitting if possible.

"A generous donation of £25,000 is all that is required, and it would enable us to carry the scheme through. In this connection the Merchant Taylors' Company have again been most helpful. They have allowed us to retain, for the purposes of renovation, 50% of any money that we may acquire by public appeal up to £17,000. We have, therefore, decided to make this Old Students' gathering the occasion on which to initiate our appeal to the public in general. We are as determined as we were last year, and what appeared impossible then must be all the more possible now. We appeal to this City, whose Corporation are our Governors, and will go further and appeal for funds to all lovers of efficient medical training. There is not one of us who is interested in this matter who is not bearing the burden, and is determined to see that Bart.'s shall be so equipped and ordered that it shall remain a leader of medical training and research, a great national and imperial possession." (Cheers.)

Mr. REGINALD M. VICK proposed "The Guests". In welcoming several members of the Upper House, he mentioned Lord Wakefield, whose benefactions, he said, were without number. He was one of the greatest benefactors of the progress of science, and was the President of the sister hospitals of Bethlem and Bridewell. At enormous cost he had established the Wakefield Extension movement.

Lord MOTTISTONE and Sir GEORGE NEWMAN (Chief Medical Officer of the Ministry of Health) responded.

Dr. GEOFFREY EVANS submitted the toast of "The Chairman", who, he said, was one of the brightest stars in the medical firmament.

The CHAIRMAN thanked the Prime Minister for his stimulating address. Continuing, he said he received on Saturday the following letter:

"I have very much pleasure in sending my donation of a thousand pounds towards the Medical College, with my best wishes for its new home.—Yours sincerely, WAKEFIELD."

(Cheers.) From Scotland he had received the following:


"I will give a donation of £100 a year for seven years. If you can keep me alive after that, I will see what more I can do."

(Laughter and cheers.)

There was a letter from "A grateful patient", offering £100 a year for ten years; while £200 had been received from Lord Leverhulme, and cheques from other friends amounting to £300. (Applause.)

Between the speeches Miss Harriet Cohen and Mr. Lionel Tertis played a selection of music.

CHEMISTRY AND MEDICINE.*

EDICINE is an applied science, but is itself older than the sciences applied. When Hippocrates and his contemporaries began the study of diseases, at the bedside, by careful observation of signs and symptoms, they had no foundations of anatomy and physiology, nor of chemistry and physics to build upon. The knowledge of those sciences which we now possess owes much to the labours of medical men. This is true, not only of human anatomy and physiology, but also of physics and chemistry. The list of physician-chemists is a long one, and includes such names as Mayow, Willis, Cullen, Boerhaave, Berzelius, Wollaston and Prout; and down to a comparatively recent date, he who wished to study the sciences had to acquire them in a medical school. In early times, when medicine was emerging from magic, and chemistry from alchemy, there were links between them in the search for the elixir of life, and later the iatro-chemists tried to explain the ailments of mankind in terms of chemistry as they knew it. Moreover the doctor felt the need of chemical knowledge in connection with the preparation of his medicines.

* A summary of a lecture delivered to preclinical students by Sir Archibald Garrod on October 19th, 1933.

In 1828, when Wöhler obtained urea, a definite organic compound, from the inorganic ammonium iso-cyanate, the gulf which had been thought to exist between the chemistry of inanimate and that of living things was bridged, and the field was open for the development of organic chemistry—the chemistry of carbon compounds.

It became obvious that the power of the carbon atoms to combine with each other, to form chains and other groupings upon which may be built up molecules of many atoms, renders possible the complex chemistry of living things. In the earlier years of the 19th century, the nature of the various calculi, urinary and others, had been made out, and chemistry acquired fresh links with medicine by the introduction of various tests for glucose and other abnormal constituents of urine. A simple chemical equipment became an essential part of the equipment of the consulting-room. But still the details of metabolism, the chemical changes in the living plant or animal, were obscure, and the mode of origin and of many products found in the excreta remained unknown. The proteins were known to be built up of immense molecules, but the structure of those molecules was unknown.

At the end of the nineteenth century came another great advance, when Emil Fischer and others showed that the molecules of proteins are built up of a number of fractions—amino-acids—which, being both acids and bases, are able to combine with their neighbours, with one as a base and with another as an acid, and so to form chains and clusters of great complexity and almost infinite variety. Amongst the twenty-odd protein fractions now known are compounds, such as tyrosin, leucin and cystin, which had been familiar as constituents of the excreta. It soon became apparent that by the combination in various groupings of the protein fractions, a vast number of protein substances can be formed; and that the proteins of different species and genera differ. It became evident that the proteins of the food-stuffs were broken down in the alimentary canal into their constituent amino-acids, which in their turn were built up once more into the specific proteins.

Further, it became evident that there was a chemistry of the individual, as well as of the species: that the obvious differences of form were associated with less obvious differences of chemical structure.

Not only can the animal body produce protective substances under the stimulus of an infection, but we now know that chemical substances, of which several have been obtained in crystalline form, and some have been synthesized, are secreted into the blood by certain glands—the endocrines—the function of which was long unknown. These hormones control many bodily

functions, the growth and bulk, the blood pressure, the growth of hair, and development of the sexual functions. The vitamins in foods also act as exogenous hormones, and when present in minute amounts exert influences which render them essential to growth and health. Again the advances of physical chemistry, the study of colloids, the growth of knowledge of catalysts—of chemical substances which do things, or get them done—have changed all our conceptions.

If from the laying down of the medical curriculum chemistry was regarded as a necessary part thereof, as providing a scientific training; to meet the requirements of pharmacy and for the testing of excreta, it has become far more necessary at the present day, when chemical conceptions permeate the whole science of medicine.

But the chemical is only one of the standpoints from which the field of medicine needs to be observed. You do not all need to become bio-chemists, but you do need to know something of the standpoint of the bio-chemist. Just as you learn details of human anatomy, in order that you may retain through life, not the details, but a working picture of the structure of the human body, so you need to retain a mental picture of the chemical processes of which that body is the seat.

SURGICAL APHORISMS.

(Continued from p. 7.)

48.

The thyroid gland is one of the most exacting provinces of surgery. Difficulties arise when least expected, and can only be met by exact attention to detail. Most of them can be forestalled by the same principle.

49.

It is probable that surgery is merely a phase in the treatment of toxic goitre, but the success of the method is such that the phase is likely to be prolonged.

50.

The object of operation for toxic goitre is to break a vicious circle which affects both body and mind. The patient is never "cured" by the operation, but is enabled to live at a different level of existence—so different that it may look like cure to an ordinary observer.

51.

Urgent hæmorrhage into a thyroid adenoma is a common event in text-books, though a very uncommon one in real life.

52.

Thyroidectomy has two terrors—the recurrent laryngeal nerve and the parathyroid gland. The first of these is always in a position of real danger, and the results of injuring it are equally real. The second is merely a boggy, post-operative parathyroid deficiency being so rare that its production clearly depends on exceptional circumstances.

53.

Carcinoma of the thyroid is one of the less malignant forms of new-growth. It can often be successfully treated if the diagnosis is made before the late signs, such as paralysis of the cervical sympathetic, have appeared.

54.

The most important sign in the diagnosis of carcinoma of the thyroid is a hard consistency. This can often be detected before any infiltration outside the thyroid gland has taken place.

55.

Surgical extirpation of a thyroid carcinoma, with or without secondary glands, should always be followed by a course of X-ray therapy, the growth being moderately radio-sensitive.

56.

The march of surgery—the nearer the heart, the slower.

57.

The present state of thoracic surgery has often been compared with the corresponding stage of abdominal surgery as it was many years ago, and equally rapid progress has been predicted. But the course of thoracic surgery is beset with complicated problems in bio-physics for which no parallel can be found in the abdomen, and the margin of safety will always be narrower.

58.

In the days when empyema of the thorax provided a surgical holiday for physicians, chronic empyema sinus was a commonplace, and the after-results have provided some pretty problems for surgeons. Thoracoplasty and decortication of the lung are, however, operations for which there is a diminishing need as the prevention of "chronic empyema" comes to take the place of cure.

GEOFFREY KEYNES.

(To be continued.)

A NOTE ON THE HISTORY OF THE CHARTERHOUSE.

THROUGH what vicissitudes of fortune have passed the foundations which can trace their origin to the medieval ages! How strongly linked are they with the history, not only of their town or district, but with the history of their country! Indeed, in the hands of a skilful historian, one could almost imagine the history of the country being woven into the history of the Institution. The monks and the monasteries have had their day, they have played their part; have been consumed in the fire of time, and yet from their ashes have risen, Phoenix-like, other institutions which still occupy their sphere of usefulness, and are something more than mere historical monuments of interest only to the antiquarian.

The origin of many of our most cherished ancient institutions can be traced back to the church, and especially is this the case with those founded in the last years of the fourteenth century.

The Black Death, terrible, swift and certain in its onslaught, made men introspective and inclined to the belief, fostered by religious teaching, that the scourge had come upon them because of their wickedness; and it occurred to them that the only way in which they could propitiate an angry Providence was by giving to the Church. Thousands of families became extinct, and the question of the disposition of their property occasioned numerous law-suits. The fear of death and the knowledge that they had no friends or relatives to whom they could leave their possessions prompted men to dispose of their wealth to brotherhoods and sisterhoods who devoted their lives to the service of God. Consequently vast sums and huge endowments were handed over to the monasteries.*

A more unfortunate result of the Black Death to the monasteries should, however, be mentioned, because it sowed the seed of corruption, and caused the scandals which culminated in the charges of Henry VIII against these religious bodies. Ignorant laymen who had lost their wives and children crowded into the Monastic orders with no other object than that they might participate in the respectability of the priesthood, and in the rich heritage which fell to the Church from all

* "Merchants whose earnings and possessions were unbanded coldly and willingly renounced their earthly goods. They carried their treasure to monasteries and churches, and laid them at the foot of the altar; but gold had no charms for the monks, for it brought them death. They shut their gates; yet, still it was cast to them over the convent walls. People would brook no impediment to the last pious work to which they were driven by despair."—Hecker.

quarters. The influx of such as these could not but bring ill-repute, in course of time, upon the monasteries.

It was at this time that Sir Walter de Manny, finding that the churchyards were not sufficient to provide accommodation for the burial of the enormous number of those dead of the plague, purchased "a piece of ground near St. John Street called Spittle-Croft without the Bars in West Smithfield of the Master and Brethren of St. Bartholomew Spittle containing thirteen acres and a rod and caused the same to be enclosed and consecrated by Ralph Stratford Bishop of London at his own proper Cost and Charges". This land he called "New Church Hawe", and here in the next year were buried more than 50,000 persons (Camden says 60,000).

In that fatal year,
When Prodiges familiar were;
Ils and Distempers in the East began,
And nimble over Europe ran;
When living man amaz'd beheld the dead
And Carcases o're all the world were spread;
Thou, Walter Manny, Cambray's Lord
The bravest man that blind age could afford,
Didst take compassion on the wandering ghosts
Of thy departed Friends;
Didst consecrate to the Lord of Hosts,
Thy substance for Religious Ends.

Horne.

In 1349, on the site of New Church Hawe, Manny caused a chapel to be built, wherein offerings were made and masses said for the souls of "so many Christians departed". The east and south walls of the present church are all that are left of this chapel—they are concealed behind wood panelling.

In 1371 Sir Walter Manny founded on the site a Monastery for Carthusian monks. The following year he died and was buried in the chapel.

Charterhouse (a corruption of Chartreuse) was the third monastery established in England for the monks of the Carthusian order. It was dedicated to the Virgin Mary (*La Salutation mère Dieu*). The order of Carthusians was originally founded by St. Bruno, who erected their first monastery (*La Grande Chartreuse*) at Carthuse, near Grenoble, about the year 1084, at the summit of a steep mountain in what was at that time a vast wilderness. This monastery is still in existence, and was occupied continuously by monks from the date of its foundation (with the exception of a few years during the French Revolution) until the recent suppression of the monasteries by the French Government. It has always been famed for the manufacture of the Chartreuse liqueur.

The Carthusians originally came to England in 1181 and founded their first monastery at Witham, in Somersetshire. The habit of the Carthusian was a white loose coat with a cowl of the same material. For outdoor wear a cape of black cloth was placed over this.

They had their heads shaved like the Benedictines. Each occupied a separate cell. In the cloister of the Charterhouse can be seen the places in the wall where the entrances to the cells have been filled in. The monks were served by lay brethren who wore their hair short, but their heads were not shaved; in Charterhouse these lay brethren were accommodated in Wash House Court, which is still in existence. Women were not allowed within the precincts of the monastery, nor was a brother permitted to speak to them without special licence given by superior lay brethren.

At the period immediately preceding the dissolution of the monasteries, Prior Houghton, who was at the head of the establishment at Charterhouse, was with his brethren required, in accordance with the Act, to acknowledge the supremacy of the King. They refused, and Houghton was hanged and quartered at Tyburn on May 4th, 1535, for his adherence to the dictates of conscience. The others met a similar or even worse fate. This contumacy (for as such it was regarded) provided the excuse which Cromwell possibly wanted (although excuses were by no means indispensable), to seize the revenues for the King. The Carthusians, to which order Houghton belonged, had the reputation of being the holiest and most renowned of English Churchmen, but it has been said of Thomas Cromwell that his blows were effective just because he chose his victims from among the noblest and the best. Having thus gained possession, Henry dismantled the monastery, and for a time used it as a storehouse for his "hales and tents". The Guesten Hall (Great Hall), the Antechapel of the church and the cloister are some of the remaining buildings of this period.

It is said by some that the monastery was then given by the King to Sir Thomas Audley, the Lord Chancellor, by whom it was sold to Sir Edward North. Others say that it was given to Sir Edward North direct. At all events, Sir Edward North sold it in 1553 to John Dudley, Duke of Northumberland, on whose execution and attainder the same year it again reverted to Lord North by a grant from the Crown. In 1565 Roger, second Lord North, sold it for £2820 to Thomas Howard, Duke of Norfolk, on whose execution and attainder in 1572 it again reverted to the Crown. Queen Elizabeth subsequently gave it to the duke's second son, Thomas, afterwards Earl of Suffolk. He was the father of the notorious Countess of Somerset, who was found guilty with others of the murder of Sir Thomas Overbury, but received the royal pardon.

During this period the monastery had been turned by its successive owners into a splendid mansion, in which Royalty was entertained on several occasions. The presence chamber (Great Chamber) is of this period,

and is noteworthy for its old Flemish tapestries, not too carefully preserved, and its fine Elizabethan fireplace.

On May 9th, 1611, Lord Suffolk sold the property to Thomas Sutton, who, in accordance with Edward I's Law of Mortmain, which rendered it unlawful to bestow land for any religious or charitable use without licence from the King of mortmain in Parliament, had some time previously petitioned the King that he should be allowed to erect an Hospital at Hallingbury in Essex, and an Act of Parliament was passed on March 10th, 1609, authorizing him to do so.

Soon afterwards Sutton heard that Howard House, otherwise called the late dissolved Charterhouse, could be purchased, and accordingly he bought from Lord Suffolk, for the sum of £13,000, "four or five courts, a Wilderness, Gardens, Orchards and Walks thereunto belonging, with Parden Church-yard,* and the two Messuages adjoining, called Willbeck, with all Buildings, Closets, Ways, Waters, Services, Rents, Wages, Fellows, Goods, Outlaws, Fugitives, Liberties, Reversions, Emoluments and Appurtenances, known to belong to the said house, or other the mentioned premises".

By letters patent the Act which was passed to authorize the building of the Hospital at Hallingbury was utilized for the acquirement of the Charterhouse, which was to be named the Hospital of King James, and to accommodate eighty old men and forty boys.

Sutton died before the end of the year, and forthwith one Simon Baxter, Sutton's only sister's son, "encouraged by some hungry and corrupt persons, who were to partake with him in the spoil", attempted to take possession of the Charterhouse by force. Whereupon Richard Bird, the first porter of the Charterhouse, promptly entered an action for trespass. The case, however, was not so easily disposed of, for an action, which was a *cause célèbre*, was entered, and Sir Francis Bacon, the Attorney-General, appeared for the plaintiff, Baxter. One of the pleadings urged was that the Act of 1609 having provided for the Hospital to be built at Hallingbury, the incorporation afterwards by the King's Letters Patent was void. After long and costly proceedings the decision was eventually given in favour of

* The plot of land, about three acres in extent, known as *Parden* or *Pardon Churchyard*, was bought by Ralph, Bishop of London, from the Knights Hospitaliers of St. John, and during the Black Death in 1348-49, huge numbers of those who died from the plague were interred there. The churchyard was administered by the Priory of St. John and enjoyed the right of Sanctuary. On the dissolution of the monasteries it was probably seized by the King, and may thus have become part of the land granted to Sir Edward North. Being contiguous to the land purchased for the same purpose from St. Bartholomew's Hospital by Sir Walter Manny, the 50,000 which is given as the number of persons buried in New Church Hawe must have included those who were buried in Pardon Churchyard. It is estimated that 100,000 died of the plague in London alone.

the Hospital, but Bacon seems to have been very sore on the point, for he wrote a lengthy letter to the King, an extract from which reads:

"For to design the Charter-house a Building fit for a Prince's habitation, for an Hospital, is all one, as if one should give in Alms, a rich embroydered Cloak to a Beggar. . . . And certainly a man may see, *tanquam quæ oculis cernuntur*, that if such an Edifice with six thousand pounds revenue, be erected into one Hospital, it will in a small time degenerate, to be made a preferment of some great Person to be Master, and he to take all the sweet, and the Poor to be stinted and take but the Crums; as it comes to pass in divers Hospitals of this Realm which have but the names of Hospitals and are but wealthy benefices, in respect of the Mastership, but the poor which is the *propter quid*, little relieved."

Although they won the case the Hospital, in order to avoid further litigation, thought it advisable to grease the wheels of justice, and accordingly made a handsome present to the Crown and a gratuity to Simon Baxter.

Sutton, who died on December 12th, 1611, was buried in the chapel of the Hospital beneath a beautiful monument, the work of Nicholas Stone and Jansen.

On July 30th, 1613, the first governors, who had been nominated by Sutton, met and drew up rules governing the admission of old pensioners, and before the end of the year eighty brothers were duly admitted. The brethren had to be gentlemen who through misfortune had been reduced to such a financial position that they could not command an assured income of more than £60 a year.

Here again we have the spectacle of an Institution doing good work faced by falling revenues and increased cost of maintenance. Sutton's Hospital is now able to maintain only sixty-five brethren.

The school for boys has produced many brilliant men, all of whom have had a sincere affection for their *alma mater*. By its constitution the Master is able to take paying scholars, and the fame of the school has attracted boys of a superior station. The admission of poor boys is dependent upon the acquisition of scholarships. The school has long since been removed to Godalming, and the premises vacated sold to the Merchant Taylors' School, who erected in 1870-1872, upon the site, the present school buildings in Rutland Place.

A. H. COUGHTREY.

[This article was published in *The Hospital Gazette* (now *The Hospital*) twenty years ago.—A. H. C.]

THE PATHOLOGIST.

Pity the poor pathologist
Who lurks inside a lab,
Emerging thence at intervals
Like some strange hermit crab!

He is a shy retiring soul,
Eccentric in his habits.
His chief associates and friends
Are guinea-pigs and rabbits.

His daily round, his common task,
Is growing germs on seaweed,
Or wandering round the wards to ask,
If number nine has w—d.

You might suspect as you collect
That early morning specimen
That all pathologists must be
Particularly messy men.

But though their habits may appear
To verge on the obscene,
In private life pathologists
Are often fairly clean.

R. B. P.

ABERNETHIAN SOCIETY.

At the Inaugural Meeting of the Abernethian Society, held on October 19th in the Medical and Surgical Theatre, Sir Henry Gauvain delivered an address entitled "Twenty-five Years at Treloar's". It was his own personal account of the development of the treatment of children crippled by tuberculous. The history of Treloar's, his appointment as the only man in charge, physician, surgeon, organizer and dispenser, the methods by which he set about his work, and the incredible results that have been obtained from so small a beginning, were all told with delightful humour.

Sir Henry Gauvain paid a fine tribute to Sir William Treloar, the founder of the hospital, and then rapidly showed many slides illustrating the hospital at Alton, and the work that was done there and at Hayling Island. He demonstrated the technique of the treatment, correction of deformity, immobilization, sun, fresh air and sea-bathing, and showed the superb results that were being obtained.

Sir CHARLES GORDON-WATSON, in proposing a vote of thanks, said that Sir Henry Gauvain was the pioneer in applying these methods, which were now universally copied.

Mr. J. A. NUNN eloquently seconded the vote of thanks.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

The XV have played six matches so far this season, having had matches practically every Saturday and Wednesday since the season opened with a match against Middlesex Hospital on Saturday, September 30th. The results so far are: 3 won, 1 lost: points for, 48; points against, 42.

After a shaky start the team shows signs of developing into a sound combination, which ought to prove very effective, though lacking in brilliance. The team spirit, in which every member has faith in his colleagues, combined with backing up, will prove efficacious against sides with more individual talent.

The team already shows the characteristics which have come to be associated with Bart's XV's of recent years, to wit, a sound defence, a moderate attack, the ability to present "gift" tries to the opposition and the inability to convert tries. This season, out of 14 tries scored, only two have been converted.

The facilities for training at Charterhouse Square are proving invaluable to the side, which is able to turn out twice a week for scrum practices, etc. Also we are greatly indebted to Mr. B. H. Black, the English International forward, for the invaluable hints he has given the forwards in regard to scrumming, and to the team in his discussions on the theory of the game.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

Played on September 30th, at Winchmore Hill. Won, 13—0.
In the opening game of the season at Winchmore Hill against Middlesex Hospital, the standard of play was distinctly below par. The team lacked cohesion, playing rather as fifteen individuals than as a combination with one purpose in view.

The forwards scrummaged very badly, and even when they did get the ball, it came back too slowly for any effective use to be made of it by the backs, who failed to find contact with each other, and had a tendency to bunch together and crowd out the wings.

The final score was a victory for Bart's by 2 goals and a try to nil. Tries were scored by Nel, Fairlie-Clarke and Wilson, Morison converting two.

Team.—C. R. Morison (back); L. M. Curtis, C. M. Dransfield, J. R. Kingdon, J. G. Nel (three-quarters); G. A. Fairlie-Clarke, R. Lumsden (halves); E. M. Darmady, R. S. Hunt, J. M. Jackson, R. Mundy, G. Gray, B. S. Lewis, W. M. Capper, J. D. Wilson (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. OLD LEYSIANS.

Played on Saturday, October 7th, at Winchmore Hill.
The match resulted in a well-deserved victory for the Old Leysians by a goal and three tries (13 points) to a try (3 points). In this game the Old Boys' three-quarters proved to be the deciding factor, and showed much more speed and skill than those of the Hospital, although three of the tries scored were due to bad blunders on the part of our defence rather than to constructive play on the part of our opponents. But, to give credit where credit is due, they were sufficiently alive to take advantage of their opportunities.

The game was characterized by some indifferent play by the Hospital, with the result that all their attacks just petered out. One feature of the game was the improved scrumming of the pack, who obtained a fair share of the ball in the tight; but apart from that, the line-out and loose work left much to be desired, the exception being Newbold, who, playing his first game for the Hospital, gave a very creditable display, and Lewis, who was as ubiquitous as ever.

The backs played in a very ragged fashion, due, no doubt, to the fact that the service from the scrum was on the slow side. Both Fairlie-Clarke and Kingdon put in some sound defensive work.

Morison at full-back did not give quite that rock-like display we have come to expect of him, but we understand there was some predisposing cause for this.

For the Old Boys F. R. Brown, at fly-half, was safe, but rather prone to kick unnecessarily, while T. K. Lacey, in the centre, played very well and was responsible for more than one of his side's tries.

Tries were scored by Lacey (2), Lee and Hockin for the Old Boys, of which Kihner converted one; while Wilson scored for the Hospital late in the second half from a loose scrum near the line; Morison failed with the kick.

Team.—C. R. Morison (back); L. M. Curtis, C. M. Dransfield, J. R. Kingdon, J. G. Nel (three-quarters); G. A. Fairlie-Clarke, J. D. Wilson (halves); E. M. Darmady, R. S. Hunt, J. M. Jackson, W. M. Capper, G. Gray, B. S. Lewis, J. C. Newbold, R. Mundy (forwards).
Referee: H. J. Hiley.

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

Played at Winchmore Hill on Wednesday, October 11th.
This resulted in a comparatively easy victory for Bart's by a goal and four tries to a drop goal. We were playing an experimental side against what was virtually a St. Thomas's "A" side.

The team played a very slack and sleepy game until stimulated by the fact that St. Thomas's scored first with a drop goal by Williams. By half-time the score was 5—4 in our favour, due to a try scored by Youngman after a good run. In the second half tries came at regular intervals, mainly due to some brilliant running by Youngman.

who played well throughout, though he received an injury to his knee. Tries were scored by Youngman (3), Fairlie-Clarke and Swinstead, Darmady converting one.

Little, at fly-half, made a very successful debut in the 1st XV in spite of the fact that he had to cope with a series of very wild passes from the base of the scrum. The outstanding forward on the field was Swinstead, who worked hard continuously and was always on the ball.

Team.—C. M. Dransfield (back); G. A. Fairlie-Clarke, L. M. Curtis, R. M. Kirkwood, J. C. Youngman (three-quarters); W. A. Little, J. D. Wilson (halves); E. M. Darmady, R. S. Hunt, P. D. Swinstead, J. M. Jackson, G. Gray, J. C. Newbold, F. M. Braines, G. L. Way (forwards).
Referee: G. E. Deynon.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

Played at Hale End on Wednesday, October 18th.
The result of this match was a comfortable victory for Bart's over a weakened "London" side by four tries to a penalty goal.

The feature of the game was the excellent scrumming by the forwards and the effective combination among the three-quarters. Little again played a sound, steady game.

The only criticism to be made here is that the forwards are too lethargic in the loose, and are content to let one man do the work instead of backing up and helping him. Darmady led the pack well and set a very good example to them, his efforts being rewarded by a try.

The place-kicking in this game was deplorable, and must improve if we are going to win our matches.

Tries were scored by Youngman, Nel, Wilson and Darmady, while Thompson kicked a penalty for London.

Team.—J. T. H. Butt (back); J. G. Youngman, C. M. Dransfield, R. M. Kirkwood, J. G. Nel (three-quarters); A. W. Little, J. D. Wilson (halves); E. M. Darmady, R. S. Hunt, P. D. Swinstead, D. W. Moynagh, G. Gray, J. C. Newbold, C. McNeil, R. Mundy (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. RUGBY.

This match was played on Saturday, October 14th, at Rugby, and was lost by 13 pts. (2 goals, 1 try) to 3 pts. (1 try).

The first half began in a heavy downpour of rain, which continued till half-time. From the kick-off Bart's attacked strongly and play for some time remained in the Rugby "25", but we were unable to score, and the play was gradually brought back to the Bart's half.

Receiving the ball from a scrum on our "25" line, the Rugby fly-half ran through to score behind the posts, little disturbed by the ineffectual attempts that were made to tackle him. The try was converted. Encouraged by their success Rugby kept up a hard pressure on our line, and considering the difficult conditions, the handling of their backs was remarkably good. After some scrambling play in mid-field, a forward rush brought play beneath our posts, and during a *wide* there a forward dived over for their second try, which was again converted. Bart's now kept play inside the Rugby "25", and were exceedingly unlucky in not scoring more than once. Both Jackson and Darmady were brought back for alleged infringements after going over the line, and Kirkwood's drop at goal went very near to being successful. At last, by some judicious kicking, play was brought back to our half. A breakdown in a Rugby attacking movement resulted in the ball being kicked obliquely across the field towards the corner flag. For some mysterious reason no member of our defence attempted to play the ball, and a Rugby player was allowed to run up, tap the ball over the line and touch it down for their third try, which was not converted.

The beginning of the second half was marred by an unfortunate accident to Curtis, whose right shoulder was dislocated by quite unnecessary "manhandling" an appreciable time after the whistle had gone. This misfortune seemed to spur us to greater effort, and a continuous attack was kept up on the Rugby line. On two occasions tries were lost by forwards booting blindly over the dead-ball line with an unguarded try-line at their mercy. Newbold (who had been taken out of the pack to play on the left wing) and Nel were brought down, after good runs, when a score seemed certain. At last our pressure was rewarded, and none too soon. From a drop-out Nel received the ball and ran hard, to be brought down a yard from the line; the ball went loose, but Mundy was up to go over in the corner for a try. The kick failed. The later stages of the game were marked by intensive "footwork", and it is surprising that Curtis was not joined at the local hospital by many

more players. The game ended with Bart's still attacking. We can fairly say that we were unlucky in losing by such a margin. If the unfortunate lapses of the first half could have been atoned for by the splendid effort of the second, it would have been a fairer result. The pack were much improved and were well together in the rushes, but the healing is still ragged, and certain members must learn to curb their impetuosity when dribbling near the line. Wilson's defensive work was magnificent, and Little gave a very fine exhibition at fly-half, his touch-kicking being especially good.

The play of the three-quarter line was an improvement on previous matches, but the defence of the wings left something to be desired. Dransfield, after a rather shaky start, improved considerably, and played a good game.

ST. BARTHOLOMEW'S HOSPITAL v. BEDFORD.

This match was played on Saturday, October 21st, at Bedford, and was lost by 8 pts. (1 goal, 1 try) to 0.

The match was played under ideal conditions before a good crowd. It was chiefly a forward struggle, with the Bedford pack getting somewhat the better of the exchanges. In the loose there was little to choose between the packs, but the line-out work and scrumming of the Bedford pack were distinctly superior. Their backs, although receiving far more of the ball than ours, were only able to score one try (the other try being the reward of forward play). This was chiefly due to our good defence. Our backs did very little in attack owing to the fact that the ball came but seldom from our side of the scrum, but some of the chances we had went astray through bad handling.

Territorially play in the first half was evenly shared. The first Bedford try came after about 20 minutes' play, when from a line-out a Bedford forward threw himself over the line for a try which was converted. An impossible pass to Youngman when he had no one to beat and lack of support for Newbold after he had swerved his way almost to the line lost us two tries. The very nice kicking of their backs and the superior play of their forwards kept us penned in our own "25" for the greater part of the second half. From a scrum in our half the Bedford fly-half punted towards the left-hand touch-line over the heads of our three-quarters. The wing raced up, gathered the ball and went over in the corner for a very fine try, which was not converted. Bart's now attacked strongly, and Bedford were hard put to it to keep their line intact. During this attack on the Bedford line the game ended.

It was a good, hard-fought game, and Bedford deserved their victory. The forwards, although beaten, played quite well, Darmady, Mundy and Newbold being perhaps the best of them. The pack on the whole is still rather sluggish, and we look to an improvement in this direction as the season progresses. Morison at full-back struck his best form, and his fine defence and lengthy touch-kicking were invaluable.

ASSOCIATION FOOTBALL CLUB.

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

Played at Chiswick on Saturday, September 30th. Result, lost 0—1.

Largely on account of exams., Bart's did not have a full side for this, the opening game of the season. Thomas's, on the other hand, were able to field their strongest team and we therefore did well to hold them to one goal.

There was little advantage in winning the toss, but Bart's were the first to attack, without being very dangerous. Dolly appeared to be the most penetrating of our forwards, and he came close to scoring on one occasion. When Thomas's attacked, McKane made several good clearances, and the defence as a whole appeared sound. There was no scoring before half time.

The second half opened as the first had ended, with Bart's having somewhat the best of the midfield play, but being unable to press home their advantage. The light ball was difficult to keep on the ground, and our small forwards were at a disadvantage when the ball was in the air. In fact, it was probably their superior headwork that won Thomas's the game. They scored a goal from close in, following a scrimmage in front of the Bart's goal. Shortly afterwards Bart's set up a determined attack, and the ball was kept in the Thomas's goal-mouth for some seconds. Nearly all our forwards had a shot at goal, but Thomas's were aided by good fortune, and we were unable to score. Dolly was brought into the inside-right position, but without avail, and the game ended with the score 1—0 in St. Thomas's favour.

A feature of the game was the promising form of the "reserves".
Team.—T. O. McKane (goal); P. J. Hardie, G. H. Herbert (backs); J. D. Ogilvie, D. R. S. Howell, W. M. Maidlow (halves); R. C. Dolly, F. D. M. Livingstone, N. H. Bloom, L. McKaig, G. R. Royston (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. THE CASUALS.

Played at Winchmore Hill on Saturday, October 7th. Result, lost 0-1.

Bart.'s were able to field a stronger team for this game, but were without the regular wing-halves.

Bart.'s won the toss, and made a sensational start to the game, Dolly breaking away on the left wing, and sending in a long dropping shot, which hit the inside of the post, but came out again in a miraculous fashion. The Hospital continued to press, and after five minutes the Casuals' goalkeeper was fortunate to intercept a good first-time shot by Bloom. When the visitors attacked, their inside forwards appeared dangerous, and only a sound defence kept them from scoring. The game was played at a very fast pace on a hot day, and both sides appeared to be in poor training. However, the football was very keen, each side attacking in turn.

Neither team could claim a definite advantage until the Casuals' inside left beat several of the Hospital defence and scored from close in. This occurred midway through the second half, and was the signal for a hot attack by the Bart.'s forwards. Shackman sent in a good shot which beat the goal-keeper, but hit the cross-bar, and Dolly was also near to scoring with a hard drive. However, the Hospital attack could not obtain reward for their efforts, and the final whistle blew with the score unchanged.

The defence appeared to be the best part of the Hospital team, though Dolly tried hard in the forwards. McKane confirmed the good impression he made in the previous game, and the backs were generally sound.

Team.—T. O. McKane (goal); P. J. Hardie, A. H. Hunt (backs); J. D. Ogilvie, D. R. S. Howell, G. H. Herbert (halves); P. Brownless, N. H. Bloom, H. A. Pearce, R. Shackman, R. C. Dolly (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. THE IBIS A.F.C.

Played at New Malden on Saturday, October 14th.

Though there was some heavy rain in the morning, the condition of the ground was ideal. The first fifteen minutes of play produced many spirited attacks from both sides, during which time McKane excelled on several notable occasions. Shortly afterwards the opposing inside left scored when the ball came clear from a muddle in the mouth of our goal. After this slight reverse Bart.'s pressed harder, and soon Royston scored as the result of a good movement on the left wing.

In the second half the game was opened out and the forwards were able to show their abilities to greater advantage. The opposing team, however, eluded the defence with a fast movement on the right wing, and their centre-forward rushed the ball past McKane into the net to make the score 2-1. A few minutes later the Ibis Club scored again from a penalty. The score was then 3-1 in their favour with only fifteen minutes to go, and Bart.'s, inspired with renewed vigour, kept the opposing goal-keeper busy. The efforts of the forwards were not to be fruitless, for Royston scored again from a fine centre by Brownless on the right wing. A few minutes later Dolly took a brilliant shot from the touch-line, which rebounded from the post, and Shackman succeeded in scoring with a hard shot into the corner of the net. There was no further scoring in the remaining few minutes and the whistle blew with the score 3-3.

Team.—T. O. McKane (goal); G. A. Mandow, G. H. Herbert (backs); J. D. Ogilvie, D. R. S. Howell, J. W. B. Waring (halves); R. C. Dolly, R. Shackman, G. R. Royston, N. H. Bloom, P. Brownless (forwards).

HOCKEY CLUB PROSPECTS.

Prospects for this season are more than usually bright. It is true that in the retirement of Hindley, Snell and Fowler we suffer a great loss, but such will always happen, and with the inclusion of J. R. Winter from Cambridge, the defence should be as strong as ever. Especially satisfactory is the appearance of some three or four "freshers" who, if not this season, at any rate in the near future, will be strong candidates for the 1st XI.

As yet the 1st XI have not been able to field a team of full strength. Wednesday, October 11th, saw a more or less scratch team defeat Guy's 3-1. It was extraordinary that there the Hospital scored

all three goals within the first fifteen minutes. Winter played well at centre-half, while two "freshers", Sharpe and Roberts, showed promise as inside forwards. Saturday, October 14th, was unfortunate, for the Hospital lost 3-0. The forwards there left much to be desired, falling into the old fault of bunching together when wide-open play was obviously indicated. In the next few weeks the 1st and 2nd XI's should, however, settle down, and a really good season is confidently expected.

In conclusion it is urged that those joining the club should be as regular in their playing as possible. Fixtures for three teams have been arranged, and this necessitates real keenness in every member if the season's programme is to be successfully carried out.

J. M. L.

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

Played on October 21st. Drawn 3-3.

A draw was probably the most satisfactory ending to this most enjoyable afternoon. With a perfect pitch and opponents of the usual naval type, a game resulted which was truly fast and furious.

The Hospital started off with a rush, and following some good forward play, Blackburn dribbled through to score (1-0). It was not, however, for long that we retained this lead, for the R.N. and R.M. started a very strong movement which led, after some anxious moments for Crosse, to a goal scored with a hard first-time shot (1-1). The game from now on was of a hard, ding-dong type, and another goal from Blackburn was almost instantly replied to (2-2). If anything, this half Bart.'s had the advantage—a goal from a short corner being disallowed, and Martin later shooting high over the goal-posts.

The second half was harder than ever. The Hospital forwards, though successful at times, seemed to lose their effectiveness, and in spite of some very hard work from Crosse, Wright and Masina, our opponents drew level just before time (3-3).

RIFLE CLUB.

Members of the Club will be pleased to know that Dr. Geoffrey Evans has kindly consented to become one of its Vice-Presidents. The chief officers of the Club are now, therefore, as follows:

President.—Sir Thomas Dunhill.

Vice-Presidents.—Prof. Woollard, Dr. Geoffrey Evans.

REVIEWS.

THE ENLARGED PROSTATE AND PROSTATIC OBSTRUCTION. By KENNETH WALKER, M.A., M.B., B.C. Second edition. (Oxford University Press.) Pp. xvii + 223. Figs. 62, 1 coloured plate. Price 12s. 6d. net.

Ten years have passed since the first edition of this excellent monograph was published. The main changes in the new edition are those necessary to keep pace with the advances, especially in treatment, published in the course of that period of time. This has added some thirty pages to the text, and two new chapters—on the malignant prostate and the mechanism of obstruction. As might be expected, the other important addition is in the chapter dealing with the perurethral operations, which the author has done so much to advance in this country. He gives a very clear exposition of the principles involved and the methods used, notably with the diathermy punch and the McCarthy electrotonic.

On the treatment of the malignant prostate Mr. Walker is not very hopeful, because of the difficulty in early diagnosis and the disappointing results of radiotherapy. The only optimistic surgical statistics are those of Thomson Walker, but the diagnosis of carcinoma there was only post-operative.

The explanations of the causes and mechanism of prostatic obstruction is elucidating and convincing, supported as it is by the writer's own researches.

The style throughout is clear and readable, and there are very interesting references to the history of the subject. A few illustrations have been added and the comprehensive lists of references at the end of each chapter have gained in value by rearrangement alphabetically.

The work remains a model monograph written by a master, essential alike to specialist and serious student.

RECENT PROGRESS IN MEDICINE AND SURGERY, 1919-33. By Various Authors. Edited by Sir JOHN COLLE, C.M.G., M.D., D.L.S., J.P. With a Foreword by Lord HORDER of Ashford, K.C.V.O., M.D., F.R.C.P. (London: H. K. Lewis & Co., Ltd., 1933.) Pp. xii + 368. With 38 illustrations and 3 charts. Price 16s. net.

Contents: Endocrinology, by Prof. W. Langdon Brown; Orthopaedic Surgery, by H. A. T. Fairbank; Neurology, by Prof. E. Bramwell; The Eye, by Sir William Duke-Elder; The Diagnosis and Treatment of Peptic Ulcer, by T. Izod Bennet; Urology, by J. Swift Joly; Conservative Treatment of Surgical Tuberculosis, by Sir Henry Gauvain; Bacteriology, by R. Tanner Hewlett; Physical Medicine, by Sir R. Stanton Woods; Radiology, by Prof. J. M. Woodburn Morison; Oto-Rhino-Laryngology, by Sir James Dundas-Grant; Diabetes and Glycosuria, by R. D. Lawrence; Rheumatism, by Bernard Schlesinger; Anesthesia and Analgesia, by I. W. Magill; Vitamins in Relation to Clinical Medicine, by Prof. S. J. Cowell; Pernicious Anemia, by Prof. G. Lovell Gulland; Manipulative Surgery, by J. B. Menzies; Biochemical Methods in General Practice, by Prof. O. L. V. de Wesselow; Tropical Medicine, by Sir Leonard Rogers; Active Immunization against Diphtheria, by Sir John Colley; Plastic Surgery, by Sir Harold Gillies.

To quote extensively from prefaces, forewords, introductions and contents tables is the mark of the lazy reviewer, yet it would be well-nigh impossible to be fair to this volume in any other way. In his foreword Lord Horder says enough to convince every practitioner of the need of a place on his shelf for such a book as this.

He writes: "To single out any one, or even a number, of the twenty-one articles for special comment would be invidious. In every case it is obvious that the writer speaks as one having authority, and 'not as the scribes.'" From the opening article on Endocrinology, in which the Regius Professor of Physic at Cambridge writes with that sanity and appositeness of expression with which we have long associated his name, to the closing article on Plastic Surgery, by Sir Harold Gillies, who has made this subject so peculiarly his own, the chapters are contributed by men who are themselves in the very front of the advancing line, and whose selection and marshalling of their material may therefore be accepted as the best that is possible.

"One word of warning—these pages are as full of facts as an egg is full of meat; it behoves the reader to eat slowly. This is no book for an idle hour. Rather is it one on which to embark when the brain is fresh, and the desire for information is keen. Altogether the amount of ground covered is enormous; yet every one of the articles succeeds in presenting, in readable sequence, the most important directions in which progress has been made in the particular branch of medicine in recent years. It would be hard to find any new fact of primary importance, whether this has been added to the science or to the art of the doctor's profession during the period covered, which is not recorded in this volume.

"The most cordial congratulations are due to the Editor and to his distinguished colleagues."

It is, of course, impossible to deal with each article individually. Photographs and diagrams are profuse; there are four coloured plates; the editor and publishers alike are to be congratulated on the production of an attractive book that has been needed for some time.

SOME THOUGHTS ON ASTHMA. By A. J. D. CAMERON, M.B., Ch.B., with Foreword by KENNETH PLAYFAIR, M.A., M.B., B.Ch., M.R.C.P. (Bristol: John Wright & Sons, Ltd.) Pp. viii + 178. Price 7s. 6d. net.

These thoughts on asthma are engendered by a clinical and biochemical study of an unstated number of cases, and 15 case-records are included in an appendix.

The author introduces the subject by stressing the part which "basal toxicosis" plays in causing the condition, acting in conjunction with some abnormality in the region of the ethmoid air-cells and other factors. The logical treatment is stated to be detoxication by means of a course of colonic lavage, the correct technique of which is described in detail.

The various causes to which asthma has been attributed are briefly considered, and all are thought to be unsatisfactory. The author is less critical of the basal toxicosis theory than of any other, and, in this connection at least, manifests a marked tendency to confuse hypothesis with proof.

A considerable part of the book is devoted to a study of the biochemical findings in certain asthmatics, but the results are not examined critically, and the conclusions, which appear to be based on generalities, would not commend themselves to an expert biochemist.

Active detoxication is supplemented by diet and exercises. The

use of drugs is discouraged and the results of these measures, in the author's hands, are stated to be excellent, although the grounds for this statement are only given in the most general terms, and it is not possible, therefore, to judge the value of these observations strictly on their merits.

SURGICAL OPERATIONS. A Text-book for Nurses and Students. By E. W. HEV GROVES, M.D., B.Sc., M.S., F.R.C.S. Third edition. (Oxford University Press.) Pp. viii + 263. Figs. 204 and Appendix. Price 18s. net.

This is a very clear, well-illustrated book which embodies the descriptions of all the operations that the nurse or student is likely to witness in their few years in a large hospital.

It is a pity that on the cover there should be omitted the words "and students" of the sub-title. It is improbable that a student would look twice at a book on the library or book store shelf labelled "for Nurses". This is the more unfortunate, as we are sure that the work would prove invaluable to a student during his first surgical appointments.

After a comprehensive chapter and appendix on general surgical technique, there follow descriptions of the surgery of the various parts. To the student fresh from the dissecting-rooms, the brief anatomical survey that precedes each description would probably be superfluous. There is nothing else, however, that would not prove of the utmost value in making the objects and steps in each operation perfectly clear. Particular attention is paid to pre-operative and post-operative treatment.

The work is profusely illustrated, and the figures are of a high standard. There is an invaluable appendix illustrating about a hundred and fifty types of surgical instruments, mostly by means of figures from the catalogues of the instrument makers.

The book has been submitted to Sister Theatres at this Hospital, therefore the nurse can be sure of her needs being thoroughly catered for. The student also will find much that will help to clarify and add interest to the watching of operations, too often made tedious through his ignorance of the procedure.

MATERNAL MORTALITY AND MORBIDITY. By J. M. MUNRO KERR, M.D. (Edinburgh: E. & S. Livingstone, 1933.) Price 25s. net.

This is a book of 382 pages dealing with every subject which may have any bearing upon maternal mortality and morbidity, consequently it is of special interest to those who specialize in obstetrics; but there is so much detail in the text and the book is written by such an eminent authority on the subject that useful information may well be obtained from it by anyone who is interested in medicine.

This book contains many statistical references and includes disquisitions on such subjects as the design of maternity hospitals, medical practice and the medical curriculum, etc., but besides this there is a wealth of practical information on many subjects which are most useful and which makes the book invaluable for reference purposes.

The text is divided into four parts—causes, prevention, services and organization. A very good chapter is the one dealing with puerperal fever, which is dealt with from all aspects. The chapters on antenatal care and neonatal death and disablement are of great value, and part 5 includes, as appendices, a discussion on the toxæmia of pregnancy, general practice and the medical curriculum, and two other subjects dealing with the training of midwives and the relationship of national health to maternity.

This book is worthy of high recommendation and may be read with advantage by all who are interested in obstetrics.

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

CRUDEN, V. W., M.R.C.S. "The Treatment of Pulmonary Tuberculosis by Gold: a Record of Fifty Cases." *Lancet*, September 23rd, 1933.

CUMBERBATCH, ELIN P., B.M., B.Ch., D.M.R.E. (Camb.), M.R.C.P. "Modern Methods of Electrical Treatment." *Practitioner*, October, 1933.

DICKS, H. V., M.D., M.R.C.P. "Neurasthenia: Toxic and Traumatic." *Lancet*, September 23rd, 1933.

GRAHAM, GEORGE, M.A., M.D., F.R.C.P. "The Modern Treatment of Diabetes." *Practitioner*, October, 1933.

HALDIN-DAVIS, H., M.D., F.R.C.P., F.R.C.S. "Pityriasis Rosea with Lesions on Palms" *British Journal of Dermatology and Syphilis*, February, 1933.
 "The Prevention of Industrial Diseases of the Skin." *Journal of the Society of Chemical Industry*, July 14th, 1933.
 "Some Personal Relics of Robert Willan." *British Journal of Dermatology and Syphilis*, October, 1933.
 HALL, ARTHUR J., M.A., M.D., D.Sc. (Hon.), F.R.C.P. "Whooping-cough in Old Age." *Clinical Journal*, October, 1933.
 HORDER, Lord, K.C.V.O., M.D., F.R.C.P. "Medicine as a Career." *Lancet*, October 14th, 1933.
 LEVITT, W. M., M.B., M.R.C.P., D.M.R.E. (Camb.). "Radiation Treatment of Malignant Disease." *British Medical Journal*, October 14th, 1933.
 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.). "Recent Views on the Treatment of Diseases of the Lung and Pleura." *Practitioner*, October, 1933.
 NELSON, H. P., M.B., F.R.C.S. See ROBERTS and NELSON.
 NEWMAN, SIR GEORGE, K.C.B., M.D., F.R.C.P. "The Student's Preparation." *Lancet*, October 14th, 1933.
 RAYEN, R. W., F.R.C.S. "Pouches of the Pharynx and Esophagus, with Special Reference to the Embryological and Morphological Aspects." *British Journal of Surgery*, October, 1933.
 ROBERTS, J. E. H., O.B.E., F.R.C.S., and NELSON, H. P., F.R.C.S. "Pulmonary Lobectomy: Technique and Report of Ten Cases." *British Journal of Surgery*, October, 1933.
 ROCHE, ALEX. E., M.A., M.D., M.Ch. (Cantab.), F.R.C.S. "Pyuria." *Clinical Journal*, October, 1933.
 ROUS, FRANCIS C., M.R.C.P. (and TOWN, GUYFREY S., M.B., Ch.M., M.R.C.P.). "Bronchiectasis." *British Medical Journal*, October 7th, 1933.
 WARD, ROY, M.B., B.S., M.R.C.S. "The Uses of Radium." *Practitioner*, October, 1933.
 WOOD, W. BURTON, M.A., M.D., M.R.C.P. "Clinical Manifestations of Pulmonary Tuberculosis in Childhood." *Lancet*, October 7th, 1933.

EXAMINATIONS, ETC.
University of London.

The following diploma has been conferred:
D.P.H.—Nicholson, D. C., Paley, J. G.

CHANGES OF ADDRESS.

ANDERSON, H. G., c/o The Gables, Chalfont St. Giles, Bucks.
 BARNSELY, A., Newbold, Gosnall, Surrey. (Tel. Abinger 130).
 BELL, ARTHUR C., 2, Stanford Court, Cornwall Gardens, S.W. 7. (Tel. Western 7448).
 BREWER, F. H. W., "Laughton", Brimpton Common, near Reading.
 DEBONO, D. P., 8, Windsor Terrace, Sliema, Malta.
 DENHAM, H. K., c/o Agent General for Queensland, 409, Strand, W.C.
 DEVIN, C. H., "Gullane", Greenhill Park, New Barnet, Herts.
 DODD, T. A. J. M., Tyneham House, Didge Street, Chischester, Hampshire.
 FRANCIS, A. G., 44, Tavistock Square, W.C. 1.
 HOLMES, J., 57, Albert Road, Southampton. (Tel. Southport 3400).
 JENKINSON, Surg.-Lieut. S., R.N., H.M.S. "Brilliant", c/o G.F.O., London.
 MACVINE, J. S., Central Middlesex County Hospital, Acton Lane, Willesden Junction, N.W. 10.
 MARSHALL, A. L., Laxfield, *via* Woodbridge, Suffolk.
 MILES, A. A., 59, Bateman Street, Cambridge.
 NOON, C., 6, Ipswich Road, Norwich. (Tel. Norwich 164).
 PRINGLE, K. D., The White House, Pittville Gates, Cheltenham.
 ROWE, J. T., Winton House, Basingstoke, Hants.
 SQUARE, W. RUSSELL, Lockslea, Thurleston, near Kingsbridge, South Devon.
 STARKEY, Wing-Cmdr. H. S. CRICHTON, O.B.E., Oak Lee, Compton Road, Lindfield, Sussex.
 TAIT, H. B., Lynwood, Handcross, Sussex.
 WARD, W. R., Roefield, Croxley Green, Herts.

APPOINTMENTS.

BARNSELY, A., B.Chir. (Cantab.), M.R.C.S., L.R.C.P., appointed Anesthetist to the Royal Surrey County Hospital, Guildford.
 COLTART, W. D., M.B., B.S. (Lond.), F.R.C.S., appointed Surgical Registrar to the Royal National Orthopaedic Hospital, Stanmore.

LANDON, J., M.R.C.S., L.R.C.P., appointed Medical Officer to the East Hill Borough Isolation Hospital, Roman Road, E. 6.
 LANDOK, J. V., M.D., M.R.C.P., appointed Physician and Radiologist, Johore, Malaya.
 MACVINE, J. S., M.B., B.S. (Lond.), appointed A.M.O. to the Central Middlesex County Hospital (Middlesex County Council).
 SELWYN-CLARKE, P. S., M.D., M.R.C.P., appointed Deputy Director of Health Service, Gold Coast Colony.
 SHORE, L. R., M.B., B. Chir. (Cantab.), M.R.C.P., appointed University Demonstrator in the Department of Anatomy, Cambridge.
 WILLIAMS, J. C. F. LLOYD, M.D., B.Chir. (Cantab.), F.R.C.S., appointed Surgical Registrar to the Royal National Orthopaedic Hospital, Stanmore.

BIRTHS.

BLOUNT.—On September 21st, 1933, to Muriel, wife of Douglas Arthur Blount, M.D. (Lond.), of Dunstable, Beds.—a daughter.
 GILDING.—On October 10th, 1933, at Sheffield House, near Alcester, to Violet, wife of Dr. H. P. Gilding—a third daughter.
 HARTLEY.—On October 6th, 1933, at Orchard Cottage, Old Road East, Gravesend, to Betty (*née* Millar), wife of Kenneth Hartley, M.B.—a son.
 HEWER.—On September 23rd, at 30, Queen's Road, St. John's Wood, to Doris Phoebe, wife of C. Langton Hower, M.B.—a son.
 MUIR.—On October 22nd, 1933, at Meran, Teignmouth, to Eleanor (*née* Stirling), wife of the late Dr. D. Miller Muir, of Exeter—a son.
 RUSSIAN.—On October 16th, 1933, at Alrewas, Burton-on-Trent, to Mollie, wife of A. de la C. Russian, M.R.C.S., L.R.C.P.—a son.
 WELLS.—On October 20th, 1933, at Sussex House, Sutherland Avenue, W., to Kosatie (*née* Hodge), wife of F. E. Saxby Willis, M.D., M.C.—a son.
 WOOD WALKER.—On September 20th, 1933, at 2, Pembroke Crescent, W., to Ulla and Geoffrey B. Wood Walker, F.R.C.S.—a son.

MARRIAGES.

ALEXANDER-CROWDER.—On October 14th, 1933, at St. Michael's Church, Mere, Wilts, by the father of the bride, assisted by the Rev. R. F. C. Newman, Vicar of Gillingham, Dorset, Edward William Alexander, M.R.C.S., L.R.C.P., younger son of Mrs. Alexander, Westbury, Wilts, to Bertha Mary, elder daughter of the Rev. A. E. Crowder, Mere, Wilts.
 BALGARNIE-PATTISON.—On October 23rd, 1933, Wilfred Balgarnie, O.B.E., F.R.C.S., of Hartley Wintney, to Ruby Ethel Pattison, of Hook, younger daughter of the late Captain Pattison, of the Eastern Telegraph Company.

DEATHS.

CARLYON.—On September 22nd, 1933, after a short illness, at Senlac, Torquay, Edward Trewbody Carlyon, M.B., son of the late Edward Trewbody Carlyon, of Treve, Iruro, Cornwall.
 JAGO.—On October 10th, 1933, at Castle Green, Appley, Westmorland, Thomas Jago, M.R.C.S., aged 83.
 MARSHALL.—On October 2nd, 1933, at Ravingingham, Norwich, Margaret M. H. Marshall, wife of Dr. A. L. Marshall, and daughter of the late Deputy Inspector General J. Donald, F.R.C.S., and Mrs. H. S. Donald.
 MUIR.—On October 18th, 1933, suddenly, David Miller Muir, M.A. (Cantab.), D.M.R.E., of Exeter.
 WHARRY.—On August 1st, 1933, Harry Mortimer Wharry, F.R.C.S., of 136, Harley Street, W. 1.
 WHITAKER.—On October 14th, 1933, at 280, Trinity Road, S.W. 18, George Herbert Whitaker, M.R.C.S., L.S.A., eldest surviving son of the late Joseph Whitaker, F.S.A., of White Lodge, Enfield, aged 71.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEWS HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
 The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.
 All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital



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

JOURNAL.

VOL. XLI.—No. 3.]

DECEMBER 1ST, 1933.

PRICE NINEPENCE.

CALENDAR.

Fri., Dec. 1.—Lord Horder and Sir Charles Gordon-Watson on duty.
 Sat., .. 2.—Rugby Match v. Rosslyn Park Home. Association match v. Harrods. Away. Hockey match v. Broxbourne. Away.
 Mon., .. 4.—Special subject: Clinical Lecture by Mr. Elmshie.
 Tues., .. 5.—Dr. Hinds Howell and Mr. Harold Wilson on duty.
 Wed., .. 6.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
 Rugby Match v. R.M.A. Woolwich. Away.
 Fri., .. 8.—**Inspection of New Medical College by H.R.H. The Prince of Wales, 3.30 p.m.**
 Medicine: Clinical Lecture by Dr. Graham.
 Dr. Gow and Mr. Girling Ball on duty.
 Sat., .. 9.—Rugby Match v. Northampton. Away. Association Match v. Old Brentwoods. Home. Hockey Match v. Surbiton II. Away.
 Mon., .. 11.—Special Subjects: Clinical Lecture by Mr. Just.
 Tues., .. 12.—Dr. Graham and Mr. Vick on duty.
 Wed., .. 13.—Surgical Lecture by Sir Charles Gordon-Watson.
 Fri., .. 15.—Medicine: Clinical Lecture by Dr. Graham.
 Prof. Fraser and Prof. Gask on duty.
 Sat., .. 16.—Rugby Match v. Old Panlines. Away. Association Match v. Old Foresthills. Away. Hockey Match v. R.N.C. Greenwich. Away.
 Tues., .. 19.—**Last day for receiving matter for the January issue of the Journal.**
 Lord Horder and Sir Charles Gordon-Watson on duty.
 Fri., .. 22.—Dr. Hinds Howell and Mr. Harold Wilson on duty.
 Mon., .. 25.—**Christmas Day.**
 Tues., .. 26.—Ravage Day. Dr. Gow and Mr. Girling Ball on duty.
 Fri., .. 29.—Dr. Graham and Mr. Vick on duty.
 Sat., .. 30.—Rugby Match v. Redruth. Home.

EDITORIAL.

ANCE again the Festive Season is upon us and the Surgery already echoes the sounds of song and dance, while Sisters secretly plan new modes of decoration for the wards.
 Each Christmas reveals a store of latent talent—the most reticent dresser is sometimes the best comedian, and the plainest Resident the most amorous chorus girl. Santa Claus, we have long observed, is a profound psychologist; he removes the deepest inhibitions and repressions.

The rehearsing of Christmas shows fills one with depression, it is worse than Gee Street on a winter's night. Nobody knows their part, the leading lady sings flat and the producer finally retires with melancholia. Only those who have attempted any such production can appreciate this dreadful dilemma, but beginners need not be discouraged, the final result is inevitably good, provided the cast contains a versatile pianist and a barrel of beer.
 There are fashions in medicine just as there are fashions in clothes: a drug that is used to-day will be thrown aside to-morrow. Mistletoe has recently been boosted, in a proprietary form, as a hypopietic, but we have so far no experience of this action; we can, however, recommend it as an amorfaction when applied externally.
 We wish all our readers a happy Christmas, and would remind them of the College Appeal Fund when sending out their presents.

The Dean has asked us to announce that His Royal Highness, the Prince of Wales, will visit the Charterhouse Square site on the afternoon (3.30 p.m.) of Friday, December 8th. It is hoped that all students will turn up to greet him.

COLLEGE APPEAL FUND.

| | £ | s. | d. | (70) | (70) |
|---------------------------|---------|----|----|-------|-------|
| Staff | 12,246 | 5 | 9 | (70) | |
| Demonstrators | 1,519 | 11 | 0 | (65) | |
| Students | 494 | 1 | 6 | (262) | |
| Old Bart's men: | | | | | † |
| Bedfordshire | 10 | 10 | 6 | (2) | (26) |
| Berkshire | 86 | 1 | 0 | (13) | (37) |
| Buckinghamshire | 72 | 17 | 0 | (12) | (29) |
| Cambridgeshire | 165 | 14 | 0 | (13) | (42) |
| Cheshire | 2 | 1 | 0 | (1) | (20) |
| Cornwall | 22 | 2 | 0 | (5) | (36) |
| Cumberland | 5 | 0 | 0 | (1) | (6) |
| Derbyshire | 19 | 14 | 0 | (4) | (17) |
| Devonshire | 539 | 17 | 0 | (49) | (117) |
| Carried forward | £15,182 | 14 | 9 | | |

| | £ | s. | d. | | |
|-------------------------------|--------|----|----|-------|-------|
| Brought forward | 15,162 | 14 | 9 | | |
| Dorset | 52 | 1 | 0 | (14) | (30) |
| Durham | 16 | 6 | 0 | (3) | (11) |
| Essex | 228 | 18 | 6 | (16) | (69) |
| Gloucestershire | 218 | 12 | 6 | (20) | (66) |
| Hampshire | 406 | 14 | 0 | (38) | (134) |
| Herefordshire | 13 | 3 | 0 | (4) | (11) |
| Hertfordshire | 73 | 0 | 0 | (12) | (73) |
| Huntingdonshire | | | | | (1) |
| Isle of Wight | 176 | 13 | 0 | (11) | (25) |
| Kent | 581 | 0 | 0 | (62) | (146) |
| Lancashire | 91 | 2 | 0 | (11) | (82) |
| Leicestershire | 133 | 12 | 0 | (6) | (28) |
| Lincolnshire | 44 | 3 | 0 | (12) | (25) |
| Middlesex | 382 | 3 | 0 | (18) | (68) |
| Norfolk | 159 | 7 | 6 | (18) | (60) |
| Northamptonshire | 54 | 4 | 0 | (4) | (17) |
| Northumberland | 101 | 1 | 0 | (2) | (11) |
| Nottinghamshire | 13 | 13 | 0 | (2) | (28) |
| Oxfordshire | 177 | 0 | 0 | (16) | (29) |
| Rutland | | | | | (2) |
| Shropshire | 35 | 9 | 0 | (8) | (22) |
| Somersetshire | 403 | 10 | 0 | (26) | (43) |
| Staffordshire | 194 | 18 | 0 | (6) | (37) |
| Suffolk | 263 | 1 | 0 | (16) | (46) |
| Surrey | 418 | 5 | 6 | (42) | (180) |
| Sussex | 250 | 10 | 0 | (42) | (170) |
| Warwickshire | 177 | 0 | 6 | (17) | (56) |
| Westmorland | 1 | 0 | 0 | (1) | (5) |
| Wiltshire | 97 | 11 | 0 | (11) | (26) |
| Worcestershire | 146 | 12 | 6 | (19) | (27) |
| Yorkshire | 258 | 2 | 0 | (20) | (107) |
| Wales | 43 | 1 | 0 | (9) | (150) |
| London | 2,564 | 1 | 8 | (106) | (974) |
| Channel Islands | 10 | 0 | 0 | (1) | (9) |
| Scotland | 14 | 4 | 0 | (4) | |
| Abroad | 38 | 5 | 0 | (7) | |
| South Africa | 324 | 0 | 6 | (16) | |
| Canada | 113 | 2 | 6 | (8) | |
| East Africa | 62 | 7 | 0 | (6) | |
| West Africa | 146 | 10 | 0 | (5) | |
| India | 152 | 0 | 0 | (7) | |
| Ceylon | 4 | 0 | 0 | (1) | |
| Syria | 2 | 2 | 0 | (1) | |
| U.S.A. | 5 | 0 | 0 | (1) | |
| Ireland | 14 | 14 | 0 | (3) | |
| North Africa | 1 | 0 | 0 | (1) | |
| North Borneo | 5 | 5 | 0 | (1) | |
| Australia | 12 | 2 | 0 | (3) | |
| Egypt | 2 | 2 | 0 | (1) | |
| Malay States | 6 | 0 | 0 | (2) | |
| China | 45 | 7 | 4 | (7) | |
| Siam | 10 | 0 | 0 | (1) | |
| France | 50 | 0 | 0 | (1) | |
| Trinidad | 20 | 0 | 0 | (1) | |
| British West Indies | 23 | 1 | 0 | (3) | |
| Kenya | 10 | 0 | 0 | (2) | |
| New Zealand | 1 | 1 | 0 | (1) | |
| Services | 514 | 14 | 0 | (33) | |
| Others | 22,093 | 8 | 7 | (224) | |

£46,671 16 10

† Number of Bart.'s men in County.

The appearance of the current volume of the *St. Bartholomew's Hospital Reports* brings to a close the Joint Editorship of Mr. W. Girling Ball, who has held office during the last nine years. The present volume is quite one of the best that has been so far produced, and speaks highly for the work of the Editors. It is hoped that new subscribers will be forthcoming; the annual subscription is only 15s.

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We are asked to announce that the Amateur Dramatic Society will produce their annual entertainment in the Great Hall from Tuesday, January 16th, to Friday, January 19th.

They have chosen John Drinkwater's play, *Bird in Hand*, as their production; this will be preceded by a short curtain-raiser by "Saki", called *The Death Trap*.

THE ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY.

The St. Bartholomew's Hospital Golfing Society held their Sixth Autumn Meeting at Denham Golf Club on September 20th. The weather was perfect, and 23 members took part in the competitions. Seventeen stayed on for supper, and all enjoyed an excellent day's golf.

The results were as follows:

| | |
|---|-------------|
| <i>Milsom Rees Cup.</i> | |
| 1st. Sir Milsom Rees | All square. |
| 2nd. E. Fletcher | 1 down. |
| 3rd. R. S. Corbett | 2 down. |
| Last 9 holes: | |
| Sir Milsom Rees | All square. |
| K. F. D. Waters | |
| T. H. Just | |
| L. Jameson Evans | 2 down. |
| R. S. Corbett | |
| Sealed holes: | |
| Sir Milsom Rees | |
| K. S. Corbett | 1 up. |
| H. J. White | |
| <i>Fourcomes.</i> | |
| J. V. Sparks and C. Wroth | 4 down. |
| L. Jameson Evans and G. Wynne Thomas | |
| First 9 holes: | |
| L. Jameson Evans and G. Wynne Thomas | 2 down. |
| A. C. Roxburgh and H. Bedford Russell | |
| G. Graham and E. M. Darmady | |
| Sealed holes: | |
| J. V. Sparks and C. Wroth | 1 down. |
| H. J. White and T. Meyrick Thomas | 2 down. |

As Sir Milsom Rees did not wish to win his own Cup, it was awarded to Dr. E. Fletcher.

* * *

We have been asked to announce that the Bart.'s Busy Bees are holding their annual Christmas Party on Saturday, December 30th, at the Portman Rooms, Baker Street, W.1. It is hoped that every Bee and every friend of the Bees will swarm to the party. Fancy dress is optional, and there will be endless attractions for all ages.

Tickets are obtainable from Mrs. Geoffrey Evans, 23, Park Square East, N.W. 1.

ACKNOWLEDGMENTS.

The British Journal of Surgery—The Nursing Times—Charitas Cross Hospital Gazette—Guy's Hospital Gazette—Magazine of the London Royal Free Hospital—Middlesex Hospital Journal—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Gazette—University of Toronto Medical Society Magazine—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletin et Mémoires de la Société Médicale de Paris—L'Echo Médical du Nord—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-graduate Medical Journal—Rivista Societa Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

§

A SHORT REVIEW ON RECENT WORK, ESPECIALLY THE OPERATIONS FOR THE CURE OF DETACHMENT OF THE RETINA.



HAVE chosen the above subject for my short paper, as I feel that everyone, whatever branch of medicine or surgery he may be practising, will be interested in the wonderful advance that has been made in the treatment and cure of the dread disease, detachment of the retina. It is only a few years ago that one practically had to say, "I am afraid there is no hope of a cure".

In 1904 Prof. Marc Dufour, who was President of the Tenth International Congress of Ophthalmology, held at Lucerne, in his opening speech asked particularly if there would never be a "direct method of attaching the retina", and he blessed in advance the man who would bring news of this nature to a future conference.

No doubt he would have felt great satisfaction in knowing that one day, in his own clinic, very encouraging observations would be made in the direction he was hoping. In fact, although retinal detachment had been known for fifty years, in its clinical manifestations, its treatment was no more advanced than in the first days of its examination with an ophthalmoscope.

The usual failures in attempting to cure the disease by lying in bed for weeks, with a compression bandage, by methods of producing copious sweating and subconjunctival injections, or more direct interventions, such as scleral punctures and draining the subretinal space, not without mentioning the more difficult injection of tincture of iodine into the vitreous, had given retinal detachment the reputation of being an incurable disease.

This reputation was hardly modified up till as late as 1929, and in spite of new methods which had been put into practice. Proof of this was to be found in all ophthalmic manuals, giving relapses—as a general rule—whatever treatment was applied.

Dr. Vail, in working out statistics in America, came to the conclusion that only about one case in a thousand was cured, and he therefore concluded that it would be as well to give up all slightly active treatment so long as no really curative method was known.

During the years 1904–1929 Prof. Gonin, of Lausanne, had been steadily working on the subject of the pathology of the retinal detachment, and had come to such definite conclusions as to a tear causing detachment of the retina that he actually performed a cautery puncture to close the tear as far back as 1916. He proved to his own satisfaction that the great majority of detached retine were due to holes occurring in the retina which

allowed the vitreous, which was more fluid in this case, to enter into the tear and separate the retina from the choroid.

In spite of numerous papers which Gonin wrote, and although observers found the tear in a great number of detachments, not much notice was taken of his theory. Some authorities said the fact of the tear being present made the case hopeless as regards treatment; others said that the fluid must be removed and the retina re-attached irrespective of the tear. The author well remembers, when he visited Lausanne in 1930, the pride with which Gonin showed a beautiful specimen of an eye with a detachment where one could see the hole in the detachment, and the piece of the retina the size of the tear—which was loose in the vitreous in the vicinity of the tear.

It was not till June, 1928, at the meeting of the Swiss Ophthalmological Society, that Gonin had the pleasure of hearing Prof. Vogt, of Zurich, and Prof. Sigrist, of Berne, confirm his results, which proved that closing of the tear in the retina cured the detachment. Since then Prof. Vogt has written a very fine monograph in the *Klinische Monatsblätter für Augenheilkunde*, which was published in 1929, and also another paper in 1930, which continued his series of cases, and added many important observations and cures; both these papers should be read by anyone interested in the early work on detached retina. Also, Prof. Arruga, of Barcelona, has published a very full paper with excellent drawings in the *Archivos de Oftalmologia*, October, 1929.

Gonin himself showed eight cured cases in Heidelberg at the German Ophthalmological Congress; this especially brought his work before all the well-known German surgeons. The result of all this work was the triumph of Gonin at the International Congress held at Amsterdam in 1929. At last his wonderful work was recognized and Dufour's wish was realized.

I have gone rather fully into the history of the early operative work of detachment of the retina, as one feels that whatever brilliant methods have since been evolved, Gonin stands out as the man who focused the eyes of the ophthalmological world on the possibility of operating and getting cures in detachment of the retina.

After the Ophthalmological Congress of 1929, surgeons all over the world began to do the operation. Sir William Lister and Mr. Goulden, of the Royal London Ophthalmic Hospital, introduced the operation into England in the latter part of 1929.

Though many cures were obtained, several surgeons felt that the method was associated with great dangers, such as a vitreous hæmorrhage, secondary tears and softening of the globe; also, the method needed very great care in the finding and exact marking of the tear.

This led to fresh methods being tried. First, there were the chemical methods of Guist, of Vienna, and also of Rubbrecht, of Bruges, the latter surgeon, though less known, doing some very careful work. Guist, after trephining and exposing the choroid, touched the choroidal tissue with caustic potash, finally perforating one of the many trephinings in order to let out the sub-retinal fluid. Lindner slightly modified and extended the method, writing a long monograph on the Lindner-Guist method. This method held sway for a short time, and was done most beautifully by Mr. Black, then Senior House Surgeon at Moorfields. There were many drawbacks to this method, the length of the operation and the many trephinings being liable to cause weakening of the sclerotic. The method used by Rubbrecht was the injection of jequiritol in various strengths. He claimed some successes, but to me the method seemed dangerous, as the reaction was very severe.

I feel one should also mention the wonderful amount of work done by Prof. Sourdille, of Nantes, who worked coincidentally with Gonin. Sourdille's conception of the causation of detachment of the retina was different from that of Gonin. He believed that degeneration started in the choroidal layer; subsequently fluid formed, which finally caused a rupture of the retinal layer. His treatment consisted of multiple punctures with a long, thin Graefe, the puncture going through the detached retina into the vitreous. At the entrance to the punctures he injected 1:1000 cyanide of mercury under the conjunctiva, this fluid causing an adhesive choroiditis. Sourdille also made use of fine electro-cautery needles, with which he made multiple punctures in the region of shallow detachments.

In 1932 Sven Larsson, of Sweden, wrote a paper on the treatment of detachment of the retina with diathermy. He used a small ball .65 mm. in diameter; this was held against the sclerotic for five seconds with a weak current of about 50 milliamperes. This application caused small areas of coagulation in the choroid, which caused the retina to adhere. When the cauterizations were finished, a trephining was done to let out the subretinal fluid. Larsson claimed that his operation caused far less danger to the vitreous, and one could ignore the importance of the hole in the retina, as by the large areas of coagulation the whole detached retina could be made to adhere.

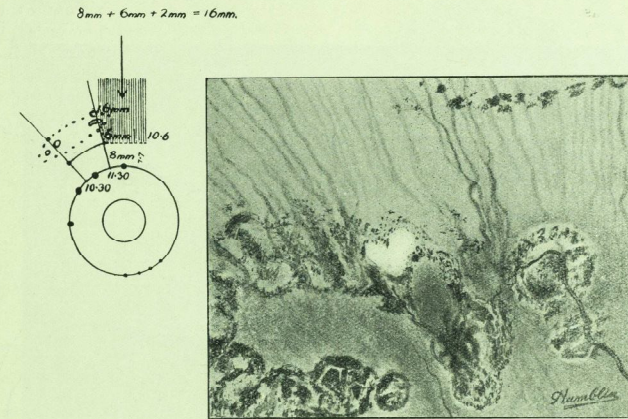
The next important communication was that of Prof. Weve, of Utrecht, who published a paper on the treatment of detachment of the retina by diathermy. He especially supported the work of Larsson, but went still further, and in some cases used a fine, straight needle, with which he made multiple punctures *into the sclerotic*, a third of its depth; if necessary he made a

further puncture with a larger diathermy needle to let out the subretinal fluid.

At the same time that Weve was working with his fine needle, multiple puncture operation, Dr. Safar, of Vienna, had patented a special instrument with several needles, 1½ mm. long, which are at right angles to the handle, with which he perforated the sclerotic and got areas of coagulation situated in the choroidal layer, these areas being about the size of the optic disc. In Safar's operation no trephining or subsequent punctures are made, as the needle punctures allow the subretinal fluid to come out and continue to drain into the subtenon capsular space. The special arrangement of the needles

such as floating objects, flashes of light, etc. All these points help to show in what region to look principally for the tear. Searching for the tear is a very important point. Gonin works in the various diameters of a clock-face, and notes different areas where there are pigmentary disturbances and fine, degenerative patches. In his papers Prof. Vogt especially laid stress on the importance of degenerative patches other than pigmented ones.

When the tear has been found Gonin makes most minute and careful sketches of the tear and its surrounding structures. Then he carefully marks out the position of the tear on the sclerotic. He leads up to this point by first making marks at the limbus, and getting



RETINA AFTER SAFAR'S OPERATION.

allows the operator to make punctures right back to the posterior pole of the globe.

I propose now to give short accounts of two operations, first Gonin's, and then the operation perfected by Safar.

I have chosen these two operations because I feel they are the most important. Gonin was the first man to publish a large group of cured detached retina cases, and his technique has been very closely followed by all operators, whatever their method, the one exception being Larsson—who does not bother about the closing, or surrounding, of the tear.

GONIN'S OPERATION.

Gonin is especially keen on a very careful examination of the case as regards local symptoms, the field, or lack of field, of vision, any blind spot or local disturbances,

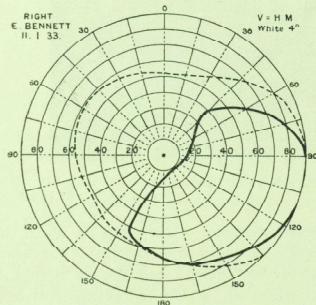
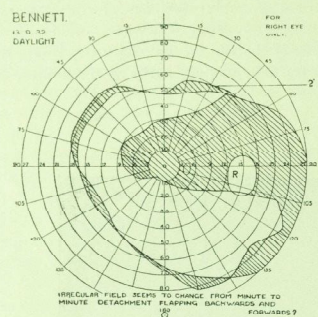
the exact diameter of the clock on which the tear lies. He finds the meridian of the tear by measuring in disc diameters the distance from the ora serrata, the portion of the retina which is, on an average, 8.5 mm. from the limbus.

The final step is done after he has given a subconjunctival injection and made the field of operation quite anesthetized. After making the necessary conjunctival incision and exposing the sclera, he plunges the cautery—at a white heat—through the sclerotic to the depth of about 4-5 mm. The cautery passes through the sclera, choroid and retina into the vitreous.

Immediately the cautery is taken out, he ties the suture, which he had previously placed on the edge of the conjunctival incision, and the patient is put back to bed in such a position that the vitreous presses on the situation of the tear. If no complications arise the eye

is dressed on the third or fourth day after the operation and a very rough test is made with hand-movements. At the end of a week a further examination is made, and if the retina is back the patient is allowed to get up on the fourteenth day. If the case is not cured Gonin operates again in two or three weeks.

The following illustration shows a case cured by Gonin's method. The patient was admitted to the

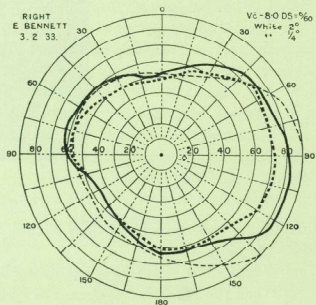
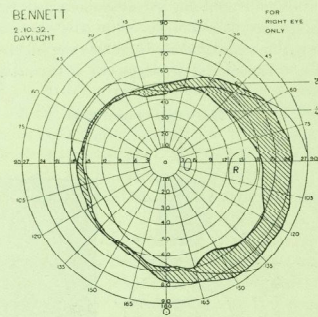


VISUAL FIELDS BEFORE AND AFTER SAFAR'S OPERATION.

Western Ophthalmic Hospital on September 8th, 1932. He had first noticed that he could not see to read a paper with the right eye after playing tennis. His vision gradually became worse, until he could only see hand-movements; the field was greatly reduced in size. A tear was found to be situated under the internal rectus of the right eye, 14 mm. from the limbus. Fortunately it was possible to close the tear with one puncture, and the patient, who has $\frac{0}{12}$ vision and a full field, has been back at his work for over twelve months.

SAFAR'S OPERATION.

I now propose to describe the operation evolved by Safar, which, up to the present time, I consider to be the best surgical treatment for detachment of the retina. The method consists of making many punctures with a short, specially isolated needle, which is attached to the active pole of a special diathermy apparatus, with which



one can work with a very low milliamperage. Safar's needles are about $1\frac{1}{2}$ mm. long, and are at right angles to a carefully isolated handle, which is inserted into a holder attached to the diathermy machine by a long cable. It is important that whatever machine is used it should be so constructed that there is no sparking; the current can be regulated minutely and the milliamperage used easily seen. Safar uses many kinds of points, but a great deal can be done with the one-point needle. On the other hand, "nails" have been

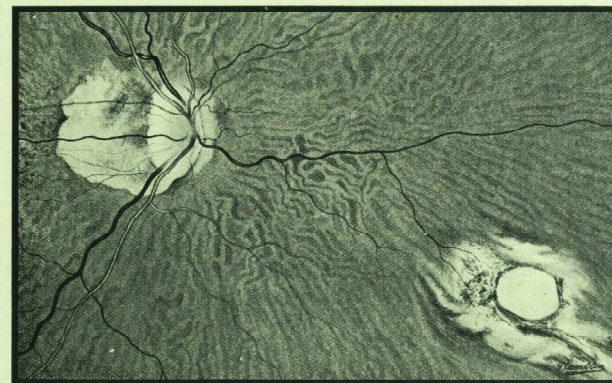
constructed with three points, 2 mm. apart, which can be inserted under current into the sclerotic, and left *in situ* until the required number of punctures has been made. By this method it is possible to keep the globe at a good tension. For tears more than 16 mm. from the limbus, either the one-point needle, or a special handle with round or oblong plates at the end, into which six or nine needle points are inserted, at right angles, can be used. If the latter is used it is important to draw it out "under current".

The first stages of Safar's operation are the same as Gonin's, except that it is not so important actually to mark the exact site of the tear, as this can be encircled by the multiple punctures; or a tear within 16 mm. of

important to place the point of the needle in the sclera before applying the current.

The punctures should be posterior to, or free of, the margin of the tear or "disinsertion" tears treated. This enables the healthy, untouched retina to adhere to the areas of coagulation which are situated in the choroidal layer.

The most important points of Safar's technique are that he does not injure the retina or enter the vitreous, and that the subretinal fluid drains off slowly and continually through the diathermy punctures, thus doing away with the trephinations or punctures which are necessary in Larsson's method. These trephinations, etc., may cause a "hernia of the choroidal tissue" and,



RETINA ONE MONTH AFTER SAFAR'S OPERATION.

the ora serrata can be partially encircled with punctures, the base of the semicircle resting on the ora serrata line. An important point is to get the sclera very clean and free from subconjunctival adhesions. If necessary muscles can be resected in order to get large areas exposed; half, or more, of the circumference of the globe can be laid bare without danger, though it is best to avoid resecting more than two muscles.

With Safar's method there is no restriction to the treatment of tears, however far back they may be situated, but when the tear is posterior the position of the *vena vorticosæ* veins must be remembered and avoided; the punctures should be made posteriorly to where they make their exit from the sclera, and also at the sides of the point of exit, and not right through the sclerotic. When making the punctures it is

eventually, dragging on the retina and subsequent retinal bands or fresh tears may be formed. The scars formed with Safar's method are so placed that retinal vessels can be seen passing flatly over them.

To obtain successful results one should try to keep the patient in bed for at least three weeks, and, if possible, the patient should lead a very quiet life and lie up as much as possible for another five weeks. Also, after the first fortnight it is beneficial for the patient to use a special pair of dark spectacles, made of celluloid, with a hole 5 mm. in diameter in the centre; these are called Lochbrille glasses. An efficient glass of this kind can be made by putting dark paper, with a central opening, on an ordinary pair of spectacles.

The illustrations show a successful operation carried out according to this technique. The holes were

marked out and surrounded by 16 to 20 diathermy punctures. The man, a tailor, *et. 58*, only saw daylight on January 5th, 1933. After the operation he saw $\frac{6}{18}$ with his proper correction. On November 3rd, after working at his trade since March, he saw $\frac{6}{18}$. The area of the punctures is now much whiter and less injected than in the illustration, which was done a month after the operation.

Since this operation many successes have been obtained by my colleagues, and some cases have been most striking in that they have showed the immense area which can be treated, and that tears of more than a year's duration can be successfully treated. The method has been successfully carried out in detachments which have occurred after the needling of a congenital cataract, or after the needling subsequent to the removal of a senile cataract. It also appears to be the best method so far evolved for the treatment of extensive detachments in which no tear can be found.

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 J. COLE MARSHALL.

SPLENECTOMY FOR ESSENTIAL PURPURA HÆMORRHAGICA.

(ESSENTIAL THROMBOCYTOPENIC PURPURA HÆMORRHAGICA.)

PURPURA is usually divided into (A) primary and (B) secondary. The primary is subdivided into (1) hæmorrhagic purpura (purpura simplex, purpura hæmorrhagica and purpura fulminans); and (2) anaphylactoid purpura (Henoch's purpura and Schönlein's purpura). In this article we are dealing only with essential purpura hæmorrhagica.

In essential purpura hæmorrhagica, in addition to the presence of purpuric spots on the skin and mucous membranes, there is bleeding from one or more mucous membranes, such as the nose, mouth, gums, urinary tract, uterus, intestinal tract, etc. It is the experience of most physicians who have investigated this disease that certain tests give with it positive results which clinch the diagnosis. These tests are: The presence of thrombocytopenia (the platelets being reduced at some period in the history of the case to 40,000 or less, and not infrequently none may be seen for a time); increased bleeding time from the normal 3 to 4 minutes to perhaps 15, 30 up to 60 minutes or even longer; and a positive capillary resistance test (*i.e.* if a pressure midway between the systolic and diastolic be maintained on the upper arm either by a rubber bandage or blood-pressure instrument for 3 minutes, hæmorrhagic areas appear, in positive cases, between the lower end of the bandage and the wrist). A flat-topped blood-clot has been described in this disease, but I do not think that this is of any real value, as many other diseases show the same thing.

I would suggest that the presence of the above clinical picture and positive tests signify the presence of this type of purpura. It is interesting to note that the blood coagulation in these cases is practically normal in contrast to what obtains in hæmophilia.

Purpura hæmorrhagica can be a very serious complaint from the anæmia, etc., resulting, and it occasionally proves fatal from severe loss of blood when not adequately treated.

Hess suggested and Kaznelson first carried out treatment by splenectomy. There have been a good number of operations performed for these cases to date, but unfortunately all observers do not record equally successful results such as follow splenectomy for splenic anæmia, acholuric jaundice, certain cases of Gaucher's disease, Henoch's purpura, etc.

Acute, intermittent and chronic forms of essential purpura hæmorrhagica are described, and it is usually alleged that the chronic form is specially suited for splenectomy, but in my experience this operation can be performed with confidence in any of these forms providing a correct diagnosis of the condition has been made.

The only other treatment, so far as I have seen, which has proved useful is blood transfusion, but the good effect of stopping hæmorrhages only lasts for a few weeks.

I have had five cases of essential purpura hæmorrhagica, all of which were severe, and splenectomy was performed in each case by Mr. Rodney Maingot. The following are brief details:

- (1) Mrs. D—, at present *et. 37*, first suffered from purpura at the age of 14 years. From time to time the symptoms recurred until about nine years ago, when, after a miscarriage, she suffered from a severe uterine hæmorrhage which the gynaecologists were quite unable to control. She had an extensive purpuric rash on the skin and an appreciable crop in the mouth. Slight oozing was taking place from the gums. The temperature was 104° F.; she had sighing respiration, and the red blood-corpuscles numbered only 2,000,000. The thrombocytes were nearly absent. The capillary resistance test was positive in a marked degree in 2 minutes. The bleeding time was 15 minutes. All the usual styptics were unavailing, and she was given a quarter of 1% citrated blood transfusion. Within a few hours the hæmorrhage began to cease and had completely stopped by the next day. She made a complete recovery in a few weeks and left hospital in good health. After about two months' symptoms recurred, and not wishing to take any further risk I asked Mr. Maingot to do splenectomy. Although nearly eight years ago there has been no further attack of purpura, no hæmorrhages of any kind, even after the extraction of teeth, and menstruation, which was the bugbear of her life previous to operation, frequently necessitating her admission to hospital, became normal and remained so. She looks at present the picture of health. It is interesting to note that the capillary resistance test has remained negative since splenectomy, and the bleeding time is also normal, while the platelets increased to nearly 200,000 within a few days of operation. The last blood examination performed a few months ago showed: Red blood-cells, 4,800,000, hæmoglobin, 87%; colour index, 0.89; white blood-cells, 9000. Differential count: Polymorphonuclears, 64%; eosinophils, 2%; basophils, 1%; large hyalines, 7%; lymphocytes, 26%. The red blood corpuscles showed no significant abnormality. The platelets were

194,000 per c.mm. Clotting time normal—3½ minutes; bleeding time normal—3½ minutes. Capillary resistance test negative.

(2) Winitred B—, *et. 19*, suffered from her first attack of purpura at the age of 10 years. When admitted to hospital she was suffering from continuous oozing from the gums (this had been present for two months), and purpuric spots on the skin and mucous membrane of the mouth. The platelets were almost absent, the bleeding time 20 minutes and the capillary resistance test positive. All attempts to stop the oozing failed, and splenectomy was accordingly performed some eight years ago. During anaesthesia the anaesthetist was anxious on account of the continuous oozing from the mouth, but a curious thing was observed by four of us: Very soon after the splenic vessels were tied, oozing ceased from the gums. She made a perfect recovery, and has had no purpuric symptoms since, and at present is in robust health. Menstruation has become normally established. Since operation the bleeding time has been between 2 and 4 minutes, which is normal, and the capillary resistance test negative. The last blood-count was as follows: Red blood-cells, 4,650,000 per c.mm.; hæmoglobin, 79%; colour index, 0.84; white blood-cells, 6700 (the differential count being polymorphs 51%, eosinophils 2%, basophils 1%, large hyalines 10%, lymphocytes 36%). The red blood-cells showed mild anisocytosis and a few were pale. The platelet count numbered 110,000 per c.mm. The clotting time was normal—4½ minutes—and the bleeding time 3½ minutes.

(3) Joyce M—, *et. 9*, suffered in July, 1931, from purpuric rash on the skin and the mucous membrane of the mouth; continuous oozing took place from the gums and nostrils. The capillary resistance test was positive; the bleeding time 1½ hours; the platelet count being 16,000 per c.mm. From my previous experience of a similar case I decided to have splenectomy done. This was followed by cessation of bleeding from the gums within a few minutes of the splenic vessels being tied, similar to Case 2. This child is still in perfect health, and has had no further attacks of purpura. Tonsillectomy was performed nearly two years ago, when only slight bleeding occurred. The last blood examination showed: Red blood-cells, 4,500,000 per c.mm.; hæmoglobin, 80%; colour index, 0.89; white blood-cells, 8800 (the differential count showing polymorphonuclears 68%, eosinophils 2%, basophils 1%, large hyalines 6%, lymphocytes 23%). The red cells showed no significant abnormality, and no abnormal whites were seen. The platelets numbered 270,000. The clotting time was normal and the bleeding time 3 minutes. The capillary resistance test was quite negative.

(4) A. W—, boy, *et. 6*, suffered from bleeding from

the mouth and bowel with cutaneous and subcutaneous purpuric hæmorrhages. The platelets were practically absent (Dr. Knyvett Gordon). The spleen was not enlarged. The capillary resistance test was positive. Splenectomy was performed, and I am informed that this boy, after nearly eight years, remains in excellent health and free from purpura.

(5) Edith W—, æt. 10, was under the care of my colleague, Dr. H. Dunlop, who kindly asked me to see her with him about nine months ago. For nearly twelve months previously she had suffered from purpuric spots on the skin. A few large purpuric spots were seen on the lips, inside the mouth and on the hard palate, and blood oozed freely from them. Similar spots were found later on on the tongue. Epistaxis became troublesome. The platelet count was 28,000. She developed nervous symptoms, with paralysis of the muscles of the right eye, the pupil being completely paralysed. There was weakness of convergence and incomplete ptosis. The lower part of the left side of the face became weak, and also the left arm; the latter was ataxic. Left plantar reflex was indefinitely extensor, the right being flexor. All cleared up completely, the right eye being the last to do so and the pupil last of all. We looked upon the cause as being probably a slight purpuric hæmorrhage in the brain. Although the paralysis completely cleared up and her mentality remained perfectly normal, the bleeding continued from the nose, lips and mouth, and fresh crops were apparent on the skin. Blood transfusion was performed and improved the condition for about three to four weeks, during which time there was no bleeding from the mucous membranes, but the platelet count, which was 20,000 before transfusion, remained at about the same figure afterwards. Splenectomy was performed nearly four months ago. No further attack of purpura has happened since, and she has remained in excellent health. After splenectomy the platelet count went up to 400,000, the figure immediately before operation being 28,000.

It is interesting to note in this child that the capillary resistance test was negative until just before the operation, when it became slightly but definitely positive; the bleeding time increased from 7 to 15 minutes. The capillary resistance test is now negative and the bleeding time normal.

Commenting on these five cases, it is noted that each suffered severely from bleeding from the mucous membranes. In none of the cases was the spleen enlarged clinically, and all the spleens were found normal in size at operation. Each case was in a serious condition before operation, and each patient has so far remained in perfect health since splenectomy was performed.

In every instance Mr. Maingot looked for accessory spleens, and when found removed them. I would suggest that medical men who have had splenectomy performed on a patient for this type of purpura and seen recurrences after six to twelve months, or thereabouts, did not look for accessory spleens. If such be present and not removed it would presumably grow to full size in about a year. Any case which shows signs of recurrence after splenectomy would, I think, merit a laparotomy to ascertain if accessory spleens be present. If found they should certainly be removed. Recently, at the Clinical Section at the Royal Society of Medicine, a speaker stated that he had removed a spleen for acholuric jaundice, but symptoms recurred after about a year. On reopening the abdomen he found an accessory spleen had grown to full size. This was removed and the symptoms disappeared.

In several of our cases during operation Dr. Knyvett Gordon took samples of blood from the splenic artery and the splenic vein; the former numbered in one case 168,000 platelets and the latter 56,000. This is very interesting, and just what would be expected.

It is apparent that bleeding from the nose, mouth, urinary tract, gastro-intestinal tract, uterus, etc., may in certain cases be due to purpura, and this should always be kept in mind.

It seems to me that the cause of essential purpura hæmorrhagica is probably due to the presence of a toxic substance in the spleen in these cases, which, through the blood-stream, so affects the endothelium of the capillaries that oozing of blood takes place. It is interesting to note that after splenectomy in these patients, when no accessory spleen is left in the abdomen, this does not happen, therefore the fault must be primarily in the spleen and not in the capillaries. There seems to be a definite relationship between urticaria, purpura hæmorrhagica and anaphylactoid purpura.

A word of warning should be given before suggesting splenectomy for purpura hæmorrhagica. The clinical history, symptoms, signs and the tests which have been mentioned should all be carefully weighed before determining on operation. Whereas splenectomy is probably the real treatment of a definite case of essential purpura hæmorrhagica, it would be most unfortunate if a spleen were extirpated for the wrong type of case, and I have known two cases of unusual types of leukaemia, thought to be purpura, in which splenectomy was performed, with quickly fatal results.

BERNARD MYERS.

SURGICAL APHORISMS.

(Continued from p. 29.)

59.

The surgeon who aspires to success in gall-bladder surgery will not be content with having made a diagnosis. He must carry to the operation a knowledge of every detail of the patient's history, signs and symptoms.

60.

Lord Moynihan has observed that operations on the gall-bladder and bile-passages are done by the left hand of the assistant. But even with a clear view disaster will occur unless the meticulous isolation of every structure concerned is made an absolute rule.

61.

A clamp on the common bile-duct, an injured hepatic artery, are surgical crimes which hardly admit of extenuation.

62.

Extreme statements have been made as to the necessity, or the reverse, for the open exploration of the common bile-duct to determine the presence or absence of a stone. But here, if anywhere, is a situation demanding the exercise of judgment at the expense of routine.

63.

If the common bile-duct is opened it should be drained—a course which has no dangers and several advantages.

64.

Acute cholecystitis presents very much the same problems as acute appendicitis. But it is less likely to result in suppuration, and the case against immediate operation is heavily weighted by the immensely greater technical difficulty and the consequently greater risk in average hands.

65.

Numerous are the conditions unconnected with the appendix which produce a more or less complete picture of acute appendicitis. The surgeon who is too much preoccupied with eliminating these will sometimes fail in diagnosing a genuine case.

Better remove some normal appendixes than inadvertently join the waiting school.

66.

The retro-caecal appendix is sometimes the occasion of a fall into this pit. It grows inordinately long, so that

the local signs are found high in the flank or below the costal margin. Its position ensures that there shall be slight local peritonitis, and therefore little rigidity. Awareness of the possibilities is the key to diagnosis.

67.

A persistent faecal fistula after drainage of an "appendix abscess" is more likely to be due to an undiagnosed carcinoma of the caecum than anything else. Full investigation is, therefore, always essential.

68.

Generations of teachers have dinned into generations of students the importance of a rectal examination in diagnosis. Yet a reluctance to do it inexplicably and universally persists. Perhaps cultivation of the habit of carrying finger stalls in the waistcoat pocket would effect the necessary change of mind.

GEOFFREY KEYNES.

(To be continued.)

CIRCA 1877.

THE other day Prof. G. E. Gask was kindly advising me as to the care of this vile body which my spirit carries round with me. We talked of a journal I have written as to my first five years in India, and he asked if I had any reminiscences of Bart.'s. Now my journal was based on a series of letters I had written for five years from 1880 onwards, and I have no letters *re* Bart.'s, worse luck. I must stir up my memory.

Memory functions very weirdly. I believe that every event, even the most trivial in our lives, is registered in our brain-cells, but subconsciously. Adopting modern theory we may hold we are interpenetrated by that steel-like elusive factor, the ether. Does this register as well? Or are these brain-cells forms of ether? Whatever the registering factor may be I entertain no doubt that it makes a continuous subconscious record, passed on from old cell to new cell, and that when the cells are stimulated, long-forgotten thoughts emerge from latent vibrations.

This speculation upon the action of the unconscious mind leads my thoughts first to a practical issue. Were I to be trained again in the wide realm of professional knowledge dealt with at Bart.'s I would ask to be allowed into the wards from my earliest days. This for three

reasons. One is that these subconscious memories keep working productively. Another is that clinical experience is the most valuable asset a man can have. The third is that in my conception of training I would see a case first when entirely ignorant, and then read the anatomy, physiology and argument as to treatment. I believe I would learn twice as fast, more thoroughly in the end, and certainly in a more interested way *en route*. I know the arguments *contra*: I merely express my own feeling. My views are rank heresy to-day, but may not be so to-morrow. The system is, in fact, a reversion to the old apprentice days. The underlying error of to-day is that parents do not decide early enough upon the career of their sons—too intricate a proposition for me to enlarge upon here.

After all I have had considerable experience in how to learn—I had eight strenuous years. About 1873 I went to the Queen's College in Cork—part of the old Queen's University of Ireland—and there took degrees in Science. But what next? My old professors pointed out I was half-way through Medicine. I was then captain of the XV and of the cricket XI, and it was decided I should transfer the energy involved to Bart.'s. So in 1877 I crossed the stormy seas, and feeling very ill indeed (as I had then the ancient notion of fighting the sea instead of being comfortably sick), I presented myself to Norman Moore, then Dean, upon my arrival at midnight. That worthy man came down in a dressing-gown and long furred Russian boots—a picture I have always retained—and gave me a bed and a dose of calomel. I got rooms in Islington, the College being full. Sir Norman (as he became) took me for walks more than once through the back lanes and side streets, while he discoursed upon their history. Every man at Bart.'s should know the stories of these lanes, each bit of English history, back to 1123.

Of that date, 1123, I have a curious record. When P.M.O. under Sir John Maxwell in Egypt in 1911 I went on inspection duty to Cyprus. Duty completed, a friend and I set off on mules across the island to visit the old Greek Monastery of Kykko, which we reached after a day's riding. We found a walled fortress, and therein were made welcome and a room given us and a dinner, after which the abbot came to see his guests. He wore a long-buttoned soutane and a tall hat with the brim in the wrong place, and a long grey beard. We talked in a mixture of French, Greek and Arabic. "Of course," he said, "you English cannot speak correct Greek, as you learned it 400 years ago from old Erasmus, who was never in the country!" And the point of this digression is that I saw carved over the gateway the date of Bart.'s—1123. I may add that I think no man can use the English language thoroughly and correctly

unless he has some knowledge of Greek and Latin. We scientific people quite grasp the force of this view, even if others do not.

Now I get back to Bart.'s again. I was tried as a full back and later on was established in the 1st XV (we had three teams)—not altogether a pleasant position, as sometimes one had little to do, but that little had to be perfect.

I always held that drop-kicking at goal should be frequent. Few agreed with me then, but nowadays I see the practice is being cracked up. It is a quick bid for victory, but when near the goal the kick should be high and followed up smartly, as in case of a miss a touch-down is still on the cards. Forwards argued that their work was thrown away, but it was nearer the truth to say they could not drop-kick. Against a resolute back-line defence it is often the only chance of a win. In Ireland I chose "quarter-back" or "half back"—the old terms—as my post, and sometimes snatched a win with a drop kick. In '77 the United Hospitals in London had a splendid team, and I have seen even the full back (? Christopherson) making these shots—a lovely sight.

That brain we have been considering is a queer old thing in its way. One of our half-backs was Little (later Colonel I.M.S.), and one day he was discovered playing a very fine game, but against his own side. He had had a partial knock-out. I had a somewhat similar experience. In those days we had a "maul in goal"—behind the goal posts. An enemy and I fought like fury for full possession of the ball, while the rest of the two teams stood round. I defeated my enemy—a Wasp, I think—but I somehow got hurt without knowing it, and soon after, the game ended. In the dressing-room, a quarter of an hour after the maul, I stood up and cried out, "Where am I?" Then came Taylor, our captain, to soothe me, but I struck him. However, I was put under the cold-water tap and got home all right. For a week I felt ill, and then was violently sick, and so the matter ended. No one in those days troubled much about the physiology of such incidents. Perhaps we were more hardy fellows—being nearer to primeval man.

Bart.'s wore black jerseys with a shield of the arms stitched to the left breast, and, the shield being of wire and often frayed, we eroded the faces of our enemies, who became full of wrath thereat, and at times used shocking language! Our team looked very small in black, but black demons they proved in conflict. I presume this form of shield had soon to be scrapped.

I still possess an old football card of 1877-78. Here are the names thereon: President, R. Wharry, Esq., M.D.; Vice-Presidents, H. T. W. Blakeney, A. H. Burlton; Captain, W. C. E. Taylor; Vice-Captain, E. T. Power;

Captain, 2nd XV, G. H. Barling; Hon. Secs., C. P. Hooker, W. Outhwaite. Committee, R. Gill, W. A. Sykes, T. Kirsopp, J. Little, E. P. Clarke, F. H. Treherne, W. Gripper, J. E. Square. The fixtures included matches against Arabs, Flamingoes, Wasps, Harlequins, Vampires, Gipsies, St. George's, Guy's, King's, Royal Military College, Royal Naval College, etc.

One day Norman Moore took me to task for not attending lectures. I explained I always put in the required number, and then added—philosophically, not rudely—that I found I got more value from reading. He became thoughtful. In after years my ideas clarified as to how to get the best value from a lecturer, and I imparted these ideas lately to two of my young friends, one at Bart.'s, the other at Guy's. The best plan is to read ahead of the lecturer, and one may add the lecturer would always do well to announce the subject of his next. He does so sometimes. Then the student can sit listening carefully, making but a few notes, and only of what the lecturer stresses. Long ago I and my friends at Bart.'s used to make volumes of notes, and then find, after shocking fag, that the whole matter was in print. I had one quite useful tip I invented in my science studies. Take a piece of foolscap and fold in many folds like a concertina. In each column, say one column to one chapter, enter the important points. In the end you have the whole subject in a bird's-eye view. You run over it in half the time. You see correlating points. Even to-day I use this concertina system in other matters.

I worked as post-mortem clerk under Wickham Legg. He always looked very smart, wearing a wide black silk cravat, and showing a fine set of white teeth, arranged in a dazzling smile. Bart.'s colours, of course—black and white. One day it fell to me to examine a suicide. This poor devil had jumped from the Whispering Gallery in St. Paul's—then not protected as it is to-day—and had struck on a chair, one of the uprights passing through his chest. But the strange thing about it was that on contiguous sides of the chair which he struck were seated two old ladies. He smashed in between them. Imagine their horror!

A man I had a special affection for was Morant Baker—a big, pleasant, genial man. I connect him in my mind with physiology, and also with a book on that entrancing subject that I was very fond of. I had it "paved"—*i. e.* underlined—carefully, and could get through it in some eight hours. I recall starting at 10 p.m. and finishing at dawn. Such action was, of course, in consonance with my ideas and methods of trying to envisage a complete view of any subject.

Now for a word on surgery. In Cork I had already been baptized. I went one day to the South Infirmary

to sample the procedures. Dr. Tanner—as he was termed, though a surgeon—habited in a very blood-stained old black coat, was talking to a stalwart farmer. Then seizing the man's lower lip in his left hand, the patient standing bolt upright, Tanner inserted a knife near the chin and cut out through the lip. Following this with another similar cut, he removed a V-shaped piece. I was standing packed in with other students and found hat and books on the floor, so I concluded I had had a shock. But think of the courage of the farmer! Next day we all went to the operation theatre, and Dr. Tanner was again at work. He wanted extra help, and looking up caught my eye and called me. My God! I thought, but pulled myself together. I had need to, as Tanner was removing a woman's breast. But I stuck it out and never had qualms after this truly bloody experience.

One morning at Bart.'s some visitors of much distinction were in the sacred ring in the theatre. A polite Frenchman was introduced to Mr. Smith. "Oh," quoth the Frenchman, "I do know de name of Smit!" "That is Smith of London," said our man; "I am Tom Smith." There was much joy in the back benches over this. White coats were then coming into use. I remember clouds of carbolic spray. And I also visualize chloroform being simply shaken from a bottle over a bit of lint held a little way off the face.

Anæsthetics bring to mind a curious method of revival in a far-off land. In the hot weather at Hyderabad in Sind I used to pass the time assisting on old officer of the I.M.S. to crush for stone—his hobby. One day a little child stopped breathing. "Now watch," he said, and he thrust his finger up the anus, rooted about, stirring the sacral plexus, and the creature gasped and came round. He smiled triumphantly and said the method was infallible. A tip for our anæsthetists!

How splendid it would be if we could see into the human body with eyes like X-rays. On Lake Como I heard a story of a peasant watching a surgeon looking for a bullet in 1870. The peasant said he saw it just there and just there 'twas found. It is added that this man's unusual power, akin to that of the water diviner, was often utilized. If tentative examinations were made with the eyes shut would tactile sense increase? The fingers of the blind become very sensitive.

I played no cricket at Bart.'s, although in the XI in co. Cork, but to watch cricket at Lord's was a great joy, in days when the 'Varsities set the model in fielding. Two articles of mine—on "Timing", which I define as "the exact co-ordination of two fine adjustments", and upon "Fielding"—appeared of late years in the *Cricketer*. I commend them to our team at Bart.'s. In those days we had a fives court. Turn to the left as you come in the archway near the Great Hall. Here

we smote the ball with gloved hands—or without the gloves.

I was clinical clerk to Reginald Southey. I had charge of a child with diphtheria, and when he asked me some question as to the strength of the lotion used to swab the throat, I put my finger in the bowl to taste it and test it. He struck my hand away and let me have it. Just thoughtlessness; I really knew better. Then we had a case with a pustular eruption, and for half an hour were shown it could not possibly be other than chickenpox. So we went off knowing all about it. Three days later it was smallpox right enough. And there was cynical laughter among us wisecracs. We did not then know the adage that the best surgeon (or physician) is not the man who makes no mistakes, but the man who makes fewest.

Midwifery I studied under the imposing personality of Matthews Duncan, and saw the total cases required then (? ten) in those back lanes we wot of. Nothing unusual happened. It came to pass some twenty years after that I found myself professionally alone on a hill-top in India, to which all the ladies who loved their lords had come. I think those six months added lines to my face that have never been eradicated. Realizing my ill-fortune, I collected books and instruments, and daily went through operations in my room, as if actually in touch with a patient. Every case proved difficult except one. Meeting this lady's husband a month later, when I felt sure all was well, he gave me one of those shocks that remain engraved on the mind. She had died suddenly.* Here I venture to indicate what should be the aim of every student. Never go into practice of any kind until you have held the posts of H.P. and H.S., as in the serene and comfortable atmosphere of the New Surgical Block. And if not there, then elsewhere. The motto of Bart.'s—the old Horatian tag—as to keeping your head when in a fix—is very well indeed. But even better is full confidence that you do know your job.

I have just fished out some certificates that have been lying hidden for years, and it seems appropriate to quote them. While working at Bart.'s I was still applying for divers chairs—in Natural History, Geology, Botany, etc. Here are recommendations from my older teachers, including William K. Sullivan and Robert Cunningham, well-known scientists of the 'seventies. But here, too, are gracious recommendations from my good-natured teachers at Bart.'s. Reginald Southey—to whom I was clinical clerk—praises my spirit of inquiry. Did he recall the diphtheria incident? At any rate he gives me three pages—decent man—and

* My wife reminds me that the husband sent me a handsome present. Do not take this cynically; I did not.

adds a private note equally kindly. Norman Moore, Lecturer on Comparative Anatomy, writes in his curious script. W. Morant Baker, Lecturer in Physiology and Assistant Surgeon, deposes to my work as his dresser. A. E. Cumberbatch, Senior Demonstrator in Anatomy, Wickham Legg, W. J. Walsham, Demonstrator in Anatomy and Operative Surgery, sign other letters. The latter says he had the good fortune to be one of my teachers—Heaven forgive him! Clement Godson, M.D., Assistant Accoucheur, adds a word. In reading these generous efforts to help me, I recall all these men of the past; their anxiety to turn out good men from Bart.'s, and to help them onwards. For many centuries Bart.'s has had its noble river of fine teachers, one wave after another, and I am glad to recall in detail the particular wave upon which I had the good fortune to be borne.

As my memory wakens, other faces appear. Sir James Paget visited us occasionally, his features suggestive of a bishop mourning over the spiritual sins of his people, and, as a contrast, Lauder Brunton, smiling in his brown beard as who should say, "I've eaten the canary"; Luther Holden, thin and kindly, and sporting Dundreary whiskers; Church, tall, like a steeple; Thomas Smith, looking tired. The stern Savory rather frightened us. In his opposition to Lister we have an example of ideas in consonance in striving for perfection, but antagonistic in detail. In those days surgery merely nodded to bacteriology, and both then and later men worked in closed compartments; but now every day we realize more and more that the Science of St. Luke—viewed broadly and practically—is one indivisible whole. A few other personalities come into the picture: Tom Dorman, with whom I chummed, who was more moustache than flesh and bone; Phineas Abraham, who became a skin specialist; Anthony Bowlby, a friend of mine to the end; and the Sister of Luke Ward, where I clerked, a fine, clever woman, whose photo I still possess.

As I trust this sketch may help along those who now sit where once sat the writer, I add a peculiar incident. My M.D. exam. in the Queen's University (held in Dublin) included a paper on Anatomy that put me to the pin of my collar. Of six questions, three were intricate, and three so simple as to trap the careless. I did not like the look of this paper at all, and I dealt with it very cautiously. Instead of jotting down what I thought I knew and scratching it out again—the disgusting method of the inexperienced—I sat for two hours without putting pen to paper, but thinking hard. Certain men—called watchdogs—came and looked me over; turned the blotting-paper, peeped under my chair. A nasty fellow behind grinned and pointed, as friends told me later. Then with one hour in hand I began to write.

Three days later I stared at the posted result—a 2nd Honour on my paper! The lesson to be learnt is this: that no examiner of any acumen will give credit to a paper that is confused, erased, and in fact a collection of shots. I take it that little as I wrote, every detail was correct, and that is what counted.

I should like to recall more of these days at Bart.'s, but for the moment I see little more than that I was possessed by a fine frenzy of work, and, except for football, had little spare time. Just as well perhaps. To-day I play golf and write up memoirs and genealogies. But if the Man with the Scythe delays a trifle I hope to visit Bart.'s somewhat oftener in the future, and especially to worry the bio-chemists of to-day as to that peculiar and elusive factor of the cell which we term "Life", and cannot in any practical way define. To none of us does it matter a straw whether the Universe is expanding or contracting, but to watch progress in knowledge of the functions of the intrinsic glands is of real interest.

All studies are easy if tackled wisely. Go in on the top level. Study the latest ideas. They are fascinating; just as one can admire fine cathedrals, ignoring the labour. But we who desire to know the deep reasons of things, build also with stones and mortar, keeping in view the perfect result, the high ideal. This is no obscure parable. It suggests a mode of study.

The high ideal is the antithesis of the inferiority complex. How many are content with inferior work! You see it in the cricket field. Square leg thinks it is enough to push out a clumsy foot to save a boundary. He has not taught himself to throw forward head and shoulders as he runs; to sweep up the ball with one hand; to shy in so that the wicket can be put down and the batsman run out. Or in football, another man tackles in slovenly fashion instead of going intelligently for the ball. Both are content to scramble through their exams. It is all a matter of training the brain—an organ that responds to training quite as well as does the deltoid. The inferiority complex marks inefficient functioning. Shun it like the devil, and cultivate instead the high ideal.

I am moved to add one word more. When a General Officer in the Army, with huge Divisions to watch, and many officers serving under me, the point in the character of each—whether senior or junior—that I hoped to find was *reliability*. Skill, brilliancy, knowledge, experience were all excellent. But to know that once given his work a man might be *relied upon*—within, of course, his capacity—was to me of supreme importance. Now this applies equally to small matters comparatively as well as to greater spheres of work—to the dressing of a surgical case, to the record of a medical. Here, then,

is the road to the affections of one's teachers. And here, too, lies the road to Harley Street.

What would one give to tackle life again with the experience already gained! Yet that experience is offered daily by the older men to the younger—and daily ignored. Fools, it is said, learn by their own experience, and wise men by the experience of others. And Carlyle said we are mostly fools. Hard luck, isn't it? T. M. CORKER.

THE NIGHT NURSE.



HAT I kissed her on my round

An indubitable fact is—

Yes, I know it has been found
An extremely risky practice.

Say that I was drunk, or mad,
Say I might have met Night Sister,
Say just what you like—but add
That I kissed her!

Now I'm married, for that maid
Took that kiss for a proposal,
Nor for one short hour delayed
Making public our betrothal.

I, who'd counted not the cost,
By congratulations harried,
Hesitated, and was lost!

Now I'm married.

Twelve months after was the date
When the final blow descended:
Stern are the decrees of fate!
Learn how my adventure ended,
How I suffered for my sins.

Shrieks of wild Homeric laughter
From my friends when she had twins
Twelve months after!

R. B. P.

MEDICAL EDUCATION FROM THE STUDENT'S POINT OF VIEW.



MUCH has been written in the immediate past on the subject of medical education, both in the

JOURNAL and in periodicals of more general circulation; eminent authorities in the various branches of their profession have given their considered and valuable opinions, but the student, mostly on whose behalf this mental effort has been expended, has so far been silent. Most of what follows has been said before (and probably will have to be repeated), but it

may be of interest as representing to a certain degree the feeling from one aspect of the problem.

One of the fundamentals of medical teaching as a whole appears to be the appreciation of the various pre-clinical subjects in their relationship to the future patient. By far the majority of medical students are destined to become general practitioners; this is statistically obvious, yet it seems to have been lost sight of in the many aspects of preclinical teaching. It is not so much that undue insistence is laid on the various subjects as academic subjects, but that not enough stress is laid on them as part of the science of therapeutics. The teachers themselves are all too often pure scientists, especially in the medical schools of the universities, and it is only to be expected that they will have little recollection or knowledge of the application of the subjects they teach. Not only are they pure scientists, but usually highly specialized as well, and this tends more and more to divorce them from the realities of practice. For the average medical student, not only is the wholly scientific aspect often undesirable, but usually rather uninteresting. The clinical point of view has an extraordinary effect of putting life into what, to many, is otherwise moribund study.

The "pure science" method of teaching tends to produce a sense of isolation. The result of this is that students appear in the wards for the first time, just after having passed their anatomy and physiology, with their heads full of irrelevant and isolated facts.

The student has been told at great length about the effects of lack and excess of, say, secretion of the thyroid. But it is rarely considered necessary while studying physiology that he should be brought up into the wards and shown a case of myxœdema or Graves's disease. The whole clinical picture would be so much more indelibly fixed in his memory if a practical illustration in this way were made.

And not only is this true of physiology. The cadaver used for dissection purposes has, of necessity, been preserved and hardened. This process, however, changes the appearance and sometimes the shape and position of some of the organs beyond all recognition. While admitting the impracticability and inadvisability of teaching anatomy from the living subject, surely it would be possible to make use of the post-mortem room more than is so at present. There, at least, the conditions more nearly approximate to those of the living body than in the dissection-rooms.

If it were more firmly kept in mind all through the pre-clinical years that chemistry, physics and zoology should be taught to enable a better understanding of anatomy and physiology, and that these should be taught, not as anatomy and physiology, the academic subjects, but in

their application to human beings, the student's future patients, there would be a less feverish and less inadequate attempt to apply the laboriously acquired mass of facts when he enters the wards for the first time.

The syllabus itself is not by any means innocent of faults. This has been enlarged to an enormous extent during the last twenty years, largely due to our greater understanding of physiology and medicine in particular. New work is being published on these and other subjects almost weekly. New editions of the standard textbooks appear regularly every few years. In the prefaces it is the commonest thing to find that the chapter on such-and-such, or the section dealing with so-and-so, has "been considerably enlarged". While admitting that only the elements of the new work have been added, yet it still remains a fact that for the average student there is too much detail expected of him. The danger of this lies not so much in his inability to remember the detail—that, for some reason, is often easy—but in the failure to assimilate the essentials.

This is not only seen in such swiftly progressing subjects as physiology and medicine, but the same state too often exists in the more firmly established sciences, such as anatomy. Surely it is more important to remember the relations of the kidney than the connections of the otic ganglion. Yet it is often the case that the examination candidate will be able, more or less mechanically, to reel off strings of unimportant facts about similar unimportant parts. For the elementary examination in anatomy and physiology, for the ordinary qualifying medical and surgical degrees, it is so much more important to have a grasp of the broad principles of the subject rather than scattered patches of detail and an ignorance of the essentials.

And while there exists for the student a vast amount of relatively unimportant minor points in the curriculum, there is lacking a science of daily growing importance—psychology. While it is not suggested that the aim of medical education is to turn every student into a psychiatrist, the most elementary knowledge of the workings of what passes for the normal mind, including a brief study of the commoner neuroses, would not only make the subsequent study of the psychoses more intelligible, but more important still, would give the general practitioner a much better equipment to appreciate the mental as well as the physical states of his patients. Naturally, most medical men will come up against psychological cases which are beyond their power to treat, unless they be skilled psychiatrists. Then it is all-important that they should have enough knowledge of such disorders to recognize their presence, and be able to advise their patients where expert assistance can be obtained.

If the syllabus of anatomy and physiology were "thinned out" as suggested above, the inclusion of the elements of psychology with the other preclinical subjects would entail no more work than exists at present. And it would seem that the result would be of more practical value than this part of the syllabus as it stands to-day.

And finally, there is the moot question of examinations. On the face of it there is every reason for their abolition. It is surely quite obvious to most individuals that they often do not show accurately either the amount of knowledge the examinee has derived from his teachers, or how well he will be able to apply that knowledge. There is that well-known class of person who is completely overwhelmed by an examination, and whose mind becomes a blank when asked the simplest question in a *vis à voce*. There is also the other type, who, by dint of a period of extreme activity day and night for a short time before the paper, can temporarily cram his brain with an adequate number of facts to answer the questions satisfactorily. Though it must be admitted that these two extremes are in the minority, yet it must also be admitted that they do exist. This can be proved by what almost amounts to a platitude—that the best qualified men do not always make the best doctors.

All this has been recognized for many years, and by such famous men as Osler, whose dictum on the subject was quoted in the Editorial of the JOURNAL some months ago. But, as in most things, destructive criticism is notoriously easy, and constructive criticism equally notoriously difficult. What is to be substituted for the present examination system? The substitute should be impersonal, and it should be a test, not in the accepted sense of the word, but one which extends through the whole of the student's training—a prolonged observation, so to speak, in order to avoid the highly abnormal environment of the examination.

What system is likely to fulfil these conditions? Personal reports sent in to a central committee or board regarding the work and progress of each student from their immediate chiefs have been suggested. But in such a system, impersonality in every case would be too much to expect, even of the physicians and surgeons on the staff of this hospital.

It appears at present that the examination system must remain unchanged, for lack of something better, and for that reason only. But even so, much can be done in the matter of papers, and the questions set. They could and should be of an entirely practical and applied character.

It appears, then, that the syllabus and the methods of teaching of the preclinical subjects could be altered

with some advantage, but it is difficult to suggest any adequate alternative for the present examination system. J. F. H. S.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE UNIVERSITY.

Played at Winchmore Hill on October 25th. Lost, 21—5.
There is a song which used plaintively to be sung by Messrs. Flotsam and Jetsam entitled "Must it always be so?" which found an answering echo in the hearts of those Hospital supporters present who remembered the games against Cambridge during the past few years when, their hopes raised by the closeness of the score and the vigour of the Hospital attack, they were exalted, only to be cast down, in the last minutes of the game, to the despair of a heavy defeat by an unexpected plethora of tries.

This year was no exception, but though Cambridge contrived to finish in the typical way, it would be unfair to suggest that it was a "heavy defeat", or that their score was a fair criterion of the run of the play.

The first half of the game was, as we have come to expect, closely fought; the Hospital pack showed a co-ordination and spirit which easily held, and later dominated, the Varsity forwards, who, without R. E. Jones and Leather, were frequently shoved in the tight scrums, well marked in the lines-out, and demoralized by series of irresistible rushes led by Darnady.

Despite this early pressure, the Hospital three-quarters found it impossible to get into their stride, and Cambridge had no difficulty in reaching their opposing centres and frequently turning defence into an attack, which, had it not been for Morison, might have earned them a substantial lead; as it was, Johnston, after twenty minutes' play, opened the Varsity score with a try in the corner, which was not converted.

The Cambridge backs made every effort from their fewer chances, and Dick, finding an opening which he exploited to the full throughout the remainder of the game, burst through and ran strongly to give the Varsity an 8-point lead at half-time.

Although the Hospital forwards played with undiminished vigour throughout the second half, the backs remained incapable of turning to good account the opportunities presented to them, and their defence, which up to this point had been adequate, began to lack finality—a fault which Dick soon demonstrated by shaking himself free from a half-hearted tackle and giving Fyfe a clear run for a try, which Parker converted.

With a large lead Cambridge were inclined to take risks, and Mundy, snapping up a wild pass which Jones failed to hold, ran through to give Capper an inside pass on the Varsity line and the Hospital its only score. Morison succeeded with the kick.

For some time after this heartening piece of opportunism play remained level, and though the Hospital forwards brought off several effective "wheels" with a bellicose Wilson close behind, tradition was not to be denied, and with only a few minutes left Cambridge brought their score to 21 by two incisive openings by Dick, from one of which Fyfe scored an unconverted try, and the other, a brilliant combination in the centre, resulting in a try by Jones, which Parker again converted.

ST. BARTHOLOMEW'S HOSPITAL v. WASPS.

Played at Sudbury on October 28th. Lost, 11—5.
The appalling weather conditions which prevailed throughout the afternoon were sufficient for faulty handling and inaccurate kicking, but, while hampering the Hospital backs, they seemed a positive asset to the unbeaten Wasps, who, in pouring rain, passed the ball with ease and accuracy, making every effort to open up the game—a policy which earned them a deserved victory.

The Bart's forwards, with Moynagh taking Capper's place in the back row, played hard, but failed to show the cohesion which had been the feature of their play earlier in the week, and, while holding their own in the tight scrums, were aimless and inclined to overkick the ball in the loose.

The Hospital were unlucky not to score early in the game, when Nel was pushed into touch by the corner flag, following a three-quarter movement which was remarkable for its unexpected perfection;

but a few minutes later Nel, following up a kick ahead, and appearing rather as a vision to two leisurely defenders, gathered the ball and passed inside to Swinstead, who scored by the posts; Morrison kicked a goal.

For some time after this play remained unexciting, but the predominance of the Wasp pack gradually became marked, and from a line-out in the Hospital "25" a forward broke away to score an unconverted try. The Wasps maintained a steady pressure in the second half, relieved by some lengthy kicks by Morison and an occasional forward rush; but the pressure told, and eventually Cooke darted round the blind side and scored an unexpected try in the corner, the kick failing. A few moments later a defensive kick on the part of a Bart's back was charged down, the ball falling straight into the arms of an opposing centre, who, unmarked, ran through to score under the posts, there being no mistake with the easy kick.

The team-work of the Wasps, with their ability to control the greasy ball among their backs, was the deciding factor in their victory, and contrived to show up the lack of combination in the Hospital three-quarters, who, except for one occasion, never looked dangerous.

Darmady, Newbold and Swinstead were always prominent among the forwards; Wilson, while going down on the ball with praiseworthy monotony, was inclined to receive the ball, put his head down and butt.

Of the backs Fairlie-Clark's tackling was notably sound; Youngman, isolated on the left wing, went to look for work, and Morison, whose fielding of the greasy ball was a joy to watch, maintained his usual length and accuracy.

ST. BARTHOLOMEW'S HOSPITAL v. UNIVERSITY COLLEGE, DUBLIN.

Played at Winchmore Hill on November 11th. Drawn, 0-0.

This game was to return a visit made by Bart's to Ireland two years ago, when, having been lavishly entertained, we narrowly defeated the College by a conversion by Darmady which should go down to posterity in the annals of the Hospital's Rugger.

The Irish team, on a short tour, had beaten London University and been narrowly defeated by Glasgow University, and had it not been for the work of the Hospital's forwards and the improved play of the backs, would have added Bart's to their list of international conquests.

The game was fast and open, and though both sides had opportunities and strove hard, the final pointless result was a fair comment on the equality of the two teams and their defence.

The superiority of the Bart's forwards in the tight scrums and Hunt's very successful hooking were balanced by rushes of the traditional type by the College forwards and, though without McMahon, their greater thrust behind the scrum. Despite our forward advantage and the large share of the ball which we had, the sound tackling of the Irish prevented our wings, rusty from long disuse, from getting into their stride, many attacks during the first half breaking down under accurate and forceful marking.

We were, however, unlucky not to score when Morison, from a penalty kick, landed the ball on the crossbar, from which it rebounded into Mundy's arms, only for him to be brought down on the line.

The College forwards commenced the second half with some typical rushes, which took the ball well into our territory, and kept up considerable pressure, from which only our improved defence prevented a score.

However, one of Wilson's occasional phenomenally long kicks regained the lost ground and our aggression, from which, after a long period of barren endeavour, we retired pointless, to finish the remainder of the game in our own "25".

Of a great improvement we may be justly pleased—the forwards well together, packed low and heading cleanly, gave the backs every chance; Wilson, though working hard, lobbed his passes and had some difficulty in finding Little, who showed a tendency towards inaccurate passing with one hand. Fairlie-Clark never missed his man and made some clever openings, but, with Pirie, appeared to stand too far away from Little, thus sacrificing, by slow and unwieldy passes, the speed on the wings, who, though hampered in this way, made the most of the light diet which they received after their long starvation.

Among the forwards Darmady and Jackson used their feet to good advantage, Newbold and Mundy were always well up, while Grey, like an anarchist's bomb, was hidden away in quiet places where he did a great deal of damage.

The College team were afterwards entertained to dinner at the "Cheshire Cheese".

ST. BARTHOLOMEW'S HOSPITAL v. ARMY TRIAL XV.

Played at Winchmore Hill on November 15th. Lost 6-5. Though without Capper, Swinstead and Nel, the Hospital showed further improvement, and though the forwards failed to pack as low and as tightly as the Army, they were able, through the inspired defence of Hunt's hooking, to give the three-quarters ample opportunities and some much-needed practice.

Pirie, finding his form, was the prime mover in attack and made several openings, from one at least of which the Hospital should have scored. Wilson and Little were unable to combine very effectively, but the forwards, on heavy ground, played hard and were really dangerous in the loose. There was no score at half-time, Morison having failed narrowly with a penalty kick and Wilson, standing on tip-toe, managing to touch the ball from an otherwise successful drop-goal by Glass.

Following some loose mauling on the Hospital line, the Army scored an unconverted try at the commencement of the second half. This play was, for some time, a series of scrums, from which Bart's did some very effective wheels, but, except for a breakthrough by Mundy, well backed up by Jackson, were unable to gain much ground.

Unwin scored again for the Army. A little later the same player broke away unmarked, but was overtaken and brought down by Morison, who once again proved himself equal to even the most exacting emergencies. The Hospital forwards kept the ball well in the Army territory, and from a scrum Wilson went through to give a reverse pass to Jackson, who scored a try by the posts, which Morison converted.

ASSOCIATION FOOTBALL CLUB.

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

Played at Cambridge on Saturday, October 21st. Lost 1-3.

During the first few minutes Downing pressed hard, but so good saves by McKane prevented them from scoring. Eventually, after more persistent attacks, their inside left scored with a hard low shot into the left-hand corner of the goal. Shortly afterwards Downing added another goal through their inside right. Play for some time became ragged, the Shackman gave a low pass to Dolly, who centred, but the ball was intercepted by their right back. The ball came clear and Waring took a long dropping shot, which forced their goalkeeper to deflect over the cross-bar. Dolly took the corner kick and Pearce scored from close in. Before half-time came Downing added a third goal, thus making the score 3-1 in their favour. There was no scoring in the second half, and few constructive movements. The Hospital forwards did not show up to advantage, and hardly ever appeared dangerous. At the same time our defence subdued the Downing attack, and deserve praise for preserving an intact goal, despite an injury to Ogilvie, who was a passenger during the closing stages.

There can be little doubt that the best side won, and this cannot be called one of the Hospital's best displays.

Team.—T. O. McKane (goal); G. Herbert, J. D. Ogilvie (backs); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (halves); C. Nicholson, N. H. Bloom, H. A. Pearce, R. Shackman, R. C. Dolly (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. KEBLE COLLEGE, OXFORD.

Played at Oxford on Saturday, October 28th. Won 2-1.

The Hospital won the toss, and, kicking off with the wind and the rain behind them, attacked from the start. Indeed, for the first fifteen minutes of the game the Bart's defence, as such, saw nothing of the ball, and Hunt was seen among the forwards. The Keble goal-keeper was good, but he was quite unable to prevent Bart's first goal, which came after ten minutes. Owen gave a good pass to Nicholson, who beat two men and centred cleverly, for Royston to score a first class goal from close in.

Bart's continued to have the better of the play and attacked most of the time, the home team only appearing dangerous on one occasion. Cooper was settling down in the Hospital forward line, and once had the ball in the net. This goal was not allowed, however, as Cooper had somewhat blatantly handled the ball immediately before, thus giving the referee genuine excuse for blowing his always prominent whistle. Our inside forwards missed a good chance of scoring shortly afterwards, and attacked without further success until half-time.

The ball was kept mostly at the Keble end of the field during the second half, and Dolly scored another goal, after the Keble outside

right had scored from what appeared to be an offside position. There was no further scoring, although the Hospital had the better of the game territorially. The forwards were excellent in approach work, but must improve near goal. Brownlee was outstanding at inside right, while Cooper made a good debut at inside left. Owen played as well as any of this season's wing halves, and McKane handled a greasy ball with confidence.

Team.—T. O. McKane (goal); G. Herbert, A. H. Hunt (backs); W. A. Owen, D. R. S. Howell, W. M. Maidlow (halves); C. Nicholson, P. Brownlee, G. R. Royston, F. E. Cooper, R. C. Dolly (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. DALLOL COLLEGE, OXFORD.

Played at Winchmore Hill on Saturday, November 4th. Won 2-1.

Bart's kicked off with the wind, and were soon attacking. A corner was forced on the right, and from the kick the ball went to Maidlow, who put in a fine first-time shot, the ball entering the top right-hand corner of the net. Balliol took some time to settle down, their attacks being broken up at the start by the Hospital defence. Bart's, on the other hand, attacked frequently, and Royston was close to scoring more than once. He also distributed the ball well, and several good movements imperilled the visitor's goal. However, there was no further score before half-time.

Balliol had slightly more of the game in the second half, but showed decided weakness at inside-forward. Nevertheless they were able to score from close in, fifteen minutes from the end, and it began to look as if they would snatch an undesired draw, as the strong Bart's attacks met with no reward until the last minute. Then Maidlow scored again with a precisely similar shot from thirty yards out. This proved to be the last kick of the match, and thus Bart's scored a thrilling win through the opportunism of the left half.

The Hospital defence played well on the whole, Dolly being exceptionally good in his unusual position at full back. He was missed in the attack, however, as Pearce was not so successful as he has been in the past.

Team.—T. O. McKane (goal); G. Herbert, R. C. Dolly (backs); E. G. Tuckwell, D. R. S. Howell, W. M. Maidlow (halves); C. Nicholson, P. Brownlee, G. R. Royston, R. Shackman, H. A. Pearce (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. READING UNIVERSITY.

Played at Reading on Saturday, November 11th. Lost 4-6.

Bart's won the toss and took advantage of the sun and slight slope of the ground. During the first twenty minutes the opposing team produced some really first-class football and were undoubtedly complete masters of the game. Their low and accurate passes temporarily bewildered our defence, with the result that they scored three goals in quick succession from brilliant first-time shots, all of which gave McKane no possible chance. Their centre forward scored two and their inside left the third goal. After this series of misfortunes the home side settled down and played with ever-increasing confidence. The forwards attacked and went near to scoring when Brownlee shot over the cross-bar. Reading University, however, scored a fourth goal through their centre forward, resulting from a clever movement on the left wing. A few minutes later Bart's were attacking fiercely. Dolly, on the left wing, shot low and hard, but the ball was intercepted by their right back, who was unable to clear successfully, and Royston scored with a magnificent drive to the top corner of the goal. Half time arrived with the score still 4-1 in their favour.

The second half proved to be full of excitement. The Hospital made every effort to fight hard with the most encouraging results. In a very few minutes Brownlee dribbled the ball cleverly up the field and shot low, causing their goal-keeper to fall in an effort to bring off a good save, but he was unable to gather the ball sufficiently cleanly to effect a safe clearance and Royston scored again from close in. From the kick-off immediately afterwards Royston secured the ball and passed to Gilbert, who then gave a beautiful low pass to Brownlee. Brownlee continued the movement with clever dribbling and gave the ball back to Gilbert, who, after defeating their last line of defence, shot into the corner of the goal. The inside forwards are to be congratulated on this perfectly executed movement.

The opposing team, however, carried the score to 6-3 with further goals from their inside right and centre-forward, but in spite of this Bart's still attacked again and again, scoring once more through Royston from close in. The score remained 6-4 in their favour to the end of the match—a game which was fast and keenly fought throughout.

The team on this occasion showed very promising progress. The forwards played well; Royston and Gilbert were good. Brownlee at inside right played an excellent game. Hunt was always outstanding in the defence, his headwork being superb. McKane in goal made many good saves and played well, though with better anticipation he might have saved the last two goals. The halves showed much improved form.

Team.—I. O. McKane (goal); A. H. Hunt, G. Herbert (backs); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (halves); C. Nicholson, P. Brownlee, G. R. Royston, R. C. Dolly (forwards).

REVIEWS.

INDIVIDUAL PSYCHOLOGY PAMPHLETS (No. 9): INDIVIDUAL PSYCHOLOGY AND PSYCHOSOMATIC DISORDERS (II). (London: The C. W. Daniel Company, 1933.) Price 2s. 6d.

The first paper, by Dr. J. S. FAIRBAIRN, deals in an interesting way with individual psychology as met with in the practice of midwifery and gynaecology. The mental attitude of the expectant mother, towards herself or towards her husband, often needs correction; the impression that she is an invalid should always be discouraged. After the birth of the baby even greater mental care may be required, especially if the progress of the child is unsatisfactory. Dr. Fairbairn, like so many others, bewails the fact that less and less consideration is given to the personality of the patient as more and more is discovered about each separate organ, and that in this respect gynaecologists are perhaps not the least offenders. The psychical element in many cases of spasmodic dysmenorrhoea and vaginismus is well known, but not always stressed sufficiently in the textbooks or in treatment. Abdominal discomfort and backache being so common amongst middle-aged women, many operations must be done which are really unnecessary—"what a temptation the reproductive tract is to the mechanically minded, for its integrity, although essential for the perpetuation of the species, is not necessary to the life of the individual, and its component parts can be removed, wholesale or piecemeal, or re-arranged to taste, almost without an appreciable risk to life"—a point well illustrated by the case of a lady, forty years of age, who, in fifteen years of unhappy and childless married life, had undergone no less than ten surgical operations between the umbilicus and the perineum!

The value of the work of the school of individual psychology in attempting to bring psychological problems within the understanding of ordinary mortals must be manifest to all; how much is this value enhanced if it also exposes and helps to reduce the number of fantastic theories one sometimes hears, as an example of which Dr. Fairbairn quotes: "I heard, seriously stated at a discussion on the psychology of the infant, that the constipated baby saved up its motions for the satisfaction of passing one really big one, and that this habit showed the possession of a retentive mind. . . ."

Mr. W. McADAM ECCLES approaches the subject from a different point of view; as a surgeon he presents his paper in the form of a drama, before, during and after an operation, in which the leading parts are played by a surgeon, an anaesthetist and a patient.

As one who was recently associated with the nursing of the author through a major surgical operation, the reviewer was particularly interested in this part of the pamphlet. Mr. Eccles stresses the fact, often forgotten, how much these three actors may help each other in small and sometimes unexpected ways. To a patient, the day fixed for his operation seems, at the time, the most unpleasant moment of his life. For his comfort, a good night's sleep and punctuality in the time of pre-operative injection are all-important; a short visit from the anaesthetist the day before, and on the fateful morning a cup of tea made really well, are additional details always appreciated.

The patient himself must do his own share; unfortunately it is not always realized how much his full co-operation and patience are essential, not only for the smooth running of the drama as a whole, but also for the comfort of the players.

RECENT ADVANCES IN RADIUM. By W. ROY WARD, M.B., B.S., M.R.C.S., and A. J. DURDON SMITH, M.B., B.S., M.R.C.S. (London: J. & A. Churchill, 1933.) Pp. viii + 324. 4 coloured plates and 140 illustrations. Price 21s. net.

A work must almost amount to a full textbook that purports to describe all the recent advances in a subject with as short a history

as radium therapy. Perhaps for the general student some of the detail might be too technical, but there is very little in this book that any surgeon can afford to ignore.

The subject has only lately grown from the childhood of empiricism to the stature of rational science. Among the enthusiasts and critics always associated with such a change, the authors take a balanced point of view of the efficacy of the treatment.

Naturally the larger part of the book describes the methods and results of radiation in connection with malignant disease. To this, ten of the twenty-two chapters are devoted. The introductory chapters discuss the physics and production of the element, with an outline of the general methods and forms of apparatus used. The book concludes with four chapters on non-malignant conditions and two full indices of subjects and authors. It is impossible in the space of a review to deal with the various subjects separately. It will be enough to say that every recognized worker receives full consideration, and the details of each form of procedure is carefully described.

There is an excellent series of paired photographs showing the conditions treated, and the effects of radiation after periods varying from two months to a year; in each case also the end-result is stated. Besides these, there are a number of X-ray photographs showing phases in treatment, and several diagrams illustrating technique and the instruments used. Full references are given in each section. The work surpasses even the standard of its fellows in the "Recent Advances" series, both in content and in general appearance.

Contents.—Part I: General—Physics—Action of Radiation—Radiosensitivity—Dosage—Apparatus—Protective Measures—Mass Radiation.

Part II: Breast—Uterus—Tongue—Lip, Cheek, Jaws, etc.—Larynx, Oesophagus, etc.—Rectum and Anal Canal—Skin, etc.—Bladder and Prostate—Eye—Sarcoma.

Part III: Papilloma, Hyperkeratosis, Keloid, Lupus—Angioma—Tuberculous Adenitis, Leukemia, Lymphadenoma—Uterine Hamorrhage.

EXAMINATIONS, ETC. University of Oxford.

The following Degrees have been conferred:
B.M.—Beal, J. H. B., Fowler, E.

University of Cambridge.

The following Degrees have been conferred:

M.D.—Nelson, H. P.
M.B., B.Chir.—Jilston, W. A., Thomas, G. W.
M.B.—Barnes, C. O., Radcliffe, F.
B.Chir.—Briggs, G. O. A., Cohen, E. L., Gavne, D. W. C., Langford, A. W.

Royal College of Physicians.

The following have been elected **Fellows**:
Burke, G. T., Cumberbatch, E. P., Myers, B. E.
The following has been admitted a **Member**:
Page, A. P. M.

Royal Colleges of Physicians and Surgeons.

The following Diplomas have been conferred:
D.P.H.—Lakshmanan, C. K.
D.T.M. & H.—Cook, A. B.

Conjoint Examination Board.

Pre-Medical Examination, October, 1933.

Chemistry.—Rikovsky, T. P., Storey, T. P.
Physics.—Kumar, M., Rikovsky, T. P.
Biology.—Moyynagh, K. D., Rikovsky, T. P., Vyrnwy-Jones, D. A.

First Examination, October, 1933.

Anatomy.—Hicks, W. R., Horner, W. M. L., Howell, D. R. S., Jeremy, W. H. R., Moxon, T. H.
Physiology.—Alexander, L. L., Horner, W. M. L., Jeremy, W. H. R., Moxon, T. H., Scott, K. B.
Pharmacology.—Bird, G. E. N., Mills, P. J. W., Mundv. R., Philip, D. N., Prewer, R. R., Samuel, R. G., Wilson, J. D., Wooding, J. E.

Final Examination, October, 1933.

The following students have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.**

Blusger, I. N., Cartwright, W. H., Chester-Williams, T. L., Chivers, J. A., Corea, F. E., Davies, D. O., Edwards, L. J. L., Houlton, A. C. L., Race, R. R., Sedleigh Denfield, C. R., Shaelman, R., Shields, J., Shulman, I. M., Smart, J., Telfer, W. P. M., Thomson, D. M., Wheeler, F. E.

L.M.S.S.A.

Primary Examination, October, 1933.

Anatomy.—Mills, C. W.

CHANGES OF ADDRESS.

DYMOND, G. H., 219, New King's Road, Fulham, S.W. 6. (Tel. Fulham 0395.)
ELLISON, P. O., 137, Harley Street, W. 1. (Tel. Welbeck 3056.)
Buckhurst, Gerrards Cross. (Tel. Gerrards Cross 582.)
FELLS, R. R., 17, Mortimer Road, Clifton. (Tel. Clifton 36623.)
GRIFFIN, F. W. W., 38, Gunterstone Road, W. 14. (Tel. Fulham 5317.)
HARTLEY, SIR PERCIVAL HORTON-SMITH, 29, Portland Place, W. 1. (Tel. Langham 3828.)
KERSLEY, G. D., 1, The Circus, Bath.
MACVINE, J. S., Central Middlesex County Hospital, Acton Lane, Willesden Junction, N.W. 10.
PALMER, C. SPENCER, 7, Windlesham Gardens, Brighton.
SANDERSON, C. J., "Chalfont", Lower Willington, Sussex.
STURTON, C., Montagu Street, Kettering.

APPOINTMENTS.

MACVINE, J. S., M.B., B.S.(Lond.), appointed A.M.O. to the Central Middlesex County Hospital (Middlesex County Council).
MORGAN, Glyn, M.B., B.S.(Lond.), appointed Honorary Obstetric Physician and Gynaecologist to the Royal Gwent Hospital, Newport, Mon.

BIRTHS.

BEDDARD—On November 5th, 1933, at 13, Barn Hill, Stamford, Lines, to Betty (*née* Welham), wife of Dr. Roger Beddard—a daughter (stillborn).
REES—On October 18th, 1933, at 27, Welbeck Street, W. 1, to Isabel, wife of T. P. Rees, M.D., of Corngavar, Warringham, Surrey—a son.

MARRIAGES.

BENNETT—ROWLES—On October 31st, 1933, at St. Botolph's Church, Chevington, Kent, Randle Bennett, M.R.C.S., L.R.C.P., eldest son of Dr. C. H. Bennett and Mrs. Bennett, of Sandbach, Cheshire, to Dorothy Margaret, only daughter of the late F. L. Rowles and of Mrs. Rowles, of Riverhead, Sevenoaks.
BLOXSOPE—BAULD—On October 28th, 1933, at Cheltenham, Harold Bloxsome, M.R.C.S., L.R.C.P., of Fairford, Glos, to Helen, second daughter of Mr. and Mrs. W. Bauld, of Glencraig, Fife, and Dundee.

COLE—BURT—On November 1st, 1933, at St. Mark's Church, North Audley Street, Dr. T. E. C. Cole, of Leamington Spa, to Miss Gwendolen M. Burt, elder daughter of Mr. and Mrs. H. R. Burt, of Queen's Avenue, Muswell Hill.

DEATH.

WALDO. On November 2nd, 1933, at 49, Lansdowne Road, Holland Park, W. 11, Frederick Joseph Waldo, M.A., M.D.(Cantab.), Barrister-at-Law, of the Middle Temple, late Coroner for the City of London and Borough of Southwark, aged 81.

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. XLI.—No. 4.]

JANUARY 1ST, 1934.

PRICE NINEPENCE.

CALENDAR.

Tues., Jan. 2.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 5.—Lord Horder and Sir Charles Gordon-Watson on duty.
Sat., ,, 6.—Rugby Match v. Harlequins. Home.
Association match v. Old Monovians. Home.
Hockey match v. Guy's Hospital. Home.
Mon., ,, 8.—Special Subjects: Clinical Lecture by Dr. Cumberbatch.
Tues., ,, 9.—Dr. Hinds Howell and Mr. Harold Wilson on duty.
Fri., ,, 12.—Dr. Gow and Mr. Girling Ball on duty.
Sat., ,, 13.—Rugby match v. O.M.T's. Away.
Association match v. Old Westminster's. Home.
Hockey match v. Sevenoaks. Away.
Mon., ,, 15.—Special Subjects: Clinical Lecture by Mr. Elmolic.
Tues., ,, 16.—Dr. Graham and Mr. Roberts on duty.
Dramatic Society present *Bird in Hand* by Drinkwater, Jan. 16-19.
Wed., ,, 17.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
Fri., ,, 19.—**Dance in Charterhouse Great Hall.**
Medicine: Clinical Lecture by Dr. Gow.
Prof. Fraser and Prof. Gask on duty.
Last day for receiving matter for the February issue of the Journal.
Sat., ,, 20.—Rugby match v. Coventry. Home.
Association match v. Old Bradfieldians. Home.
Hockey match v. Harlequins. Away.
Mon., ,, 22.—Special Subjects: Clinical Lecture by Mr. Just.
Tues., ,, 23.—Lord Horder and Sir Charles Gordon-Watson on duty.
Wed., ,, 24.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Fri., ,, 26.—Medicine: Clinical Lecture by Dr. Graham.
Dr. Hinds Howell and Mr. Harold Wilson on duty.
Sat., ,, 27.—Rugby match v. Old Alleynians. Away.
Association match v. Balliol College, Oxford. Away.
Hockey match v. R.N. and M., Chatham. Home.
Mon., ,, 29.—Special Subjects: Clinical Lecture by Mr. Rupert Scott.
Tues., ,, 30.—Dr. Graham and Mr. Roberts on duty.
Wed., ,, 31.—Hockey match v. Shoeburyness Garrison. Away.

EDITORIAL.



We wish all our readers a Happy and Prosperous New Year.

The general optimism which is felt throughout the country had its origin at this Hospital, where the prospect of establishing the new Medical College has filled all hearts with expectation.

The visit of H.R.H. The Prince of Wales, on December 8th, to the Charterhouse site was a fitting conclusion to the year which has passed with so much event.

On arrival the Prince was received at the entrance of the College by Lord Stanmore (President of the College and Treasurer of St. Bartholomew's Hospital), the Lord Mayor of London, the Vice-Chancellor of the University of London, Prof. Kettle (President of the Students' Union), Mr. Girling Ball (Dean of the Medical College), Mr. Stanhope Furber and Mr. J. G. Youngman (Secretaries of the Students' Union).

The Prince then made a tour of the buildings, and the suggested alterations were explained to him by the heads of the Departments.

(a) Anatomical Department:

Prof. Woollard, Professor of Anatomy.
Dr. Cunningham, Lecturer on Biology.

(b) Gymnasium and Fives Courts.

(c) Physics Department:

Prof. Hopwood, Professor of Physics

(d) Chemistry Department:

Dr. Hurtle, Reader in Chemistry.

(e) Physiology Department:

Prof. Hartridge, Professor of Physiology.

Dr. Hamill, Lecturer on Pharmacology.

Students were stationed at intervals around the buildings in representative groups, and as the tour of inspection passed each group the Prince was given a mighty cheer.

After the inspection the Prince proceeded to the Great

Hall, where he was greeted by the Governors of the Hospital, members of the Staff, subscribers to the Fund, members of the City Companies and others.

The guests were received by Lord Horder (Chairman of the Publicity Committee and Senior Physician to the Hospital), Prof. Gask (Vice-President of the College and Senior Surgeon to the Hospital), Mr. Reginald Vick (Warden of the College).

Among those present were:

The Master of the Barbers' Company, J. O. Wakelin Barratt (Master of the Society of Apothecaries), Sir Harry Bird, Herbert Birkett (Master of the Ironmongers' Company), E. Blanford (Master of the Cordwainers' Company), Sir Alfred Bower, Sir George Broadbridge, H. A. Clegg (Assistant Editor, *B.M.J.*), Sir Herbert Cohen, Colonel Cecil Colvin, The Master of the Cutlers' Company, Prof. L. S. Dudgeon, W. McAdam Eccles, Equerry to H.R.H. the Prince of Wales, The Master of the Fanmakers' Company, Sir F. M. Fry, W. S. A. Griffith, Douglas Harmer, Sir Percival Hartley, Thomas Hayes, W. T. B. Hayter (Master of Charterhouse), Sheriff S. G. Joseph, Sir Frederick Keeble (Master of the Fruiterers' Company), The Editor of the *Lancet*, Colonel Alderman Lawn, Matron, Assistant Matron, F. H. Moore (Master of the Fletchers' Company), Sir George Newman, F. Newson-Smith (Master of the Turners' Company), Sir Louis Newton, The Rt. Rev. H. L. Paget, Stanley Palmer (Master of the Plasterers' Company), Major A. Pam, J. G. Parker (Prime Warden of the Basketmakers' Company), Anthony Pickford (City Solicitor), Bryan Pontifex (Master of the Armourers and Brasiers' Company), Sir D'Arcy Power, L. Bathe Rawling, D. G. Richards (Town Clerk of Finsbury), The Master of the Shipwrights' Company, W. T. Holmes Spicer, Sir Bernard Spilsbury, Lord Stanmore, The Earl of Strafford, Sir Kynaston Studd (Master of the Merchant Taylors' Company), Councillor George Tripp (Mayor of Finsbury), H. B. Tuffill (Clerk to the Vintners' Company), Sir Hugh Turnbull (Commissioner of the City Police), Alderman Twyford, Sir Holburt Waring, Admiral Sir H. Watson, Sir George Wilkinson and Sir J. Leigh Wood.

COLLEGE APPEAL FUND.
The Dean's New Year Message.

"Bravo! The £50,000 mark in donations is passed!"

| | £ | s. | d. |
|-----------------|--------|----|-------------|
| Staff | 12,321 | 5 | 9 (71) |
| Demonstrators | 1,524 | 11 | 0 (66) |
| Students | 570 | 11 | 6 (276) |
| Old Bart's men: | | | |
| Bedfordshire | 10 | 10 | 6 (2) (26) |
| Berkshire | 86 | 1 | 0 (13) (32) |
| Buckinghamshire | 72 | 17 | 0 (12) (29) |
| Cambridgeshire | 105 | 14 | 0 (13) (42) |
| Cheshire | 1 | 1 | 0 (1) (26) |
| Cornwall | 22 | 2 | 0 (5) (36) |
| Carried forward | 14,774 | 13 | 9 |

| | £ | s. | d. |
|---------------------|--------|----|---------------|
| Brought forward | 14,774 | 13 | 9 |
| Cumberland | 5 | 0 | (1) (6) |
| Derbyshire | 19 | 14 | 0 (4) (17) |
| Devonshire | 541 | 10 | 0 (50) (117) |
| Dorset | 52 | 1 | 0 (14) (30) |
| Durham | 16 | 6 | (3) (11) |
| Essex | 229 | 19 | 6 (17) (69) |
| Gloucestershire | 218 | 12 | 6 (20) (66) |
| Hampshire | 406 | 14 | 0 (38) (134) |
| Herefordshire | 13 | 3 | 0 (4) (11) |
| Hertfordshire | 73 | 0 | 0 (12) (73) |
| Huntingdonshire | | | (1) |
| Isle of Wight | 176 | 13 | 0 (11) (25) |
| Kent | 555 | 1 | 0 (63) (146) |
| Lancashire | 91 | 2 | 0 (11) (82) |
| Leicestershire | 133 | 12 | 0 (6) (28) |
| Lincolnshire | 47 | 6 | 0 (13) (25) |
| Middlesex | 382 | 3 | 0 (18) (68) |
| Norfolk | 159 | 7 | 6 (18) (60) |
| Northamptonshire | 54 | 4 | 0 (4) (17) |
| Northumberland | 101 | 1 | 0 (2) (11) |
| Nottinghamshire | 13 | 13 | 0 (2) (28) |
| Oxfordshire | 180 | 3 | 0 (17) (29) |
| Rutland | | | (2) |
| Shropshire | 35 | 9 | 0 (8) (22) |
| Somersetshire | 403 | 10 | 0 (20) (43) |
| Staffordshire | 194 | 18 | 0 (6) (37) |
| Suffolk | 263 | 1 | 0 (16) (46) |
| Surrey | 423 | 10 | 6 (43) (186) |
| Sussex | 265 | 1 | 0 (45) (170) |
| Warwickshire | 177 | 0 | 6 (17) (56) |
| Westmorland | 4 | 0 | (1) (5) |
| Wiltshire | 97 | 11 | 0 (11) (26) |
| Worcestershire | 146 | 12 | 6 (19) (27) |
| Yorkshire | 268 | 2 | 6 (21) (101) |
| Wales | 43 | 1 | 0 (9) (150) |
| London | 2,573 | 6 | 8 (170) (971) |
| Channel Islands | 10 | 0 | (1) (9) |
| Scotland | 14 | 4 | 0 (4) |
| Abroad | 38 | 5 | 0 (7) |
| South Africa | 326 | 10 | 6 (17) |
| Canada | 113 | 2 | 6 (8) |
| East Africa | 62 | 7 | 0 (6) |
| West Africa | 146 | 10 | 0 (5) |
| India | 152 | 0 | (7) |
| Ceylon | 4 | 0 | (1) |
| Syria | 2 | 2 | 0 (1) |
| U.S.A. | 5 | 0 | (4) |
| Ireland | 14 | 14 | 0 (3) |
| North Africa | 1 | 0 | (1) |
| North Borneo | 5 | 5 | 0 (1) |
| Australia | 12 | 2 | 0 (3) |
| Egypt | 4 | 2 | 0 (2) |
| Malay States | 6 | 0 | (2) |
| China | 45 | 7 | 4 (7) |
| Siam | 50 | 0 | (1) |
| France | 50 | 0 | (1) |
| Trinidad | 22 | 2 | 0 (2) |
| British West Indies | 23 | 1 | 0 (3) |
| Kenya | 10 | 0 | (2) |
| New Zealand | 2 | 1 | 0 (2) |
| Services | 514 | 14 | 0 (33) |
| Others | 25,907 | 6 | 1 (251) |
| | 50,701 | 7 | 4 |

† Number of Bart's men in County.

We have been asked to announce that a Dance will be held in the Great Hall of the New Medical College on January 19th, 1934. Dancing will be from 8 p.m.—2 a.m., and there will be a running bar and buffet.

The proceeds will be given to the College Appeal Fund. Tickets may be obtained from Bridle or from the Committee (price 12/6 double, 7/6 single).

All are asked to support the occasion.

We have to offer our editorial congratulations to Dr. Finzi on being awarded the Mackenzie Davidson Medal for 1933.

Dr. Finzi is the first British radiologist who has received this honour, and his name is now linked with many famous international scientists who have been awarded this medal in the past.

We have to congratulate G. D. Kersley on being awarded the Raymond Horton-Smith prize in the University of Cambridge for his essay on "Fragilitas Ossium and Allied Conditions".

We have been asked to remind all fourth and subsequent year students of the Prize given by the British Medical Association for the best essay on "Describe Three Cases you have seen of Acute Intestinal Obstruction, Discussing Diagnosis and Treatment". Details for the 1934 competition may be obtained from the issue of the *British Medical Journal* for December 2nd, 1933.

We would ask our readers to remember the Annual Christmas Entertainment given by the Amateur Dramatic Society on January 16th-19th, as announced in our last issue.

ST. BARTHOLOMEW'S HOSPITAL CAMBRIDGE GRADUATES' MEDICAL CLUB.

The 53rd Annual Dinner of this Club was held at the Mayfair Hotel on Wednesday, November 15th.

Dr. W. Langdon Brown (Regius Professor of Physic at the University of Cambridge) was in the Chair. There were 110 members and guests present. After the loyal toast, the Chairman proposed the toast of "The Club".

He mentioned the loss that the Club had sustained by the deaths of Sir Walter Fletcher, whom he described as the greatest organizer of research, and of Dr. Waldo, the coroner—a Founder of the Club.

He gave the members a very interesting account of the changes which are to take place in the medical curriculum at Cambridge.

Dr. Donaldson proposed the toast of "The Guests", among whom were Sir Holburt Waring (President of the Royal College of Surgeons), Prof. Hey Groves, Dr. Ralph Noble (of Sydney), Mr. Rock Carling (Surgeon to the Westminster Hospital), and many others.

Sir Holburt Waring, in replying for the guests, described his early visits to the Club, which he has attended as a permanent guest for forty years. Dr. Noble also replied.

Mr. Foster Moore proposed the health of the Chairman in a humorous speech, and attributed Dr. Langdon Brown's present high office to the disappearance of a tin of salmon from a remote store on the Norfolk Broads. No one saw the point of the story, but it went down very well.

Dr. Langdon Brown, after his reply, proposed the health of the Secretaries of the Club—Dr. Henry Burroughes and Mr. Reginald Vick, who replied suitably.

The Dinner was a great success, and afterwards members adjourned to Dr. Morley Fletcher's house, where the usual entertainment was provided up to a late hour.

We learn that the Abernethian Society have been lucky enough to secure the promise of John Drinkwater to give the Mid-session Address on February 1st. The subject of his address will be announced later.

As we go to press we are delighted to read in the New Year's Honours List of the conferment of the C.B.E. upon Mr. Thomas Hayes, Clerk to the Governors since 1905. We offer our heartiest congratulations.

ACKNOWLEDGMENTS.

The British Journal of Surgery—The Nursing Times—Charing Cross Hospital Gazette—Guy's Hospital Gazette—Magazine of the London Royal Free Hospital—Middlesex Hospital Journal—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Gazette—University of Toronto Medical Society Magazine—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletin et Mémoires de la Société Médicale de Paris—L'Echo Médical du Nord—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

THE 1933 XMAS OMNIBUS.

E had bought the last of our Christmas presents, and with that delightful feeling of having finished a difficult task we suggested to each other—she and I—that we should do a show. Now shows on the Saturday before Christmas are stuffy affairs, so we thought—I thought—that a taste of the Ward shows would be just the thing. So along we came quite appropriately through the Casualty entrance, and on the covered slope there was, according to custom, a



THE RED NUCLEUS.

great array of advertisements. "Who's the peer?" she said, recognizing the coronet. "Oh, isn't it good? Just like his photograph," she said, as she always does just before I could answer. "Oh, look at *The Green Elephants*. It isn't going to be that sort of a show is it?" "That's good," I said, evading the invidious question, and pointing at Mr. Ball, M.F.H.: "What's that he's chasing?" "Huntin'—and that's a right kidney." She was not impressed with my knowledge of anatomy, but wanted to know what catheteria meant. "It's a sort of a—of a—sort of a—" "What's that lump in her neck?" "A goitre," I replied hastily and relieved; these women know by instinct, I suppose.

"Who's the coachman? Doesn't he look funny." "Here he is again, and he's not funny; he's the Professor of Surgery. "Aren't professors of surgery ever funny?" she said, musing at *The Red Nucleus* poster. "I suppose Dr. Argyll Robertson is the bone-setter." "We're getting late. Come on." And on the way I explained the true greatness of the red monk, but all in vain. "Oh, I suppose he's Rahere." This led, of course, to a lecture about 1123 and all that.

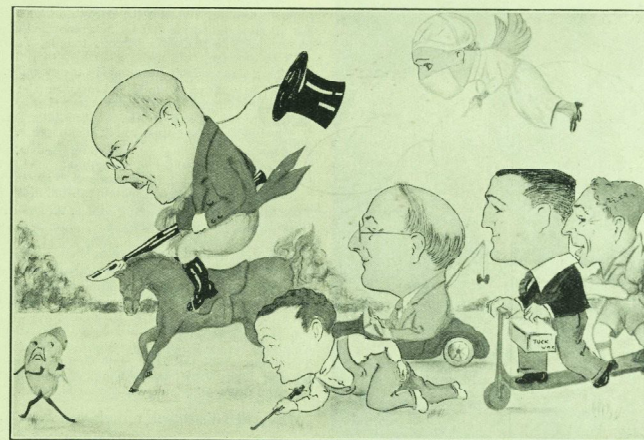
Sister Abernethy was, as usual, arranging with great care so that all her patients and guests could see; we were also arranged and saw well. *The Green Elephants* began their dress rehearsal naturally a trifle stickily with a rather drawling opening chorus and a crooning "Night and Day". Then, having given us the normal to compare with of "What are you going to do now?" they turned it into "A patient's lament". This was good; I wish I could remember the words. Then Messrs. Owen and Howell (who with Maidlow were the backbone of the show) recited all about things like Herr Hitler going into the synagogue. We laughed, but we laughed more at the "Atmospherics." We heard and saw by television the speakers from three stations giving us talks on minor ailments, travel, and the trams in Manchester; and shortly after we heard that "only the other day I saw a lady who was dressed in only . . . two feathers which were . . . above the rear light is t'number of tram . . ." We switched off to see a car broken down on the Portsmouth Road. Although the sketch lacked polish, like the car, and although we were glad when the very real American had lunched in and returned from Portsmouth to find that fatuous kid and that pompous "Papa" were still teaching us higher mathematics, we had enjoyed it well.

When we arrived in Paget *The Flavine Pack*, or rather one of the hounds, had his ears pricked up listening to the wireless—the same sort of thing we had just come from. "Stainless Stephen," she exclaimed, clapping her hands with joy. It was good, and only the very attentive member of *The Flavine Pack* didn't laugh—wonder how he did it. Gilbert and Chorus then gave a magnificent rendering of "How an Englishman takes his exercise". The chorus was well drilled and the whole thing went with a swing. Just because we stopped laughing for one moment a couple of little sketchlets were whipped out of the bag to keep our sides aching. "Old White's whiskers" was great in more ways than one, and it taught us at least three things: where to find Mr. Underwood, where Mr. Ball gets his suture material from, and where we won't find the threepenny-piece Sister Waring lost. At the musical dinner that followed all the waiters had studied under the teachers of either Tauber, Anton Dolin, Bing Crosby, or of—

forgotten the name of some famous step dancer. As it is impossible to improve the food in the Catering Company we presume this is a hint in another direction. But even if they of the Catering Company could sing they couldn't dance as well. Milton Hayes was very good and true to life, or rather he was just like our local M.P.; but we do hope Mr. Gilbert won't really take up politics, even if he is good at them. *The Pack* rounded things off very well by setting us a problem for research. The men, judging by the noise, were, funnily enough, more interested in how a fly keeps its weight down than either the ladies or the nurses, but Mr.

Then suddenly the time changed to Act III in the present, only to be whipped back to the days of armour by a B.B.C. announcer, who gave a running commentary on the romance of a famous Baron, who, having been chased across squares 2, 4 and 7, was foully murdered in his banqueting hall—square 6. With the *Radio Times* we followed it exactly. It was only after the murder that they had the courage to ask, "Who's afraid of the big bad Baron?" Well, of course, no one was.

Magnificently dressed in white and blue *The Folly Bodies* began, as we arrived in Waring, with loud and rousing music, coming from a brilliant pianist and two



THE FLAVINE PACK.

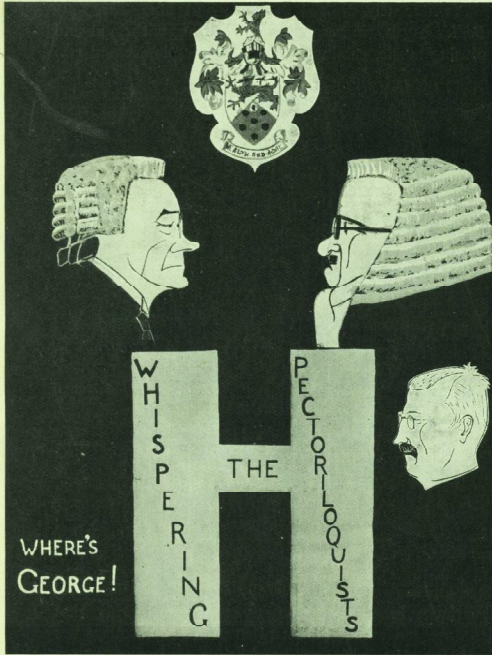
Gilbert's performance was so good he was forgiven at once.

We returned on Christmas Day, neither of us having found out how a fly keeps its weight down, although it is true I had got a few ideas. Shortly after half-past one we found ourselves listening to *The Whispering Pectoriloquists*. This little patch of consolidation, localized in an inn, was in the form of a play—a pleasing and novel idea. The time of Act I of "Knights at an Inn" (any country inn) was the present, but soon we were taken back a hundred years to see yokels dressed in smocks enjoying, much as we enjoy now, a glass or more of ale. They sang tunefully in their timbered inn, which stood up remarkably straight, and told us that their bonnies had gone over the water, and then four of them, still more tunefully, told us how the poor maiden had to marry, even if the altar was her tomb.

great piano accordions skilfully squeezed. A beautiful platinum blonde sang sweetly to us, sorrowing that the surgeon whom she loved so much could adore her only in pieces: she was perfect in all her parts, but undisintegrated, alas, she palled. After the inevitable Furber song, we were treated to a sketch in which a very pleasant young *locum tenens* (our Jack Hulbert) could gain neither the ear nor the confidence of the famous Mrs. Hamblett, a special sub-species of the outpatient genus re-discovered by Hinds Howell in its natural habitat. Our sides ached and eventually burst when we discovered she had shown the doctor the wrong arm.

It is extraordinary how lazy people are, even on Christmas Day, for as I went up the stairs to Ophthalmic the crowd got thinner and thinner, until at the top were left only the few who had come really to enjoy

themselves. However, at the top I found a dyspnoic old Bart.'s man and invited him to come and see *The Red Nucleus*. We were lucky enough to arrive in time to see the last half of *The Green Elephants*. They had not polished up their car, but their sketch was now good and we were sorry that damned American came back so quickly. He couldn't have been to Portsmouth possibly.



THE WHISPERING PECTORILOQUISTS.

"Happy days are here again" and so were the Nuclei. The plural is better, for although a co-ordinated mass, each preserved his individuality, and most of them played the part of centrosome as well—that is to say, they were spheres of attraction. In fact, as one charming little chromosome came away after seeing them for probably the fourth time I heard her say, hiding her admiration with unconcern, "They are getting a little better, aren't they?" "I suppose so," replied the other little chromosome, who was similarly affected. "D'ye ken John Peel?" had undergone metaplasia,

presumably as a response to environment—whether malignant or not judge for yourself.

CHORUS (after each verse).

Oh, we are the clerks and we clerk with glee,
We're a Nucleus Red, very bright you see.
If you don't feel gay, just attend Scheme B,
And we'll soon cheer you up in the morning.

VERSES.

Prosy peers are often portly; by their speeches we are lulled,
But there's one who's no Colossus and whose wits are not yet duffed.
At Lossiemouth this doctor's thought "the finest in the wurld",
And he's often in the papers in the morning.

When I had sinusitis, the crowds they flocked to see,
Mr. Bedford Russell shouted "Clear the Ethmoid Gallery"!
Then "Hold your nose, Now blow your nose, Now laugh and Now say 'Eee'".

And Coll. Alk. was all they gave me in the morning.

Now Dr. Geoffrey Evans is the Baron's better half,
For his style of bedside manner he's renowned upon the Staff,
Though once he stroked a parrot's tongue, Yer know yer mustn't
ever laugh.

It's a thing I don't encourage in the morning.

Now if I have a surgeon to attend me when I'm sick,
I'd like a rosy-faced one, all very span and spick,
With curly hair and spotty tie. "Why, then send for Reggie Vick,
And he'll operate upon you in the morning."

"I'd like a spot of laughter, can you direct me, please,
To London's latest farces and brightest comedies?"

"Oh, save your cash", they answered, "try Morgan's S.O.P.'s,
And you won't be disappointed in the morning".

They bring to Dr. Harris ailing babies, thin and stout.
"Ah—right, just palpate liver, feel spleen, got any doubt?"

As you may readily imagine, it takes a bit of sorting out,
To guess the words omitted in the morning.

Have you heard Professor Fraser in accents soft and low?
Have you seen him lift his hammer to inflict a mighty blow?
Have you met Jack Hylton's namesake, from whom the Psalms
o'erflow?

If you haven't, come and join us in the morning.

The Dean is round collecting, his countenance is bright,
The total's slowly mounting up; his figure is not slight.
So send a New Year's present for the Merchant Taylor's Site,
And don't delay until to-morrow morning.

Dr. Hilton's ward round was well appreciated, but we were surprised to see him make a mistake, especially over a musical instrument; but then, perhaps, a concertina is not a musical instrument; at any rate, it is not a harp. We had thought that to err was human. The tongue-twister sketch, given by Jewesbury, Vartan and Turner was marvellous. After they had gone all the patients, nurses and even the Houseman were busy ordering "Two dozen double damask danner nipkins"; I mean "Two dizzen dable danner nipkins". No! No! "Two dapple dimask damn & \$/£ 3:-% & |o;? @/". The typewriter has also become confused.

"These *Naval Attaches* are good," said the old Bart.'s man, when he had recovered the breath he had lost laughing at the hornpipe which served as the opening chorus. The Dragon was especially expert, as indeed he was in the operation he performed later in that gem of song and dance called "Hæmorrhage in the Hold" or "Appendicitis at Sea". This was their big piece, and it was great. The operation was performed according to the technique of the Cambridge Medical Society.

The patient was anesthetized without gas, ether or oxygen, and was placed on the table in the dorsal position by the use of a "tapper". The surgeon (Dragon) standing on the right side, tried to make an incision, but found the knife to be blunt. An incision of indefinite length was eventually made, using a two-handed saw (large pattern). The intestines—all of them—were delivered carefully through the wound. They were inspected by the surgeon and the dressers. The lesion was examined with song and dance. Prolonged and rhythmical traction was then applied, using the Volga technique. Meckel's diverticulum was seen to be discoloured brown. It was removed after inspection by the ship's dog. The appendix was not seen. As the effects of the anæsthetic were now rapidly wearing off, all hands were summoned on abdomen to replace the gut. The abdomen was closed in a different key, the various layers being sutured with No. 3 tarry twine, iodized silk being too fine for sailors. After a stormy convalescence the patient was able to join in the closing chorus.

When I got to Heath Harrison rather late for *The Harold's Harem* the second or third turn was on, but Mr. Wilson was still smiling over the opening chorus, It was so good they told me. But then they dressed themselves up as patients and showed him what he'd done. They asked him questions.

What d'yer want to look inside for,
What d'yer have me cut and tied for;
Look what you've done.
What d'yer let me have that gas for,
What d'yer stop me drinking Bass for.

Four slouching cads, slovenly dressed, then sang to us all about their caddishness. They were dreadful.

Their personal habits were filthy,
They often spat in the Square.
And that's why the fish in the Fountain
Are becoming increasingly rare.
The notes on their case-boards weren't lengthy,
And for clarity may not be famed;
They find a great pleasure to crib them at leisure,
From the notes that the Houseman has framed.

"Lively, what!" was breathed down my neck by the old Bart.'s man, who couldn't think of anything more appropriate to say about the very energetic *Rail Players* [not Payers]. Mr. Hadfield's gymnastic conducting undoubtedly set the standard. The sketch was a forensic perversion which showed an obvious Leopold Harris influence. The halting way in which it was played was, of course, due to lack of sympathy. Mr. Hosford, who joined the cast at short notice, read all his and some of the other parts with great skill. Mr. Leishman with his flute was as pleasing as was his singing of "Wof-f-f-f" in the song, "Who's afraid of the big bad wolf?"

However, the great feature of this show was that

superlative exhibit of the Loch Ness Monster. It had been captured on hook and line, perhaps with worm, by Mr. Wilson and Mr. Keynes (we were now in Bowlby) while on a holiday in Scotland. The papers had forgotten to tell us that it could not only sing but dance and even stand on its head, although a little unsteadily. P. C. Biely, who was in charge of the case, had made special arrangements with Mr. Bertram Mills for its exhibition. He is keeping it in the Fountain over Christmas. So those large foot-prints (spoor) in the



THE DARK BLUE BIRDS.

Square were probably not Mr. Hosford's feet. Mr. Birdsall, like the rest of them, impoverished by the expense of the Monster, sang to his own accompaniment on a concertina and collected something of the £20,000 they owe to captors of Messrs. MacNess.

Yes, people are very lazy. There was far too small a crowd to see *The Blue Lights* give their most entertaining performance in Coborn, although one of their stars was to be seen wheeling himself—more often being wheeled—about in a chair. However, we are glad his foot is better. As if to explain away his absence, they began by explaining how the life of a dresser tells eventually upon the constitution.

Their best turn was a tea-party showing what would

happen if men took tea in the same way as women. They made it very amusing, but, of course, did not carry things too far, fortunately. The undies Mr. Barret knitted for Sir Charles Gordon-Watson are not to be on show unfortunately.

When a dresser's not engaged in his employment
Of scrubbing up his very dirty hands,
His capacity for innocent enjoyment
Is just as great as any other man's;
His feelings he with difficulty smoothes
When a Sunday morning dressing's to be done,
Ah, take one consideration with another,
A dresser's lot is not a happy one!

Though he loves to lie in bed on Sunday morning,
Or to take his little cousin to the Zoo,
Yet he comes to tend all those with wounds a-yawning,
Or to waken Belby up in K.S.U.
Though he might have gone a-golfing with his brother,
Yet he mournfully foregoes his week-end fun,
Ah, take one consideration with another,
A dresser's lot is not a happy one!

When Groves has got the day off for the Royal and Ancient game,
And his ball has gone a-zipping past the pin,
John Belby and the dressers carry right on just the same,
And Sister Paget gives them nips of gin,
And though Naunton's naughty stories pass around from one to
't'other,
And the nursing staff provide him lots of fun;
Taking one consideration with another,
A dresser's lot is not a happy one!

Though Hosford comes to badger us on Wednesday afternoon,
The dresser never seems to turn a hair,
And though often he is made to look a fool,
For this he always has a perfect flair;
And though Morgan hovers round us like a brother,
When Charlie's questions puzzle everyone;
Taking one consideration with another,
A dresser's lot is not a happy one!

When Charlie's had a party but a day or two before,
A plucking out a rectum like a plum,
And colostomies are lying all around us by the score,
And many feeling sore about the Tum;
A dresser must subdue his irritation,
Shun all thoughts of lying basking in the sun,
And proceed with Carrel-Dakin irrigation;
A dresser's lot is not a happy one!

They finished up solemnly with—

"Good-night patients
Good-night curtains; hope you're hanging right!"

Sister instinctively glanced at them. They were.

A few minutes later I was back in Abernethy waiting for the arrival of *The Dark Blue Birds*. They began well with a Joy Dispensary, from which they gave us a very potent draught of humour, the first effect of which was to make it appear as if we were listening to a telephone exchange. "Lend me a fiver," said a bankrupt. "Can't hear," persisted a man from the north. "But I can," said the Exchange. "Then you lend him the fiver." Among the other effects of this physic was to make us see and hear the Western Brothers singing in their own inimitable way; but we believe the words were really composed by two Bart.'s students, perhaps Messrs. Salmon and Fearnley. Who

else knows what happens "when the Sister's away from the ward?"

The dressers come at half-past twelve instead of ten each day
In the ward when the Sister's away,
Probationers play hoopla with the air-rings so they say,
In the ward when the Sister's away.

There's the very sorry story of the dietician's cat,
It wandered through the Hospital, mewing in B flat,
For it had lost the way to Lizzie, and had kittens on the mat,
In the ward when the Sister's away.

Number 6, he had a joke that I thought rather fine,
He shouted it to Number 8, who happened to be mine,
And Number 7's temperature went up to 99,
In the ward when the Sister's away.

We had an actress in the ward, a masquerade I'm told,
Her hair one week was red, and then the next week it was gold;
It's her fifth appendicectomy—the first is five years old;
In the ward when the Sister's away.

Now Gask forgot to ask about the life of Percy Pott—amazing
whoopie!
In the ward when the Sister's away,
And a woman weighing twenty stone was put into a cot,
In the ward when the Sister's away.

We had a Smithfield porter in, his Christian name was Bob,
The anaesthetic marks him rather sick after the job,
And all Sir Thomas Dumbhill said was "Come on, can't you swab";
In the ward when the Sister's away.

An awful thing will come to pass in 1993,
There'll be sounds in Surgeon's only, "Whatever can it be"?
It's the ghost of Aikton Walker who's come back to have his tea,
In the ward when the Sister's away.

Coming down to breakfast Ross trephined his egg,
In the ward when the Sister's away,
Sir Hobart used a tourniquet to amputate a leg,
In the ward when the Sister's away.

There's a very pretty typewriter owned by A. M. Boyd,
And all his leisure moments now in typing are employed,
His passion for the — instrument was analysed by Freud,
In the ward when the Sister's away.

Next was a long interlude, and we waited while the children's hour was broadcast. Uncle Stephen was very clever at making noises, and Oh, wasn't Auntie Angela lovely? Thank you, Auntie Angela; we enjoyed it very much.

"Better shows than there were in my day. Yes. Quite a record Christmas you said—what—Quite believe it," and we walked out into the forsaken stillness of Smithfield Market.

SURGICAL APHORISMS.

(Continued from p. 47.)

69.



MORE extreme rigidity of the abdominal muscles is produced by a diaphragmatic pleurisy than by any catastrophe below the diaphragm. Above all, when the patient's nostrils are in labour and his respiration is accompanied by grunts, beware! A laparotomy will reveal an unsullied peritoneum, and the anaesthetic will not have helped to resolve the basal pneumonia from which he is suffering.

70.

When perforation of a gastric ulcer has resulted in a hole more than half a centimetre wide, and the surrounding stomach wall is cheesy with inflammation, it is waste of time to attempt closure by sutures. A rubber catheter passed through the hole and down into the duodenum will serve both as a stopper and as a means of giving unlimited fluids. Lives will be saved in this way, which would be lost by conscientious orthodoxy.

71.

Chronic ulceration of the stomach may be attended by a slow loss of blood and a consequent anaemia. When the ulcer perforates, this anaemia is apt to be overlooked and the patient's low condition attributed to "shock". A blood transfusion will often greatly improve his condition and prospects.

72.

The routine performance of a gastro-enterostomy in the treatment of perforated duodenal ulcer is flying in the face of established facts. It may be dangerous, superfluous, or absolutely necessary according to individual circumstances.

73.

"Occult cancers ought not to be cured, for they that are cured die soon, whereas they that are not cured live longer" (Hippocrates, sect. 6, aph. 38). There is still much truth in this paradox, though it is too often forgotten. If it were too much regarded, some of the greatest triumphs of surgery would not be achieved, and it is in the subtle realm of judgment that the solution lies.

74.

A carcinoma of the stomach that is easily palpable is not necessarily inoperable. In any case the prognosis depends more on the age of the patient than on the size of the growth—the older the better.

75.

The association of a glass eye and an enlarged liver spells melanotic sarcoma, however long it may be since the eyeball was removed.

76.

It was at one time supposed that the use of so delicate and difficult an instrument as a cystoscope had, once and for all, marked out the genito-urinary tract as a province *par excellence* for the "specialist". It has since been discovered that familiarity with cystoscopy is easily acquired, and it is now part of the equipment of any competent surgeon.

77.

"Specialism" in the genito-urinary tract has had another respite since the introduction of transurethral prostatectomy, but it will be short-lived.

GEOFFREY KEYNES.

(To be continued.)

THE ASCHHEIM-ZONDEK REACTION.



HE Aschheim-Zondek reaction has gradually established itself, since its introduction by Aschheim and Zondek (1) in 1928, as the most accurate laboratory test for the diagnosis of early pregnancy. Together with modifications introduced by subsequent workers, it has superseded the older, unreliable biochemical tests.

The reaction—a biological one—depends on the presence of a substance in the urine of pregnant women, which will cause changes in the generative tract of sexually immature female mice. The important changes are ovarian, and consist of the formation of corpora lutea and of haemorrhagic Graafian follicles.

It has been shown (Smith and Engle (2)) that the anterior lobe of the pituitary exercises a controlling influence on the ovary, and that changes in the ovaries of infantile mice similar to those produced by the substance in a urine of pregnancy may be caused by aqueous anterior lobe extract or by implantation of anterior pituitary tissue. In view of this, Aschheim and Zondek considered that the specific substance in the urine of pregnant women was anterior pituitary lobe hormone, the commencement of pregnancy being quickly followed by an "explosive production" of this hormone, resulting in inundation of the blood and excretion in the urine.

Various observers (Zondek (3), Wiesner and Crew (4)), have demonstrated that the anterior lobe hormone can be divided as regards its action on the ovary into two components—prolan A and prolan B (Zondek). Prolan A is concerned with maturation of the Graafian follicles, whereas prolan B is the luteinizing hormone. It is the latter which occurs in large amount in the urine of pregnancy, and is responsible for the specific criteria of a positive Aschheim-Zondek reaction, namely haemorrhage into enlarged Graafian follicles and the formation of corpora lutea.

The original hypothesis of Aschheim and Zondek concerning prolan B has, however, been subjected to doubt by the observation (Reichert, Pencharz, Simpson, Meyer and Evans (5)) that the active substance in a

urine of pregnancy will no longer produce typical ovarian changes in sexually immature female rats, hypophysectomized prior to injection. The ovaries, to be responsive to the hormone in pregnant urine, must apparently be sensitized by the presence of the pituitary gland.

Whatever the explanation of the Aschheim-Zondek reaction may prove to be, its practical value as a reliable laboratory test for the diagnosis of pregnancy from an early stage is unaffected. The essential condition in the female for the urine to produce a positive reaction is the presence of living chorionic villi (physiological or pathological). The chorionic epithelium elaborates a substance which stimulates the anterior pituitary lobe with a resulting marked secretion of prolactin B, or alternatively its internal secretion is a hormone closely related in properties to the latter.

Uses of the test.—The test enables pregnancy to be diagnosed with certainty at a stage when its presence, as deduced clinically, may be inconclusive. Positive results are given as early as the week following the first missed menstrual period, and remain until parturition.

The recognition of early pregnancy is, of course, a matter of very great importance socially. In pathological states it may be absolutely essential for the patient's welfare to establish its presence or absence.

If pregnancy be contra-indicated owing to the presence of some constitutional complaint (heart disease, tuberculosis, diabetes, etc.), it can, by means of the Aschheim-Zondek test, be recognized at a very early stage, and terminated without the greater attendant risks at a later date.

Its value in confirming the suspected presence of an atypical ectopic gestation and in the differential diagnosis between an early pregnant uterus, a fibroid or an ovarian cyst, and between amenorrhœa due to pregnancy and that from other causes, e.g. the menopause, is obvious.

Lastly, as the essential for a positive test is the presence of living chorionic epithelium—physiological or pathological—and not necessarily a living fœtus, the reaction is useful in cases of suspected hydatidiform mole or chorion-epithelioma. Both these conditions are characterized by an extremely high concentration of the luteinizing hormone in the urine, so that the reaction as ordinarily performed is intensely positive, or may be obtained by a single dose of a very minute quantity of urine. In hydatidiform mole, Aschheim (6) obtained a positive result with $\frac{1}{10}$ c.c., and Ehrhardt (7) with $\frac{1}{20}$ c.c. in one case and $\frac{1}{30}$ c.c. in another. Bishop (8), with the Friedman technique, obtained a doubtful positive reaction with the equivalent of $\frac{1}{30}$ c.c. of urine in a case of chorion-epithelioma.

According to Aschheim, the result may remain positive up to twelve days after the evacuation of a hydatidiform mole. Persistence of a positive reaction, especially with high dilutions of urine when performed after a much longer interval than this, or its reappearance after a negative period, should lead to the suspicion of the presence of chorion-epithelioma, and this in spite of negative diagnostic curettage.

Whether there is a quantitative increase in the strength of the reaction associated with the larger amount of chorionic tissue of twin pregnancies has not yet been investigated.

Technique and interpretation.—The method employed has been a slight modification of that introduced by Allan and Dickens (9). Five healthy, sexually immature female mice (21–24 days old at the beginning of the test, and of an average weight of 7.5 gm.) are given six doses of urine of 0.4 c.c. distributed as follows: Two on the first day (10 a.m. and 4 p.m.), three on the second (10 a.m., 2 p.m. and 6 p.m.), and one (10 a.m.) on the third. The times need be approximate only. The urine is injected subcutaneously under the skin of the back. The mice are killed on the morning of the fifth day, and their ovaries examined. A control animal was used in the earlier tests, but was subsequently found to be unnecessary.

The mice were procured from a commercial breeder, and were of the age stated (maturity is normally reached between five and six weeks after birth). Female mice can be distinguished as immature by the small size of the ovaries and their unripened follicles; also, the uterus is thread-like, and the vagina is a solid cord of cells.

A positive result is recognized macroscopically by the appearance of corpora lutea or hemorrhagic Graafian follicles, or of both, in the ovaries. These show as small yellowish and as red dots respectively, with slight variation in size. The corpora lutea are more numerous than the hemorrhagic follicles, but the latter are the more conspicuous. A hand lens ($\times 10$) is useful in the examination of the ovaries, but microscopic sections are not necessary. In addition, in a positive reaction the bi-cornuate uterus usually becomes enlarged and distended, and the vagina patent. These changes, however, depend on the presence of the oestrogenic hormone in the urine, which is increased in pregnancy (Zondek (10), Allan, Dickens, Dodds and Howitt (11)), and they do not form essential criteria of a positive Aschheim-Zondek result.

Five test animals are necessary, as individual mice vary in the degree to which they respond to a urine of pregnancy. The presence of corpora lutea without hemorrhagic follicles is common, very rarely the

converse. The occurrence of either of these in one of the ten ovaries examined may be regarded as a positive result. In only two mice in the present series of 23 positive reactions did the ovaries show no changes (confirmed microscopically), and in one of these the absence was unilateral only.

Very rarely a covering of fat over the ovaries renders the detection of the distinctive changes somewhat difficult.

The urine used for the test should preferably be an early morning specimen, as the higher specific gravity (above 1015) present at this time is associated with an increased concentration of the luteinizing hormone. In the absence of leucorrhœa a catheter specimen is unnecessary.

The urine may be preserved by the addition of a few drops of toluene, and should be kept in the ice-chest during the test. Warming and centrifugalization, the latter reducing any mild degree of toxicity, are carried out prior to the daily inoculations.

Toxicity of urine.—Some urines prove toxic to mice, and cause death after one or two injections before the completion of the test. Slight decomposition results in a high mortality, but even in its absence, the urine may occasionally be found to be toxic. Toxicity is not related to luteinizing hormone content, and may be associated with a urine subsequently proved to be a non-pregnancy one. The frequency of toxic specimens, which kill the test animals, varies considerably with different observers; the Edinburgh station (12) reported their occurrence as nearly 3%, Ehrhardt (7) as 20%. At this hospital they have amounted to 6% of 50 cases tested.

A urine may affect the mice after the first one or two injections without causing death; in these circumstances if the result is not a matter of urgency, it may be possible by increasing the interval between the inoculations and prolonging the time of the test to a week or 8 days to keep the animals alive and obtain a result.

Two methods of detoxicating a urine are in use: one depends on the precipitation of protein with sulphosalicylic acid, and using the filtrate, which is adjusted to neutrality; the other consists in extraction of the urine by ether. The latter has been found to be the more satisfactory, and has been employed with success in the few severely toxic specimens met with in the present series of cases. The urine is well shaken up with approximately half its volume of pure ether, and the mixture placed in a separating funnel and allowed to stand. The urine is then run off from the supernatant ether layer, and any small residuum of ether allowed to evaporate by placing it in an evaporating dish in an incubator at 37° C. for a few hours. The urine so

treated is then used for the test in the usual way, and does not appear to suffer any loss of active principle. When only a small amount of urine is available (the minimum required for the test is about 15 c.c.), and a second specimen cannot be conveniently obtained, it is wise to extract the urine with ether as a routine before commencing the inoculations.

Difficulty caused by infection of the urinary tract may be overcome by using the blood-serum. Doses of 0.1 c.c. are given subcutaneously at the same times and intervals as for urine (Stewart (13)).

Reliability of the Test.

Aschheim (6), in over 600 cases comprising both non-pregnant and pregnant females had a percentage error of 1.6%, Wiesner (14), at Edinburgh, one of 2.4%, and Allan and Dickens (9) approximately 2%. Stewart (13) in 101 tests had only one fallacious result, and Wittig (15) reports a 100% correct diagnoses. Robertson (16), in a general review of the work of a large number of observers, records a percentage error of a little below 1.5%.

It has been possible subsequently to confirm the result in 45 cases tested by the writer, and in these there have been no discrepancies.

It must be remembered that the reaction, as previously emphasized, depends on the presence of living chorionic epithelium; a positive reaction therefore is not necessarily proof of the presence of a fœtus, and may be obtained with retained adherent fractions of living placenta, with incomplete abortion (where placental tissue is still present in a functional state), and with hydatidiform mole and chorion-epithelioma. Conversely, the result will be negative with a dead ovum.

The test becomes positive about the twenty-fifth day after conception, and remains so until about 48 hours after parturition. It remains positive as long as nine days after complete abortion, and for a longer period after the total evacuation of a hydatidiform mole.

The advent of abortion is accompanied by a diminution in the concentration of the luteinizing hormone in the urine during the previous two or three days (Wiesner (14)).

Some cases of pituitary disease may give a positive result (Bishop (8)), and a similar finding has been reported in a case of hyperthyroidism (Stewart (13)); it appears, therefore, that endocrine disturbance may be a source of error.

More disturbing is a weak positive result in a woman at the menopause (Allan and Dickens (9)); this, however, is contrary to the findings of almost all other

observers in this condition, and in three menopausal cases tested by the writer, the reaction was negative.

Careful interpretation of results, bearing in mind the essentials of a positive reaction (living chorionic tissue), knowledge of the anomalies regarding some time factors quoted above, and attention to details of technique (e. g. urine of high specific gravity) will probably lower the percentage error in the test to well below 1%.

Related tests.—Only two need be mentioned, the Siddall and the Friedman.

The Siddall test (17) consists in the inoculation of immature female mice with daily doses of 1 c.c. of the patient's blood-serum. On the sixth day the animal is killed and weighed; the uterus and the ovaries are dissected out cleanly, and also accurately weighed; the ratio of the mouse's weight to the combined weight of the uterus and ovaries is calculated, and this ratio is used for the diagnosis. If it is less than 400 to 1, the test is considered positive; if more than this, the test is negative. The reaction depends on the increased amount of œstrin in the blood of pregnant women. This test is not as accurate as that of Aschheim and Zondek, is more complicated, takes a day longer to perform, and needs blood instead of urine.

The Friedman test (18) is performed on a rabbit, and depends on the production of hæmorrhagic Graafian follicles in the ovaries by intravenous injection of urine of pregnancy; the principle is the same as in the Aschheim-Zondek reaction. In the rabbit, ovulation and the formation of corpora hæmorrhagica are said to occur only following copulation, so with adequate preliminary segregation mature animals may be used. The original technique consisted in the injection of 10 c.c. of urine into the ear vein of a female rabbit, killing the animal 24 hours later and examining the ovaries. This, of course, is a simpler method, and gives a much more rapid result than the Aschheim-Zondek test, and has tended to replace the latter, although in this form it is not so accurate.

Bishop (8), however, after an extensive investigation of the Friedman reaction, has shown that 36 hours should elapse between injection and inspection of the ovaries, and also that errors may result from the previous presence of old corpora hæmorrhagica in the ovaries, and from failure of an individual rabbit to react to a urine of pregnancy. To exclude these, it has been necessary to elaborate a more complicated technique. A preliminary laparotomy is performed on the test rabbit, and the ovaries examined to exclude old corpora hæmorrhagica. The abdomen is then closed and the intravenous injection of urine given. Laparotomy is carried out after an interval of at least 36 hours, and the ovaries re-inspected. The presence of corpora

hæmorrhagica indicates a positive result. If absent, the abdomen is again sewn up, and an injection of a known urine of pregnancy given. A third laparotomy is performed after a similar interval. If corpora hæmorrhagica are now present, the test on the original urine can safely be regarded as negative; if they are still absent, it is an indication that the rabbit is non-reactive, and the test must be repeated on another animal. This modification has so far given no incorrect result in 69 cases.

In view of Bishop's findings and the necessity for the above, it is doubtful if the Friedman test will displace the Aschheim-Zondek. The latter is simpler than this newer modified Friedman technique; provided the mice are 21–24 days old, there is no risk of hæmorrhagic follicles or corpora lutea being present prior to inoculation, and in addition the evidence from ten ovaries is available, thus allowing for variation in response of individual animals. The Friedman test gives a more rapid result, but it is possible to kill two out of the five mice in an Aschheim-Zondek test on the fourth day and find the conclusive positive changes in their ovaries.

Lastly, it has yet to be proved that the Friedman reaction, however modified, is more accurate than the Aschheim-Zondek; both depend on the presence of prolactin B in the urine, and both are theoretically open to the same anomalies.

CASES.

The following cases are drawn from the 45 confirmed tests forming the subject of this paper, and are illustrative of the value of the Aschheim-Zondek reaction in diagnosis.

1. Patient, æt. 46; married 7 months. Periods normal until two months ago, when flow scanty on first occasion, and then absent. (Differential diagnosis from menopause.) Aschheim-Zondek test performed two weeks after second period due—negative. Menopause subsequently confirmed.

2. Patient, æt. 23; unmarried. Missed one menstrual period; previously regular. Aschheim-Zondek test performed one week after first missed period—positive. (Early diagnosis of pregnancy.) Confirmed.

3. Patient, æt. 47. Ten weeks' amenorrhœa. Pregnancy five years previously associated with severe anaemia, pernicious in type; termination of any subsequent pregnancy advised. Aschheim-Zondek test, ten weeks after last period, positive. Preparations made to terminate the pregnancy artificially, but patient aborted spontaneously. (Confirmation of pregnancy, where constitutional factor indicates termination.)

4. Patient, æt. 37. A regular period was followed by one six days late; since the latter there had been slight continuous bleeding per vaginam for fourteen days up to admission to hospital, with occasional attacks of pain in the right iliac fossa. Examination revealed no definite signs of pregnancy. Bimanually, a firm, tender resistance was felt behind the cervix; this was considered to be the retroflexed body of the uterus, of average size. Apart from this nothing abnormal was detected in the pelvis. Aschheim-Zondek test performed four days after admission to hospital—positive. Operation revealed right tubal gestation. (Confirmation of suspected ectopic gestation.)

5. Patient, æt. 29. Last period commenced at expected date, but continued with slight loss and intermittent attacks of sharp pain in the right iliac fossa for seventeen days, at end of which time

patient was admitted to hospital. There were then no definite signs of pregnancy. Vaginal examination revealed an indefinite tenderness in the region of the right appendages and a structure resembling the right ovary could be felt. Aschheim-Zondek test was positive. Operation revealed right tubal gestation. (Confirmation of suspected ectopic gestation.)

6. Patient, æt. 39. Married twelve months. Ten weeks' amenorrhœa. Complained of abdominal swelling. Examination suggested ovarian cyst, rising to 1 in. above umbilicus; body of uterus soft and bulky. Aschheim-Zondek test positive. Patient miscarried third month, and a large pseudo-mucinous cystadenoma was removed three months later at operation. (Confirmation of pregnancy in presence of ovarian cyst.)

7. Patient, æt. 40. Symptom, abdominal pain. Periods regular until six weeks previously. Irregular bleeding since. On examination there were no definite signs of pregnancy; bimanually body of uterus was somewhat bulky, and projecting from its left posterior surface was a rounded mass 1½ in. in diameter. Aschheim-Zondek test negative. Operation: subtotal hysterectomy. Myometrium thickened and contained many areas of adenomyosis. (Differential diagnosis from threatened abortion.)

In conclusion my thanks are due to the staff of the Gynaecological and Obstetric Department, and to various doctors who have allowed me to investigate cases; to Mr. John Beattie in the former, for advice on clinical details, and lastly to Mr. E. Wilson, laboratory assistant, for help in the manipulation of the animals.

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H. F. BREWER.

CHONDROMATA OF THE LONG BONES.

THE clinician who profits by experience learns to regard a chondroma with disfavour, but it is exceptional for text-books of pathology to give more than the vaguest hint that this tumour can ever be anything but a harmless mass of cartilage. Even when it has been disseminated by the blood-stream the primary growth has been considered to be innocent, and the amazing suggestion that by virtue of their dense elastic consistency chondromata are not unlikely to ulcerate into veins is offered as an acceptable explanation of the phenomenon. It must be pointed out, in justice to the story-books, that the wisest of them warns the unwary student that such notions are to be regarded with "some suspicion".

It must be clearly understood that the tumours with which we are dealing have the characteristic naked-eye appearance of hyaline cartilage, and that no reference will be made to the osteogenic sarcoma having microscopic islets of cartilaginous tissue as one of its components.

The chondromata may be divided into two groups—one in which the tumours are multiple, and the other in which there is only a single growth.

MULTIPLE CHONDROMATA.

The cases in which numerous cartilaginous tumours arise in the long bones of the hands and feet are well known. These are named "enchondromata" since they form inside the bones and expand them. They may be present from birth, but if not observed, then they always manifest themselves in early childhood, and grow slowly until the bones become mere shells (St. B. H., A 495, A 499)*.

Though the whole of a bone, including the epiphyseal cartilage, may be involved, the tumours start in the shafts, and a considerable length of healthy bone may exist between the tumour mass and the epiphyseal cartilage (St. B. H., A 501). The growth thus seems to start, not from an ectopic fragment of epiphyseal cartilage, but from embryonic remnants of the primitive cartilaginous rods which form the bones of the hands and feet.

These tumours are sometimes found in association with deformities in the rest of the skeleton which have been attributed to rickets. That the misshapen long bones of the extremities are not rachitic is shown by the presence upon them of multiple cartilaginous

* Numbers refer to specimens in the Museums of St. Bartholomew's Hospital and the Royal College of Surgeons of England.

tumours, which could result only from a congenital defect in the developing bone, a deforming chondrodysplasia (R. C. S., 2157.2; St. B. H., A 497, A 502). This condition is closely allied to diaphysal aclasia (multiple exostoses), and there is no doubt that multiple enchondromata should be regarded as manifestations of a growth disorder of cartilage, as distinct from the chondroma of adult life, which is truly neoplastic.

Unfortunately the term "enchondroma" is often improperly used in reference to any cartilaginous tumour, and because the familiar enchondromata of the fingers are innocent, it is assumed that all other chondromata are innocent also.

SINGLE CHONDROMA.

The single chondroma of a long bone grows from a displaced fragment of the epiphysal cartilage, and therefore it always forms close to the end of the bone. Its natural history depends upon whether it continues to grow as a mass of cartilage, or whether it fulfils its proper function and turns into bone.

* Once upon a time there lived in an epiphysal cartilage a young cell, whose family, owing to bad housing conditions and overcrowding, were compelled to move further out into the country. His parents were kindly but old-fashioned folk, who believed that children should be seen but not heard, and the little cell from his infancy always did what was Right. It might have been of him the poet wrote:

"In eating Bread he made no Crumbs,
He was extremely fond of sums,
To which, however, he preferred
The Parsing of a Latin word."

When he left school and went into the City his conduct was governed by a burning desire to live his life in the service of his fellows. He therefore always had the exact fare ready, and made it a rule to let them off the car first and to move well up inside. He naturally gave his whole-hearted support to the suggestion that, as the family grew, they should turn their backs on their original home, from which they were now separated beyond recall, and that they should accept without demur their orthodox position overhanging the diaphysis.

Though he enjoyed being a cartilage cell, he noticed that everybody who was anybody sooner or later became differentiated, and so, in company with his friends and in accordance with the traditional behaviour of all self-respecting citizens, he sacrificed his individuality and became an undistinguished and even indistinguishable unit in a cancellous osteoma. One of his aunts who refused to mortify her family pride liked to hear them spoken of as an ossifying chondroma, but the rest of the family felt that as they had done their duty and turned into bone, why shouldn't they say so, and people rather admired them for it.

Having thus passed unblemished through tempestuous youth, this respectable community settled down to a peaceful unproductive adult existence, and if they did no good, they certainly did no harm.

The importance of the influence of early training is shown by the very different story of another family of cartilage cells placed in a similar environment. The parents believed that the little cells should be allowed to develop unchecked, and when they behaved particularly badly their conduct was excused, because, "after all, we were all chondroblasts once!" Never having been made to learn anything, least of all the classics, the bright young things

* The paragraphs in small print are hard stuff, and are intended for advanced students only.

felt that this revelation about their origin would always "let them out", and they therefore determined to embark upon a career of crime. "Blast by name and blast by nature" became their slogan, and, joining the Communist party, they proceeded to undermine all the accepted principles of Law and Order.

They first ensured the rapid growth of their numbers by dispensing with all the old strait-laced notions about regular cell-division, and the handful of revivalists who exhorted them to differentiate and settle down were immediately overwhelmed by agitators extolling young blood and enthusiasm. It soon became apparent that they would have to enlarge their territory, and this they did by destroying the neighbouring bone and by growing outwards from its surface. They still refused to differentiate, and in the mass they resembled cartilage, though here and there in the poorer districts there were outbreaks of myxomatous degeneration and calcification.

The surrounding tissues maintained a stout resistance, and the barrier between them and the rapidly growing mass of young and misgoverned cartilage was yet intact, though it seemed doubtful how long they could hold out. At this juncture, however, an unforeseen catastrophe destroyed at one fell swoop almost the entire mass of cartilage. Though the forces of Law and Order were armed only with such primitive weapons as knives and sharp spoons, their commander was bloodthirsty and relentless, and the operation was so thoroughly carried out that it was thought for a time that none of the rebels had survived.

A few of the most vigorous young cells who had dug themselves into the surface of the bone had, in fact, escaped, and without delay they re-established themselves on more boldly and blasty lines than ever, encouraging their followers to become as like their comrades, the sarcomata, as they could. Not content with local wrecking and destruction, groups of them set out to found anarchist societies in places where they would be more likely to succeed in undermining the authority of constitutional government. Many of these pioneers perished, but others became flourishing metastases, sapping the resources of their neighbourhood and finally achieving the dissolution of the entire body politic.

The moral is that unless cartilage cells are properly brought up, and unless they agree to do their duty and differentiate when they come to years of discretion, the Destroyer will do well to see to it that they are completely extirpated.

(i) Cancellous Osteoma.

If the ectopic cartilage becomes ossified, the familiar cancellous osteoma is produced, which always behaves as an innocent tumour, and provided the whole of its cartilaginous covering is removed, the tumour does not recur after operation, even though a portion of its bony pedicle be left behind. Seeing that it is composed almost entirely of bone the tumour is appropriately named a cancellous osteoma, the term "ossifying chondroma" being either discarded or applied to cartilaginous tumours, which have small areas of ossification occurring in them as a secondary change.

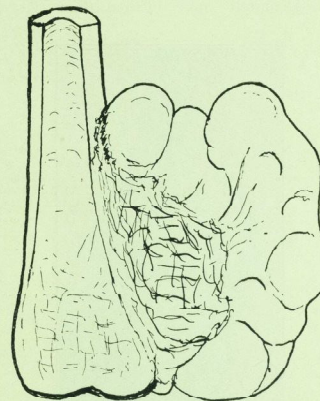
For this reason it might be more correct to leave the cancellous osteoma out of consideration, but it is included because of its clear relationship to the chondromata of epiphysal cartilage, and because, when compared with the latter, it gives strong support to the view that in their mode of growth the most innocent tumours resemble most closely the normal tissues of the body.

In common with all the tumours derived from epiphysal cartilage, the cancellous osteoma has been supposed to be a sequela of rickets. In the course of the irregular ossification which occurs at a rickety

epiphysis islets of cartilage may be left high and dry, but there is no evidence that such islets ever develop into tumours. I have been unable to find the record of a case of rickets complicated by a chondroma, and the tumours which I have examined clinically and in museums have all occurred in bones which have been free from rickety deformity.

(ii) Chondroma.

A chondroma derived from epiphysal cartilage may start growing outside or inside the bone. The tumour which grows outside is sometimes referred to as an



A. 620.

FIG. 1.—SPECIMEN REMOVED FROM A MAN, ET. 31. THE CHONDROMA HAD BEEN GROWING FOR TWELVE YEARS AND PORTIONS OF IT HAD BECOME OSSIFIED. THE HISTOLOGICAL EXAMINATION WAS "NOT CONCLUSIVE OF MALIGNANCY", BUT TWO YEARS LATER THERE WERE EXTENSIVE DEPOSITS IN THE PELVIC LYMPHATIC GLANDS. [ST. B. H., A 620.]

enchondroma, but as the term is likely to be confused with "enchondroses" (the chondrophytic lipping of the articular cartilage in osteoarthritis), it is perhaps preferable to call the tumour a parosteal chondroma.

When the growth starts inside the bone it may be spoken of as an enchondroma, but as it grows it erodes the bone, breaks through the cortex, and continues to grow outside. Hence the term "enchondroma" also may lead to confusion, and it is really more sensible to drop the prefixes and call them all chondromata.

(a) Starting Outside the Bone (Fig. 1).

This tumour appears in adult life and grows comparatively slowly for several years. Its outer surface is lobulated and smooth, with a clear line of cleavage

between the growth and the surrounding muscles. The surface in contact with the bone, however, shows no such clear-cut edge, and the cartilage and bone appear to be fused together (St. B. H., A 496, A 1614, A 620).

If an attempt be made to remove such a tumour from the surface of the bone, recurrence is inevitable, and whereas the original growth may be indistinguishable from simple hyaline cartilage, the recurrence will show features which are unmistakably those of a sarcoma (St. B. H., A 614, A 618).

Myxomatous and calcareous degeneration are common, and, though it consists almost entirely of undifferentiated

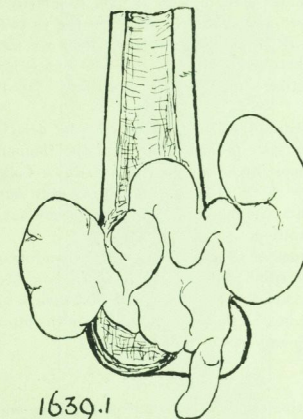


FIG. 2.—SPECIMEN REMOVED FROM A WOMAN, ET. 30. THERE HAD BEEN A SWELLING AT THE LOWER END OF THE FEMUR FOR THREE MONTHS. TO THE NAKED EYE THE LUMEN APPEARED TO CONSIST OF HYALINE CARTILAGE. DEATH ENSUED FOUR YEARS LATER FROM A SARCOMATOUS GROWTH IN THE BRAIN. [R. C. S. MUSEUM, 1639.1.]

cartilage, portions of the tumour may undergo irregular ossification (St. B. H., A 620).

The appearance of metastases completes the chain of evidence that these tumours are malignant, and though it may be that they "become" malignant, it is much more likely that they are essentially malignant from the beginning. Secondary deposits are recorded in the brain, kidneys and lungs (St. B. H., A 618) and also in lymphatic glands (St. B. H., A 620).

(b) Starting Inside the Bone (Fig. 2).

A chondroma in this position is a tumour of adult life, though it can occur in childhood (St. B. H., A 494). It increases in size rapidly, and, in contradistinction to the parosteal variety, the duration of symptoms is commonly a few months instead of a few years. As the

tumour grows it destroys the bone, and does not give rise to the expansion which is characteristic of the benign giant-cell tumour.

The radiogram of a chondroma may show streaks of calcification which resemble trabeculation, but the absence of expansion of the bone and the presence of a remnant of normal bone which is usually visible between the tumour and the neighbouring articular cartilage are features which help to distinguish a chondroma from a benign giant-cell tumour.

After destroying the cortex of the bone the chondroma sprouts out among the surrounding muscles, but its surface remains smooth, and though it infiltrates the bone, it does not appear to infiltrate the surrounding tissues (St. B. H., A 617). To the naked eye the only difference between such a chondroma and a mass of normal cartilage may be its vascularity (St. B. H., A 495A).

The appearance of metastases may be delayed for many years after radical removal of the tumour, and two specimens in the Museum of the Royal College of Surgeons (R. C. S., 1639.1 and 1639.5) were obtained from patients who died of secondary deposits four years after amputation.

It is important to note that a single chondroma may grow at the epiphysal end of one of the long bones of the hands or feet in adult life, and that such a tumour can behave in exactly the same way as a chondroma of one of the long bones of the limbs.

CONCLUSIONS.

1. "Multiple enchondromata" of the long bones of the hands and feet which occur in early childhood are innocent growth disorders of cartilage.
2. The only innocent tumour derived from epiphysal cartilage in adult life is the cancellous osteoma.
3. The chondroma which grows at the end of a long bone in adult life is malignant, growth being more rapid when the tumour originates within the bone.

J. PATERSON ROSS.

A PAROSTEAL CHONDROMA OF A PHALANX.

THE patient, a woollen warehouseman, *æt.* 29, ten years ago noticed a small swelling on the palmar aspect of his left ring finger in the region of the middle phalanx. At this time the swelling was quite painless, except when he gripped objects tightly with his hand, or when very firm pressure was applied.

At first this did not inconvenience him much, but it gradually grew in size, and it started to interfere with the movements of the finger. Examination revealed a firm fusiform swelling 2.5 cm. long, attached to the volar surface of the middle phalanx, but not attached to the skin, and on account of its size there was only a slight degree of flexion at the first interphalangeal joint. It was also found to be slightly tender on pressure.

The finger was X-rayed, and showed an area of erosion on the volar surface of the lower end of the middle phalanx, and over this a circular opacity, whose outer edge was definitely more opaque than the centre.

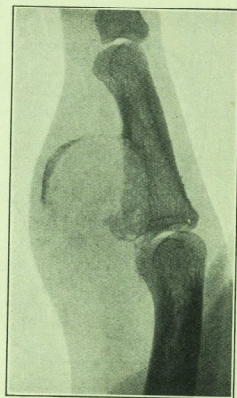


FIG. 1.—SKIAGRAM OF FINGER, TAKEN IN 1927, SHOWING IRREGULARITY IN OUTLINE OF THE VOLAR ASPECT OF THE MIDDLE PHALANX AND FAINT CALCIFICATION IN HUMOUR.

Throughout the centre were some very small areas of greater density. This gave the appearance of an ossifying chondroma.

Clinically the swelling appeared to be a new-growth, either of cartilage or fibrous tissue from the middle phalanx, and he was advised to have it removed. It was not until three years afterwards, however, that the patient came up to the hospital to have the swelling examined again. In the meantime it had increased slightly in size.

The finger was X-rayed again in 1927 (Fig. 1), and this showed that the condition was slightly more advanced than when the previous films were taken. The joint space between the proximal and middle phalanx had decreased, and lying in front of this was a rounded discrete swelling which was associated with

the bone, and whose edges were faint. A large area of erosion of the middle phalanx was seen.

Six months later he was admitted to the hospital to have the swelling removed. It was then 3 cm. long by 1.8 cm. broad by 1.8 cm. deep. The skin over it was stretched and smooth. It was hard and elastic, and only tender on strong pressure. The surface was rounded, and the edges were smooth and faded into the bone of the phalanx. The movements of the proximal interphalangeal joint were limited.

At the operation the tumour was found to be attached to the middle phalanx. The tumour was removed, and the surface of the bone was scraped with a sharp spoon.



FIG. 2.—SKIAGRAM OF FINGER, TAKEN IN OCTOBER, 1933, SHOWING FURTHER EROSION OF THE BONE AND MORE DIFFUSE OSSIFICATION IN THE HUMOUR.

It was shown pathologically that the tumour resembled the structure of a chondroma and a diagnosis of "enchondroma" was made.

After the operation the patient used his finger quite normally for five and a half years, when he noticed another swelling appearing in the same place. This gradually got larger, and during the last three months before coming up to hospital it increased rapidly in size. When he was examined in October, 1933, the swelling was found overlying the middle phalanx and distal part of the proximal phalanx. It was 2.5 cm. long by 2 cm. broad. In outline it was quite definite distally but less so proximally. The surface was irregular, and in consistency it was firm and elastic, being attached to the underlying phalanx but not to the skin. The size

of the swelling limited flexion of the proximal interphalangeal joint to some extent. It was only found to be painful on deep pressure.

This time the X ray (Fig. 2) showed that the base of the middle phalanx had on its volar aspect a tumour with a thin bony shell and a relatively translucent interior which probably contained cartilage. Some irregular bone formation had occurred in the interior, and the tumour appeared to be fixed also to the head of the proximal phalanx. This was diagnosed by the radiologists as an "enchondroma".



FIG. 3.—THE AMPUTATED FINGER, SHOWING THE VASCULAR CHONDROMA SPRINGING FROM THE VOLAR ASPECT OF THE MIDDLE PHALANX.

Owing to the recurrence of the swelling amputation of the finger was advised, and this was performed. When the specimen was examined pathologically it was found on section that there was a pinkish vascular cartilaginous mass, 2.5 cm. by 1.3 cm., present over the proximal half of the middle phalanx and first interphalangeal joint (Fig. 3). This was firmly attached to the volar surface of the middle phalanx, and the phalanx itself appeared slightly hollowed out. The tumour had no capsule, and it appeared to be pushing the flexor tendons away from the bone without being attached to them. The proximal interphalangeal joint had not been invaded, and there was no attachment to the distal part of the first phalanx.

The microscopical section showed that the tumour was composed of cartilage cells lying in a hyaline matrix. In places a myxomatous change was occurring, also it was noticed that there were many blood-vessels present. The tumour was lying on bone, which it had eroded in places, but in other places this had gone on further, and there were seen small islands of bone lamellae completely surrounded by the tumour.

The tumour therefore had the appearance of a parosteal chondro-sarcoma, which had grown from the epiphyseal cartilage of the middle phalanx, and was infiltrating the bone. It is almost certain that infiltration must have occurred before the first operation, and it must be concluded that the only way to remove such a tumour completely is to excise the portion of the bone with which it is in contact.

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

L. HEASMAN.

A RARE COMPLICATION OF FEMORAL HERNIA.

MRS. H—, *et. 50*, had enjoyed good health until August 28th, 1933, when she was admitted to the Hospital complaining of a swelling in the right groin. She stated that four days previously she accidentally noticed the swelling; it was not painful, and caused her no discomfort. There had been no history of vomiting or of constipation.

On admission her temperature was 99.4° F., pulse 78, respirations 18. The physical examination was negative except for the presence of the swelling in the right groin. This was oval, 3½ in. by 2 in., lying below Poupart's ligament and lateral to the pubic spine over the site of the femoral ring. It was of firm consistency, irreducible, and no impulse on coughing could be elicited. On pressure the mass was slightly tender. A diagnosis of irreducible right femoral hernia was made.

The low operation for radical cure was performed by Mr. Girling Ball. On opening the hernial sac, which was swollen and oedematous, it was found to contain serous fluid, which was slightly blood-stained. The finger, introduced into the sac, felt a nipple-like body projecting downwards through the neck, and this was found to be the vermiform appendix and its mesentery. Numerous adhesions were present, and the organ deeply congested. The appendix was freed, drawn down into the sac and removed. The stump was invaginated by a purse-string suture. The femoral ring was so tight

that it would scarcely admit the tip of the little finger. The sac was transfixed, ligatured and cut away, and two sutures were passed through the pectineal fascia and Poupart's ligament, obliterating the femoral ring. Recovery was uninterrupted.

The specimen removed consisted of the vermiform appendix and fatty meso-appendix. It measured 4.5 cm. in length, and appeared congested throughout. The lumen was patent in the entire length, and contained no concretions.

The consideration of the above case, when compared with a series recorded in the literature on the subject, emphasizes the complete absence of all the features suggesting involvement of the appendix. While this case is not unique, involvement of the appendix in a femoral hernia is extremely infrequent. Alti (1), in his thesis in 1894, gives an excellent account of hernia of the appendix. He discusses cases of strangulation of the appendix in a femoral hernia reported by Schwartz (2), Pollosson (3) and Brieger (4). Brieger reviews all the cases reported from 1868 up to 1893. During these twenty-five years he found there were but 15 cases of hernia of the appendix alone in a femoral sac, and in 10 cases there were symptoms of strangulation, in some of which the appendix was gangrenous. In 1911 Paul Oliver (5), of Chicago, reported a case of strangulation of the appendix alone in a femoral hernia. There was only one case reported by Downes during 1915, and no cases observed during 1916.

The case reported in 1915 by Downes (6) was that of an unmarried woman, *et. 28*, a seamstress, who for the past four and a half years had noticed a lump in the right groin, which would make its appearance about once each month, and after remaining for a day or two would disappear spontaneously. Upon such occasions it was very painful, but gave rise to no other symptoms. On November 1st, 1914, the lump appeared as usual, without apparent cause. It was very painful, and failed to disappear as on former occasions. There had been no fever and no vomiting, and the patient had not remained in bed.

A high operation for femoral hernia was performed, and it was found that the appendix passed into the sac, only about ¼ in. coming into view. No effort was made to draw the appendix through the femoral opening. It was divided at the base, and the stump invaginated. The neck of the sac was completely divided and ligated; the intact sac with the appendix was removed from below. The hardened sac, opened ten days later, showed the distal half of the appendix completely gangrenous.

In 1906 Heaton (G.) (7) removed a vermiform appendix from the sac of a femoral hernia. The patient, a

woman, *et. 55*, had been seized with violent abdominal pain with vomiting three days previously. Soon after the onset of her symptoms diarrhoea set in, and continued at intervals until her admission to hospital. She had had a small hernia on the right side for many years. On admission she had an irreducible right femoral hernia, and a diagnosis of strangulation of a portion of the omentum or of a Meckel's diverticulum was suggested.

At the operation the sac was found to be full of offensive, blood-stained serum. The vermiform appendix with some omentum was strangulated at the femoral ring. The opening was enlarged, a portion of caecum drawn down into the sac, the appendix was amputated and the stump invaginated. She made an uninterrupted recovery.

In 1918 Redwood (8) describes a further case. Mrs. D—, *et. 45*, had a lump in the right groin for ten years, and had had attacks of "inflammation" in it about twice each year, usually brought on by extra work. The attacks lasted about a week, during which time the lump would become larger and painful. She was admitted to hospital on January 23rd, 1918. The lump was evidently a femoral hernia; it was large, tense and tender. There was no vomiting.

At operation the sac was found to be full of fluid, and to contain about 4 in. of appendix with its mesentery, the terminal 1 in. being doubled on itself. This portion of the appendix was crushed and removed. In view of the patient's general condition it was deemed inadvisable to prolong the operation by removing the whole of the appendix. Recovery was uneventful.

Two cases recorded in 1903 are of interest. In one, described by Fischer (9), the appendix and a portion of the caecum were both found in the sac of a right femoral hernia. The second, recorded by Edington (10), was that of a female patient, *et. 52*, who had enjoyed good health until five days before, when she noticed a painful swelling in the right groin. There was neither vomiting nor constipation. At operation the sac was exposed by a vertical incision, and on opening it a quantity of blood-stained fluid escaped. The appendix was found within the sac, and was drawn down and removed. It was found to be gangrenous. Recovery was uninterrupted.

In reviewing the above cases of the vermiform appendix in the sac of a femoral hernia, the striking feature is the uncertainty of the signs and symptoms that are produced. In some, though a gangrenous appendix was found in the sac, no symptoms or signs, save a fairly tender swelling in the right groin, were present, whilst in others the full evidence of intestinal strangulation was there. In none of the cases was appendicitis suspected or indicated.

My thanks are due to Mr. W. Girling Ball for permission to publish this case.

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ROBERT W. DUNN.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

RESULTS.

November 25th: Bart.'s v. Devonport Services. Away, lost, 20-7.
 ,, 27th: Bart.'s v. R.N.E.C., Keyham. Scratched.
 December 2nd: Bart.'s v. Rosslyn Park. Home, drawn 0-0.
 ,, 6th: Bart.'s v. R.M.A., Woolwich }
 ,, 9th: Bart.'s v. Northampton } Scratched.
 ,, 16th: Bart.'s v. Old Paulines. }
Record.—Played 14, won 3, drawn 2, lost 9. Points for, 70; against, 108.

UNITED HOSPITALS RUGBY FOOTBALL CLUB.

Challenge Cup Draw, 1934.

| 1st Round. | 2nd Round. | Semi-Finals. | Final. |
|---------------------------|------------------------|--------------|----------------------|
| 1. Bye | U.C.H. } Tues., | } Thurs., | } Wednesd., Mar. 14. |
| 2. Bye | St. Thomas's } Feb. 13 | | |
| 3. Bye | Charing Cross } Tues., | } Mar. 1 | |
| 4. St. Bart.'s } Tues., | Feb. 20 | | |
| 5. King's } Feb. 6 | | | |
| 6. St. George's } Thurs., | | | |
| 7. Guy's } Feb. 1 | | | |
| 8. London } Tues., | | | |
| 9. Westminster } Jan. 30 | | | |
| 10. Bye | St. Mary's } Thurs., | } Feb. 27 | |
| 11. Bye | Middlesex } Feb. 8 | | |

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD WYKEHAMISTS.

Played at Winchmore Hill on Saturday, November 25th. In the early stages of the game the opposing team did not appear to be as formidable as the final score of 6-2 in their favour might suggest. The Old Wykehamists' centre-half opened the scoring with a magnificent hard shot into the corner of the net from 20 yards' range. Shortly afterwards they added another goal by a close-in shot from their inside-right. It was now the Hospital's turn to attack, and, as a result of a fast *mitzé* in their goal-mouth, Royston defeated the goalkeeper with a fast volley into the corner. Before half-time the Old Wykehamists added another goal, which gave them the lead by 2 goals. In the second half the Old Wykehamists played together very much better and added three goals to their score. Their outside left dribbled up the field, and after cutting in past our first line of defence, scored with a very hard shot which gave McKane no chance. The Hospital retaliated and scored through Brownles, who, following up well, succeeded in reaching the ball before the goalkeeper. The end of the game came with no further scoring. The Old Boys were by far the better side judging from the play, and thoroughly deserved to win.

Final score: Bart's, 2; Old Wykehamists, 6.
Team.—J. O. McKane (goal); A. H. Hunt, G. Herbert (backs); J. W. H. Waring, D. R. S. Howell, W. M. Maidlow (halves); R. G. Gilbert, P. A. K. Brownles, G. R. Royston, R. Shackman, R. C. Dolly (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. OLD BRENTWOODS.

Played at Winchmore Hill on Saturday, December 9th. This match proved to be a very interesting one. Both sides attacked from the start, but Old Brentwoods were the first to score, through their inside left. In a few minutes Bart's equalized by a long shot almost from the halfway line by Waring. The goalkeeper came out a few yards to catch the ball, but misjudged it, with the result that the ball bounded at an angle over his head into the goal. The Old Brentwoods then scored again. After the interval Bart's gained the mastery of the game and scored twice through Dolly, who had cut in from the wing to receive a good centre from Nicholson on the right wing, and Brownles, who scored from close in. During the last two minutes of play the Old Brentwoods forced three corners in succession, and very neatly managed to save the game, but Bart's, packing their goal, were able to retain their one goal lead to win the match 3-2.

Team.—J. O. McKane (goal); A. H. Hunt, G. Herbert (backs); J. W. B. Waring, D. R. S. Howell, J. D. Ogilvie (halves); C. Nicholson, P. A. K. Brownles, G. R. Royston, R. Shackman, R. C. Dolly (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. OLD FORESTHILLIANS.

Played at New Eltham on Saturday, December 16th. Owing to the dry and frosty weather the ground for this match was very hard. The Old Foresthillians were handicapped throughout the game by playing with one player short. From the start there could have been little doubt what the ultimate result would be. Bart's were constantly attacking in the first half, and Brownles opened the scoring from close in. Shortly afterwards Howell took a magnificent shot which hit the cross-bar in the corner of the goal, just failing to find the net. The Foresthillians made a good clearance from a corner, and their left wing took the ball up the field and, cutting in, scored their first goal. Just before half-time Bart's scored their second goal through Dransfield, who neatly headed the ball into the far corner of the net. In the early stages of the second half the Hospital's play became very ragged, and the opposing side broke through on several occasions, their left wing being outstanding. They scored a second time through their inside right, but then Bart's attacked to the end, with Carey giving the Hospital a clear lead by scoring twice. Thus the whistle went with the score 4-2 in the Hospital's favour.

For Bart's, Carey, Maidlow and Hunt played well, Dransfield also playing a good game on the left wing.

Team.—A. G. Cunningham (goal); A. H. Hunt, G. Herbert (backs); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (halves); C. Nicholson, P. A. K. Brownles, G. R. Royston, C. J. Carey, C. M. Dransfield (forwards).

RIFLE CLUB.

The Club may be said to have had a very successful first half of the season. The "A" team have won 12 out of their 14 matches shot, and the "B" team 4 out of 6.

The following are the detailed results of matches to date:

Inter-Hospital Cup League.

(Shoulder-to-shoulder Matches.)

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

A shoulder-to-shoulder match shot at St. Bartholomew's on October 26th. Result, Bart's won by 28 points.

Scores:

| ST. BARTHOLOMEW'S. | | GUYS. | |
|--------------------|-----|------------------|-----|
| J. S. Bailey | 98 | A. Black | 91 |
| D. O. Davies | 98 | R. A. Johnson | 97 |
| J. E. Underwood | 98 | F. J. C. Mathews | 91 |
| G. C. Brentnall | 97 | K. F. Paritt | 92 |
| J. Dalziel | 97 | D. W. Harvey | 92 |
| W. R. Grant | 95 | W. T. Fowler | 92 |
| Totals | 583 | | 555 |

St. Bart's, 585, v. St. Mary's, 479. Won by 106 points. Unfortunately only five out of a full team of six turned up to shoot for St. Mary's.

Engineer's Cup League.

Matches shot, 6; won, 5; lost, 1; drawn, 0; points, 10. Aggregate 2348.

Bart's are at the head of this League, in which eight teams compete, with a lead of 2 points, and are 11 points ahead of the next best aggregate score.

ST. BARTHOLOMEW'S HOSPITAL v. NORTHAMPTON ENGINEERING COLLEGE.

St. Bart's, 388; Northampton Engineering College, 371. Won by 17 points.

Scores: J. S. Bailey 99, D. O. Davies 98, W. H. Cartwright 97, W. R. Grant 94.

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

St. Bart's, 393; St. Thomas's, 387. Won by 6 points. Scores: W. H. Cartwright 100, J. S. Bailey 97, D. O. Davies 98, G. C. Brentnall 98.

ST. BARTHOLOMEW'S HOSPITAL v. IMPERIAL COLLEGE.

In the match against Imperial College, Bart's put up the record score of 397 out of 400, as follows: J. S. Bailey, 100; W. H. Cartwright, 99; D. O. Davies, 99; J. E. Underwood, 99.

City of London Rifle League.

| | Matches shot. | Won. | Lost. | Drawn. | Points. | Aggregate. |
|-----------|---------------|------|-------|--------|---------|------------|
| "A" Team: | 6 | 5 | 1 | 0 | 10 | 3524 |
| "B" Team: | 6 | 4 | 2 | 0 | 8 | 3426 |

St. Bart's "A", 580; Johnson's Works, 579. Won by 1 point. St. Bart's "A", 589; Dartford Police, 579. (W. H. Cartwright scored 100.) Won by 10 points.

St. Bart's "B", 564; West Ham "B", 563. Won by 1 point. St. Bart's "B", 572; Twickenham, 574. Lost by 2 points.

In the match against Hendon and Cricklewood the "A" team put up the Club record score of 591 out of 600, as follows:

J. S. Bailey, 99; W. H. Cartwright, 99; D. O. Davies, 99; W. A. Owen, 99; J. E. Underwood, 98; G. E. Soden, 97. A spoon competition, open to new members of the Club only, was won by K. W. Donald. Score 95 + 5 = 100.

The Bell Medal was won by W. H. Cartwright, with an aggregate of five best scores = 499; average = 99.8. J. D.

HOCKEY CLUB.

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

Played on Saturday, October 28th. Won, 10-1.

The play throughout showed Bart's definitely superior, and though the team was by no means at full strength, we managed to confine nearly all the play to our opponents' half.

Little can be said as a detailed account of the game, except that starting very quickly with a goal from Blackburn, four more goals were added by Blackburn again, Sharpe, Heasman and Taylor. The forward line was working together well and making good use of their wings, and with Taylor supporting well at centre-half, our attack, for once, quite definitely shone.

The second half was played at a rather slower pace, but a further five goals were added by Heasman and Blackburn. It was in this half that the value of the flick-shot was seen, the former using this shot from both "near in" and the edge of the circle very successfully. It is quite possible that of an analysis of goals scored during any season the greater percentage would be found to be through that shot.

The game was watched by our President, Dr. Gow, who, although choosing a more than usually inclement afternoon, could not but have been pleased with the decisiveness of the victory. Our thanks are due to him for his support.

Team.—J. L. D. Roberts (goal); P. M. Wright, W. A. Oliver (backs); A. H. Masina, L. Taylor, R. H. Jayes (halves); P. G. Hill, L. Heasman, A. D. Sharpe, G. Blackburn, J. M. Lockett (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. WORCESTER COLLEGE, OXFORD.

Played on Saturday, November 11th. Won, 5-1.

This was a more than usually enjoyable game, which produced some very fast and clean hockey. The team played very much better than in the preceding matches, and though the score may have been a little bit flattering, quite definitely deserved to win.

Worcester started with nine men only, and for the first five minutes successfully held their own. However, with the arrival of the missing couple Bart's slowly managed to get the upper hand. Following some strong attacking movements, Sharpe scored off a rising ball with a remarkable back-hand shot (2-0). Play swung from end to end, and eventually, after a short tussle, Worcester scored, though through no fault of our own goal-keeper (1-1). This was, however, quickly replied to, through a goal from Martin, who, gathering a pass well from Lockett, easily beat their goal-keeper (2-1). Before half-time Sharpe managed to add a further goal (3-1).

After half-time the Worcester defence rather broke down, and it was only some good goal-keeping which kept Bart's from scoring several times. However, their backs were playing to square, and Lockett, coming in to receive a through pass from Martin, caught their defence quite unawares, to score (4-1). Shortly afterwards Sharpe added a really enjoyable game by scoring with a very good high flick-shot (5-1).

Team.—J. L. D. Roberts (goal); P. M. Wright, A. D. Messent (backs); R. H. Jayes, L. Taylor, B. Thorne-Thorne (halves); H. Williamson, A. D. Sharpe, K. W. Martin, G. Blackburn, J. M. Lockett (forwards).

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

Saturday, November 18th. Lost, 9-0.

The Hospital started without their centre-half, and for the first fifteen minutes had to struggle desperately against a strong side, who, concentrating on the unmarked wing, managed to score four goals without reply. However, now at full strength, Bart's managed to hold their opponents and to attack, Martin having some very bad luck. Two short corners were awarded to us, but unavailingly. Half-time came with one more goal added against us (5-0).

The second half saw many attacking movements from the Hospital, but always they just failed to score, while at the other end, Roberts in goal seemed to lose confidence and made many mistakes, four more goals being scored against us (9-0). The last few minutes, however, saw some sterling defence, Wright clearing with beautiful precision, especially to the right wing. The whistle was blown for time without further score.

Team.—J. L. D. Roberts (goal); P. M. Wright, W. A. Oliver (backs); A. H. Masina, J. R. Winter, B. Thorne-Thorne (halves); H. Williamson, L. Heasman, K. W. Martin, J. Blackburn, J. M. Lockett (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. SURBITON II.

Saturday, December 9th. Drawn, 3-3.

Played on a stony hard pitch, good hockey was out of the question, but the game was nevertheless played at a very fast pace throughout. Bart's started off attacking strongly, and for the first twenty minutes it looked as if the issue was going to be beyond doubt. It was, however, Surbiton who scored first through a push-shot which somehow bumped its way over the frozen ground into the goal-mouth (0-1). The state of the ground was extremely difficult for the goal-keepers, and Grundy, making his first appearance in the 1st, made no mistakes for which he could rightly be blamed.

Play, however, transferred itself into our opponents' half, and following some open play, Blackburn replied for the Hospital (1-1). Then ensued some breathless moments for Surbiton, which resulted in Martin scoring from a long corner (2-1). Through some hard long passing Surbiton managed to attack in their turn and replied very quickly with two goals (2-3).

After half-time both sides exchanged a series of attacks with the Hospital pressing for the greater part, and equalizing ten minutes before time through Blackburn (3-3).

Team.—T. N. Grundy (goal); W. A. Oliver, P. M. Wright (backs); A. H. Masina, J. R. Winter, B. Thorne-Thorne (halves); P. G. Hill, J. Blackburn, K. W. Martin, L. Heasman, J. M. Lockett (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. ROYAL NAVAL COLLEGE, GREENWICH.

Saturday, December 16th. Lost, 1-0.

The pitch was again frozen hard, but being very even, gave a comparatively smooth surface. Playing without a goalkeeper the whole team rose to the occasion extremely well and actually had quite as much of the game as the R.N.C.

Bart's started very strongly, and working well through Blackburn and Hill on the right wing managed to keep up a continuous attacking pressure, one shot of Hill's especially coming within an ace of success. It is very probable that if only the other inside forwards had followed up many of the shots, scoring would have been inevitable. However, the Navy gradually moved to the other end and gave Wright and Messent ample opportunity to effect spectacular saves—both played magnificently, and although with no goal-keeper to support them, rarely failed to find one of our forwards in their clearances.

It was early in the second half that the R.N.C. managed to score through a hard first-time shot (0-1). However, with Winter marking back well their forwards were by no means on top. Excellent runs by Hill, who was very fast on the frozen ground, gave our inside forwards many chances, but without avail, and time was blown after a well-impired and enjoyable game.

Team.—A. D. Messent, P. W. Wright (backs); A. H. Masina, J. R. Winter, P. H. Jayes (halves); P. J. Hill, J. Blackburn, K. W. Martin, L. Heasman, J. M. Lockett (forwards).

ATHLETIC CLUB.

At the Annual General Meeting of the Club held on November and the following were elected officers for the season 1934:

President: Mr. T. H. Just.
Vice-Presidents: Prof. Gask, Mr. H. B. Stallard, Sir Charles Gordon-Watson, Mr. W. E. Underwood, Mr. J. P. Hosford, Prof. Kettle, Mr. H. W. Rodgers.
Captain: J. W. Perrott.
Hon. Secretary: C. M. Dransfield.
Assistant Hon. Secretary: G. A. Ackeroyd.
Committee: K. W. Martin, W. H. Jopling, G. D. Wedd, J. G. Youngman, J. G. Nel, C. P. Reilly, K. O. Black, G. Dalley.
Honours for the 1933 season were awarded to the following: J. G. Nel, C. P. Reilly, W. H. Jopling, G. D. Wedd, E. E. Harris, J. Shields, G. A. Ackeroyd, J. G. Youngman, T. P. Storey, J. R. Strong, J. Smart, K. W. Martin, H. W. Rodgers, K. O. Black, and C. M. Dransfield.
Cross-country: G. Dalley, K. O. Black.

UNITED HOSPITALS' HARE AND HOUNDS.

MATCH v. LLOYDS BANK.

This, our first match of the season, was run in Richmond Park, from our old headquarters. Lloyds, as usual, turned out a strong team, but the Hospitals packed very well to win by the odd point.

It is very gratifying to see the Hospitals packing well so early in the season.

As to the race itself, Stansbury (Bank) went away at the start, accompanied by Fowle (Bank), Black, Williams and Dalley, all of Bart's, and Price (Middlesex). Fowle waited to try and pull another Bank man up to the front, but finding the pace too hot, returned to run with Stansbury, the two of them leading the whole way to win comfortably. Williams, a very promising freshman, tried to hold them, but had to drop back and run with Black and Dalley, Price being close behind. The Hospital's representatives finished in that order, the fifth scoring man being Turner (Guy's).

Result.—(1) A. C. Stansbury and E. Fowle (Lloyds Bank), (2) K. O. Black and G. F. S. Williams (U.H.H.H.), (3) G. Dalley (U.H.H.H.), (4) A. E. K. Price (U.H.H.H.), (5) F. Clarke (Lloyds Bank), (6) J. Turner (U.H.H.H.).

U.H.H.H.: 3, 4, 5, 6, 8 = 26.
Lloyds Bank: 1, 2, 7, 9, 10 = 29.

MATCH V. THAMES HARE AND HOUNDS.

Our old friends, the Thames Hare and Hounds, entertained us at Roehampton, and, although they had held their annual dance the night before, turned out to be surprisingly fit. We had quite a strong team out, and yet they just managed to win, scoring five a-side.

Everybody started off fast, but Etheridge, a young and promising runner from Guy's, went ahead from the start, and in spite of strong challenges from various members of the Thames, retained his lead to win comfortably by 300 yards. Behind him, Kensit (Thames) and Black (Bart's) were having a great tussle for second place, Kensit drawing ahead at the end, but Black managed to stave off the challenge of another old Cambridge runner, Lawton, to finish a good third. Behind Hospital's men were having individual tussles with Thames men; sometimes one prevailed and sometimes the other.

Results.—(1) A. E. Etheridge (U.H.H.H.), (2) M. F. Kensit (Thames), (3) K. O. Black (U.H.H.H.), (4) C. Lawton (Thames), (5) P. M. Smyth (U.I.L.I.I.), (6) J. T. Race (Thames), (7) H. C. Harley and A. Stebbing (Thames), (8) H. G. Smith-Sparkes (Thames).

Thames H. and H.: 2, 4, 6, 7, 8 = 27.
U.H.H.H.: 1, 3, 5, 9, 10 = 28.

CORRESPONDENCE.

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

DEAR SIR,—I am somewhat hesitant in joining with those who venture views on medical education, but I feel that "the Student's Point of View" set out in the December number calls for comment from another aspect of student mentality.

The principal points were four in number: the fault of what your contributor calls "pure science" methods of teaching carried on by those out of touch with clinical practice; the suggestion that the syllabus is overburdened with relatively unimportant minor points; the advisability of augmenting the teaching of psychology; and lastly the unfairness and inadequacy of examination methods.

While agreeing with the suggestion that a greater contact with clinical practice is desirable, I feel it should be pointed out that physiology as taught in this medical college has been, for some years, "illustrated" by clinical cases from the wards, demonstrated by members of the visiting staff. I myself have vivid recollections of such demonstrations of endocrine and cardiac disturbances. Also, a representative group of students from the Anatomical Department was recently observed receiving tuition in the post-mortem room. Further, surely it is evident that those responsible for teaching practical physiology, anatomy and pharmacology, far from being "all too often, pure scientists", are for the most part actively engaged in clinical work at this Hospital or elsewhere.

With regard to the syllabus, in taking your contributor's example, I venture to suggest that an intelligent study of such a structure as the optic ganglion and its connections must, of necessity, include a study of the anatomy of the temporal and pterygoid regions, and the physiology of the salivary glands—subjects of no mean importance, even in general practice. The essentials of any science are more certainly assimilated by a study of details. [Surely this is the secret of such examinations as the Primary Fellowship.]

On the matter of psychology, the practical aspect has already

been discussed, and a worthy pronouncement given in the correspondence in the August number of the JOURNAL. However, a course of lectures entitled "An Introduction to the Psychoneuroses" is delivered regularly at the Institute of Medical Psychology; the fee is moderate (two 6d. to students), and the course is advertised on the College notice-boards; any student with an appetite for such knowledge will find his need well satisfied therein, and the lectures are designed for the very purpose mentioned by your contributor.

The two types of examination candidate mentioned are clearly the very ones whose capabilities it is desired to reveal. The one is a man "overwhelmed" whose mind becomes a blank when asked a simple question—is he suited to the practice of medicine? Surely he should be ploughed, irrespective of the amount of knowledge packed away in his cerebrum, or wherever the "pure scientists" would have it stored. The other candidate can absorb facts with great rapidity, and arrange them in his mind in a fashion orderly enough for application to the momentous situation confronting him.

Finally, your contributor would have an "impersonal method of examination". As one who finds work for work's sake, a frank impossibility, I would advocate the preservation of the present examination system, if only as a stimulating menace.

I remain, Sir,
Yours faithfully,
D. F. ELLISON NASH
(Londonian).

St. Bartholomew's Hospital,
December 28th, 1933.

P.S.—If anyone is still desirous of a further pursuit of this subject, I would refer him to a comprehensive survey by Lord Horder, reported in *St. Mary's Hospital Gazette*, June, 1933.

REVIEWS.

A PSYCHOLOGIST'S POINT OF VIEW. Twelve semi-popular addresses on various subjects. By CHARLES S. MYERS, C.B.E., F.R.S. (William Heinemann [Medical Books] Ltd., 1933.) Pp. vii + 203.

These addresses, seven of which have appeared in periodicals as widely different in their scope as the *Lancet*, *Economica*, and *The British Journal of Psychology*, cover a large range of the subjects in which a psychologist may be interested. The author on his way examines, criticizes or comments on such a variety as anthropology, economics, music, religion, education, sociology and Freudian psychology. Of course it is impossible for us in our turn to criticize his point of view, for his subjects are, in the main, those on which there still rests the mists of controversy and each reader's opinion would vary with his beliefs.

Dr. Myers has spent some time in studying the customs and psychology of primitive peoples, and, more lately, as Principal of the National Institute of Industrial Psychology, he has had close contact with the problems of modern civilization. The addresses make extremely interesting reading, and the statements supply stimulating food for thought. When, however, he treats of prayer, religious experience and kindred subjects he treads on dangerous ground, and, as always, the tendency is to speak only with the voice of a single individual's opinion. One is reminded of John Locke's rebuke to man when "his narrow weak faculties could reach no further than the observation & memory of some few effects produced by visible and external causes but in away utterly out of the reach of his apprehension, . . . man still affecting something of a deity labouring to make his imagination supply what his observation failed him in, & when he could not discover the principles & causes & methods of nature's workmanship, he would need fashion all these out of his own thought, & make a world to himself, framed & governed by his own intelligence".

Nevertheless, the book is illuminating, and deserves to be read by the medical thinker, dealing as it does with subjects that must always loom large on his horizon.

A SHORT ENCYCLOPEDIA FOR NURSES. By EVELYN C. PEARCE, Sister Tutor, The Middlesex Hospital. (Faber & Faber, Ltd., 1933.) Pp. v + 625. Price 12s. 6d. net.

The production of an encyclopaedia is always attended by difficulties. These are accentuated in the case of medicine, and more

so even when they are intended for nurses. There is always a temptation to be too expansive, and to attempt to teach all the facts of diagnosis and treatment. The authoress has succeeded here in avoiding these pitfalls and, besides dealing with everything that a nurse can possibly need to understand, she has produced an accurate, concise statement of the main facts in each description. The omission of illustrations is a wise step. The choice of this paper and arrangement of the matter has produced a book that is less bulky than most textbooks.

Miss Pearce has incorporated the information she has found useful in revision classes for candidates in the Final State examination: stressing, of course, procedures that concern the nurse especially, such as pre-operative preparation, diet, child welfare, etc., while enough is told of the principles of diagnosis and treatment to make the reader thoroughly conversant with the meaning of her work.

The book is an extremely useful one, and should be invaluable to a nurse from the beginning of her training.

A DOCTOR TO A MOTHER: THE MANAGEMENT OF MATERNAL AND INFANT HEALTH. WEELESS talks by EARDLEY HOLLAND, F.R.C.S., F.R.C.P., F.C.O.G., K. C. JEWESBURY, M.D. (Oxon.), F.R.C.P., WILFRED SHELDON, M.D., F.R.C.P. (London: Edward Arnold & Co., 1933.) Pp. 96. Price 1s. 6d. net.

This little book deals with the care and management of the health of mother and child through pregnancy until the second year of the baby's life. The authors have been chosen for their knowledge and experience, and they have produced advice simple and explicit enough for the most ignorant reader. Besides containing excellent propaganda for antenatal and welfare clinics, there is much that helps to solve the problems and lighten the difficulties of this anxious time. Each author describes, from the patient's point of view, the details of preparation, feeding, weaning, treatment and general management.

The talks can be safely recommended by the medical attendant or nurse to every expectant mother to supplement professional instruction, as sympathetic in their outlook and practical in their advice.

ACTINOTHERAPY TECHNIQUE. With a Foreword by Sir HENRY GAUVAIN, M.D., M.Chir. (Camb.), F.R.C.S. (Eng.). (Slough: The Sollux Publishing Co.) Pp. 168. Figs. 3. Price 6s. net.

Much has been written lately in medical literature on the effects of actinotherapy in very many varied conditions, and the average practitioner is still unfamiliar with the technique. This book collects all the information available.

There are two main parts, the first concerning technique, physics and dosage, the second, an alphabetical list of all the conditions where this form of therapeutics has been recommended, with abundant international references and details of treatment.

The book has special reference to the Sollux, Kromayer, Hanovia and Alpine Sun types of apparatus, but in spite of this is absolutely free from advertising matter.

Sir Henry Gauvain considers the work "indispensable to all engaged in the practice of actinotherapy", and pays tribute to the compilers' diligence in their compilation. From every point of view this is a most useful *code-mecum* for the practitioner, especially as the lamp is becoming an almost indispensable unit in his equipment.

ROSE AND CARLESS'S MANUAL OF SURGERY. By C. P. G. WAKELEY, D.S.E. (Lond.), F.R.C.S. (Eng.), F.R.S. (Edin.), and T. B. HUNTER, M.C., M.Chir. (Camb.), F.R.C.S. (Eng.). Fourteenth edition. (London: Baillière, Tindall & Cox, 1933.) Pp. viii + 1497 (+ index pp. 66). In one or two volumes. Price 30s. net or 13s. per volume.

So long has this text-book been in the forefront of its kind that little can be said to make it more familiar. The fact that it has had fourteen English editions and several in America, China, Japan and Hungary shows that it is generally taken as representative of the best that there is in the teaching of British surgery.

This edition is notable in many ways. It is the first produced without the active co-operation of Prof. Carless. The publishers have, for the first time, brought out two volumes as well as the old single volume, which is just too bulky to be convenient. They have also used a "high surfaced" paper, enabling the text to be interspersed with the skiagrams that have hitherto been gathered into an appendix, and a large number of excellent illustrations have been added, bringing the total almost to one for every leaf of text. Over three hundred have been added or exchanged for less clear figures

and photographs, in every case with great advantage. There are also eight new and four redrawn coloured plates. The artists are to be congratulated on their work.

In spite of many additions to the text the new edition is smaller than the last by nearly fifty pages—and this with the inclusion of much new matter. The first eight chapters on Bacteriology, Inflammation, Infection, Tumours, etc., have been curtailed and rewritten by Dr. Carnegie Dickson; five on the Ear, Respiratory Tract and Oesophagus by Mr. V. E. Negus. Other chapters have been similarly revised—Anæsthesia by Dr. Hadfield; Ophthalmic Surgery by Mr. N. B. Harman; Gynaecology by Mr. Eardley Holland; Tropical Surgery by Sir Frank Connor. A chapter on Thoracic Surgery has been completely rewritten to keep pace with modern opinion.

TEXTBOOK OF PATHOLOGY. By ROBERT MUIR, M.A., M.D., Sc.D., LL.D., F.R.S. Third edition. (London: Edward Arnold, 1933.) Pp. vii + 937. Figs. 546. Price 35s. net.

This work, "intended primarily as a textbook for students of medicine", has also come to be regarded as a standard book of reference on pathology by all branches of medicine. This speaks highly of the accuracy and detail of its contents, and the appearance of a new edition in so short a time is an indication of the author's desire to incorporate every recent advance in the study of his subject.

Popular as it is among students, several turns to less instructive, more assimilable text-books on account of the difficulty in extracting that minimum of information required for examination purposes. Certainly the appearance of whole unbroken pages of small type seems very formidable, but with a little patience the art of "reading Muir" is easily acquired, and we cannot see how such a vast array of facts could be presented in any other way that would not sacrifice detail for simplicity.

There have been no drastic alterations in this edition, but the new matter has been incorporated where necessary. This has entailed a large amount of rewriting, the addition of eighty pages to the text, and the use of a smaller type. Some rearrangement has been found necessary, and various additions and modifications and classifications have been made—for example, in certain aspects of the morbid histology of brain tumours, nervous tissues, renal and cardiac disease. Forty-five new illustrations appear, and the index has been rewritten and enlarged.

The book still remains one to be recommended to all both for reference and for study as presenting all the established facts and the recent advances in an all-important subject.

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

- ADAMSON, H. G., M.D., F.R.C.P. "Erasmus Wilson: His Predecessors and his Contemporaries." *British Journal of Dermatology and Syphilis*, November, 1933.
- BALLINGAL, D. C. G., M.C., R.A.M.C. "An Obscure Lung Case." *Journal Royal Army Medical Corps*, November, 1933.
- BROWN, W. LANGDON, M.D., F.R.C.P. "How do Drugs Act?" *British Medical Journal*, December 2nd, 1933.
- BURROWS, H. JACKSON, M.B., F.R.C.S. "Tissue Culture in its Relationship to Surgical Pathology." *Lancet*, October 28th, 1933.
- CARMICHAEL, E. ARNOLD, M.D., F.R.C.P. See WOOLLARD and CARMICHAEL.
- CHOPRA, R. N., M.D., I.M.S. (and MUKHERJEE, B., and CAMPBELL, H. G. M.). "The Pharmacological Action and Anti-Malarial Properties of Anhydrocotarnine-Resochinol-Hydrochloride (A Derivative of Narcotine)." *Indian Journal Medical Research*, October, 1933.
- (and GUPTA, J. C., and MUKHERJEE, B.). "The Pharmacological Action of an Alkaloid Obtained from *Rauwolfia serpentina*, Beuth: A Preliminary Note." *Indian Journal Medical Research*, October, 1933.
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CHANGES OF ADDRESS.

- CHOLMELEY, M. A., 43, Upper Richmond Road, S.W. 15.
- CLARK, E. M., Bureo, British Somaliland, via Aden.
- DRAWSEER, C. S., 1, The Crescent, Wilsbech, Cambridgeshire.
- FISHER, J. F., Stolkwell House, Melksham, Wiltshire.
- GILFING, H. P., Shellfield House, near Alcester, Warwickshire.
- JEDDINE, Lt.-Col. W. W., I.M.S. (ret.), "Lochaber", Field End Road, Eastcote, Middlesex.

- LIENSHING, A. C., High Field, Queens' Road, Ryde, Isle of Wight. (Tel. Ryde 386.)
- MALEY, M. L., 15, Victoria Avenue, Southend-on-Sea. (Tel. Southend 2931.)
- RHODES, R. L., Winstorholme, The Esplanade, Grange-over-Sands. (Tel. Grange 108.)
- THOMAS, G. WYNN, Aldermaston, Berkshire. (Tel. Woolhampton 13.)

APPOINTMENTS.

- KNOX, J. S., M.R.C.S., L.R.C.P., appointed Junior Deputy Medical Superintendent of Broadmoor Criminal Lunatic Asylum.
- PALMER, C. SPENCER, M.R.C.S., L.R.C.P., appointed Honorary Consulting Physician to the British Legion Village and Sanatorium for Tuberculous Ex-Service Men, Preston Hall, near Maidstone, Kent.

BIRTHS.

- BUNCOMBE.—On December 7th, 1933, at Surrey Street Nursing Home, Norwich, to Grace, wife of Dr. G. H. Buncombe, Goulston, Suffolk—a son.
- OAKLEY.—On December 6th, 1933, to Dr. and Mrs. Wilfrid Oakley (Hermione, nee Wingate-Saul)—a son.
- OKELL.—On December 25th, 1933, at Winsford, Cheshire, to Hilda Margaret, wife of Dr. Robert Okell—a daughter.
- SPARKS.—On November 26th, 1933, at 27, Welbeck Street, to Dorothy (nee Gudgeon), wife of Dr. J. V. Sparks—a son (Harry Hongham).
- WILSON.—On December 15th, 1933, at 45, High Street, Harrow-on-the-Hill, to Ruth, wife of Dr. Henry Wilson—a son.

MARRIAGE.

- BUCKLAND—DODDS.—On November 25th, 1933, at the North Sea Hotel, Arbroath, by the Rev. J. Spence Cuthill, Parish Minister of Arbroath, Dr. Henry Scott Buckland, of Kia Toa Draichin, New Zealand, son of the late Mr. Henry Buckland and of Mrs. Tillard, Bournemouth, to Helen Margaret, second daughter of Henry W. Dodds and the late Mrs. Dodds, Warslap, Arbroath.

DEATHS.

- BLANDFORD.—On December 14th, 1933, suddenly, at Palma Mallorca, Dr. Joseph John Guthrie Blandford, son of the late Rev. Josias Jessop Blandford, aged 60.
- COMBER.—On December 3rd, 1933, at King's College Hospital, Charles Thomas Thornton Comber, M.D., O.B.E., aged 69.
- COVLEY.—On December 4th, 1933, at Woodborough Road, Nottingham, George Arthur Conlly, M.D. (Cantab.), aged 67.
- DRU DRURY.—On November 23rd, 1933, at Confe Castle, Dorset, Ethel Blanche (nee Sims), wife of Godfrey Dru Drury, M.R.C.S., L.R.C.P., F.S.A., aged 48.
- EARLE.—On December 4th, 1933, at 47, Woodstock Road, Oxford, John Rolleston Earle, M.A., M.B., aged 69.
- GUILLEMARD.—On December 23rd, 1933, at Old Mill House, Trumpington, Dr. F. H. H. Guillemard, aged 81.
- HANDSON.—On December 25th, 1933, at 138, Farnaby Road, Bromley, Kent, C. P. Handson, M.D. (Cantab.), B.Ch., M.A., late of New Cross.
- LANKESTER.—On December 25th, 1933, at his house, 5, Upper Wimpole Street, W. 1, Owen Lankester, M.R.C.S., youngest son of the late Dr. Edwin Lankester, F.R.S.
- NEALOR.—On October 7th, 1933, Lieut.-Col. William Stewart Nealor, I.M.S.

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.

VOL. XLI. — No. 5.]

FEBRUARY 1ST, 1934.

PRICE NINEPENCE.

CALENDAR.

- Thurs., Feb. 1.—**Abernethian Society: Mid-Sessional Address by Mr. John Drinkwater, at 8.30 p.m.**
- Fri., " 2.—Medicine: Clinical Lecture by Dr. Hinds Howell. Prof. Fraser and Prof. Gask on duty.
- Sat., " 3.—Rugby Match v. Halifax. Away. Association match v. Lancing Old Boys. Home. Hockey match v. R.M.C. Sandhurst. Away.
- Mon., " 5.—Special Subjects: Clinical Lecture by Mr. Bedford Russell.
- Tues., " 6.—**1st Round Inter-Hospitals Rugby Cup. Bart's v. King's College Hospital.** Prof. Fraser and Prof. Gask on duty.
- Wed., " 7.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
- Fri., " 9.—Medicine: Clinical Lecture by Lord Horder. Lord Horder and Sir Charles Gordon-Watson on duty.
- Sat., " 10.—Rugby match v. Pontypool. Home. Association match v. Old Cholmelians. Away. Hockey match v. Mill Hill. Home.
- Mon., " 12.—Special Subjects: Clinical Lecture by Mr. Elmslie.
- Tues., " 13.—Dr. Hinds Howell and Mr. Harold Wilson on duty.
- Wed., " 14.—Surgery: Clinical Lecture by Mr. Roberts.
- Fri., " 16.—Medicine: Clinical Lecture by Dr. Gow. Dr. Gow and Mr. Girling Ball on duty.
- Sat., " 17.—Rugby match v. Old Panlines. Away. Association match v. Downing College, Cambridge. Away. Hockey match v. Seaford College. Away.
- Mon., " 19.—Special Subjects: Clinical Lecture by Mr. Bedford Russell.
- Last day for receiving matter for the March issue of the Journal.**
- Tues., " 20.—2nd Round Inter-Hospitals' Rugby Cup. Dr. Graham and Mr. Roberts on duty.
- Wed., " 21.—Surgery: Clinical Lecture by Mr. Girling Ball.
- Fri., " 23.—Medicine: Clinical Lecture by Lord Horder. Prof. Fraser and Prof. Gask on duty.
- Sat., " 24.—Rugby match v. Otley. Away. Association match v. Old Mercers. Away. Hockey match v. Old Cranleighans. Away.
- Mon., " 26.—Special Subjects: Clinical Lecture by Mr. Higgs.
- Tues., " 27.—Lord Horder and Sir Charles Gordon-Watson on duty.

EDITORIAL.

IT will be remembered that in the August issue of the JOURNAL last year we published a letter from Dr. Eric Young, promising a sum of 125 guineas towards the College Appeal Fund spread over five years if five contemporary Bart's men would make the same promise to the Dean.

So far this promise has not been supported, and Dr. Young has written to us stating that he is willing to extend the date till June.

We publish his letter below, and earnestly hope that other promises will now be forthcoming:

"January 27th, 1934.

"DEAR SIR,—I understand that the hope expressed in my letter to you in July last has not been realized, and that the necessary promises of support for the Dean's great scheme are not forthcoming.

"I am writing to the Dean to tell him that if it will help in any way I shall be only too happy to extend the date to the end of June, and I am optimistic enough to feel confident that five other old 'Bart's' men will have come forward with a promise of giving a sum of 25 guineas for five years in support of the Fund before this period of time expires.

"Yours faithfully,
"ERIC E. YOUNG."

The Dean writes:

"January 29th, 1934.

"DEAR MR. EDITOR,—I want on this occasion to express my especial thanks to the students. Their organized efforts on behalf of the Appeal—most recently the Students' Dance, and the dance held in the Merchant Taylors' Hall—continue to be successful, and the money

subscribed and raised by them is now in the neighbourhood of £700—not far short, therefore, of the £1000 at which, as I believe, they are aiming. Since we began this appeal 150 new students have come to Bart.'s, and I am hoping that many of them will wish to be enrolled as subscribers to the fund. It is they, even more than the senior students, who will benefit by the amenities of the new College.

Elsewhere in this issue Dr. Eric Young has kindly expressed his intention to postpone the date of expiration of his promise to give '25 guineas per annum for five years on condition that four other Bart.'s men do the same'. One other Bart.'s man has promised to join this fivesome, so that we only need three more. Are there no volunteers?

My third point. The Lord Mayor of the City of London has promised to allow an appeal to be made from the Mansion House in May on behalf of the College Funds. I earnestly hope that Bart.'s men will support this appeal a little more vigorously than hitherto as a result of this most valuable publicity. The sum of money now available for the purchase of the site is rapidly approaching £85,000. I have had another very generous donation of £5000 this week.

I hope next month to give a full and detailed statement of the present position of the Appeal.

Yours sincerely,

W. GIRLING BALL,
Dean of the Medical College."

COLLEGE APPEAL FUND.

| | £ | s. | d. | |
|---------------------------|---------|----|----|------------|
| Staff | 12,321 | 5 | 9 | (71) |
| Demonstrators | 1,524 | 11 | 0 | (66) |
| Students | 594 | 9 | 9 | (279) |
| Old Bart.'s men : | | | | |
| Bedfordshire | 10 | 10 | 6 | (2) (26) |
| Berkshire | 95 | 1 | 0 | (14) (37) |
| Buckinghamshire | 72 | 17 | 0 | (12) (29) |
| Cambridgeshire | 165 | 14 | 0 | (13) (42) |
| Cheshire | 1 | 1 | 0 | (1) (26) |
| Cornwall | 22 | 2 | 0 | (5) (30) |
| Cumberland | 5 | 0 | 0 | (1) (6) |
| Derbyshire | 19 | 14 | 0 | (4) (17) |
| Devonshire | 541 | 19 | 0 | (50) (117) |
| Dorset | 52 | 1 | 0 | (14) (30) |
| Durham | 16 | 6 | 0 | (3) (11) |
| Essex | 229 | 19 | 6 | (17) (69) |
| Gloucestershire | 218 | 12 | 6 | (20) (66) |
| Hampshire | 406 | 14 | 0 | (38) (134) |
| Herefordshire | 13 | 3 | 0 | (4) (11) |
| Hertfordshire | 73 | 0 | 0 | (12) (73) |
| Huntingdonshire | | | | (1) |
| Isle of Wight | 181 | 13 | 0 | (12) (25) |
| Kent | 556 | 1 | 0 | (64) (146) |
| Lancashire | 91 | 2 | 0 | (11) (82) |
| Leicestershire | 133 | 12 | 0 | (6) (28) |
| Lincolnshire | 47 | 6 | 0 | (13) (35) |
| Middlesex | 382 | 3 | 0 | (18) (68) |
| Carried forward | £17,776 | 18 | 0 | |

| | £ | s. | d. | |
|-------------------------------|---------|----|----|-------------|
| Brought forward | 17,776 | 18 | 0 | |
| Norfolk | 159 | 7 | 6 | (18) (60) |
| Northamptonshire | 54 | 4 | 0 | (4) (17) |
| Northumberland | 101 | 1 | 0 | (2) (11) |
| Nottinghamshire | 13 | 13 | 0 | (2) (28) |
| Oxfordshire | 180 | 3 | 0 | (17) (29) |
| Rutland | | | | (2) |
| Shropshire | 35 | 9 | 0 | (8) (22) |
| Somersetshire | 463 | 10 | 0 | (26) (43) |
| Staffordshire | 194 | 18 | 0 | (6) (37) |
| Suffolk | 263 | 1 | 0 | (16) (46) |
| Sussex | 423 | 10 | 6 | (43) (180) |
| Surrey | 266 | 1 | 0 | (46) (179) |
| Warwickshire | 177 | 0 | 6 | (17) (56) |
| Westmorland | 1 | 0 | 0 | (1) (5) |
| Wiltshire | 97 | 11 | 0 | (11) (26) |
| Worcestershire | 146 | 12 | 6 | (19) (27) |
| Yorkshire | 270 | 4 | 0 | (21) (101) |
| Wales | 46 | 4 | 0 | (10) (150) |
| London | 2,591 | 7 | 8 | (173) (971) |
| Channel Islands | 10 | 0 | 0 | (1) (9) |
| Scotland | 14 | 4 | 0 | (4) |
| Abroad | 48 | 5 | 0 | (7) |
| South Africa | 326 | 10 | 6 | (17) (8) |
| Canada | 113 | 2 | 6 | (8) |
| East Africa | 62 | 7 | 0 | (6) |
| West Africa | 146 | 10 | 0 | (5) |
| India | 152 | 0 | 0 | (7) |
| Ceylon | 4 | 0 | 0 | (2) |
| Syria | 2 | 2 | 0 | (1) |
| U.S.A. | 5 | 0 | 0 | (1) |
| Ireland | 14 | 14 | 0 | (3) |
| North Africa | 1 | 0 | 0 | (1) |
| North Borneo | 5 | 0 | 0 | (1) |
| Australia | 12 | 2 | 0 | (3) |
| Egypt | 4 | 2 | 0 | (2) |
| Malay States | 6 | 0 | 0 | (2) |
| China | 45 | 7 | 4 | (7) |
| Siam | 10 | 0 | 0 | (1) |
| France | 50 | 0 | 0 | (1) |
| Trinidad | 22 | 2 | 0 | (2) |
| British West Indies | 23 | 1 | 0 | (3) |
| Kenya | 10 | 0 | 0 | (2) |
| New Zealand | 2 | 1 | 0 | (2) |
| Services | 514 | 14 | 0 | (33) |
| Others | 25,923 | 10 | 7 | (257) |
| | £50,789 | 16 | 1 | |

† Number of Bart.'s men in County.

The dance which was held in aid of The College Appeal at the Great Hall, Charterhouse Square, on January 19th was a highly successful affair. There were about 450 people present, and of these a large proportion consisted of the Staff and their friends.

We would like to offer our congratulations to those who were responsible for the arrangements of the evening, and we have been asked on behalf of the Committee to thank all who supported the occasion, and especially Mr. and Mrs. Ashley, who worked untiringly in the bar, and the ladies who decorated the hall and building.

It was with regret that we heard of the retirement of Mr. J. B. Hume from the post of Sub-Dean in the Medical College which he has held since November, 1925. We have to congratulate Dr. Charles Harris on being appointed as his successor.

The Rugby Club, so far, have had a somewhat disappointing season, but after a long run of ill-luck a drawn game with Rosslyn Park and the defeat of Redruth, the Harlequins and Coventry, since Christmas, have shown that the team is in no way inferior to those of the past few years. Since the beginning of the season the sick list has claimed a perpetual stream of injuries. Curtiss, who dislocated his shoulder against Rugby, is unable to play for the rest of the season, while Kingdon, Capper, Gray, Morison and Darmady have all been incapacitated for varying intervals. We hope that the remainder of the season will bring the luck which is so long overdue, and we wish Darmady and his men every success in the Cup matches.

The Warden requests us to state that the closing date for applications for House Appointments in May is 12 noon, Saturday, February 10th, 1934.

We have to congratulate Dr. J. M. Hamill on his appointment as Senior Medical Officer in Charge of the Foods Division of the Ministry of Health in succession to Sir George Buchanan.

We are informed that, at the forthcoming Election for the Council of the Royal College of Surgeons in July, our Dean—Mr. Girling Ball—will be the Bart.'s candidate.

It is the unanimous wish of all the Fellows connected with the Hospital and Medical College that every Bart.'s Fellow should give his vote to Mr. Ball, and we need hardly say that we heartily endorse this wish not only on personal grounds but because of the most important position in the College that the Dean holds.

The Metropolitan Counties' Branch of the British Medical Association has arranged for some years past, during the Winter Session, a special address to the fourth and fifth year medical students and to recently qualified medical practitioners. Many of our readers will recall the very informative discourse which was given in March, 1933, by Mr. Wilfred Trotter, M.S., F.R.C.S.

The next address of this series will be given by Dr. R. G. Canti on "The Cultivation of Living Tissues", with Cinematograph Demonstration, in the Great Hall of the B.M.A. House, on Tuesday, March 6th, 1934. Tea and coffee at 5 p.m. Address punctually at 5.30 p.m. Dr. Canti's work is well known to all Bart.'s men, and his address is unique and should, therefore, prove to be a most attractive one. A personal invitation to attend the address will be issued at an early date to all concerned, and this invitation must be produced on admission to the B.M.A. House. We advise all who are eligible to attend to make a special note of the date and time.

§

OBITUARIES.

SIR DONALD MACALISTER, Bt., K.C.B., M.D., D.C.L., D.Sc., F.R.C.P.

HE distinguished sons of St. Bartholomew's Hospital and College are many, and their fame has been secured by work of very varied kinds. To live to nearly eighty years must, in itself,

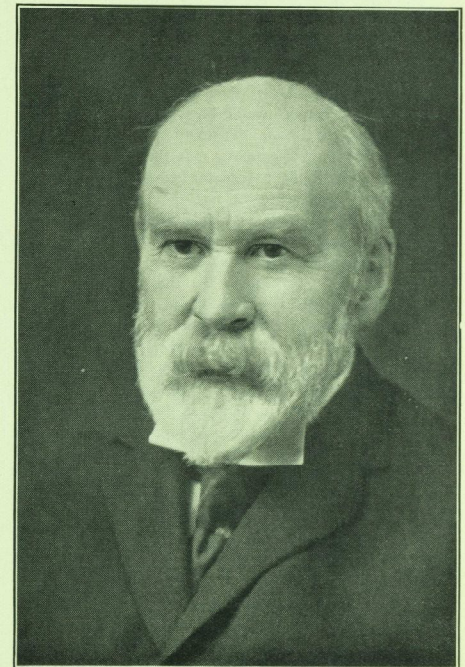


Photo: Russell.

be a reason, when such a span is associated with greatness in work, for the "grand old man" to be a distinguished member of the School. From his very earliest student days MacAlister was a marked man, and his mental ability shone with no uncertain light.

He was born at Perth in 1854, and he was always proud that he was of the ancient family who were the keepers of Tarbert Castle in Argyllshire. To this fact is due the attachment to his name when the King conferred a Baronetcy upon him, for he became Sir Donald MacAlister of Tarbert, Cantire. After his early education

in Aberdeen and Liverpool, he entered St. John's College, Cambridge, later becoming a Fellow of his College. Later came his transfer to St. Bartholomew's, so as to obtain the clinical studies which enabled him to graduate as M.B. of his University.

But prior to his medical activities he showed no small mathematical acumen, being in 1877 Senior Wrangler and First Smith's Prizeman. After taking the B.Sc. (Lond.) he went to Harrow as a mathematical master, but his stay there was but short, for it was in a year or two that he entered our School, and was almost immediately appointed Lecturer in Natural Philosophy, and two years later received his M.B. at Cambridge, and in 1884 his M.D. and M.R.C.P.

Far too much space would be needed even to enumerate all his activities in the many spheres in which he excelled, and he was so great a man that to do so would be quite foreign to his nature, for he never made a boast of his achievements.

Possibly he will be known chiefly in the future as the illustrious President of the General Medical Council. It was here that his qualities shone very brightly, and in which he was most known to the lay public. His connection with the G.M.C. began in 1889, when he was elected to represent the University of Cambridge upon that body, and he retained his seat on the Council until 1933—surely a record time! His Presidency lasted twenty-seven out of these forty-four years.

His appointment, in 1907, as Principal and Vice-Chancellor of the University of Glasgow was one of his honours which he prized very highly. At the end of twenty-two years in this office he was elected Chancellor of the same University—a crowning honour which could not have been more fitting.

I knew him fairly intimately, and a more gentlemanly official, a more kindly mentor and a more delightful companion I do not think it could be one's lot to meet.

Much more could be said, but is not needed to pay that tribute to this great man which is his due, but a note of his life would not be complete without reference to his strongly religious character. He was a man with a quiet faith, rooted in firm Presbyterian convictions, and he served his Church as an Elder with that dignity and power that no one could surpass. Long will his memory endure both at his old Medical School and in the medical profession at large. W. McA. E.

[We have to thank the *British Medical Journal* for the loan of the block.]

SIR WILLIAM LAWRENCE.

For the third year in succession the New Year has been heralded in with tragedy at Bart's.

It came as a great shock on January 3rd when the

sudden death of Sir William Lawrence became known to those inside the Hospital.

Sir William, who was Senior Almoner, was on his way to a meeting when he collapsed in the Hospital Square and died before help could be found. His death has severed a connection with the Hospital which has existed throughout three generations of the family. His grandfather was the first baronet, and began his professional career as an apprentice to Abernethy in February, 1799; he worked as a student and surgeon for sixty-six years at St. Bartholomew's, and was appointed Sergeant-Surgeon to Queen Victoria in 1867. The name of Lawrence is happily perpetuated by a ward, and will live on through future generations. In Sir William's death Bart's has lost another of her many servants who have rendered invaluable service throughout a brief portion of her long history.

DR. OWEN LANKESTER.

We regret to announce the death, on December 25th, of Dr. Owen Lankester at his home in Upper Wimpole Street, where he had practised for many years.

Alfred Owen Lankester was the youngest son of Dr. Edwin Lankester, and was born on October 26th, 1859. After his school days at St. Paul's School he entered St. Bartholomew's, and will be remembered as one of the founders of the Amateur Dramatic Society. He qualified in 1884, and then held the appointments of House Surgeon at Bart's, House Physician at the City of London Hospital for Diseases of the Chest, and House Surgeon at the East London Hospital for Children at Shadwell.

As a West End practitioner he was known throughout London, and his great height, hearty manner and genuine kindness endeared him to all who sought his help. In serving upon the Council of Epsom College and in his numerous other activities he will long be remembered as an unforgettable figure.

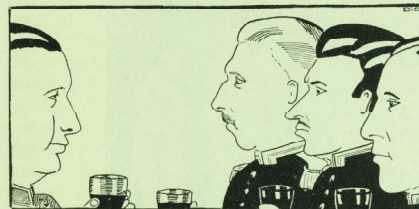
ACKNOWLEDGMENTS.

The British Journal of Nursing—The Nursing Times—Charing Cross Hospital Gazette—Guy's Hospital Gazette—Magazine of the London Royal Free Hospital—The London Hospital Gazette—Middlesex Hospital Journal—Nyanga—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Gazette—University of Toronto Medical Society Magazine—Calcutta Medical College Magazine—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletins et Mémoires de la Société Médicale de Paris—L'Echo Médicale du Nord—Indian Journal of Pediatrics—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-Graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

"BIRD IN HAND."

"IT'S all altered—altered, they say, more than was ever known," bemoaned Thomas Greenleaf. "Young men aren't what they were—oh no!" Was it merely an echo in the Great Hall, or did we hear the acquiescent phantom voices of old Harvey, Abernethy and Pott on those four evenings of the play? The young physician play-acting! And with the approval—nay, more, with the applause—of his elders and teachers.

It is seldom that an amateur production can be so much enjoyed as to merit a second visit, such as we were fortunate enough to make. So well finished was the evening's entertainment that it is a pity that it can have no better treatment than that at the hands of a merely amateur dramatic critic.



THE DEATH TRAP.

The Society was as wise in its choice of a main play as it was fortunate in the talent available; each part seemed particularly fitted to the individual acting it.

The question of the suitability of a curtain-raiser is a vexed one. In this instance, the producers must have been impelled by motives other than those of necessity, for "Bird in Hand" is quite long enough and quite entertaining enough to stand alone. There also seemed to be doubt in the matter of the short play's interpretation. Poor, harassed Ruritania is too well explored by now and all its customs too well known to be treated successfully by any other means than the burlesque. H. H. Monro's "Death Trap" seemed to be taken far too seriously by the actors and, therefore, by the audience.

The plot is typical. A young prince, the last of his line, finds that he is to be assassinated very shortly by his bodyguard. His only friend, a physician, by a marvel of "spot diagnosis", succeeds in postponing the deed by stating that he has found evidence of mortal disease in the young man, whose rejoicing at thus hoodwinking his enemies is curtailed by the information that the diagnosis is a true one and that he has less than

a week to live. A deadly drug offers an easier road to the next world than disease, and the curtain falls on the death agonies of the prince and his three assassins, poisoned in drinking the health of the next ruler. A blood-thirsty, fair member of the audience was heard to complain when two of the four thought fit to finish their contortions 'off-stage'. "What a waste of talent!"

With the exception of the sentimental prince, well acted by Stanhope Furber, all the parts would have benefited by melodramatic acting of a more impassioned type, even to the point of overacting. As it was, much of "Saki's" characteristically unexpected wit was lost through its being taken too seriously. Pat Howlands made an excellent physician, and Messrs. Horsford, Roberts and Gimson, stalwart guardsmen-assassins.

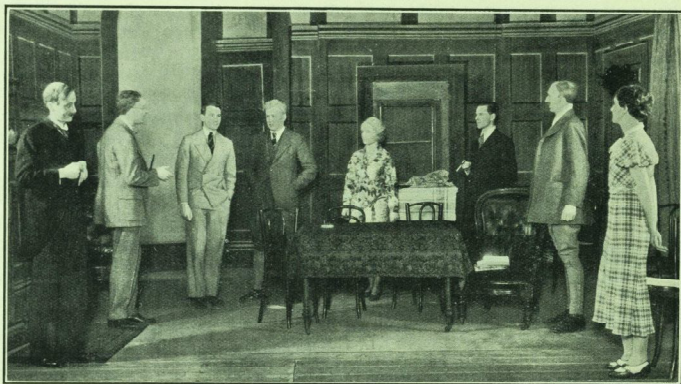
It is a far cry from the intrigue-wracked palace of Ruritania to the peace of an old country inn in the Midlands, at the sign of the "Bird in Hand". In Drinkwater's play the plot is a slender one, and it rests for its entertainment more on the situations and expressions of the rich variety of character displayed. That the play was more enjoyed on a second visit emphasized this. It was, indeed, a happy chance that brought to the old landlord's parlour three such entertaining visitors as mild Mr. Blanquet, a cockney traveller in sardines, moss-collector, music critic, Boy Scout, excruciating dancer and philosopher; young Cyril Beverley, "Eton-and-Oxford, don't you know", affectedly fatuous and effeminate, but engagingly so, with the courage of a terrier when called upon to face the violent wrath of an irate inn-keeper; and Godolphin, K.C., fastidious, thoroughly the barrister in his manner, but an expert in arbitration during a difficult situation.

Roger Gilbert, as the crusty, old-fashioned host, Greenleaf, gave the best performance of the evening. He had a most difficult part amidst so much comedy. Fighting throughout, like an old stag facing the pack, for the age-long cause of the older generation against the succeeding one, he finds in each character, and in the end, even in his own voice, an enemy to his opinions. His sophisticated, well-educated daughter, Joan, admirably understood and acted by Elizabeth Cruddas, and Gerry, her lover, the son of the local squire, have to summon all available help, including finally that of the squire himself, to break down the old man's opposition to a marriage between his daughter and one "above her station". And this in spite of Gerry's plea, "People are getting over the prejudice against titles, aren't they, sir?" It cannot be easy to make so long a speech as that in the second act, in a play moving with such pace as this, without sacrificing the atmosphere of deep feeling and conviction to a desire to "get it over" quickly. Yet not even with the intensely ludicrous

spectacle of Blanquet in tail coat, night-shirt and bed-socks partially eclipsing his figure, could one listen without sympathy to the old man's complaint. There was never the slightest hint that Gilbert did not himself feel all the anger, perplexity and obstinacy that he so successfully portrayed.

Eilidh Hadfield played the part of the good-natured mother, and gave an excellent impression of the tranquil though much-provoked mediator between the two conflicting generations.

Eric Jewesbury had a part made for him in Blanquet, for, with such a talent for comedy, it would have been difficult for him to provide less mirth than he did. It was in his control that his skill lay. It would have been so easy to have substituted a buffoon for the well-



Photographia.

meaning, earnest little man, and the play would have been ruined. As it was, his restraint was admirable, especially in the instance already mentioned, for as a rule, every movement of his could draw convulsing laughter from the appreciative audience.

As Beverley, Anthony Hinds-Howell had only to caricature his usual flippant self, and he succeeded well in his portrayal of the *blasé*, modern young man. One got the impression that no one in the Great Hall could have been enjoying himself more than this impudent, carefree dandy, with his red "Labour" tie and his monocle. His silent acting in the bedroom was superb.

Stewart Vartan carried conviction as the rather pompous K.C. He never gave the appearance of being on the stage and was always at his ease. Even the innovation of quite a heavy fall on the last night did not disturb his equanimity.

One only heard a single criticism of the handsome, embarrassed young lover, played by John Paterson—that against the lack of ardour in his affections—highly commendable, but nevertheless disappointing. His father's, Sir Robert Arnwood's, was a difficult part. Coming on as he did at the conclusion of the play, it must have been enough to try the nerves of the most experienced actor. Stephen Hadfield, however, carried the part very well, though his air of assurance occasionally belied his manner.

The very brief, silent visits of Edward Rigby as the barman hardly admit of more than commendation on his appearance.

The producer, Stanhope Furber, is to be congratulated on the high standard of the play. There were none

of those dreadful hitches so often associated with amateur theatricals. The timing of the lighting and musical effects was excellent. Perhaps a better indication of the storm outside during the first act would have been helpful.

As is the custom, the music was provided by the orchestra of the Musical Society. That their presence was valuable was evidenced by the rather bleak atmosphere that pervaded the auditorium for the first minutes of the last night, when they were so regrettably absent.

The producer, in a short, bright speech, concluded the entertainment, and for us, two of the most enjoyable evenings spent for a long time.

JOHN ABERNETHY.*

SOME years ago I was, owing to peculiar circumstances, a constant frequenter of the various hospitals and lecture rooms of the metropolis, and I in consequence enjoyed abundant opportunities of seeing and conversing with many of the most eminent professional men of their day. Amongst my earliest recollections of celebrated medical men are those of the well-known and eccentric Mr. Abernethy, of whom so many hundred stories—good, bad, and indifferent—have been told. I saw him, however, on two occasions only, and what occurred on each may not be altogether uninteresting in the narrative. The first time I saw him was when I accompanied a lady and her daughter to Mr. Abernethy's house, which was situated in Bedford Place, or Row, I forget exactly which. The young lady exhibited certain symptoms, which made her friends dread that curse of the English climate, consumption; and, although the family medical attendant had pledged his reputation that their alarm was groundless, nothing but the opinion of so eminent a man as Abernethy could allay their fears. As the parties were relatives of mine, I gladly embraced the opportunity of accompanying them to the celebrated surgeon's house.

When we arrived there it was about ten o'clock in the morning; in front of his door, and along nearly the whole length of the street, was a line of carriages, waiting for the patients whom they had dropped at the Doctor's. Following the numerous persons who were entering the front door, we passed into the hall, and were shown, by a servant out of livery, into a large room, which was nearly filled with persons, who were suffering either from real or imaginary diseases—the latter, I suspect, constituting the majority, for every one who felt a pain beneath the shoulder-blade or an uneasy sensation in the side, or whose skin exhibited the slightest possible shade of yellow, took it into their heads that they were afflicted with liver complaints (for the liver was a very fashionable organ, and its functions very aristocratical in their nature, about that time), and ran off post-haste, from all parts of the three kingdoms, to Mr. Abernethy, who was supposed to exercise a peculiar and exclusive privilege, with regard to the hepatic portion of the animal economy—a supposition at which no one was more amused than the singular practitioner himself.

Every now and then a door, opposite to that by which we had entered, was opened by another servant,

* An anonymous account published in *Pen and Ink Sketches of Poets, Preachers and Politicians*, London, 1846.

who called on the patient whose turn came next, to follow him into the presence. As there were some thirty patients before my friend, on the list, we had a long time to wait, during which period, sundry diseased acquaintances were made between unfortunates, and divers stories of melancholy interest related. Most of the patients had made up their minds to visit Mr. Abernethy, as a last resource; and it was really astonishing, after what they confessed to have taken, in the quack medicine line, that they ever enjoyed the opportunity of now trying one more chance. I noticed one remarkable circumstance—it was this—whenever one of the patients described a particular symptom, there were at least a dozen who had just the same; and not one, who if they were not similarly afflicted themselves, but had a particular friend of theirs who was. Then there were various stories of different doctors who had been consulted, and the professional character of some of them was pretty freely discussed. Mr. B— was no better than a butcher—not a bit; and if so and so had taken another bottle of Mr. G—'s medicine, it would have been all up with him. Besides these half-confidential disclosures, there were interesting expositions of domestic medical doctrines, and Buchan appeared to have been pretty generally consulted. Many of the patients, however, looked wretched enough—there were young girls, with hectic flushes on marble cheeks, their large dark eyes and black eyebrows contrasting painfully with their pure and polished foreheads. And then, every minute or two, a white handkerchief would be put up to the mouth, and a half smothered, hacking cough, would sound, as from that sepulchre of hope—a cavernous lung. It was wretched to look at them—hopeful as they were, as consumptives usually are—for their doom was sealed. There was, too, one of the most beautiful looking women I ever saw, in the room, and who would have been singled out, in consequence of her attractions, from amongst a crowd in any drawing room in London, or, indeed, anywhere else. Few casual gazers would have noticed that anything ailed her, but one who *observed* as well as saw, might notice the peculiar appearance of the eye, the sharpened and somewhat shrunken cartilage of the nose, the thin, bluish under-lip, which the upper front teeth were continually grinding as if in suppressed agony. All these appearances told but too plainly that the most fearful complaint to which a woman is subject—cancer—was burying its roots deep in her frame, and intertwining its deadly fibres with the springs of life, which soon they would destroy. But why should I dwell on such themes. Let me hurry on to my more immediate subject.

At last my friend's turn came, and following the ladies, or being about to follow them, the footman repulsed me, and refused me admittance, much to my mortification, for I had accompanied the ladies merely for the purpose of seeing the great man. A word or two from the elder lady, to the effect that she "wished Mr. Abernethy to see *me*" (leave women alone for managing these things), set all to rights, and I effected the much desired *entrée*.

We were ushered into a large room, the walls of which were covered with books, from floor to ceiling. In the centre of the apartment was a table, covered with green baize, on which was a writing desk. It being winter time, there was a very large fire in the room—and, standing before it, with his back to the mantel-shelf (over which hung an engraved portrait of John Hunter), his hands being tucked under his coat-tails, which were drawn forward, and hung in front, over his fore-arms, stood, perfectly at ease, a gentleman whom, from the portraits I had seen, and the descriptions I had heard, I knew *could* be none other than Abernethy himself. He looked keenly at us, as we entered the apartment, without moving from his comfortable position, which he retained until after the servant had placed chairs for us, and had quitted the room.

During this period, brief as it was, I had time to examine him pretty closely—and his eyes, too, were by no means unemployed—for they glanced from one to the other of us, as if to discover which of us it was who had come to consult him.

He was rather under the middle stature, and somewhat inclined to corpulency; yet so slightly, that the idea of *fat* never entered into the minds of any one who looked on him. His face was very peculiar, and somewhat pear-shaped—that is, it was narrower than ordinary at the summit of the forehead, which was high, and ploughed transversely with deep furrows. His eyes were small, deep set, grey, and very keen and twinkling. There was evidently a good deal of sarcastic humour in the lines about his mouth. The nose was long and well-shaped. A soiled white cravat enveloped his portly double chin and neck—and his dress, which seemed to have been huddled on, not put on, consisted of a blue dress-coat, cut in antique style, and decorated with bright brass buttons—a lemon-coloured waistcoat, and snuff-coloured "continuations"; and a mean looking pair of old red shippers, which only half concealed some whity-brown stockings, completed his costume.

"Now, then, which of you wants me?" were his first words, which he uttered without removing from his elegant position before the fire.

The elder lady, by a sign, indicated that her daughter was the patient; and was about detailing the symptoms, when he interrupted her with—

"There, hold your tongue, madam!" then sitting by the young lady, he felt her pulse, asked her a few questions, gave a peculiar shrug with his shoulders, and then said to her mother—

"And pray, madam, from how far have you brought your daughter to see me?"

"From B—, sir", was the reply. "Our family physician —"

"Didn't tell you to send her to Mr. Abernethy, I'll swear!" interrupted Abernethy—"a fool if he did!—You've thrown away time and money, madam, by coming here!"

"What! *is* there real danger, sir?" asked the frightened mother.

"Fiddle-de-dee, madam! *There*, ma'am (handing her a slip of paper, on which was written the name of his publisher), go and buy my book, and read page 84. I'll tell you how I came to write the book—there, sit down—don't be frightened—we'll get the red edges off your daughter's tongue, and make it less like a lancet in shape, and she'll do well enough. A great hulky Yorkshire farmer came here to consult me, and told me such a long story that it made me sick. Finding he only did what other people did—tire my patience—I thought I'd say, once for all, what I had to say on paper; and so I put it in a book, and it saves me a good deal of trouble. People come to me with their long stories, and then they wonder that I am rude to them. They abuse their systems, and then expect me to set them to rights all at once. Good morning, madam." So bidding us farewell, he handed a prescription, which he had written while talking, put the three guineas, tendered as his fee, into his waistcoat pocket, and rang a small bell, which summoned a servant, who showed us out through a different door from that by which we made our ingress.

We had not gone half a dozen steps from the door, when the young lady remembered that she had left her parasol on the table. She was hastening back for it, and had just reached the door, when it suddenly opened, and Mr. Abernethy appeared, holding it in his hand:

"Hallo," he called out, in a voice that half frightened the poor girl into hysterics, "here's your what-d'ye call it. What the devil d'ye leave your d—d traps here for? I don't want 'em." And he rudely thrust it into her hand.

Well, thought I, people may well think that you are rude to them; at all events, I never saw any one so bearish before.

The second occasion on which I saw him was during the Medical Session in London, when he delivered his lectures in the Theatre of a Metropolitan Hospital. Owing to the great reputation of Mr. Abernethy, and in consequence, in some degree, of his eccentricity, as a man and a lecturer, his class was by far the most crowded in London. Hundreds of young men, who did not care a straw for the information he imparted, regularly went to his lectures for the sake of the fun. In addition to these, many extra-professional gentlemen, and men about town, regularly attended his course, so that Abernethy's day was always looked for with great anxiety. He was very popular with the pupils, and they paid him every respect; indeed he was one who would not be trifled with, and did not hesitate, if a pupil misconducted himself, to soundly rate him from the lecturing table.

He generally lectured at two o'clock in the day—and, at the time I am referring to, I had considerable difficulty in procuring a seat, so early as one. I was fortunate enough to get a position in front of the gallery—fortunate only in one respect, for, as the crowds on the tiers of seats behind and above me increased, I was so pressed upon by the students, that my chest was compressed to half its diameter, against the iron rail which surrounded the gallery in front. They who know anything of medical students, may easily imagine the occurrences which transpired before the commencement of the proceedings. They were, by no means, of the most orderly character. Orange peel flew about, in all directions. Pieces of lint, chewed into pellets, were projected through hollowed armbones, and single vertebrae were flung at opposite neighbours. Caricatures of lecturers were drawn, and handed about. One very unpopular, and not particularly profound, examiner at Apothecaries' Hall (a Mr. W—), was personated by a student, who, in a mock examination, proposed questions to a fellow student opposite, who personated an unhappy candidate for the Diploma—and some such catechetical instruction as the following would be the order of the day:

"I say, you Mr. Squills, where is the North Pole of the Liver?"

"You'll find it by digging through the Diaphragm, W—."

"Why are apoplexy and palsy like spring flowers?"

"Because they're the first of the *neuroses*" (new roses)

"Here, you Tom Tourniquet, why is the Extract of Belladonna like a good lecture?"

"Can't tell; it has something to do with the Iris, I know. Give it up."

"Because, spooney, it enlarges the capacity of the pupil."

"What's the dose of French Brandy? Can any body tell *that*?"

(From a hundred tongues.) "A noggin in the morning, two tumblers after dinner, and as much as you can get tick for at bed-time."

"What's the best thing for a sweat?"

"Antim. Tart., Pulv. Ipecac. Comp., egg-flip, and getting Steggall to grind us."

"And what, if that should fail?"

"Get W— to pluck you, at the Hall."

But, all at once, the hubbub ceased, for the dissecting-room porter entered, placed some jars, containing anatomical preparations, on the table, and, close at his heels, entered Mr. Abernethy himself. Every hat and cap was instantly doffed, a round of applause was given, and then only the voice of the lecturer broke the silence.

Even an abstract of his lecture would be, of course, quite unintelligible. I shall, therefore, content myself with giving an account of his manner, as a lecturer and teacher.

From what I have already inserted, the reader may imagine his personal appearance. It was much the same on the latter as on the former occasion. He commenced his lecture in a clear-toned voice, which had something of the Scotch accent, by a recapitulation of the heads of the last lecture, and then plunged at once into the subject of the day. During a great portion of the time, his hands were thrust into his breeches pockets, and he appeared to be on quite free and easy terms with his audience. Occasionally he would make some droll remark, which, accompanied by a twinkle of his keen, expressive eye, would convulse his hearers with laughter. The *manner* of his telling quaint stories, too, was quite as mirth-moving as the matter—and half the good things he said would be spoiled entirely if uttered by any other person. Of course, he has had a thousand-and-one stories foisted upon his reputation, which were not his; but he *did* often make the oddest and rudest remarks possible, and many of them quite unfit for "ears polite".

When I heard him he was lecturing on diseases of the stomach—and he indulged in some very severe remarks on the abuses which this organ was subjected to by various classes of persons—such as epicures and gourmands. I do not know whether it was his remark or a quotation, but I perfectly well remember his saying, in the course of his lecture, when treating of the digestive functions: "Many think, gentlemen, that the stomach resembles some of our culinary articles, in which the

food is simmered down; others fancy it an oven, in which whatever we put into it is cooked by animal heat. There are those who imagine it to be a tub, in which the food is macerated; but they are all wrong. It is neither a stewpan—nor an oven—nor a mash-tub—but a stomach, gentlemen—a stomach!

Speaking of the diseases of the stomach, he referred to the sympathetic disturbance of the functions of the optic nerves, and described how, in a case where his own gastric apparatus had got somewhat out of order, his sight was curiously affected. "One day," said he, "I was going up the borough road, when, happening to look into a bookseller's shop window, I discovered that, in addition to the little black spots, and rings, and ribbon-like filaments, which floated before my eyes, the halves of many long words were only visible. For instance, one of my books lay in the window, open at the title-page—and on my honour, gentlemen, I could see the *A-ber-knee* very well, but I couldn't make out the *thigh* at all." All these sallies were, of course, received with roars of laughter, during which Abernethy would shrug his shoulders, and occupy himself with his snuff-box.

I happened recently to hear an anecdote of Abernethy which is not generally known, and as it is very characteristic, I will give it in this place. I promise the reader that it shall be the only one of the many current stories respecting this eccentric man, for nearly all I have heard tell better in a merry party than on paper.

Doctor Tuckerman, an Unitarian clergyman of Boston, United States, some years ago visited London for the express purpose of having Mr. Abernethy's advice on his case. The rev. divine was a very mild, gentlemanly man, and on his being introduced to the great surgeon, commenced talking something in this way:

"Mr. Abernethy—I reside many miles from hence, and have the charge of a little flock; and my little flock, sir, very kindly wishing me to have your opinion, consented to spare me for a time. I have, therefore, sir, left my little flock—"

But Abernethy's patience was exhausted, and, to the horror of the meek clergyman, he burst out with "D—n your little flock, sir, stick out your tongue!"

Some of these stories, however, redound much to his credit, for Abernethy, beneath a rough exterior, had a warm and a benevolent heart. Many a poor hard-working student has he not only admitted without a fee to his lectures, but assisted in the most delicate and substantial way. He died of a disease which, prior to his dissolution, he had most accurately described, and in many respects left not his equal behind him.

SURGICAL APHORISMS.

(Continued from p. 65.)

78.

The efficient treatment of hernia is of enormous economic importance to the community, and its accomplishment affords a wealth of interest and of difficult technical problems to the surgeon. Yet it is commonly regarded as an easy and uninteresting branch of surgery.

79.

Few surgeons admit that their operations for hernia ever fail—usually because they have not followed their patients' after-history. Patients on whom an operation has failed commonly go elsewhere.

80.

The existence of the truss and of the flourishing vendors of the pseudo-truss is a confession of surgical failure. Yet the truss has a definite and important place in the treatment of hernia in elderly people who decline operation or who are in some way unsuitable for it.

81.

There is no hernia that cannot be cured by surgery—provided that the operator has an adequate technical repertory at his command. This statement could not have been made before the introduction of the principle of the "living suture", or "fascial graft".

82.

Hernia is very frequently associated with chronic bronchitis, so that the choice of anæsthetic may have a profound influence on the success of an operation. There is a wide field in hernia for the use of local and spinal anæsthesia.

83.

All strangulated hernias are best operated on under local anæsthesia. The necessity for hurry is thereby removed, and the operation can be carefully performed without any disturbance to the patient.

84.

The orthodox operation for the relief of strangulated femoral hernia—division of Gimbernat's ligament—is a barbarous and unnecessary procedure. A nick in the posterior surface of the inguinal ligament is all that is necessary, whereas the cutting of Gimbernat's ligament destroys the integrity of the patient's defences, and

determines the recurrence of the hernia on a more generous scale than before the operation.

85.

Direct inguinal hernia (a hernia that is necessarily *acquired*) is much commoner than is usually supposed. It is not infrequently found in early middle life, as well as in elderly patients. The majority of direct hernias can be readily diagnosed before operation by applying the test of one finger on the internal ring. Failure to distinguish between direct and indirect hernia is one of the most prolific causes of post-operative recurrence.

86.

Any of the orthodox operations for indirect hernia will frequently fail if applied to the treatment of direct hernia. A plastic operation designed on the lines of sound anatomical knowledge will succeed.

87.

The sacs of direct inguinal and of femoral hernias may be clothed on their mesial sides with a corner of the bladder, and this will be drawn out with the sac. Many patients have lost their lives from ignorance of this fact, and consequent failure to strip off the bladder before the sac is ligatured.

GEOFFREY KEYNES.

(To be continued.)

PEPTIC ULCERS FROM THE SURGICAL POINT OF VIEW.*

THE term "peptic ulcer" is a convenient one to include duodenal and true gastric ulcers. Peptic ulcers may be acute or chronic, and I think it clears the ground if I emphasize strongly that acute ulcers do not belong to the province of the surgeon. On the other hand, chronic peptic ulcers are often, in the opinion of many operating surgeons, kept too long on medical treatment—it may be for years—when a surgical operation might give immediate relief.

I propose, firstly, to discuss the question of operation in cases of chronic gastric and duodenal ulcers, with non-urgent symptoms, and then those cases where surgical measures are the only possible hope of cure. The following notes are based on operations on over 400 cases at St. Giles's Hospital, the majority of which I have done myself.

Although anatomically peptic ulcers may be divided

* Summary of an address given to the East Dulwich Medical Society, October 6th, 1933.

into gastric and duodenal, and in the post-mortem room and on the operating table it is usually possible to distinguish the two, clinically it is often impossible. Surgically it is more convenient to associate together duodenal and juxta-pyloric ulcers in one group, and consider as distinctly gastric those ulcers occurring on the lesser curvature, or on the anterior or posterior walls some little distance from the pylorus. This is a convenient, if somewhat unscientific, division.

It is unnecessary here to enlarge upon the ordinary symptoms of a chronic peptic ulcer—periodic pains and tenderness in the epigastrium, etc., vomiting in some cases, hæmatemesis and melena. There is one feature which is of great importance in relation to surgical treatment, and that is the complete intermissions in the symptoms which occur—a phenomenon which has never received a satisfactory explanation. These intermissions are not infrequently spontaneous and independent of treatment. In hospital cases they are rather the rule than the exception. A patient, for example, is admitted to hospital, prepared after, it may be weeks of severe pain, to undergo anything the surgeon may recommend. After maybe only two or three days of restricted diet, possibly alkaline powders and very especially complete rest of body and mind, all the symptoms disappear, though the ulcer cannot possibly be healed, and the pain remains in abeyance as long as the man is in hospital, even though he returns to ordinary diet and is up all day in the ward. To such a patient the proposal that he should undergo a serious operation will probably seem absurd, until perhaps he has had three or more experiences of how quickly the symptoms return when he resumes work. Should hæmatemesis—of a severe kind—occur he may become thoroughly alarmed and listen to any advice. The assurance of the surgeon that, although there is now no pain, yet the ulcer can still be seen in the X-ray plate, may sometimes turn the balance. All too often, however, in my experience the patient goes out feeling very fit and having put on weight, to return in a few weeks or months as bad as ever or even, as in some cases I have had, with severe, even fatal, hæmatemesis or with perforation. Other cases, if no such crisis occurs, may go on for years in misery with periodical interruptions in their work, and when at last an operation is done they get complete relief and much regret their previous hesitations. The average working man cannot afford the prolonged time necessary to cure an ulcer by medical means.

Of all means for diagnosing a peptic ulcer none is so helpful as an opaque meal and X-ray, and, let me add, a skilled radiologist. Many cases will reveal either (1) an irritable condition of the stomach, with rapid emptying consequent upon an active duodenal ulcer, or (2)

a marked deformity of the "duodenal cap", or (3) an actual ulcer crater in which the opaque medium collects and remains for some time, or (4) a greatly dilated stomach, due to pyloric stenosis, with retardation in the emptying of its contents, or (5) a greatly deformed (*e. g.* hour-glass) stomach.

Diagnosis having now been positively made, let us consider what may happen to a chronic peptic ulcer once established.

(1) In some cases, with intensive dieting, medical treatment and prolonged rest of body and mind, pursued over many months, the ulcer may entirely heal. My experience has been that few working-class men can or will give the necessary time to obtain a real cure along these lines.

(2) The ulcer may remain unhealed, causing recurrent bouts of pain and periodic interruptions in employment of a very serious nature for the head of a family.

(3) Hamatemesis may occur—a condition always serious in a chronic ulcer. It may produce the most profound anaemia. It cannot be controlled or prevented by drugs, but is often entirely stopped by operation during an interval.

(4) Cicatrization of an ulcer in the duodenum or at the pylorus may lead to such stenosis as to produce a dilated stomach with greatly hypertrophied muscular wall. When cicatrization occurs at the lesser curvature the peculiar condition known as "hour-glass stomach" occurs, which I shall refer to later. Early operation may prevent both these deformities.

(5) The ulcer may perforate—a condition of extreme abdominal emergency which, if the patient receives immediate operative treatment, may not be fatal, but at the least must be a cause of intense pain and anxiety.

I have made an analysis of 143 operation cases which I had under my care at St. Giles's Hospital, of which 81% were my own operations. Of these cases 77% were males, duodenal and juxta-pyloric ulcers being much commoner with men. Posterior gastro-jejuno-stomy was done in 134 cases; anterior gastro-jejuno-stomy was done (because adhesions made the posterior operation impossible) in 4 cases; and gastrectomy, in one form or another, in 5 cases.

The rationale of operation in cases of stenosis is obvious. There is an organic obstruction at the outlet of the stomach leading to dilatation, hypertrophy of the muscular wall and vomiting. Pyloric stenosis was definitely present in probably some 25% of all my cases. Operation was only undertaken in very definite cases where the results of palliative treatment had failed. In a few cases where exploratory operation failed to reveal an ulcer nothing further was done.

After gastro-jejuno-stomy the passage of the stomach

contents through the new stoma, by giving the pyloric end of the stomach and the duodenum a rest, frequently leads to rapid healing of a peptic ulcer. After two or three months, if there is no stenosis, the greater part of the food gradually resumes its normal passage by the pylorus. It has been maintained that the existence of the gastro-jejuno-stomy stoma, by continuing to allow a certain amount of the alkaline contents of the jejunum to regurgitate into the stomach, reduces the hyperacidity of the gastric contents, which is usually present in gastric ulcer, and thus prevents recurrence of ulceration. Occasionally, but happily in my experience not very commonly, ulceration at the stoma—jejunal ulcer—may arise and necessitate further operation. In the records 46 cases are definitely described as duodenal, but this is an understatement, the description having been used chiefly for deeply seated ulcers, an inch or more beyond the pyloric sphincter. Seven of the cases had ulcers on the lesser curvature and two large ulcers on the anterior and posterior walls respectively. Two of the gastro-jejuno-stomy cases had regurgitant vomiting, but were cured at once by jeju-jejuno-stomy. The eventual results in the great majority of the whole series appear to have been very satisfactory. I have seen many of the cases off and on for years. I only regret now that I have not fuller notes. The mean age of all the cases at the time of operation was 43.

Four of the cases which were done for severe haematemesis died of recurrent gastric haemorrhage after the operation.

So far I have described cases where the necessity for surgical interference may be a matter of opinion. I wish now to mention two conditions in which surgery presents the only possible hope of cure—indeed, in the latter of them, of saving life. These are hour-glass stomach and perforated peptic ulcer.

An "hour-glass" condition of the stomach is produced by slow cicatrization of an ulcer on or near the lesser curvature, so that the stomach comes to consist of two pouches connected by a narrow passage. This may be so narrow as hardly to admit a little finger. It occurs chiefly in women; in my series 80% were women. As it takes years to form it is a disease of late middle age; our mean age was 54.

The symptoms of hour-glass stomach are various, and are often complicated by the presence of an unhealed ulcer at the site of contraction. The occurrence of sudden perforation is sometimes the first acute symptom. Further, as has been pointed out by Moynihan, pyloric ulceration is frequently present. All cases have a long history of gastric discomfort, and most have severe attacks of pain, frequent vomiting and haematemesis. No means of diagnosis are so certain as

radiography. By the aid of an opaque meal and skilled observation the distortion of the stomach can be seen, and in the great majority of cases an organic contraction can be distinguished from one due to spasm. Diagnosis having once been made, there can be no hesitation in recommending an operation, as that alone holds out hope of cure. Of my 15 cases, 2 were admitted dying—one after gastric perforation, the other with "gastric tetany", the consequence of prolonged starvation. This latter case had been diagnosed mistakenly at another hospital long before as one of inoperable carcinoma. Both cases might have been cured had they been diagnosed correctly a little sooner. Of the remaining 13 cases which I operated upon, all got well, and those I have been able to trace are much improved or describe themselves as cured. The four operations done were either (1) posterior gastro-jejuno-stomy (5 cases), or (2) double gastro-jejuno-stomy (one stoma in each pouch) (2 cases), or (3) gastro-gastrostomy (3 cases), or (4) mid-gastric gastrectomy (3 cases). The choice of operation depends on circumstances, and I have discussed the cases more fully elsewhere (1).

Perforated peptic ulcer is a surgical emergency relatively common, and one which any surgical resident may have to deal with at any time. In my records at St. Giles's Hospital I had 246 cases under my care, 6 of which, however, were "malignant" and do not come into my series. Over half the cases were my own operations, and the others were done by my surgical residents of operating experience.

With regard to age, 65% were between 30 and 60, 6 were under 20 and 6 were over 70. 90% of all cases were males (2). The signs and symptoms of an acute peptic perforation—the sudden onset of agonizing abdominal pain in the upper abdomen, the board-like abdomen and the subnormal temperature—are so typical that a case should never be missed by a medical man with any surgical hospital experience. Yet I regret to say it is all too often undiagnosed in general practice. But a "leaking ulcer" is more easily overlooked, particularly as treatment—complete abstinence from food, rest, and especially the administration of morphia—may disguise the symptoms. Yet these, like all the acute cases, need operation without any unnecessary delay. Laparotomy, suture of the ulcer and, usually, suprapubic drainage will be needed by most cases. When the general condition is fairly good a posterior gastro-jejuno-stomy should, in my opinion, be done at once and much subsequent trouble be prevented, but it should not be undertaken unless the operator has had considerable experience of gastric surgery. I find we did it in 63% of all cases. The mortality-rate, if all but moribund cases are given a chance, must be

considerable, as long as practitioners fail to send in such cases at once. Our rate was 25.5%. The two factors which bear on this are, firstly, the length of time between perforation and operation, and, secondly, the patient's age. Thus, whereas the mortality for all cases with perforation of under 5 hours was 11.5%, it rises to 80% in cases with perforation of over 20 hours. With regard to age, it was 8.3% under 30 and 10% between 30 and 40, but 40.6% between 60 and 70 and 50% over 70. The common causes of death are septic broncho-pneumonia and empyema, subphrenic abscess and cardiac failure due to toxæmia. The great majority of cases can be cured if operated upon soon. It is, however, better still to prevent the risk of perforation by timely operation at an earlier stage of ulceration.

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E. W. G. MASTERMAN.

MEDICAL PSYCHOLOGY IN THE CURRICULUM.

ONE of the changes we are led to expect in the medical curriculum is the introduction of some training in medical psychology, and a great deal might be said for and against this new development.

It seems reasonable to open up the problem in this *JOURNAL*, which is read as much by students as by qualified doctors, for it is the demand of the medical student that is chiefly responsible for the proposed changes. Indeed, the medical curriculum, as is notorious, is so overcrowded that it would be impossible to add any new burden that was entirely unpopular.

Medical students at the universities to-day are interested in psycho-analysis as well as in philosophy and art and politics, and they are flabbergasted if, when they come to the wards, they find less understanding of psychology among their teachers than among themselves.

At the same time some of the teachers of medicine recognize that their teaching is not as helpful as it might be in preparation of a man for general practice, and they are anxious to see what can be done to meet the growing demand for the teaching of psychology.

Another way to put this would be to point out that the advances in physical medicine have now brought us to the point at which disease and disorder without physical basis can be scientifically studied. For instance, irritability in infancy was put down to rickets when rickets was a common disease. Now that rickets is better understood and can be prevented and is uncommon in London, the still common irritability can be studied as a separate symptom. Again, while Graves's disease was little more than a clinical picture, it was natural that physicians should assume that the common anxiety states were minor manifestations of thyroid hyperfunction. Now that Graves's disease is more clearly defined, it is easy to see that the common anxiety states are psychogenic, and the difficulties at the boundary arise chiefly from the problem as to what is the importance of emotional factors in the genesis of any one case of Graves's disease.

Examples might be given *ad infinitum*, for there are few physical diseases that are not hedged about with more common symptom-complexes without physical basis. Our gratitude to these physical disease enthusiasts who have done the pioneer work, who have cleared the ground of superstition and quackery, is best shown if we use the light that has been let in to examine the common symptoms met with in general practice.

It is an astounding thing that the majority of patients who go to the doctor have no disease of the kind that we learn about at hospital. A colleague of mine divides his out patients into "cases" and "tripe". Out of twenty patients he may select half a dozen, and the rest he leaves to any old assistant. I forgive him because he really does know something about the six cases—nephritis, pyloric stenosis, pleurisy, etc. But I do not agree that we can continue to throw away the tripe with a gesture of contempt, especially at a teaching hospital. Someone can be found who likes tripe, especially if there is added some onions of understanding. Indeed, the type of case that my colleague is throwing away is quite as interesting and important as nephritis, anaemia and rickets. Moreover, there are only a limited number of such physical diseases in any one area, and the experts are many and increasing, so that they will have to scramble more and more for the odd case; whereas the tripe material is unlimited, the tripe-expert is always in demand, and the research to be done once the psycho-analytic technique has been acquired is rich and varied.

Some experienced practitioner will remark: "All my life I have been a psychologist, chiefly unknowingly, intuitively, and I protest against the suggestion that there is anything new about medical psychology. In my practice much of my success has been due to the

fact that besides having an up-to-date knowledge of physical disease I have had an understanding of my fellow man, and this comes only from inborn sympathy and from the experience of one's own life."

No one can doubt the truth of this practitioner's boast, and it is my opinion that nothing will ever render out of place the practitioner's intuitive understanding and treatment of ill people. After all, every patient has a psychology, even if he also has physical disease, and the physical disease merchant has little consultant value if he has not an understanding of the patient as a human being.

What, it must be asked, is the relation of the new medical psychology to this property of every good general practitioner? This introduces an important point. I consider that the real danger of the teaching of medical psychology lies in the possibility that medical students will feel that a few lectures on psychology and a little reading can take the place of what our practitioner friend described as natural sympathy and personal experience of life. It is easy to get hold of a few phrases, such as "complex", "repression", "self expression", and by judicious use of them to appear very understanding. But no amount of such learning can bring the young doctor to the standard of his own, original, untutored, uncritical understanding. If this is poor to start with, matters can only be made worse by the addition of a few pseudo-scientific terms.

It is essential to realize that psycho-analysis is not just an extension of this quality of human sympathy and understanding. In fact it is more true to say that it is impossible for anyone to help a patient by ordinary methods (the specialized kind of friendship that is the doctor's), and at the same time to analyse that patient. It is also impossible to teach and analyse a person at the same time. For in friendship, as in confessional and teaching, the unconscious emotional relationship, that links the individual to the friend, priest or teacher is cherished and used, whereas in psycho-analysis it is itself analysed.

In this way psycho-analysis is an attempt to make an objective examination of the patient's unconscious feelings, and incidentally to promote a spontaneous becoming-conscious of what was previously unconscious, whereas friendship assumes the unconscious feelings, and in virtue of their existence does what it can on the surface. Thus the two are complementary and applicable to different situations, and no one need fear that because a few people are analysed there will be no room for friendship.

It must be pointed out, however, that by the method of investigation called psycho-analysis, more has been found out about the aetiology and treatment of neuroses

and psychoses in thirty years than by the other forms of approach in a thousand. All along the ages the understanding of the present-day psycho-analyst has, of course, been surpassed by the artists and poets in their greatest works. Pre-analytic art is the best check the analysts have on their work. But these artists did not help forward the treatment of psychologically ill persons, except perhaps by preparing the ground to some extent for the acceptance of Freud's analysis of the unconscious.

In my opinion it is safest to divide the teaching of psychology into two distinct departments, without overlap. The one is concerned with helping the interested student to observe the clinical facts, with avoidance of terms that are not in daily domestic use. Much that is observed by the student in this way must touch his own psychology deeply, and opportunity should be given for him to drop out of the course, without the necessity of concocting a reason. There is ample scope for the demonstration of every-day psychology in this way in any out-patient department, especially in one that deals chiefly with infants and children, as I have proved by my own experience. And if unchosen physical and psychological and mixed cases can be dealt with as they come, before a group of students, a very clear picture of general practice problems can be given them. Adult patients present the same problems, but crusted round with secondary formations which make demonstration more difficult.

The other, quite distinct, psychological teaching is the psycho-analytic. This word "psycho-analysis" is used in all sorts of ways, but it is correctly used to denote the technique developed by Freud and his school. There is a British Psycho-analytic Society with sixty odd members and associate members, and an International Psycho-analytic Society, with branches in a dozen countries. It is only fair to tell young men who wish to take up psychological research that it is useless for them to do so unless they will first become psycho-analysed. In a previous paragraph I pointed out that students should be free to stay away from psychology lectures, because their own psychology would be touched by the clinical findings in the demonstrations. This is necessary, but how much more so it is impossible for a student to explore the unconscious. Sooner or later in any case he must come against his own repressing forces, and this difficulty can be greatly lessened by psycho-analysis of himself. Anyway, the recent advances in psycho-analytic technique and theory have been so great that it is impossible to add anything of value until after analysis of oneself and after full training in the established technique. There is then, of course, ample opportunity for the exercise of individual gifts, and it is

interesting that the most important critics of psycho-analysis, critics who have caused the most valuable developments of technique and theory, have been the psycho-analysts themselves.

Now psycho-analysis is a long process, and it cannot be expected that many students will wish to be analysed. For this reason nothing should be done to make them lose confidence in their own intuitive powers, which they will need to exercise to the full in the course of their lives. But it can be insisted that the teachers of Medical Psychology shall have been analysed. In fact it is only in this way that teachers with bees in their bonnets shall be kept away.

The chief danger, then, that arises from the new decision to teach medical psychology is that a smattering of pseudo-analytic terms should be given students. These are the two safe extremes which I have outlined, namely, opportunity for instructed clinical observation on the one hand, and, on the other, psycho-analysis, which can only properly be taught in the established school of psycho-analysis—The Institute of Psycho-analysis. Students should be warned against falling between these two stools. D. W. WINNICOTT.

SPATS.



ET those who will spend their time in Jamaica at the luxurious "Grand Hotel". For our part we preferred a smaller and more quiet place, and found one at Mayfield, which nestles comfortably at the foot of the Blue Mountains, a few miles away from the hot and noisy city of Kingston.

The one-storied bungalow, cooled by deep shady verandas, stands in a lovely garden, full of tropical shrubs and flowers, and here it was possible for a visitor to get some idea of colonial life and an opportunity to sample Jamaican food.

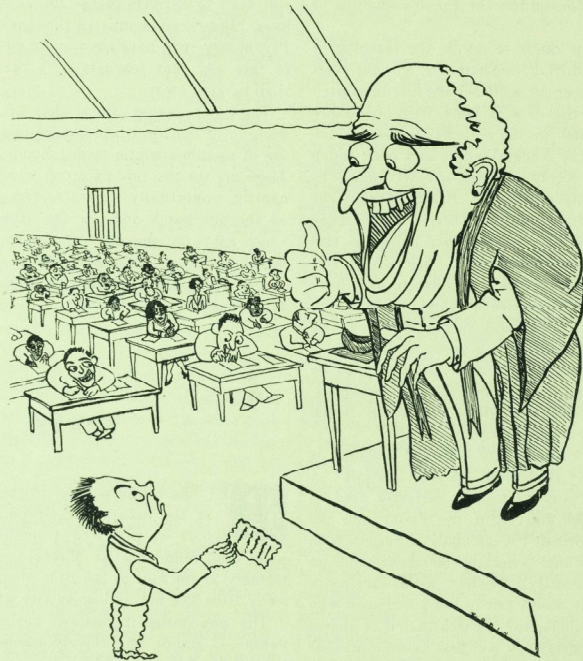
In all the "Grand Hotels" the world over, it seems to be the aim of the management to make each hotel as like as possible to all other "Grand Hotels", and the only local colour is supplied by the very sophisticated native staff.

Mayfield was owned and managed by a charming Jamaican lady, assisted by smiling negro servants. Here was no crowded lounge, nor noisy cocktail bar. After an excellent dinner you could sit in peace in the veranda and enjoy a fairy cabaret, where fire-flies danced to an orchestra of whistling tree-frogs.

Our first Jamaican dinner was a successful culinary adventure, which included many island dishes new to us. The meal began with Jamaican pepper pot, a dish renowned throughout the West Indies, and one spoken of with respect and admiration in *Tom Cringle's Log*, as well as in many other old books about the early days in Jamaica. This was followed in turn by a fish called daker snapper, squash in cream sauce, and baked

name. Spats was like one of these millionaire masters of industry, who, in spite of every disadvantage of birth, education and up-bringing, eventually becomes prosperous, respected and happy. As in nearly all cases of the self-made, Spats had gone through early difficulties and struggles. This we learned from our hostess when we asked her to tell us his story.

Originally, she informed us, Spats had belonged to



THE CANDIDATE WHO ADMITTED THAT HE WAS UNABLE TO ANSWER AT LEAST FOUR QUESTIONS IN THE CONJOINT SURGERY.

(With apologies to H. M. Bateman.)

yampey. By way of a sweet we were given fresh stewed guavas with coco-nut cream. This feast for the gods concluded with locally grown coffee and Jamaican cigars.

It was not long before we had made friends with a member of the household, who, though both black and white, was by no means the least important resident at Mayfield. This was "Spats", a dog of engaging manners if of doubtful pedigree. His short coat was black, his tail long and thin, while his paws were white, from which last characteristic he got, no doubt, his

some negroes who lived in a neighbouring cabin, and who cruelly treated, beat and starved him. Gradually the poor wretch took to visiting Mayfield in search of an occasional kind word or a bone, but soon his visits became so frequent as to be an annoyance. When driven away from the veranda by thrushes or even an occasional stone, a moment later he would be found in the kitchen currying favour with the cook.

Up to this time any charming qualities of Spats had not come to be appreciated, and he was regarded and treated merely as a pariah dog. At length his visits

became so repeated and so unbearable that ruthless measures were decided upon to get rid of him once and for all. One fateful morning, Stanley, the coloured house-boy, was ordered to take the dog to the lethal chamber at Kingston and there have him painlessly and utterly destroyed. Together the two set off, Stanley with a shilling in one hand, the fee for the humane operation, and a cord attached to the victim's neck in the other.

As Stanley and the dog disappeared out of the garden gate the lady of Mayfield gave a sigh of relief to see the last of the persistent intruder.

That same evening, just when the household was about to sit down to dinner, a noise was heard outside and in bounded Spats, all doggish smiles and wagging tail. But Spats came back alone, without Stanley. Next day came and went, and still no Stanley. Days, weeks and months passed, but Stanley was never seen nor heard of again.

We may be truly thankful that the golden gift of speech has been denied the so-called lower animals, but if an exception could be made, it should be in the case of Spats, so that he might solve for us the mystery, and tell exactly what happened that day, after he and Stanley left to go together to the lethal chamber.

Needless to add that Spats is now at Mayfield for life, an honoured guest and a beloved member of the family.

PHILIP GOSSE.

STUDENTS' UNION.

DANCE.

The first social function held in the Great Hall of the New Medical College, Charterhouse Square, took place on January 19th, when a very successful and enjoyable dance was held. The Dean and Mrs. Girling Ball, Sir Charles and Lady Gordon-Watson and Prof. and Mrs. Woollard were among the 450 people present.

The Dean, in a bright and witty speech, paid tribute to the help Prof. Woollard had given him in his work for the New College. He pointed out that it was the first time that the Hall had been used for a dance, and he hoped that it would not be the last. Prof. Woollard replied on behalf of the Dance Committee.

The members of the Committee would like to take this opportunity of tendering their very grateful thanks to the ladies who, led by Mrs. Ball and Mrs. Woollard, so freely gave their help in the decorations, and to Mr. and Mrs. Ashley for their untiring efforts in the bar.

The proceeds of the dance will be given to the College Appeal Fund, and it is hoped to publish a balance-sheet next month.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. REDRUTH.

Played at Winchmore Hill on December 30th. Won, 11-6. After an enforced rest of a month, during which it had been necessary, on account of frost, to cancel matches against R.M.A., Northampton and Old Paulines, the Hospital, with the responsibility

of Cup matches looming in the near future, succeeded in beating a strong Redruth side in a convincing fashion. The visitors, without Currow, opened the game up from the start and, bearing in mind the toll taken by Christmas at Bart's and the previous total of victories, it becomes impossible to account for the display given by the whole Bart's team, who, without exception, showed themselves to be fit and quite capable of holding their own against lively forwards and livelier backs.

The Hospital forwards showed a definite superiority, and although weakened by the absence of Darnady and Gray, both ill, they packed low, giving Hunt the chance, of which he made full use, of securing the ball in almost every scrum.

Play was indeterminate and neutral for a large part of the game; Glasson, from a 10-yard scrum, opened the score for Redruth with an unconverted try. Shortly, however, a Hospital forward getting offside gave Jennings the opportunity to kick a penalty goal later.

The Hospital backs showed a remarkable degree of accuracy, pace and finesse—factors which have been in evidence before, but never in combination. Kingdon was the origin of every movement, and scored both the Hospital tries, both of which were the result of really fine combined efforts; Capper converted one.

The final stages were marked by robust play on both sides. Two minutes from the end Capper kicked a good penalty goal and put the issue beyond doubt.

Team—C. M. Dransfield (back); J. G. Youngman, R. M. Kirkwood, F. J. Beilby, J. G. Nel (three-quarters); J. R. Kingdon, J. D. Wilson (halves); F. H. Masina, R. S. Hunt, P. D. Swinstead, J. M. Jackson, E. E. Harris, J. C. Newbold, W. M. Capper, R. Mundy (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. HARLEQUINS.

Played at Winchmore Hill on January 6th. Won, 12-10. The absence of Dunkley and K. E. Prescott, playing in the English Trial, weakened the Harlequins' pack, while the Hospital were without Darnady and Gray; despite this, the Bart's forwards, by no means discouraged by early reverses, proceeded to settle down and largely control the game.

Weak tackling allowed Tucker to send Swayne in for an early converted try, and a few minutes later Style broke through in the centre, and, drawing Morison, gave Russell Roberts a clear run for another try, which Style again converted.

From this point the Hospital improved greatly, and with the forwards heeling quickly, the backs launched a series of attacks, from one of which Nel narrowly scored by the flag; Capper failed with the difficult kick. The Harlequins responded with quick-passing movements, which were met by a much strengthened defence. Play continued in mid-field until Wilson sent a reverse pass to Youngman, who, having made ground, gave Mundy an inside pass, enabling him to score by the posts. Morison failed to convert.

After the interval play was largely confined to the Harlequins' "25". Eventually Nel cross-kicked, and Fairlie-Clarke, following up, scored another unconverted try. Only one point behind, and the Hospital, by dint of perseverance, kept the ball well in the Harlequin territory; finally, from a scrum, Kingdon cut through, and a yard from the line gave Fairlie-Clarke the final pass and the winning try. Capper again failed to convert.

Of a team which played exceptionally well together and so thoroughly deserved their victory, mention must be made of Newbold and Kingdon, both of whom had moments approaching greatness.

Team—C. R. Morison (back); J. G. Youngman, R. M. Kirkwood, G. A. Fairlie-Clarke, J. G. Nel (three-quarters); J. R. Kingdon, J. D. Wilson (halves); F. H. Masina, R. S. Hunt, P. D. Swinstead, J. M. Jackson, E. E. Harris, J. C. Newbold, W. M. Capper, R. Mundy (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. O.M.Ts.

Played at Teddington on January 13th. Lost, 15-5. Had the O.M.Ts. possessed a competent place-kicker the score against us might well have been greater; but in spite of this, no excuses for the Hospital are necessary. Faced by a strong and versatile opposition and weakened by the absence of five members of the team, they played better than the final score might suggest, and were, many times, within an ace of scoring.

The Hospital pack was outweighed, and their adoption of a 3-4-1 formation did not seem to improve matters. Although securing the ball infrequently from the tight and not at all in the

lines-out, the backs made incisive attacks, many of which, against a side less resolute than the O.M.Ts., would have been rewarded. The Hospital defence was without fault, and towards the end this appeared to be due to unfitness.

The first half of the game was unexciting, although Bart's might have led had Nel been given sufficient room on more than one occasion. It was, however, left to Turnbull to open the score by a brilliant run, which fully deserved its success; the kick failed. Edmonds shortly afterwards scrambled over for another unconverted try.

After the interval the brothers Heck dominated the game, and the Bart's backs, behind beaten forwards, found it increasingly difficult to stem the subtle tide of attack, which eventually, dammed in one source, broke through in another, Heck (H. D.) scoring two tries in quick succession and Turnbull side-stepping his way to another, none of which were converted.

The Hospital continued to fight hard, and from a scrum Mundy broke through to give Jackson a scoring pass. Morrison converted.

Team.—C. R. Morison (back); J. G. Nel, G. A. Fairlie-Clarke, R. M. Kirkwood, J. G. Youngman (three-quarters); J. R. Kingdon, J. D. Wilson (halves); P. O. Swinstead, R. S. Hunt, F. H. Macina, J. M. Jackson (capt.), E. E. Harris, C. M. Dransfield, J. Nicoll, R. Mundy (forwards).

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD MONOVIANS.

Played at Winchmore Hill on Saturday, January 6th. Won, 3—0. Bart's did not field a full side for this game, but had little difficulty in winning by 3 goals to nil. These three goals were scored in the first twenty minutes of the game, Royston (twice) and Brownlee being the scorers. Having established a comfortable lead, the Hospital seemed to lose interest in the match, and were content to keep the ball at their opponents' end of the field, without appearing dangerous at any time. The visitors did not seem likely to score, and Owen, in goal, had scarcely a shot to deal with. Altogether this was a disappointing game, though there was little doubt that Bart's were the better side.

Team.—W. A. Owen (goal); J. P. McGladdery, A. H. Hunt (backs); J. D. Ogilvie, D. R. S. Howell, W. M. Maidlow (halves); R. G. Gilbert, P. A. K. Downless, G. R. Royston, R. Shackman, R. C. Dolly (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. OLD WESTMINSTERS.

Played at Winchmore Hill on Saturday, January 13th. Won, 10—0.

This is usually a very close game, and the result was one of the biggest surprises for some seasons.

The game ran an even, if slow, course for the first few minutes, neither side claiming a definite advantage. After about fifteen minutes Carey made a good opening on the left, and Dolly's centre resulted in Brownlee scoring a good goal. Shortly afterwards Brownlee broke away on his own, and scored again with a well-controlled shot. A few minutes later the same player completed his "hat-trick" from a pass from Carey. Just before half-time a penalty was given against one of the visiting full-backs for handling the ball, and Howell gave the goal-keeper no chance of saving the kick.

Thus the Hospital crossed over with a four-goal lead, and having tasted blood, seemed eager for more, for they were soon attacking fiercely. Nicholson scored with a hard shot from a very acute angle, and another shot from him was diverted into the net by one of the visitors. Royston scored from close in, and Dolly put across a good centre, from which Brownlee added to his tally with a perfectly-judged header. The Old Westminsters continued to play hard, but Bart's were not to be denied, and Waring scored from outside the penalty area with a fine shot. The scoring was completed by Dolly, who volleyed past the bewildered visiting goal-keeper shortly before full time. Thus the Hospital put up their biggest score for several seasons, and the attack is to be congratulated on its magnificent shooting from all angles.

Team.—T. O. McKane (goal); G. Herbert, A. H. Hunt (backs); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (halves); R. C. Nicholson, P. A. K. Brownlee, G. R. Royston, C. J. Carey, R. C. Dolly (forwards).

REVIEW.

THE PRACTICE OF SURGERY. By RUSSELL HOWARD, C.B.E., M.S., F.R.C.S., and ALAN PERKY, M.S., F.R.C.S. (London: Edward Arnold & Co., 1933.) Fourth edition. Pp. vii + 1338. With 8 coloured plates and 594 illustrations. Price 30s. net.

This well-known text-book has attained another edition. Since its first appearance in 1914 it has become the student's friend in moments of trouble, and has helped many candidates through the College finals and other qualifying examinations.

The present edition has been thoroughly revised and brought up to date, especially the sections dealing with modern treatment and diagnosis. It is unnecessary to give this already popular book further praise, but we point out small printer's errors on p. 30, line 29, where "return" should be "retains", and in the index, echondroses p. 224 and not 234.

CORRESPONDENCE.

EIGHTEENTH CENTURY BONE-SETTERS.

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

SIR,—During a sojourn in "Percival Pott" Ward I have had the additional good fortune to be given access to an old volume of the works of its eponymous hero, dated 1775. Here, in preface to Mr. Pott's treatise upon fractures and dislocations, are to be found some observations upon the bone-setters of his day, whose activities at that time embraced the frank deformations he was describing, instead of being applied, as they are to-day, to almost every variety of affliction except these. His words on this evergreen subject (evergreen in more senses perhaps than one) are so remarkable alike for the justice of their sentiment and the distinction of their phrasing, that I am tempted to send you a partial transcript, amending only the long "s" of that period, in case you may think them worthy of re-birth in your columns:

"No part of surgery is thought to be so easy to understand as that which relates to fractures and dislocations. . . . Every, the most inexpert, and least instructed practitioner, deems himself perfectly qualified to fulfil this part of the chirurgic art."

"This is also the opinion of a considerable part of the people. They regard bone-setting (as it is called) as no matter of science. . . . We all remember the great, though short-lived reputation, of the late Mrs. Mapp. We all remember that even the absurdity and impracticability of her own promises and engagements were by no means equal to the expectation, and credulity of those who ran after her; that is, of all ranks and degrees of people, from the lowest labourer or mechanic, up to those of the most exalted rank and station; several of whom not only did not hesitate to believe implicitly the most extravagant assertions of an ignorant, illiberal, drunken, female savage; but even solicited her company, and, at least, seemed to enjoy her conversation."

"The desire of health and ease, like that of money, seems to put all understandings, and all men upon a level; the avaricious are duped by every bubble; the lame and the unhealthy by every quack. Each party resigns his understanding. . . ."

"Arts, trades, and manufactures are allowed to be learnt in general, by those who have employed a proper quantity of time and attention in such pursuits; and it seems most singularly unjust, as well as untrue, to suppose that physical people are the only part of mankind who are all either so dull as not to be able to learn; or so profigately wicked, as not to practise their art to the best of their judgment, and to the greatest possible advantage of mankind. . . ."

"I remember, some years ago, to have heard a judge from the bench tell a jury, that he believed a country bone-setter knew full as much, if not more of the matter of his own business, than any, the most eminent surgeon in the Kingdom. I will not enter into a disquisition concerning the rightness of a judge's opinion. Perhaps his lordship might very little understand the thing concerning which he decided so peremptorily; without either injustice or partiality, I may certainly suppose him to have been a much more able lawyer than surgeon."

"Times have changed no doubt; but the secular disposition, shown by the ignorant (of all classes) to decry us "physical people", whose fault is that we have spent "a proper quantity of time and attention" in learning our business in lieu of knowing it by miracle, shows little sign of wear since 1775."

Yours truly,
J. W. T. BRANSON.

Percival Pott Ward;
January 25th, 1934.

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

| | Monday. | Tuesday. | Wednesday. | Thursday. | Friday. | Saturday. |
|--|--|---|------------------------------|---|--|------------------------------|
| Medical Out-Patients | Dr. G. Bourne 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. Spence at 9 a.m. | Dr. E. R. Cullinan at 9 a.m. |
| New cases: 9 a.m. | | | | | | |
| Old cases: male, 10 a.m.; female, 10.30 a.m. | | | | | | |
| Surgical Out-Patients | Prof. Gask and Mr. Paterson Ross at 9 a.m. | Mr. R. M. Vick at 9 a.m. | Mr. J. B. Hume at 9 a.m. | Prof. Gask and Mr. Paterson Ross at 9 a.m. | Mr. Rupert Corbett at 9 a.m. | Mr. Keynes at 9 a.m. |
| New cases: 9 a.m. | | | | | | |
| Old cases: 10 a.m. | | | | | | |
| Diseases of Women | Dr. Shaw (new cases at 9 a.m. only). | Cases referred from House Physicians and House Surgeons only at 10 a.m. | Dr. Donaldson at 1 p.m. | Cases referred from House Physicians and House Surgeons only at 10 a.m. | — | Dr. Shaw at 9 a.m. |
| Ante-Natal Clinic | Dr. Shaw at 9 a.m. | — | — | Dr. Donaldson and Dr. Shaw at 12.30 p.m. | — | — |
| Orthopaedic Department | Mr. S. L. Higgs at 1 p.m. | — | — | Mr. R. C. Elmslie at 1 p.m. | — | — |
| Throat and Nose Department | Mr. Bedford Russell at 1 p.m. | Mr. F. C. W. Capps at 9 a.m. | — | Mr. Bedford Russell at 9 a.m. | Mr. F. C. W. Capps at 1 p.m. | — |
| Aural Department | Mr. S. R. Scott at 1 p.m. | Mr. T. H. Just at 9 a.m. | — | Mr. S. R. Scott at 9 a.m. | Mr. T. H. Just at 1 p.m. | — |
| Ophthalmic Department | Mr. Rupert Scott at 1 p.m. | Mr. Foster Moore at 1 p.m. | — | Mr. Rupert Scott at 1 p.m. | Mr. Foster Moore at 1 p.m. | — |
| Skin Department | — | Dr. Roxburgh at 9 a.m. | Dr. Roxburgh at 9 a.m. | — | Dr. Roxburgh at 9 a.m. | — |
| Psychological Department | — | — | — | — | Dr. Porter Phillips at 1.30 p.m. | — |
| *Electrical Department | Dr. Cumberbatch. Males at 1 p.m. | Dr. Cumberbatch. Females at 1 p.m. | — | Dr. Cumberbatch. Males at 1 p.m. | Dr. Cumberbatch. Females at 1 p.m. | — |
| *X-Ray Department | 9.30 a.m. and 1.30 p.m. | 9.30 a.m. and 1.30 p.m. | 9.30 a.m. | 9.30 a.m. and 1.30 p.m. | 9.30 a.m. and 1.30 p.m. | 9.30 a.m. |
| *Exercise and Massage Department | 9 a.m. and 1.30 p.m. | 9 a.m. and 1.30 p.m. | 9 a.m. till 1 p.m. | 9 a.m. and 1.30 p.m. | 9 a.m. and 1.30 p.m. | 9 a.m. till 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. to 2.30 p.m. 7.5 to 7 p.m. | — | — | New cases only from 12.30 p.m. 3 to 4 p.m. | — |
| Veneral 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. | — | — | — | — | — |
| Neurological Clinic | — | — | — | Dr. Hinds-Howell at 1.30 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.

EXAMINATIONS, ETC.

University of Oxford.

The following degree has been conferred:

D.M.—McMenemey, W. H.

University of Cambridge.

The following degrees have been conferred:

M.D.—Beattie, W. J. H. M., Stallard, H. B.

M.B., B.Chir.—Murless, B. C.

B.Chir.—Morel, M. P.

Second Examination for Medical and Surgical Degrees, Michaelmas, 1933.

Part II.—Armstrong, P. L. M., Frye, E., McNeil, C., Platt, J. S., Sturdy, D. C.

Third Examination for Medical and Surgical Degrees, Michaelmas, 1933.

Part I.—Benison, R. L., Innes, A., Levick, R. E. K., Martin, C. J., Martin-Jones, J. D., Masina, F. H., Thorne-Thorne, B.
Part II.—Hadfield, S. J., Hoilton, A. C. L., Smart, J.

University of London.

M.D. Examination, December, 1933.

Branch I (Medicine).—Harris, C. H. S. (University Medal), Rawkins, M. D., Thrower, W. R.

First Examination for Medical Degrees, December, 1933.

Arango, C. M., Arden, L. D., Brown, D. J. A., Brownlee, P. A. K., Burnett, J. A., Curtin, A. P., de Senneville, R., Desnarais, M., Garrod, O., Hackett, J. T. A., Hudson, E. G., Hughes, J. F., Maycock, R., Newton-Davis, J. V., Nicholson, C. G., Page, W. J. O., Ramsay, R., Terry, R. B., Turner, E. W., Burns, B.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1933.

Barber, A., Crabb, D. R., Crumbe, J. R., Davies, D. O., George, W. F. T., Harris, R. V., Macfarlane, R. G., Morrison, R. J. G., Pope, E. S.

Supplementary Pass List.

Group I.—Dipple, P. E., Lee, H. B., Shackman, R., Thomas, B. A.
Group II.—Carpenter, R. H., Chivers, J. A., Hayward, S. T., Hugh, H. C., Royle, H., Russell, B. F. B., Sophian, G. J.

Royal College of Surgeons.

The Fellowship of the Royal College of Surgeons has been conferred on the following:

Baker, A. H., Beal, J. H. B., Campbell, W. G., Chapman, T. L., Evans, L. P. J., Keon-Cohen, B. T., Lewis, D. L., Lillie, G. I., Masani, K. M., Rajasingham, A. S., White, J. A.

Conjoint Examination Board.

Pre-Medical Examination, December, 1933.

Chemistry.—Bowen, R. A., Dean, D. W. J., Hardie, P. J., Hartill, G. G., Wedd, J. R. K., Wheelwright, J. B.

Physics.—Bowen, R. A., Dean, D. W. J., Hardie, P. J., Hartill, G. G., Maycock, R., Wedd, J. R. K., Wheelwright, J. B.

Biology.—Brown, D. J. A., Rikovsky, P. P., Wheelwright, J. B.

First Examination, December, 1933.

Anatomy.—Saltman, P. B. L.

Physiology.—Howell, D. R. S.

Pharmacology and Materia Medica.—Butt, A. Z., Forrester Wood, C. H., Jopling, W. H., McAskie, L., Roeten, B. M. D., Williams, R. J. G.

L.M.S.S.A.

Primary Examination, January, 1934.

Anatomy and Physiology.—Wade, G. V. H.

CHANGE OF ADDRESS.

ROBERTS, J. H. O., Carn Ingh, Denbigh.

APPOINTMENT.

TOWNSEND, Lt. Col. R. S., I.M.S., appointed Civil Surgeon, Lucknow, and Professor of Obstetrics, Lucknow University.

BIRTHS.

CARMICHAEL.—On January 1st, 1934, at 100, Kingsley Way, London, to Jeannette, wife of Dr. E. Arnold Carmichael—a son.

CLEGG.—On December 25th, 1933, to Kira, wife of Dr. Hugh A. Clegg, 43a, Belsize Park Gardens, N.W. 3—a daughter.

DUNCAN.—On January 3rd, 1934, at The Wood, Sunninghill, to Betty (née Goddard), wife of Charles Matthews Duncan—a daughter.

ELKINGTON.—On January 14th, 1934, at Newport, Shropshire, to Dr. and Mrs. G. E. Elkington—a son.

GRAY.—On January 12th, 1934, at 14, Gloucester Row, Weymouth, to Philippa (née Gadsdon), wife of George M. Gray, F.R.C.S.—a son.

MAILER.—On January 23rd, 1934, at Stanmore, to Molly (née Andrew), wife of Dr. W. Alistair Mailer—a son.

PIDCOCK.—On January 18th, 1934, at The Friary, Winchester, to Margaret, wife of B. Henzell Pidcock, F.R.C.S.—a son.

RIDSDILL SMITH.—On January 5th, 1934, to Mary and Thomas Ridsdill Smith, of Bevys House, Newmarket—a son.

MARRIAGES.

HOPTON—BOOSEY.—On January 20th, 1934, at the Parish Church, Hayes, Kent, by the Rev. E. L. L. McClintock, M.A., Rector, Dr. Jack Hopton, elder son of Mr. and Mrs. Hopton, of Wimbledon, to MADGE, elder daughter of the late Arthur Boosey and Mrs. Boosey, Woodside, Keston, Kent.

JAMESON EVANS—KEEP.—On January 18th, 1934, at St. Augustine's Church, Edgbaston, Lewis Philip Jameson Evans, F.R.C.S., younger son of J. Jameson Evans, F.R.C.S., and Mrs. Jameson Evans, of Edgbaston, to Edith Sylvia, younger daughter of Mr. and Mrs. C. E. Keep, of Edgbaston.

MANDOW—YOUNG EVANS.—On January 2nd, 1934, at the Church of St. Bartholomew the Great, Smithfield, by the Rev. Canon Savage, Dr. George Anderson Mandow, son of the late Dr. L. H. Mandow and Mrs. Mandow, formerly of Flushing, New York, U.S.A., to Menevia Sibyl, elder daughter of the Rev. Professor and Mrs. J. Young Evans, of Llwynhelyg, Aberystwyth.

OXLEY—SKILTON.—On January 12th, 1934, at St. John's Church, Filzey Street, W., Dr. Philip Malcolm Oxley, eldest son of Dr. and Mrs. Oxley, of The Manor House, Poplar, E., to Patricia Edith Skilton.

DEATHS.

GARDNER.—On January 17th, 1934, at 5, Marston Ferry Road, Oxford, Frank Gower Gardner, M.R.C.S., County Director of the Red Cross for Oxfordshire, formerly of Warwick, aged 71.

LAWRENCE.—On January 4th, 1934, Sir William Matthew Trevor Lawrence, Bt., of Burford, Dorset, husband of Iris Lawrence, eldest son of the late Sir Trevor Lawrence, Bt., K.C.V.O.

MACALISTER.—On January 15th, 1934, at Battmore, Cambridge, Sir Donald MacAlister of Tarbert, Bart., K.C.B., aged 70.

PECK.—On January 15th, 1934, at Hôtel des Palmiers, Montreux, Switzerland, Lieut.-Col. Edward Surman Peck, late Indian Medical Service.

RANDOLPH.—On January 14th, 1934, at Milverton, Somerset, Charles Randolph, M.R.C.S., L.R.C.P., son of the late Henry Weech Randolph, of St. Michael's, Milverton, aged 83.

SOUTTER.—On January 1st, 1934, at Souttergate, Hedon, Hull, James Soutter, M.R.C.S., L.R.C.P., aged 70.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

VOL. XLI.—No. 6.]

MARCH 1ST, 1934.

PRICE NINEPENCE.

CALENDAR.

| | |
|--------------|---|
| Thurs., Mar. | 1.—Inter-Hospitals Rugby Cup. Semi-final. Bart's v. St. Thomas's Hospital. |
| Fri., " | 2.—Medicine: Clinical Lecture by Dr. Graham. Dr. Hinds Howell and Mr. Harold Wilson on duty. |
| Sat., " | 3.—Kugby Match v. Mosely. Home. Association Match v. Emmanuel College, Cambridge. Home. Hockey Match v. St. Lawrence College. Away. |
| Mon., " | 5.—Special Subject: Clinical Lecture by Mr. Bedford Russell. |
| Tues., " | 6.—Dr. Gow and Mr. Girling Ball on duty. |
| Wed., " | 7.—Surgery: Clinical Lecture by Mr. Harold Wilson. |
| Fri., " | 9.—Medicine: Clinical Lecture by Dr. Hinds Howell. Dr. Graham and Mr. Roberts on duty. |
| Sat., " | 10.—Rugby Match v. Devonport Services. Home. Association Match v. Brighton Old Grammarians. Home. Hockey Match v. Reading University. Away. |
| Mon., " | 12.—Special Subject: Clinical Lecture by Mr. Just. |
| Tues., " | 13.—Prof. Fraser and Prof. Gask on duty. |
| Wed., " | 14.—Annual General Meeting—Students' Union. Surgery: Clinical Lecture by Mr. Girling Ball. |
| Fri., " | 16.—Lorder Holder and Sir Charles Gordon-Watson on duty. |
| Sat., " | 17.—Association Match v. London Welsh. Away. Hockey Match v. Oxford Occasionals. Home. |
| Tues., " | 20.—Dr. Hinds Howell and Mr. Harold Wilson on duty. Last day for receiving matter for the April issue of the Journal. |
| Fri., " | 23.—Dr. Gow and Mr. Girling Ball on duty. |
| Sat., " | 24.—Rugby Match v. Pontypool. Away. Association Match v. Southgate Wanderers. Away. Hockey Match v. Gravesend. Home. |
| Tues., " | 27.—Dr. Graham and Mr. Roberts on duty. |
| Fri., " | 30.—Prof. Fraser and Prof. Gask on duty. |
| Sat., " | 31.—Association Match v. Old Cartusians. Home. Hockey Match v. Harlesden. Away. |

COLLEGE APPEAL.

We have received the following letter:

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

"THE HOLT,
"EYNSHAM,
"OXFORD;
"February 18th, 1934.

"DEAR SIR,—On referring to the figures of the College Appeal Fund in the JOURNAL for February, 1934, I find, if my arithmetic is correct, that out of 3065 old students resident in London and the Counties, only 774, or approximately one-quarter, have so far responded to the Appeal for their old Medical School.

EDITORIAL.



WE have heard rumours that there is a movement afoot for the abolition of medical consultations. The system of "consultations", which is unique at Bart's, was begun about 1860, and Sir D'Arcy Power traced their origin to the old method of

the Middle Ages, by which a surgeon having under his care a patient in danger of death or maim was held blameless if he had shown the case to the Governing Members of his craft within three days of the injury, whilst he was liable to fine and imprisonment if he had failed to do so. It was with regret that we received the news of the proposed ousting of "consultations", and we hope that those in whose hands their eventual fate depends will be wise enough to turn down the suggestion not only because of the tradition of these weekly gatherings, but because of their value in mingling together the ideas of extensive experience.

The moments spent on Thursday afternoons listening to the oral combat between the glib tongues of the Senior Staff has long been regarded as the most entertaining of a week's hospital life; students learn that even their teachers may differ amicably, and that no human being is constituted to know the truth, the whole truth, and nothing but the truth. May Bart's long remain unique in a few of her time-honoured customs.

"There are, no doubt, a considerable number who have lost all interest, but from my experience as an Honorary County Secretary, I feel convinced that there are also a very large number of men who, in these hard times, cannot afford to give what they consider an adequate sum, yet feel reluctant to send a lesser amount. To these I would suggest that they may be able, if they so wish, to make up the full amount of their desire later on, but that even a very small contribution would be welcomed *now* in order that the world may know that at least the half of her old students have rallied to the support of their *Alma Mater*. It is the will to help by *all* old students, and not only the amount given, that is of value and adds to the prestige of Bart.'s.

"Again, there are many on the retired list, who, with responsibilities incurred in easier times, are unable with restricted incomes to contribute as they would wish, under present circumstances, but after making adequate provision for their dependents, might feel disposed at their deaths, or the death of a dependent, to leave a legacy. It only means a short codicil to a will, or the filling up of a legacy form, either of which could be revocable in case of need.

"It must be many years, in spite of the business capacity and energy of our Dean, super-beggar though he be, before the whole of the outstanding debt is paid off, and the equipment of the buildings completed, and what more welcome than from time to time to have unexpected sums coming in when the enthusiasm of the first Appeal is waning?

"I would suggest this point of view more especially to all confirmed bachelors, and also to all old Bart.'s men who, having passed the grand climacteric, are beginning to feel stiff in the joints, and whose scalps afford a ready jest for contemporary club convivialists.

"In this way they would still be doing something for their old Medical School, and the good they do will 'live after them', and not be 'interred with their bones'.

"I am, Sir,
"Yours, etc.,
"JOHN A. HAYWARD."

* * *

The Dean writes:

"February 21st, 1934.

"DEAR SIR,—My letter in your last issue promised a more detailed account of the position of the Appeal.

"As your readers know, the sum required to complete the purchase of the Site from the Merchant Taylors' Company is £130,000. Donations received and promised amount to £56,500. College funds available for the purpose amount to £9,000, and we have a building

(No. 6, Giltspur Street) which is valued at £20,000. These items total £85,500. We are, therefore, well over the halfway line ('Square 3/4'), and vigorous and concerted action should result in a try 'under the posts'. But all this money is not immediately available. Payment of much of it is spread over a number of years, and the building in Giltspur Street cannot be sold until we are able to equip those in Charterhouse Square.

"Of the money accruing from our public appeal we are permitted by the Company to reserve a portion (up to £17,000) for the re-equipment of the buildings in Charterhouse Square. Towards this sum we have so far collected about £7,000 only. We urgently need £25,000 to enable us to vacate the building in Giltspur Street. We intend, therefore, to make another determined 'push' now; first, by appealing to old Bartholomew's men to help us still further; and, secondly, through the assistance of the Lord Mayor of London, who, we have reason to believe, is going to help us.

"With regard to the old Bart.'s men themselves, there are over 3,000 on the Register, and it is just a little disappointing that only one in every four of them has subscribed. The efforts of those who have subscribed have been magnificent. But we do feel that, among the many who have as yet made no response to our appeals, there are more than a few who could help if they would.

"If there are some who, though unable to give now, are willing to do so in the future, will they not write to me and say so? Such promises of future help, whether next year or a few years hence, or even by legacy, would be a great encouragement.

"With regard to Dr. Young's letter, I am glad to say that I now have four of the requisite five undertakings to give 25 guineas per annum for five years. Is there not one other? I feel sure that Dr. Young would permit the spreading of the amount over a longer number of years provided the total sum was the same, viz., 125 guineas.

"Yours sincerely,
"W. GIRLING BALL,
"Dean of the Medical College."

* * *

COLLEGE APPEAL FUND.

| | £ | s. | d. | |
|------------------|---------|----|----|-------|
| Staff | 12,321 | 5 | 9 | (71) |
| Demonstrators | 1,674 | 11 | 0 | (67) |
| Students | 660 | 2 | 3 | (282) |
| Old Bart.'s men: | | | | † |
| Bedfordshire | 10 | 10 | 6 | (2) |
| Berkshire | 96 | 1 | 0 | (14) |
| Buckinghamshire | 74 | 19 | 0 | (13) |
| Cambridgeshire | 163 | 14 | 0 | (13) |
| Carried forward | £15,003 | 3 | 6 | |

| | £ | s. | d. | |
|---------------------|---------|----|----|-------|
| Brought forward | 15,003 | 3 | 6 | |
| Cheshire | 1 | 1 | 0 | (1) |
| Corwall | 22 | 2 | 0 | (5) |
| Cumberland | 5 | 0 | 0 | (1) |
| Derbyshire | 19 | 14 | 0 | (4) |
| Devonshire | 543 | 0 | 0 | (50) |
| Dorset | 52 | 1 | 0 | (14) |
| Durham | 16 | 6 | 0 | (3) |
| Essex | 229 | 19 | 6 | (17) |
| Gloucestershire | 218 | 12 | 6 | (20) |
| Hampshire | 406 | 14 | 0 | (38) |
| Herefordshire | 13 | 3 | 0 | (4) |
| Hertfordshire | 73 | 0 | 0 | (12) |
| Huntingdonshire | | | | (7) |
| Isle of Wight | 181 | 13 | 0 | (12) |
| Kent | 558 | 3 | 0 | (64) |
| Lancashire | 91 | 2 | 0 | (11) |
| Leicestershire | 133 | 12 | 0 | (6) |
| Lincolnshire | 47 | 6 | 0 | (13) |
| Middlesex | 382 | 3 | 0 | (18) |
| Norfolk | 159 | 7 | 6 | (18) |
| Northamptonshire | 54 | 4 | 0 | (4) |
| Northumberland | 101 | 1 | 0 | (2) |
| Nottinghamshire | 13 | 13 | 0 | (2) |
| Oxfordshire | 180 | 3 | 0 | (17) |
| Rutland | | | | (2) |
| Shropshire | 35 | 0 | 0 | (8) |
| Somersetshire | 463 | 10 | 0 | (26) |
| Staffordshire | 194 | 18 | 0 | (6) |
| Suffolk | 263 | 1 | 0 | (16) |
| Surrey | 425 | 12 | 6 | (44) |
| Sussex | 266 | 1 | 0 | (46) |
| Warwickshire | 177 | 0 | 6 | (17) |
| Westmorland | 1 | 0 | 0 | (1) |
| Wiltshire | 97 | 11 | 0 | (11) |
| Worcestershire | 148 | 14 | 6 | (20) |
| Yorkshire | 270 | 4 | 6 | (21) |
| Wales | 46 | 4 | 0 | (10) |
| London | 2,733 | 2 | 8 | (174) |
| Channel Islands | 10 | 0 | 0 | (1) |
| Scotland | 14 | 4 | 0 | (4) |
| Abroad | 48 | 5 | 0 | (7) |
| South Africa | 326 | 10 | 6 | (17) |
| Canada | 113 | 2 | 6 | (8) |
| East Africa | 62 | 7 | 0 | (6) |
| West Africa | 146 | 10 | 0 | (5) |
| India | 152 | 0 | 0 | (7) |
| Ceylon | 4 | 0 | 0 | (1) |
| Syria | 2 | 2 | 0 | (1) |
| U.S.A. | 5 | 0 | 0 | (1) |
| Ireland | 14 | 14 | 0 | (3) |
| North Africa | 1 | 0 | 0 | (1) |
| North Borneo | 5 | 5 | 0 | (1) |
| Australia | 12 | 2 | 0 | (3) |
| Egypt | 4 | 2 | 0 | (2) |
| Malay States | 6 | 0 | 0 | (2) |
| China | 45 | 7 | 4 | (7) |
| Sam | 10 | 0 | 0 | (1) |
| France | 50 | 0 | 0 | (1) |
| Trinidad | 22 | 2 | 0 | (2) |
| British West Indies | 23 | 1 | 0 | (3) |
| Kenya | 10 | 0 | 0 | (2) |
| New Zealand | 2 | 1 | 0 | (2) |
| Services | 514 | 14 | 0 | (33) |
| Others | 31,479 | 15 | 7 | (266) |
| | £56,712 | 17 | 7 | |

† Number of Bart.'s men in County.

Readers will be interested to learn that the following gentlemen have been made Governors of the Medical College for their services to the College in connection with the Appeal:

Sir Charles Collett, Lord Mayor of the City of London.
Sir Milsom Rees.
Mr. Barry Mason.
Mr. Geoffrey Vigers.
Sir George Wilkinson, Alderman.
The Masters of the Merchant Taylors' Company and the Mercers' Company.

The following old St. Bartholomew's men have also been made Governors of the College in recognition of their efforts in stimulating the Bart.'s men in their respective counties to subscribe to the Fund:

Mr. Ransom Pickard.
Dr. E. J. Toye.
Dr. J. A. Hayward.
Dr. A. R. Neligan.
Mr. E. M. Atkinson.

* * *

We would draw attention to a letter in the correspondence columns written by Dr. Garrod. The letter emphasizes the value of determining the existence of unmaستicated food in the faeces—a procedure which may be carried out without expense or trouble, and which may throw light on many supposed gastro-intestinal conditions.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Nursing Times—The Cambridge Medical Society Magazine—Charing Cross Hospital Gazette—Guy's Hospital Gazette—St. George's Hospital Gazette—Middlesex Hospital Journal—Queen's Medical Magazine—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Hospital Gazette—Clinical Journal—East African Medical Journal—The British Journal of Venereal Diseases—The General Practitioner—The Hospital—Bulletin et Mémoires de la Société Médicine de Paris—L'Echo Médical du Nord—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

PROGRESS IN RECTAL SURGERY.*

THE path of the student in medical science is like that of the girl in the *Arabian Nights*, whose safety and success depended upon her ascending a stony hill without looking back, pouring a little water upon every stone as she ascended, disregarding all the inducements to turn round which were offered by a chorus of mocking voices behind her.

What a tribute we owe to the masters of surgery who have preceded us in the ascent of the stony hill, and who, by the water they have poured on the stones, have made our path easier.

It may perhaps be permitted to me, after thirty-five years in practice, to glance back at the advancing stream of medical science, to recall some of the glittering bubbles that have floated on the surface, only to burst and disappear. To note, perhaps, some of the refuse that it has cast up on the banks, and to try and catch some inspiration from the passing stream as it pursues its beneficent course, leaving, alas! some of us older ones behind.

ST. MARK'S HOSPITAL AND FREDERICK SALMON.

London is the only city in the world which possesses hospitals devoted exclusively to the treatment of rectal diseases. For this we owe a debt of gratitude to Frederick Salmon, the founder of St. Mark's Hospital. Salmon was a Bartholomew's man, who qualified three years after the battle of Waterloo. Just on a hundred years ago, in 1835, Salmon founded an institution in Aldersgate Street with 7 beds for the relief of the poor afflicted with fistula and other diseases of the rectum, and with the Lord Mayor as the first President.

This was the beginning of St. Mark's Hospital, which in 1854 was finally established in the City Road, and now has 72 beds.

Out of 131 cases admitted in that first year, there were 34 cases of stricture and 26 cases of piles.

Nearly a hundred years later, out of 885 admissions there were 340 cases of hæmorrhoids and only 0 cases of non-malignant stricture. In the progress of rectal surgery, with the elimination of sepsis, non-malignant stricture has become a comparatively rare complaint.

Salmon was the pioneer of modern rectal surgery in England. His operation for hæmorrhoids, known as the Salmon operation, is but little changed to-day, and he was the first surgeon to combine ligature with excision, and, indeed, to settle the controversy of that time between ligature and excision. In his book

* The Purvis Oration delivered at the West Kent Medical Society, December 8th, 1933.

entitled *Practical Observations on Prolapse of the Rectum* he explains his reasons for advocating this method. These reasons remain sound and practical to-day.

In recent years the injection treatment of hæmorrhoids in selected cases has become firmly established, and in this connection it is of interest to record that the operations for uncomplicated hæmorrhoids at St. Mark's in the ten years 1921-1930 were reduced from 328 to 156 per annum, though the number of new out-patients was increased from 1269 in 1921 to 1962 in 1930.

It is worth noticing, also, that since 1931 the number of operations for hæmorrhoids has again been on the up grade, which rather suggests that the pendulum has been swinging too far in the direction of injections. Nevertheless, the time saved for patients and the beds saved for more urgent cases represent real progress. I will show you a portrait of Salmon, a sketch of his operation for hæmorrhoids, and presently the out-patients' room at St. Mark's as it exists to-day, with three examination cubicles and corresponding dressing cubicles leading into them.

The out-patient attendance at the present day is over 10,000 per annum.

The two hospitals for rectal diseases, St. Mark's and the Gordon, are staffed by general surgeons. In this country we have no pure proctologists. In America there are, in all the big cities, surgeons who devote themselves entirely to specialism in proctology, yet there are no special rectal hospitals in the States.

I am convinced that in both directions our system is the better one. On the one hand, a surgeon engaged in rectal surgery must be an expert abdominal surgeon, and for maximum efficiency must be experienced in all branches of abdominal work, and on the other, success in rectal work depends a good deal on post-operative nursing, which requires a special training not easily obtained in a general hospital.

FISTULA IN ANO.

Some of the earliest records of rectal disease are concerned with fistula *in ano*, and instruments for the cure of this disease have been unearthed at Pompeii.

John Arderne, who practised surgery in the fourteenth and early fifteenth centuries, wrote a treatise on this subject, which was published in the year that the Black Prince died, and I will shortly show you on the screen how he operated for fistula, and also some of the instruments he used.

Arderne must have been far ahead of his time. He favoured cutting through the main track of the fistula with one clean cut into the bowel and allowing the wound to granulate. He did not use caustics or cautery

as was the practice in those days. Later writers favoured the gradual process of cutting through the track with a ligature.

In Hume's *History of England* it is stated that Henry V, who died in 1422 at the age of 35, died from the effects of a fistula, "which surgeons at that time had not the skill to cure". In so short a time had Arderne's principles and practice been forgotten!

The reign of Louis XIV must have been a golden age for the rectal surgeon. Louis was operated on for fistula, and the surgeon received a fee of £6000, seven other surgeons present were liberally rewarded, and the



FIG. 1.—A FOURTEENTH CENTURY SURGEON OPERATING FOR FISTULA IN ANO.
(By permission of Sir D'Arcy Power.)

apprentice who carried the buckets received £200! History records that after the king's operations fistula became a fashionable disease. Has not history repeated itself in our day in the case of appendicitis.

I will show a sketch of the bistoury used on the King, as depicted by Esmarch.

Shakespeare seems to have been aware of the difficulties of curing a fistula. In *All's well that Ends Well* we find the following conversation:

The Countess inquires of the King's health: "What hope is there of His Majesty's amendment?" and receives the following reply:

"He hath abandoned his physician, Madam; under

whose practices he has persecuted time with hope; and finds no other advantage in the process, but only the losing of hope by time."

"What is it, my good lord, the King languishes of?" And the good lord replies, "A fistula".

Though methods have been polished and refined, the principles of treatment for fistula, which John Arderne advocated in the fourteenth century and Percival Pott in the eighteenth, stand firm in the twentieth century to-day. Can we say this of any other branch of surgery?

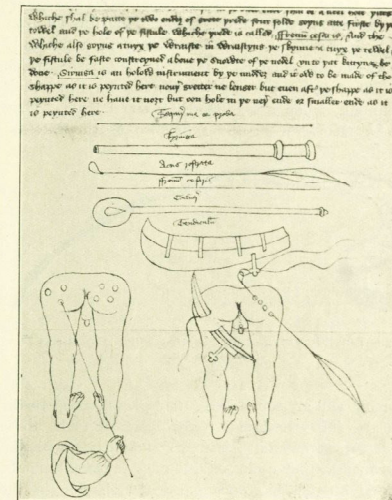


FIG. 2.—JOHN ARDERNE'S INSTRUMENTS FOR FISTULA.
(By permission of Sir D'Arcy Power.)

Percival Pott, who was surgeon to St. Bartholomew's in the latter part of the eighteenth century, published a work on fistula *in ano*, which demonstrates clearly the principles which underlie successful treatment.

Pott advocated simple division of the sphincter, with careful packing of the wound, and, like John Arderne, eschewed all pastes, escharotics and the like, which caused considerable pain and interfered with healing.

In speaking of the quacks of his time and their pastes and balsams, he says: "The business of good surgery is to assist Nature, but Nature will sometimes get the better even of the worst."

ORIGIN OF FISTULA.

In the study of ano-rectal infections the aetiology of some of the chronic fistulae, which often seem to have been chronic from the first, has long been obscure. Some daylight has been shed by Dr. Dukcs, pathologist to St. Mark's Hospital, by the attention he has drawn to the presence of ano-rectal glands. Although these glands had been described by Hermann and Desfosses as long ago as 1880, and their possible relation to fistula *in ano* hinted at, little use seems to have been made of this discovery.

These glands are tubular branched structures, lined with transitional epithelium, which are situated near the lower end of the anal canal, and they probably represent mucous glands of the primitive cloaca, which have undergone progressive diminution in their distribution, while ascending the animal scale. They may be met with in the substance of the internal



FIG. 3.—THE "ROYAL BISTOURY" WITH WHICH LOUIS XIV WAS OPERATED ON.

sphincter, and are sometimes found passing deep to the sphincter into the ischio-rectal fossa. Should these glands persist in adult life and communicate with the anal canal, as they do in fetal life and in lower animals, they might well be concerned with infection in the ischio-rectal fossa. These glands are constant in lower animals, vestigial and usually ductless in man.

It has been suggested that their function in lower animals is concerned with sex attraction, and that they act as smell-glands, a function which may have been useful to man before he reached his present high estate. Seeing how much more common fistula is in men than women, it would be of great interest if it could be shown that these glands were more often found in men than in women.

I have been fortunate in finding clinical evidence which supports the theory that a duct leading to one of these glands can be responsible for an abscess and fistula.

In a recent early acute abscess I found a direct communication between abscess and anal canal passing through the external sphincter. I dissected out this track and found that it was lined with transitional

epithelium similar to that of the ano-rectal glands, which strongly suggests that the abscess started in one of these glands which possessed a duct leading into the anal canal.

I will show you slides illustrating these ano-rectal glands, and a section showing the lining of the track leading to the ischio-rectal abscess in the case I have referred to.

CANCER OF THE RECTUM.

In Holmes's *System of Surgery*, the standard work of the day, published some sixty years ago, we find the following.

"The treatment to be adopted for malignant disease of the rectum can offer no other service than that of palliating the disease, assuaging pain and prolonging the duration of life. . . .

"Some surgeons were, a few years since, in the habit of performing excision of the lower part of the rectum when affected with cancer; but this proceeding must be looked upon as both barbarous and unscientific, and it is now happily exploded from the catalogue of surgical operations."

This was the feeling in England at that time despite the fact that some forty years previously, in 1830, Lisfranc had delivered an illuminating paper at the Royal Academy of Medicine in Paris on the treatment of rectal cancer by extirpation.

In 1877 Harrison Cripps, Surgeon to St. Bartholomew's, was awarded the Jacksonian prize for his essay entitled, "The Possibility of Cure or Relief of Cancer of the Rectum by Excision", and it was, I think, in some measure due to him that excision of the rectum for cancer became popularized and better recognized as a legitimate and rational procedure in this country, despite the fact that Sir James Paget, who was regarded as the greatest living authority of his day on cancer, had expressed the view that "the number of cases in which cancer does not recur after operation is not one in five hundred".

Twenty-five years ago, in my Presidential Address to the Æsculapian Society, I made a plea for placing the treatment of cancer of the rectum on the same plane as the radical treatment of cancer of the tongue and breast. This rational line of treatment is now happily established, though the methods, adopted to secure it, vary.

We all recognize that in our efforts to cure cancer of the rectum we have made considerable progress in the last quarter of a century, and I could hardly illustrate this better than by reference to the beautiful technique of the abdomino-perineal excision as exemplified by

Miles, or, indeed, to the perineal method of Lochhart-Mummery. I will presently illustrate a specimen removed by the operation which perhaps may become the most popular of all—the perineo-abdominal.

Improvements in radiological technique have been responsible for the earlier recognition of growths, especially those involving the sigmoid above the reach of the sigmoidoscope, and the importance of an oblique picture in doubtful cases is now well recognized.

It must perhaps still be regarded as a reproach to surgery that the radical treatment of cancer of the rectum involves a permanent colostomy. Harrison Cripps practised excision from the perineum without a colostomy, only excising as much of the bowel as was necessary to get clear of the growth, leaving an anus which was devoid of sphincteric control. His statistics, both as regards mortality and recurrence, were remarkably good.

Grey Turner has been very successful in selected cases in carrying out resection of a segment of the rectum with anastomosis, preserving the sphincters, and the statistics of his end-results are excellent. He has published records of 7 cases who have survived more than six years following conservative resection in 15 cases of cancer of the rectum. This method, which is ideal for early growths in the mid-rectal region, has unfortunately only a limited sphere of usefulness.

In 1925 and succeeding years I began to treat cases of carcinoma of the rectum with interstitial radium, combined with the surgery of access, hoping that I might develop a technique which would, in favourable cases, avoid the stigma of colostomy. Prolonged experience has shown, however, that the technical difficulties, in order to secure a perfect irradiation are very great, and the results, despite a few brilliant successes, very uncertain owing to the fact that adeno-carcinoma vary considerably in radio-sensitivity.

I now relegate the use of radium to certain borderline cases with a view to rendering them operable, to early cases of epithelioma of the anus, and to operable growths of the rectum when radical surgery is *contra-indicated on general grounds*.

I will show some slides illustrating the successful treatment of epithelioma of the anus with radium in a man over 70.

In the after-treatment of severe operations like excision of the rectum we have made notable progress. The use of spinal anaesthesia has helped to diminish shock and to diminish post-operative pulmonary complications.

The excellent facilities for blood transfusion with a simplified technique have undoubtedly reduced mortality. Urinary complications, which, in the past,

have often been responsible for fatal complications, have steadily diminished with the introduction and use of the St. Mark's apparatus, which enables the catheter to be kept sterile.

ORIGIN OF CANCER OF THE RECTUM.

Thanks to the work of Cuthbert Dukcs we have learnt much about the genesis of cancer of the rectum, and can trace the stages from hyperplasia to adenoma, adenoma to carcinoma in such convincing fashion that we now regard this sequence of events as clear-cut and established. We know, too, that multiple adenomatosis of the colon is a disease which runs in families, and that these families tend to die out. Cuthbert Dukcs has traced the family histories of afflicted patients, and shown how many members of the family succumb to polyposis or malignant disease of bowel. The majority of those who suffer from this complaint either die of hæmorrhage or succumb to carcinoma of the bowel. Some few have been saved by complete colectomy.

Harrison Cripps seems to have been the first to recognize that multiple polyposis of the colon was a disease "*sui generis*", and he recorded two cases in brother and sister. Five years later Sir Thomas Smith (then Mr. Smith) described three cases occurring in one family, but it was not till 1890, when Handford described a case of intestinal polyposis in a woman of 34, who died of cancer of the rectum, that the association of polyposis with malignant disease was recognized. In 36 recorded cases of polyposis intestini in which the cause of death was known, 21 were known to have died of carcinoma of the bowel.

The presence of scattered adenomata, or the occurrence of successive adenomata, following removals is an indication that the mucosa generally of the particular rectum concerned is *potentially malignant*. A small isolated adenoma on removal may show early malignant change, or one of many adenomata may become malignant. The local removal of this malignant adenoma may be followed by the development of malignancy in another adenoma, and occasionally more than one malignant tumour may co-exist with multiple adenomata.

In many instances a rectal carcinoma is found surrounded by small multiple hyperplastic nodules, recognizable with a lens if not with the naked eye, or even by well-formed adenomata. The more advanced the rectal carcinoma the less likely are associated adenomata to be found, and it seems probable that a carcinoma develops in a rectum which has a predisposition to form adenomata, but that once the malignant tumour becomes dominant, adenomatosis becomes inhibited and existing adenomata retrogress.

This relationship between adenoma and carcinoma is somewhat closely paralleled as between papilloma and epithelioma in the skin of a mouse when it is tarred. In this connection some excellent work has been done by Cramer, Dukes and others, but time will not permit me to enlarge on the subject.

I will show slides illustrating the development of a malignant tumour from an innocent one.

CLASSIFICATION OF CANCER OF THE RECTUM.

Very useful work has been done by Dukes on the anatomical classification of rectal tumours, and we are now in a position to assess the future, on this classification, after removal of the growth. We know now that in practically every case lymphatic spread does not take place until the growth has passed through the muscular wall of the rectum, and that so long as this has not occurred, the survivors after radical operation may have a confident expectation of a cure. We know, too, that once the lymphatics have been invaded, the chances of a radical cure by operation are very greatly reduced. These are facts which have now been established by careful pathological investigation, and confirmed by statistics over a large series of cases.

This anatomical classification has been assisted by a histological classification, worked out by Broders and others, which, though presenting difficulties in interpretation, is a definite help in prognosis. Statistical tables worked out on the lines of histological grading conform to, and support, the deductions made from the anatomical classification.

In cases classified as A, *i. e.* those in which the growth has not penetrated through the muscular coats, the mortality for 32 consecutive cases (1927-31) was *nil*, whereas the mortality for the C cases, *i. e.* those with lymphatic invasion, was 12.7 for 71 consecutive cases. As regards end-results, 15 A cases operated in 1927-29 gave 86% of 3-year cures, whereas 21 C cases gave only 19% of 3-year cures.

Forty-seven patients operated on in 1927-28 were classified histologically. Thirty-two were grades 1 and 2, *i. e.* the low grades, and 15 were grades 3 and 4, or colloid. Twenty-two out of the 32 low grades were alive at the end of three years, *i. e.* 69%, and only 5 out of 15 of the high grades, *i. e.* 33%.

I will illustrate with slides the anatomical and histological classification, and I will show statistical tables of end-results based on both methods of classification.

COLOSTOMY.

I think there is little doubt that the popular prejudice against colostomy dates back to the days of lumbar

colostomy and to the earlier days of inguinal colostomy, when no measures were taken to secure a single daily and complete evacuation by irrigation, as is now the rule.

Nowadays, after the patient has washed out his colon in the morning, he puts on his belt and goes about his daily work, quite forgetful of his colostomy.

It is really quite remarkable to-day how little inconvenience the patient with a well-made and well-managed colostomy suffers.

It is of interest to record some mortality figures of colostomy from the records of St. Bartholomew's, and to compare the mortality of lumbar and inguinal colostomy when first practised. The first recorded inguinal colostomy at St. Bartholomew's was in 1887.

1869-78: Lumbar, 46 cases, with 32 deaths, = about 69%.

1879-88: Lumbar, 48 cases, with 22 deaths, = about 45%.

1889-1908: Inguinal, 459 cases, with 118 deaths, = about 25%.

At the present time the mortality for colostomy at St. Bartholomew's for all types of case is 9% (on a 5-year average). This includes all cases of colostomy for acute obstruction.

DIVERTICULITIS AND VESICO-COLIC FISTULA.

The sequelæ which result from inflammation in and around diverticula of the colon, such as recto-vesical fistula and stricture, had long been recognized and treated surgically before surgeons realized that there was a common pathological entity, now known as diverticulosis, which was at the back of most of these troubles.

When the pathological and clinical syndrome of inflammation, in association with these pockets, became established, many museum specimens of recto-vesical fistula and stricture of the colon were re-examined, and in many instances a malignant origin, which had been assumed in the past, had to be withdrawn. At the same time an explanation was forthcoming for many cases of supposed inoperable malignant disease in this region, which had been treated by colostomy, and as a result of this alone the patients had subsequently been restored to permanent good health.

There are many early records to be found of recto-vesical fistula, most of which were no doubt due to diverticulitis.

Some two hundred years ago Anthony Fothergill, in reference to this complaint, expressed the view that it might be cured by "a course of Bristol waters and asses' milk".

Dr. Hingeston, in the *Guy's Hospital Reports* (1841), gives an account of a severe case of vesico-colic fistula, and he quotes a writer of the eighteenth century as saying that sometimes air may be mixed with the urine, making it frothy, "like liquor from a cock when the cask is almost empty".

Hingeston says of his unhappy patient: "The form and figure of manhood has departed, the demeanour is no longer erect and the dejected behaviour of the visage betrays the latent disquietude within. Each day is a task of painful and sickening discipline, existence being a burden."

Harrison Cripps, writing on this subject in 1888, gives records of 68 cases of vesico-colic fistula, collected from the literature at that time, of which 2 were traumatic, 9 malignant, 48 inflammatory and 9 uncertain, and refers to the case of a medical man who, unable to endure the pain, ended his life.

The following is a description of a case recorded in *Medical and Philosophical Reports*, 1784, quoted by Cripps:

"A middle-aged lady, in the spring of 1749, became affected with obstinate costiveness. On one occasion, in May, in spite of all the assistance she could obtain, she had no passage either of stool or urine for eight days. During this time she was affected with the most excruciating pain, and her belly swelled to a surprising degree, although she laboured under an almost constant vomiting. After this she discharged some urine, but it was mixed with a considerable quantity of faeces. She then had a stool, and the swelling of her belly fell considerably. After this she lived about three months. During this time she never passed a drop of urine without a mixture of faeces. Another circumstance which deserves to be remarked in the case, is that no sooner did any flatulences move in her stomach or bowels, but they made their way to the bladder. There they have remained till a convenient opportunity, when they have always discharged with a very great noise. Her belly began to swell, and increased slowly till she died, which was in the middle of August. At this time it was greatly distorted. Permission to open the body was refused."

It seems somewhat remarkable that, despite the considerable number of cases of this type of fistula which had been recorded, diverticulosis of the colon, as the principal factor in its causation, should have escaped adequate recognition until the present century.

Although in 1858 Sydney Jones (*Trans. Path. Soc. Lond.*, x, p. 131) reported a case of fistula between bladder and sigmoid, secondary to an inflamed and ulcerated diverticulum of the sigmoid flexure, this important communication, as so often happens, seems

to have been lost sight of, and the next published record seems to be that of Graser, who, in 1808, described stricture of the bowel following inflammation of diverticula (*Munch. med. Wochenschr.*, 1899, xlv, p. 721).

The sausage-shaped tumour so characteristic of chronic fibrosing peri-diverticulitis sometimes goes by the name of Graser's tumour.

Bland-Sutton, in 1903, recognized that concretions from the bowel might perforate into the peritoneal cavity following suppuration in connection with an appendix epiploica.

Rolleston, in 1905, described a case of this disease under the title of "pericolitis sinistra". Moynihan, in 1907, called attention to the mimicry of carcinoma produced by the stenosing tumour of peri-diverticulitis.

It was only very gradually with the help of the opaque meal and enema at this period that the pathology of diverticula in the colon became unfolded. Even to-day we have no certain and exact knowledge as to the cause of the hernial pouches, though the pathology of all that follows, once inflammation has occurred, is fully established.

The frequent examination of the large bowel with the opaque meal and enema now enables this condition to be recognized early, so that the distressing sequelæ of vesico-colic fistula stricture and obstruction are now preventable, if medical treatment is adopted in the early stages.

I have on several occasions been able to cure both recto-vesical fistula and stricture of the colon due to peri-diverticulitis by radical surgery. Nevertheless, this disease is one which calls for more research to prevent, if possible, both the onset of diverticulosis and the inflammatory sequelæ which may or may not follow.

PROCIDENTIA RECTI.

Of the many recent advances in other branches of rectal surgery, it is worth while to refer to the modern treatment of that very distressing complaint, severe procidentia recti, by the operation of recto-sigmoidectomy, which is an operation designed to remove all the slack bowel which can prolapse through the relaxed sphincters.

Although prolapse was treated by amputation as far back as 1887, the operation had not been developed to include removal of all the slack pelvic colon until practised by Miles and others in recent years. In the past the majority of these advanced cases have had to content themselves with some inadequate form of truss. For those who are fit to stand a somewhat severe operation this method is an undoubted blessing.

Many patients whose lives have been hitherto almost unbearable have been made both comfortable and happy. Unhappily, many of those who suffer in this way are aged and infirm, and scarcely fit to undergo a major operation.

MEGACOLON.

Can anyone suppose that the science and art of surgery has attained its zenith, when we observe the wonderful advance that surgery has made in the last few years in the attack on the sympathetic nervous system, a branch of surgery which was hardly thought of a few years ago?

Looking back to the end of the last century, when I started practice, could any one of us have guessed that spasmodic dysmenorrhœa, hydro-ureter, idiopathic megacolon and constipation could be treated and cured by pre-sacral sympathectomy, or even that a paralysed bladder could be made to function; that a chronic gastric ulcer could be healed by an attack on the plexus round the celiac axis; or that Raynaud's disease and crippling arthritis of the upper extremity could be cured by cervico-thoracic sympathectomy?

In 1898, when I was a house surgeon, I watched the late Mr. Lockwood operate on the cervical sympathetic for exophthalmic goitre. This must surely have been one of the earliest operations of this nature, though the method proved to be one of the glittering bubbles that was soon to burst.

It is, indeed, more than probable that in the development of this branch of surgery the pendulum may swing too far. Some of us, with conservative ideas, may hesitate to attack obstinate constipation in this way, until this line of treatment has been more fully tested, but I have little doubt that pre-sacral sympathectomy has come to stay in the treatment of idiopathic megacolon.

I shall show you a specimen of a giant idiopathic mega-sigmoid which filled the abdomen, and which I resected shortly before the valuable work of Hunter and Royle on sympathectomy became generally known.

The patient was a woman in the forties, who had suffered from toxic constipation all her life, and had been chafed, since childhood days, about her distended abdomen. The specimen removed was 22 in. long and 18 in. in maximum circumference. The result of this operation was entirely successful. The altered appearance which followed was not only a great joy to the patient, but resulted in wedlock not long after.

Such excellent results have followed pre-sacral sympathectomy that the more risky procedure of resection is no longer called for.

I now show you slides to illustrate sympathectomy for this disease. The radiograms were taken from a case successfully operated on by Mr. Naunton Morgan, my chief assistant at St. Bartholomew's, and an Assistant Surgeon at St. Mark's.

CONCLUSION.

I cannot close my address without a passing tribute to my colleagues at St. Mark's, and especially to Dr. Dukes, the pathologist. It is largely due to their initiative and progressive work that I have been able to retail and illustrate some of the recent advances in rectal surgery.

I do not doubt that before another quarter of a century has passed new vistas will have been opened up, and much that I have extolled may have become antiquated.

I wish that I could gaze through the crystal and see what I am sure some of you will see, the task of the rectal surgeon simplified, when the cancer problem has been solved.

Percival Pott, towards the end of the eighteenth century, in looking back after fifty years of practice, said*:

"Many and great are the improvements which the surgical art has received in the last fifty years; and many thanks are due to those who have contributed to them; but when we reflect how much still remains to be done, it should rather excite our industry than inflame our vanity."

If we consider all the advantages that we have to-day, the many and varied aids to diagnosis, the wonderful improvements in methods of anaesthesia, the excellent facilities for blood transfusion, etc., and if we consider the disadvantages under which our immediate predecessors laboured, masters as they were in clinical diagnosis, before the introduction of X-rays, the sigmoidoscope, gas and oxygen, basal narcotics, spinal anaesthesia and the like, we have need of much humility in assessing the value of the progress we have made in rectal surgery.

C. GORDON-WATSON.

* As recently quoted in the *St. Bartholomew's Hospital Reports*.

COARCTATION OF THE AORTA.



ALTHOUGH coarctation of the aorta may be properly described as a rare condition, it occurs with sufficient frequency to merit brief consideration, especially as it is occasionally the cause of errors in diagnosis—errors which lead at times to the adoption of methods of active treatment, unnecessary, unsuitable or even harmful to the patient.

The condition results from a maldevelopment of the aortic arch, and the essential feature is a constriction of the lumen of the vessel, with consequent obstruction to the circulation of blood below the level of the lesion. In a recent review, Evans (1) has dealt fully with the subject, and he recognizes six distinct varieties. For clinical purposes it is not necessary to discuss these in detail, and two main groups may be distinguished—that in which there are other gross developmental abnormalities in the heart, characterized by a patent ductus arteriosus, stenosis of the arch and hypoplasia of the proximal portion of the aorta, and that in which the ductus arteriosus is closed, the constriction is situated slightly distal to its junction with the aorta, and the left ventricle and the proximal portion of the aorta are hypertrophied. The former type presents many of the features commonly regarded as being characteristic of congenital heart disease, such as cyanosis, clubbing of the fingers and a variety of cardiac murmurs, and the existence of the cardiac abnormality is obvious in childhood. The latter type, to which attention will be confined in this paper, is not as a rule recognizable as a clinical entity on superficial examination, and it is in this group of cases that difficulties in diagnosis may arise.

The existence of gross obstruction to the flow of blood in the aorta is attended by compensatory vascular changes which have for their object the maintenance of the circulation in the lower half of the body, and the resultant anatomical vascular changes may be divided into three groups:

1. *Changes in the heart.*—Conditions in which there is interference with the freedom of the circulation almost invariably produce secondary changes in the heart, and the most obvious clinical indication of the circulatory disturbance is the discovery of a cardiac abnormality; care must therefore be taken, in all cases in which the heart is found to be in any way abnormal, to discover the exact aetiological cause for the condition.

In the case of coarctation of the aorta, there is circulatory obstruction sufficiently near the heart to produce obvious left ventricular hypertrophy as a rule; in addition, there may be a systolic precordial murmur

best heard either in the mitral area or at the aortic base, and this murmur does not necessarily indicate organic valvular disease. Occasionally other congenital abnormalities, such as patent septum, may also be present, in which case further murmurs may be heard. The only constant and characteristic change is the hypertrophy of the left ventricle.

2. *Changes in the circulation proximal to the obstruction.*

—From the fact that the obstruction is situated distal to the point of origin of the left subclavian artery, it follows that the systolic blood-pressure will be raised in the brachial artery on both sides, and the tension in severe cases is usually found to exceed 200 mm. Hg. The collateral circulation is carried on chiefly through the branches of the subclavian arteries which anastomose with the intercostal arteries, and so supply the descending thoracic aorta with blood. This collateral circulation is usually stressed in the text-books as an important point in diagnosis, and the impression is conveyed that the enlarged vessels are visible and obvious. Except in thin patients this is not the case, and the vascular abnormality is only noted when the thickened and dilated arteries are discovered on palpation. Failure to note the presence of the collateral circulation is the usual cause of failure to recognize the existence of the condition.

The collateral circulation is present, and should be sought, in three places:

(a) In the front of the chest, where greatly enlarged internal mammary arteries may be felt.

(b) In the axillæ, where the lateral thoracic arteries are easily found. A systolic murmur can often be heard in these vessels, and this murmur, when heard in the right axilla, far removed from the heart-sounds, is very suggestive of enlargement of this vessel.

(c) In the region of the scapula, where a leash of vessels may be found very constantly running down the vertebral border of the bone.

The presence of a collateral circulation of this type is almost pathognomonic of coarctation, but unfortunately its existence is usually overlooked, chiefly because it is not commonly realized that the enlarged vessels must be sought by palpation in the majority of cases. The condition is so rare that it would obviously be carrying precaution too far to institute a search for a collateral circulation in every case of enlargement of the left ventricle, with high blood-pressure, and fortunately this is not necessary for, as will be shown later, the presence of the condition may be suspected as a result of other observations, as a result of which the search may be carried out in suitable cases.

3. *Changes in the circulation distal to the obstruction.*—The major part of the circulation in the body has to be

carried by the anastomotic series of vessels described above, and it is surprising how efficiently it is maintained, in view of the obvious difficulties. The thoracic and abdominal aorta and their larger branches are hypoplastic, and the pressure of the blood circulating in them is necessarily low, and it is this fact which provides a clue to the diagnosis. Pulsation cannot be felt in the abdominal aorta, and the femoral arteries are difficult or impossible to locate. The blood-pressure measured in the legs rarely registers more than 100 mm. Hg., and it is frequently impossible to obtain a satisfactory reading.

A few years ago Rösler (2) pointed out that the anastomotic vessels which join the intercostal arteries cause the formation of notches in the lower borders of the ribs, and that these can be demonstrated in skiagrams. These notches appear to be pathognomonic, and their presence may be regarded as proof of the presence of coarctation. It is sometimes stated that they result from the pressure of enlarged internal mammary arteries, but this is clearly impossible, as these vessels lie against costal cartilage, and no shadow is cast on the film. The notches are certainly due to the presence of large vessels which connect the scapular and lateral thoracic with the intercostal arteries. A radiogram of one of the cases to be described here is reproduced, and the notches are clearly seen.

The following three cases have come under the observation of the writer during the past two years, and they illustrate the difficulties which may be associated with the diagnosis of the condition:

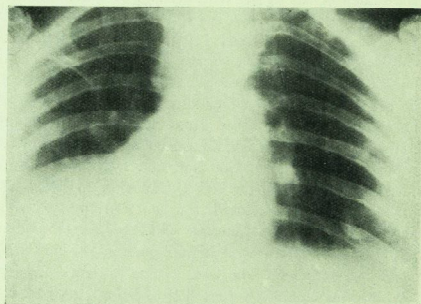
CASE 1.—M. T., female, *et.* 23, married, no pregnancies. Admitted to the Royal Chest Hospital under the joint care of Dr. A. W. Stott and the writer on October 17th, 1932, suffering from acute bronchitis and heart failure. At the age of 18 months she had attended a children's hospital, where a diagnosis of congenital heart disease was made; at the age of 12 she had two attacks of rheumatic fever, since which time she had never been strong, and aortic and mitral valve disease had gradually developed.

The family history was interesting, as her mother was stated to have heart trouble, her father developed valvular disease during the war, and one brother died from acute pericarditis.

Physical examination revealed a greatly enlarged heart, with the characteristic murmurs of aortic regurgitation and mitral stenosis. The blood-pressure was 270/80, an extremely high pulse pressure. It was not until the radiogram demonstrated the presence of notches on the ribs that the underlying coarctation was suspected. Further search then showed the palpably enlarged anastomotic vessels, there was no pulsation in the abdominal aorta and the femoral pulse was very feeble; the systolic blood-pressure in the legs was never more than 100 mm. Hg. Although the case might have been correctly diagnosed on clinical grounds, the picture was so obscured by the superimposed rheumatic valvular disease that failure to recognize the nature of the congenital lesion was almost inevitable.

CASE 2.—C. E. B., male, *et.* 20. The patient was sent to the Out-Patient Department of the Royal Chest Hospital as a case of suspected phthisis on September 8th, 1930. He was complaining of moderate precordial pain on exertion, which interfered with his work as a railway porter, and of slight shortness of breath on exertion. He had had pneumonia in infancy, and was subject to bronchitis. On examination he appeared to be a healthy-looking youth, and the lungs were found to be normal. The heart was enlarged to the left, however, and a faint and variable mid-diastolic

murmur was heard at the apex. The blood-pressure was 200/110 mm. Hg. He was admitted for investigation under the care of the writer, and his renal functions were found to be quite normal. The final diagnosis was "essential hypertension", and his tonsils, which were septic, were removed in the hope that they contained the focus responsible for the trouble. No change was noticeable, and attempts to reduce the blood-pressure were fortunately unsuccessful. It was only two years later, when his original X-ray films were being scrutinized, and the notches were noticed for the first time, that the true nature of the condition was realized. Subsequent examination revealed the vascular phenomena which have been already described; the blood-pressure in the legs was too low to be accurately registered. The reason for the mis-diagnosis in this case was the fact that the vascular phenomena, although present, were not obvious on superficial examination, and the error could easily have been avoided by measuring the blood-pressure in the legs, or even by palpating the femoral pulse.



RADIOGRAM SHOWING NOTCHES IN RIBS.

CASE 3.—K. J., female, *et.* 34, married, four previous pregnancies. This patient was known to have "heart trouble" as a child, and had always been a little short of breath on exertion and subject to occasional swelling of the ankles. In November, 1933, when five months pregnant, she had complained of headaches, swelling of the legs and scanty urine; these symptoms improved with rest in bed. At this time it was noticed that the blood-pressure was over 200 mm. Hg., and that a moderate degree of albuminuria was present. On January 6th, 1934, a syncope attack occurred, during which time the blood pressure fell to 115 systolic. When examined by the writer, on January 13th, she had been resting in bed for a week, and the edema and albuminuria had entirely disappeared. The left ventricle was found to be much enlarged, and a diffuse systolic murmur was present over the praecordia; systolic murmurs were also heard in the right axilla and over the left scapula. The blood-pressure at this time was 245/160. The question seemed to be whether the symptoms were due to a pregnancy toxæmia or to chronic renal disease, and both of these conditions appeared to be ruled out by the rapid recovery with rest and by the normal urine, which was found to be well concentrated. Accordingly search was made to exclude other causes of hypertension. There was no evidence to suggest the presence of any of the common forms of acquired heart disease, and it was noted that the femoral pulse was palpable. It was not possible to obtain any blood-pressure reading in either leg, and this settled the diagnosis. Subsequent search revealed the anastomotic vessels in their usual situations, and the diagnosis was placed beyond question by the X-ray reproduced here, which was taken after the patient had been admitted to Charity Ward under the care of Dr. Beattie and Dr. Wilfred Shaw, to whom I am indebted for permission to publish the case.

In each of these cases the diagnosis was not made until adult life was reached, and in the first two cases the essential clue was derived from the radiogram of

the chest. In Case 1 the exact diagnosis is of little moment, as the patient presents the clinical picture of advanced rheumatic heart disease, and the presence of the coarctation only makes a bad prognosis slightly worse. In Case 2, however, failure to make the correct diagnosis led to the adoption of an inappropriate line of treatment, for, in an attempt to eliminate focal sepsis, the tonsils were sacrificed and prolonged rest was enjoined, together with the administration of drugs designed to lower the blood-pressure. It was only when the true nature of the condition was realized and the patient was permitted to lead a normal life of moderate activity that he regained his health. In Case 3 the establishment of the correct diagnosis was a strong indication that the symptoms resulted from heart failure, and not from chronic nephritis nor from a toxæmia of pregnancy, as had been suspected.

The course pursued by the cases which reach adult life appears to be relatively benign, although heart-failure or cerebral hæmorrhage are apt to occur, and rheumatic infection of the heart is not uncommon as a complication. A number of cases are on record in which a bacterial infection has become grafted upon the damaged area, giving rise to a condition essentially similar to septic endocarditis; one such case was reported by Anderson (3), in this journal, some years ago.

Treatment of the condition is symptomatic only, and patients should be allowed to lead a normal life within the limits of their cardiac efficiency. More harm is probably caused by injudicious treatment of these cases than would result if they were left alone.

COMMENT.

Coarctation of the aorta is rarely diagnosed correctly, and it is probable that many cases are overlooked. The diagnosis can be made with confidence in cases of the type described here. In every case in which there is a high brachial blood-pressure, for which no adequate cause can be found, the blood-pressure should also be measured in the legs. If there be a marked discrepancy, with low blood-pressure in the legs, it is very probable that coarctation is the cause, and its presence may be confirmed by the demonstration, in the skiagram, of the characteristic notches in the lower borders of the ribs.

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JAMES MAXWELL.

THE IMPORTANCE OF A FOLLOW-UP DEPARTMENT IN THE CLINICAL INVESTIGATION OF DISEASE.

At present there is a feeling in this and other countries that the time is ripe for an advance to be made along the cancer front. The call to more aggressive warfare has recently been sounded by Prof. G. E. Gask (1), who has also outlined the strategy of the fight. At a recent discussion in the Section of Surgery at the Royal Society of Medicine there was a unanimous opinion that, while much good work has been accomplished, there is an urgent necessity for expansion, and that a co-ordinating mechanism should be established to bring together all the work on cancer which is being done in this country. It was also felt that more vigorous clinical research should be pursued. Time is essential in order that this ideal state of things may be established, but a survey of the front reveals several weak places where immediate progress may be made. Before it is possible to establish a perfect organization to co-ordinate cancer work on a national scale, it is essential that those units to be co-ordinated be as perfect as possible. There is room for improvement in the organization used for cancer work in many of our hospitals, and it is proposed to discuss two important aspects of this work, namely, the Follow-up Department and case-records.

A HOSPITAL FOLLOW-UP DEPARTMENT.

The governing bodies of several hospitals in this country have realized the importance of ascertaining the ultimate value of the work carried out in the wards, and have established efficient Follow-up Departments. In many hospitals, however, there is no such organization. This is a serious omission in our hospital system, and a matter for consideration by the governing bodies concerned. I wish to call attention to the value of a Follow-up Department.

(A) Value to the Patient.

It has been found that the majority of patients appreciate being called up for periodic examination, and value the sense of security thus given to them. In patients treated for cancer it is essential to examine them at short intervals so that recurrences may be dealt with immediately. The surgeon who undertakes to treat a patient for cancer should be prepared to keep him under observation for at least five years. Regarding patients with goitre, as a result of continued observation they are readmitted for further treatment as their

condition demands it. Many patients with innocent papillomata of the urinary bladder have recurrences which are noted at the periodic cystoscopy examinations in the Follow-up Department. It is possible that a revision of our conception of the incidence of gastro-jejunal and jejunal ulceration following anastomotic operations on the stomach would be necessary if such patients were followed up on a large scale.

(b) *Value to the Surgeon.*

In the Follow-up Department we learn the real value of our treatment. We see our successes, and are made conscious of our failures and profit by our mistakes. Insufficient attention has been paid to surgery in the light of a Follow-up Department. At the present time we have but little knowledge of the exact value of our methods of treatment in many groups of cases.

The Follow-up Department is adaptable for post-graduate teaching. Courses are given by this means in the Post-Graduate School of Radiotherapy, centralized in the Mount Vernon Hospital and the Radium Institute, showing the end-results of radiotherapy. Medical practitioners must be able to give a prognosis, and this is often of more importance to a patient and his friends than diagnosis. It is important for students prior to qualification to study the end-results of certain methods of treatment, and there is scope for the development of this side of our teaching.

(c) *Value to the Profession.*

It is important for us to know the present position of the various methods of treatment employed in certain conditions, and this is of special importance in cancer. We want information on a large scale of the relative values of excisional surgery and irradiation in the treatment of cancer of the breast and buccal cavity, and whether or not better results are obtained with combined surgical and radiological methods.

In 1922 the Governors of St. Bartholomew's Hospital formed a Follow-up Department to inquire, amongst other things, into the end-results of the treatment of cancer in certain sites. Accurate case-records of all patients have been kept, and the value of the work is enhanced because very few patients have been lost sight of. A great deal of valuable information has been collected, and is now being analysed and worked up. The first Report from the Follow-up Department (2) has been published concerning the end-results of the treatment of cancer of the breast and cancer of the buccal cavity. In this way we learn the real value of each method of treatment employed in the Hospital, which leads to the further development of those methods

which are giving the best results. In the present stage of our knowledge of the treatment of cancer it is a mistake to persist in the multiplicity of the methods of treatment, since this only tends to spread confusion, and to nullify attempts to reach definite conclusions of their relative values. If each hospital used one or two valuable methods of treatment for certain types of cancer cases we would quickly reach a conclusion of the best method or methods available to us at present. I therefore make a plea for a scheme of work as outlined above, to be embarked on by other hospitals, and that their experiences be published. In this way we shall learn the value of cancer treatment on a national scale, and will be able to make plans for further development.

The National Radium Commission, in their Annual Report (3), describe a similar plan which is being executed to evaluate the results of radium therapy on a national scale. In this instance case-records are being carefully compiled on a uniform sheet, and patients followed up for a minimum period of five years after treatment. The correlation of all this material must prove of the greatest value.

If it is necessary to compare these national results of radium therapy, where can be found a series of comparable magnitude treated by excisional surgery? Prof. Gask, in his recent lecture, said: "It is, I think, a reproach to our hospital system that an accurate knowledge based on a large number of figures is not easily available."

It may be mentioned that Follow-up Departments have been working for many years at the Radiumhemmet in Stockholm, and at the Mayo Clinic in America. The National Radium Commission, when establishing national centres, insisted on the formation of an efficient Follow-up Department.

THE PLANNING OF A FOLLOW-UP DEPARTMENT.

It is proposed to give some account of the Department at St. Bartholomew's Hospital, in the hope that it may help others who are contemplating the formation of a similar department.

Scope of the Investigation.

(a) Cancer of the breast: Every patient treated in the Hospital for cancer of the breast is followed up after discharge. A large series of cases has been collected, and we are now able to compare the survival rates in comparable cases resulting from excisional surgery and interstitial irradiation. These remarks are more or less applicable to the following:

- (b) Cancer of the buccal cavity.
- (c) Cancer of the pharynx and larynx.

- (d) Cancer of the stomach.
- (e) Selected cases of cancer of the rectum.
- (f) Cancer of the urinary bladder.
- (g) Cancer of the uterus.
- (h) Cancer of the thyroid gland.
- (i) Papilloma of the urinary bladder.

The Department is not entirely devoted to the study of malignant disease, and the following are being investigated:

(j) Non-malignant ulceration of the stomach and duodenum. A survey is being made of the end-results of the medical treatment employed in the Hospital wards, and of the various surgical procedures adopted. Other issues are being considered, such as the incidence of gastro-jejunal and jejunal ulceration after anastomotic operations.

(k) Toxic goitre: A large series of patients are being followed up who have received either medical or surgical treatment in order to evaluate our present methods.

(l) Diabetes mellitus: We have learnt the importance of keeping patients under careful observation. A check is kept on the blood sugar, the diet taken, and the amount of insulin used.

Case Records.

While the patient is in the ward a complete record is made of the condition and treatment carried out. The ward notes are stamped as coming under the Follow-up Scheme. All ward notes are forwarded to the Central Registry after the patients are discharged, and the follow-up scheme notes are singled out and sent to the Follow-up Department.

Method of Registry in the Follow-up Department, and the Calling up of Patients for Examination.

An index card, showing the name and address of the patient, the name of the physician or surgeon, the disease, the date of discharge from hospital and the operation performed is completed for each patient coming under the follow-up scheme. The important columns on this index card are: "Date of notification," requesting attendance in the Department, and "Date of examination" which subsequently takes place. Numbers of patients have the same "date of notification"; thus groups of patients to be sent for at the same time are formed, and their cards are filed together. In practice it is found advisable to file these index cards according to the month in which the patients are notified to attend. A note is sent to each patient requesting attendance in the Follow-up Department on a certain date and time. If the patient is unable to come, the doctor in attendance often sends a report on the condition and progress and these are entered in the notes. In the event of death

the date and cause of death are recorded in the notes so that the records are complete in every way.

Case-Sheets used in the Follow-up Department.

The ward notes are kept in folios, and when these arrive in the Follow-up Department the Follow-up Case-sheet is inserted. Special case-sheets have been designed for the sake of uniformity, and to ensure that nothing is omitted which is of importance in the goitre and diabetic groups.

This system of case-sheets could be extended with advantage to include other groups of cases. An entry is made regarding the patient's condition at each examination by the surgeon.

FAILURE TO RESPOND FOR EXAMINATION.

The success of a Follow-up Department lies in the ability to maintain contact with the patient. If a large number of patients are lost sight of the value of the collected material is considerably reduced. In our Department very few patients have been lost sight of amongst the thousands investigated. This achievement is entirely due to Miss E. J. Ball, who is responsible for this aspect of the work. We are maintaining contact with patients all over the world, and it is interesting to hear of their progress. If a patient fails to come for examination no effort is spared to find the reason and to establish contact again. Various methods are used, such as the help of the doctor in charge of the patient at home, or various nursing and welfare associations.

METHODS OF SEEING PATIENTS IN THE FOLLOW-UP DEPARTMENT.

The ideal method is the formation of Follow-up Clinics, in which patients suffering from a given disease are seen together. In certain instances it is advantageous for physician and surgeon to work together in these clinics. We have formed clinics for patients treated for goitre, and gastric and duodenal ulceration, in which physician and surgeon work together. There are Follow-up Clinics for diabetes mellitus, cancer of the breast, buccal cavity, rectum and uterus. In these clinics the physician or surgeon who was responsible for treatment examines the patient and records his observations. It is important that the surgeon should see the patient at each visit, especially after radium treatment, in order to decide if the growth is regressing or advancing.

It is not always possible for a physician or surgeon to devote time for attendance at special Follow-up Clinics. In these cases we have found it satisfactory for such patients to be seen at the Out-Patient Clinic.

CORRELATION OF THE MATERIAL IN THE FOLLOW-UP DEPARTMENT.

This aspect of the work should be under the control of a medical man—a surgeon for the surgical work and a physician for the medical work. An index is kept of every patient registered in the Follow-up Department. The individual index card shows the diagnosis, including the type and stage of disease, with the histological data and the method of treatment adopted. Details are recorded of each examination made in the Follow-up Department. Patients treated with radium are entered on the Summary Cards issued by the National Radium Commission. If death occurs, the date and cause are noted, together with details of any post-mortem examination. Index cards are filed according to the disease and site of disease. By this means a complete and accessible record is available for every patient under the follow-up scheme. In these indices there is a wealth of detail, which is analysed, correlated and published from time to time. The yearly results of various methods of treatment in certain diseases are readily available for discussion by physicians and surgeons concerned, and may be modified or abandoned according to the results achieved. In this Hospital charts are kept showing the yearly position of patients treated by excisional surgery and radium for cancer of the breast and buccal cavity.

A SCHEME WHICH MAY BE USED IN THE FORMATION OF A FOLLOW-UP DEPARTMENT.

1. Decision regarding which groups of cases are to be followed up.
2. Clerical Staff: One clerk can deal with 400 patients; should have experience of out-patient routine.
3. Follow-up case-sheets to be drawn up.
4. Index for the registry of each patient and the collection into groups according to the month in which they will be asked to attend for examination.
5. Request to patient for attendance—a short standard letter drawn up.
6. If patient is unable to attend, the local doctor is communicated with.
7. If patient is lost sight of, efforts to trace made through nursing institutions or welfare organizations.
8. Follow-up clinics held by each physician and surgeon—record made on case-sheet and date fixed for next examination.
9. Correlation of clinical material, statistical tables kept for groups of patients and results published.
10. The cost of a Follow-up Department is reasonably small.

CANCER CASE-RECORDS.

If we are to attain to a better understanding of the clinical side of the cancer problem, it is essential that adequate case-records of patients be kept. To keep these records in a haphazard way is useless. No clinical detail, however small, should be omitted from the notes. It would be an advance of importance if a uniform case-sheet could be drawn up for the notes of every cancer patient. This would ensure that an adequate number of patients all carefully worked out and recorded would be available for a worker on clinical problems in cancer. In the future it may be possible to use such records on a national scale and produce results of the greatest importance.

A scheme similar to the above has been launched by the National Radium Commission, and is working very satisfactorily. The Commission has issued case-sheets of a comprehensive nature, and these are being carefully compiled for patients treated with radium throughout England and Scotland. This is one of the greatest clinical investigations ever attempted, and I cite it to show that my thesis is practicable. If some concerted effort is to be made to investigate and report on the present methods in the treatment of cancer, it is essential that we start by keeping uniform and adequate case-records.

CONCLUSIONS.

1. It is desirable for every hospital to possess a Follow-up Department, in view of the value to the patient, physician, surgeon and the profession as a whole.
2. That the collection and correlation of the experiences gained in the Follow-up Department will lead to a better understanding of the value of present methods of treatment, especially in cancer.
3. The importance of establishing a uniform system of keeping case-records is discussed.

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R. W. RAVEN.

SOME APHORRHYTHMS.

PRELUDE.

A mind, inclined to criticism
Of nebulous scholasticism,
And prolix flow
Of words, that spell bombasticism,
Might exercise its cynicism
Condensing sense.

(An aphorhythm.)

THE CIRCULATORY SYSTEM.

Those subjects, dubbed with optimism,
"High backache due to rheumatism",
May slowly blow,
With each successive paroxysm,
A sacculated aneurysm,
And go below.

(An aphorhythm.)

THE ALIMENTARY SYSTEM.

When bowels vow with dogmatism
To cease their active mechanism,
'Tis wise to ply
Cathartics with some heroism,
And shelter from the cataclysm,
Between a screen.

(An aphorhythm.)

THE NEUROSES.

A painter, trained to futurism,
A sudden fit of vorticism
May throw; and so,
By diagnosing meningism,
Or homicidal strychninism,
The careless err.

(An aphorhythm.)

THE ENDOCRINE ORGANS.

The pundits, stunned with modernism,
Their dream-clouds of metabolism
Distil; all ill,
From hyperparathyroidism
To sexual antagonism,
Would fain explain.

(An aphorhythm.)

DISEASES OF CHILDREN.

The oblique orb of mongolism
Some cerebral anomalism
Declares; and there's
No doubt the wretched organism,
Afflicted through such atavism,
Remains insane.

(An aphorhythm.)

SPECIAL SUBJECTS.

Short sight, long sight, astigmatism,
Need merely an appropriate prism.
The hoarse, and sore
Of throat, one treats with pragmatism,
Coll. alk., some simple gargarism,
Will fill the bill.

(An aphorhythm.)

THE UNQUALIFIED PRACTITIONER.

The quacks, who practise galvanism,
And "nature cures", and mesmerism,
Despite the right
And proper heed of ostracism,
Bestowed upon such solecism,
Purloin much coin.

(An aphorhythm.)

FINALE.

So many men their catechism
Attack, with misplaced egotism;
A flair Queen Square
Is apt to view with pessimism.
The token of its scepticism
Is pink, I think.

(An aphorhythm.)

A. R.

THE CURRICULUM: ANOTHER PROTEST.



ENCLOSE my subscription to the JOURNAL, and from the honourable position thus attained I am anxious to add my small quota of criticism to the "heavies" which have already gone over. The subject worrying me is the present system of medical education, which, I feel very keenly, leaves much to be desired.

There are, as we learn in youth, sins of omission and commission, and I indict the present régime under both headings.

In the limpid innocence of my finals I honestly believed what little I knew of the text-books. I believed, for example, that a mosquito with any pretensions to a decent upbringing kept to within twenty feet or so of the ground, and faded away in cold weather. It's a lie. And I say it with as great a gusto as Browning ever brought to the business.

I have yet to find the "ceiling" of a hungry mosquito. I proclaim it from bitter experience with the thermometer near freezing and with lumps upon my brow.

Again, what do I know about devils? Nothing, or very little. We just were not taught about them. And yet I have had a—well, quite a lot to do with devils since I qualified. Not once but several times I have been asked, as a presumably educated man, about devils and their rôle in the medical cosmos. I did not know. I just looked silly.

After all for some odd two thousand years the best theological opinion has consistently upheld the theory and been heartily supported by the laity, while it is not so long since we changed our own coat in the matter.

Armed with that omniscience proper to a year's job as resident, I started out for foreign parts and bumped into my first devil in the middle of the Red Sea.

I was called to see a stoker with a temperature of 104°, on whom five others were sitting, with the praiseworthy idea of preventing his going over the side. Much ice and half a grain of morphia affected him about as much as a mosquito bite, and it was three hours before he quietened down. I was asked, very naturally, what brand of demon was responsible for the unseemly hubbub. And answer came there none.

My shipmates were better instructed in these matters. During the previous voyage the chief engineer had had trouble with one of the bunkers. There was a devil in it, and the men refused to work it. In the same position I might have adopted the feeble evasion of the gentleman who, faced with a giraffe for the first time, said, "There ain't no such thing"—a line of conduct which would have led nowhere. Not so the Chief. Faced with *un fait accompli* he assembled the harassed natives and dealt with the matter on a basis of sound logic.

He pointed out that she was a new ship, less than three years off the stocks. Consequently that while there might be a devil, it could only be a very young one, and that if a lot of hefty, full-grown and adjectival stokers were scared of a miserable little frightened little three years old devil, they ought to be damn well ashamed of themselves. They were. Why was I ignorant of all this?

At home the respective merits of pulv. ipecac. co. and tr. camph. co. may be nicely balanced to the satisfaction of the physician and, conceivably, the patient.

To find the common denominator in a sura of the Koran, neatly inscribed from the region of the seventh cervical vertebra to the fourth lumbar and quiniini sulphus gr. x *l.d.s.* is, through lack of adequate teaching, far more difficult.

This leads us to the inadequacy in ethics and general

deportment. Is it really the thing, even with the best intentions, to discount a colleague's honest efforts, and clap one's profane chest-piece all over his sacred handiwork?

We fail not only in behaviour, but command of language, excepting technical idiom, which is a more or less close preserve, only to be poached on by the more impertinent laity.

Again to etch in these omissions from my own sad past. On visiting a venerable and courteous old sheikh I was gracefully informed in flowery Arabic that, in addition to my natural beauty, I was also the most blindingly overpowering manifestation of concentrated intelligence that had ever loomed on his horizon, and that, *inshallâ'h*, I would undoubtedly heal his belly-ache.

Now I feel that a sound curriculum would have equipped me with a few phrases adequate to convey that in my eyes my host was the sun, moon, stars and the oyster's eyelash, instead of leaving me to retreat feebly on "Not at all", or "Very good of you to say so".

In mitigation I confess that this facet of my character has seldom been forced on my attention at home, where truth is bandied about in a manner repugnant to the oriental, who, regarding it rightly as a pearl of great price, treasures it for select and nicely judged occasions, and deprecates its being scattered to the casual passer-by, who, for all he knows, may be quite unworthy to receive it.

For mistakes in diagnosis and treatment I blame only myself and neglected opportunities. And here I must digress somewhat from my theme to introduce Abdul, because, in due course, I want to arrive at the case of Abdul's niece.

On my arrival to take over a job of work Abdul was attached to me for intelligence, topography, and as surgery attendant. He was also able to drive a car, but in this one matter I decided to relieve him. The basic principle of driving in the East, or more correctly, of being driven, is that you get there fast if you get there.

Abdul hailed from N. Africa, and in a life of thirty-two years had graced many vocations. The story of how Abdul won the war, detailed in graphic flashes during leisure moments, gave me quite a new grasp on that event. Other pastimes included professional wrestling and hospital orderly duty.

His chief reason for forsaking the Tricolour appeared to be the surmise that as a native subject in wartime he might be asked to do a great deal of arduous work for a ridiculously inadequate remuneration.

His soul, however, remained essentially Gallic, and the French are known to be a cynical and sceptic race

except in some few matters of moment, like cooking. Nor did he strive to rid himself of a certain tolerant contempt for the effete customs of a monarchy. As he explained to me one day, "In this country, Sir, everyone bow down in front of kings and big men. One man have big name. Everyone make great fuss for him. My country not like that. My country I meet king in café. He say, 'Good evening Abdul. How you? Have a drink?' I say, 'Good evening King. All right. Thank you.' He not speak to me. Then I not give damn for him."

Despite this slight suggestion of *lèse-majesté* he was on the best of terms with the law, and if left for five minutes would always be found deep in conversation, preferably with the police or else with prisoners, or indeed anyone capable of speech, and, more essential still, of hearing. He explained his popularity with the Force quite simply.

Before his arrival under the reflected halo of Æsculapius, and during his gladiatorial days, he sometimes celebrated his victories in a manner worthy of a conqueror, if not perhaps of a devout Muslim. On these occasions the police used to try to run him in. His routine reply was to throw them over his shoulder, preferably the left, on to their heads, thus laying the foundations of many enduring friendships.

That he ran a large and lucrative practice in his spare time I became convinced. I could not imagine such a gifted personality wasting its genius on the desert air. So when he mentioned casually one morning that his niece seemed ill, I accepted the delicate compliment and said I would have a look at her.

She had diarrhoea with a headache, raised temperature and comparatively slow pulse. The temperature rose higher on the second and again on the third day. Having set my course for a presumptive typhoid, I sat back to wait on events. They arrived in the morning with Abdul, who looked a trifle tired.

He attributed this to sitting up most of the night taking his niece's pulse and temperature hourly, subsequent to her wailing, on the previous evening, the hen which was cooking for the family supper while the family back was turned—a matter of ten or fifteen minutes.

I am glad, for the patient's sake, to report that, by the morning, the temperature, pulse and respirations had dropped to normal, where they remained thereafter. Had I the mental grasp and professional acumen of a H—r, I would doubtless have perceived factors in that case indicating that the specific for a syndrome with headache, abdominal disturbance, stair-case temperature and slow pulse was one large roast hen, *quantum libet*, *almo jejuna*.

As it was I slavishly followed the text-books and came a cropper.

Abdul, a perfect gentleman, beyond at times assuring me of the good health of all his family, mentioned the regrettable incident no more.

Let me close on a more pleasant note, and having finished my critical survey, give thanks for that wisdom and skill which I absorbed and transmitted in faithful service.

If at times I have fallen by the wayside, also I have savoured the gratitude and thanks of those I helped.

One pleasant if somewhat querulous old native gentleman of sixty-five was much worried over a double inguinal hernia of long duration to which he ascribed, among other things, a certain weakening of his libido. At some trouble I had a suitable truss forwarded from several hundred miles away. On its arrival I laid my patient prone and carefully adjusted the appliance. On seeing him some days later my labour was well rewarded by the glow of appreciation on his face and his words of heartfelt gratitude. On only one small point had we any divergence of opinion. I discovered that he preferred the truss reversed, the pads fitting snugly beneath the costal margins. D. D. DALE.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL F. COVENTRY.

Played at Winchmore Hill on January 20th, 1934. Won, 6—0. Bart's were without three of the regular team, and did extremely well to beat a Coventry team who were at full strength with the exception of Harold Wheatley, who was with the English team at Cardiff as a reserve forward.

Play in the first twenty minutes was chiefly mid-field, and it was obvious that there was not going to be much in the match one way or the other. It was surprising to see our forwards in the tight scrums not only holding their own, but actually pushing a Coventry pack which must have been a great deal heavier.

For a time play settled in the Coventry half, and from a scrum Wilson broke through on the blind side, and gave the ball to Nel, who by hard running, touched down for a try before two Coventry defenders could bundle him into the corner flag. The kick fell short. Bart's continued to have the better of the game, and after numerous efforts to kick goals from difficult positions, Nel kicked a good goal from near the touch-line (0—0). Soon afterwards followed the best movement in the match: starting in our own half with Kingdon the ball was carried almost to the Coventry line *via* Fairlie-Clarke, Mundy, Hunt and Capper. Just before half-time Coventry made their first real bid for a score, which was thwarted when a score seemed certain by Mundy and Jackson.

In the second half Coventry were much more dangerous, and getting most of the ball from the tight and the loose were continuously testing our defence, which was so faultless that Dynamfield was never left with a man to tackle. The latter's fielding and kicking were excellent. Gilbert and Harriman were the most dangerous Coventry backs. The only time we looked like scoring in the second half was

when Youngman took the ball from our "25" to the Coventry "25" in a good solo run.

The pack individually and as a whole were good and extremely well led by Capper.

Team.—C. M. Dransfield (*back*); J. G. Youngman, G. H. Fairlie-Clarke, R. M. Kirkwood, J. G. Nel (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); R. S. Hunt, P. D. Swinstead, D. W. Moynagh, E. E. Harris, J. M. Jackson, F. H. Masina, W. M. Capper, R. Mundy (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. OLD ALLENYIANS.

Played at Dulwich on January 27th. Lost, 19—3.

On a muddy ground the Old Alleynians had much the better of a rather scrambling game and beat the Hospital by 2 goals, 3 tries to 1 penalty goal. In every department the Old Alleynians proved themselves superior, and the heavy ground seemed to have far more effect in slowing down the Hospital than it did the home team.

Play at first was even, and after ten minutes Nel kicked a well-judged penalty goal, to give Bart.'s the lead (3—0). From this time onwards the Old Alleynians controlled the play, and it was not long before Heppenstall levelled the score with an unconverted try from a line-out, which showed the Bart.'s defence badly at fault. The Old Alleynian forwards dominated the game and Stark scored a try, which was converted by Heppenstall. Soon afterwards Kerr scored and Pettifer converted.

In the second half the Old Alleynians continued to be on top, and adapted themselves to the heavy conditions much more than did Bart.'s, and Davies, in scoring the best try of the match, hopelessly outpaced more than one Bart.'s defender. Before the end Pettifer added another unconverted try, and the final score of 19—3 in no way flattered the Old Alleynians.

INTER-HOSPITALS CUP.

1st Round.

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

Played at Richmond on Tuesday, February 6th. Won, 18—0.

Not even staunch loyalty could allay a certain feeling of dread that St. Bartholomew's might succumb to a weaker hospital in the earliest stage of the cup-ties. King's had beaten a side by which Bart.'s were defeated two games before and therefore had every ground for optimism.

The first ten minutes, however, proved to be the only time that the opponents appeared in any way likely to be formidable. Play was continually in mid-field, when a loose pass from a King's centre was picked up at full speed by Nel, giving the defence no hope. Morison converted. A short while later a similar wild pass, lobbed high into the air, gave Nel a second opportunity. This time, however, he was caught in running toward the goal, and passed to Dartnady. A second rapid pass left Youngman to score a fine try, Morison converting.

Though Bart.'s were now dominant, there was still much to be desired. The three-quarters, though excellent in defence, rarely made ground in their movements, many of which were spoilt by faulty passing and uncertain handling. Kirkwood and Fairlie-Clarke produced some fine low tackles. The forwards, with the usual two or three exceptions, seemed listless and lethargic, and several times the ball was seen to be surrounded by the King's colours without a single Bart.'s jersey near.

Half-time came with no addition to the score-board (10—0). Play continued more or less in the King's half of mid-field. Two further tries were added, the first a brilliant cut-through by Kingdon, and the second by Capper after a characteristic battering-ram charge through the scrum. Morison converted one of these. King's very rarely looked like scoring, in spite of the efforts of a bustling pack, and the game ended in an easy victory for Bart.'s, but one which raised no very sanguine hopes of the fate of the Cup. Much polishing of even the most rudimentary arts seemed to be required to present any sort of opposition to the formidable rivals in the other half of the draw.

Team.—C. R. Morison (*back*); J. G. Youngman, G. A. Fairlie-Clarke, R. M. Kirkwood, J. G. Nel (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); E. M. Dartnady, R. S. Hunt, P. D. Swinstead, J. M. Jackson, E. E. Harris, J. C. Newbold, W. M. Capper, R. Mundy (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. PONTYPOOL.

Played at Winchmore Hill on February 10th. Lost, 6—11.

With Dartnady, Capper and Hunt absent, a depleted Hospital pack, though game and hard-working, found the virile and pugnacious Welsh forwards too heavy and experienced, and failing to hold an early advantage, due largely to the fine hooking of K. D. Moynagh, making his *début* against a Welsh International hooker, were latterly swept off their feet and compelled to play the type of game by which Pontypool, of recent years, have become notorious.

Gaining the ball in the early scrums, the Hospital set up a strong attack and soon went ahead from a fine penalty goal by Morison. Pontypool, however, settled down to play a strong forward game, and were soon in Bart.'s territory—a position which they occupied almost throughout the game, from which they were forced only by long and accurate kicks from Morison and an occasional rush from Mundy and Newbold, both of whom were always as quick in attack as they were ubiquitous in defence.

Pontypool shortly took the lead by a try from Atkins, which Allen converted, but were prevented from scoring again by a good tackle by Youngman.

The sixth penalty out of the twelve awarded to the Hospital during the game found Morison able, from just inside the half-way line, to kick a second goal and give Bart.'s the lead—a circumstance to which Pontypool responded with more vigour than skill, and by sheer weight carried the game to the Hospital "25".

There followed a period of attack by forwards and backs, wave after wave of which, breaking on the reefs of the Hospital defence, rippled on to the shores of barren endeavour, and it was not until the last five minutes, when, with Pirie injured and the backs disorganized, Pontypool managed to snatch a victory by two tries, neither of which was converted.

Wilson, behind beaten forwards, lived to tell the tale, and Kingdon with few chances contrived to get his three-quarters moving from impossible places and cut through, in one instance, with genius. Morison's sagacity, like the widow's cruise, was inexhaustible, while the whole team, rarely in a position to attack, distinguished themselves by their extremely sound and stubborn defence.

Team.—C. R. Morison (*back*); J. G. Youngman, R. M. Kirkwood, A. H. Pirie, J. G. Nel (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); F. H. Masina, K. D. Moynagh, P. D. Swinstead, J. M. Jackson, E. E. Harris, J. C. Newbold, J. A. V. Nicoll, R. Mundy (*forwards*).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. HARLESDEN.

Played on Saturday, January 10th. Won, 1—0.

The game was played on an exceedingly muddy pitch, which rendered good hockey almost impossible. The mid-field standard of play, however, was fairly good, with Winter showing to advantage at centre-half.

Play started with Bart.'s attacking, and in spite of hard, first-time clearances from Harlesden, our forwards had very much the better of the first ten minutes or so. Soon Martin scored with a hard shot from the edge of the circle (1—0), and though Bart.'s pretty constantly kept up the pressure, the score was to stand thus for the rest of the game. Our defence at times was tested, especially once, when Crosse saved repeatedly with brilliance, but though Oliver was often too slow in effecting his clearances, our goal was never again in real danger.

The second half was much of a repetition of the first. Good individual runs were seen from Hinds-Howell and both wings, but without score.

Team.—J. M. Crosse (*goal*); W. A. Oliver, A. D. Messent (*backs*); P. J. J. R. Winter, B. Thorne-Thorne (*halves*); P. G. Hill, A. Hinds-Howell, K. W. Martin, J. Blackburn, J. M. Lockett (*forwards*).

Replay 1st Round Inter-Hospital Cup.

ST. BARTHOLOMEW'S HOSPITAL v. ROYAL DENTAL AND CHARING CROSS HOSPITALS.

Played on Tuesday, January 23rd. Won, 4—3.

The previous week, after twenty minutes' extra play, the Hospital had failed to beat the Royal Dental and Charing Cross Hospitals.

The replay was fought out on an iron-hard, frost-bound pitch with visibility much restricted through fog and yet was remarkably exciting. Blackburn opened the scoring with a good flick-shot (1—0)

and play seemed to favour Bart.'s. Our opponents were playing very hard, and their inside left, Webb, was always a danger. It was from one of his lightning "break-aways" that they equalized (1—1), quickly to follow with another goal from the same source (1—2).

Until late in the second half Bart.'s looked a beaten team, and it was not till three minutes before time that they equalized from the edge of the circle (2—2).

Thus once again "extra time" had to be played. Very quickly, however, after the change-over, Lockett cut in to score with a push-shot (3—2), and was followed by an effort from Hinds-Howell to put us two goals ahead (4—2).

There was very little more time to go, but Charing Cross were making great efforts to draw level. A goal was scored (4—3), and almost immediately, with an open goal to shoot into, one of their forwards hesitated, giving Messent time to get back and effect a brilliantly cool save with the tip of his stick. Pressure was relieved, and Bart.'s had won by 4 goals to 3.

Team.—J. M. Crosse (*goal*); W. A. Oliver, A. D. Messent (*backs*); P. J. J. R. Winter, B. Thorne-Thorne (*halves*); P. G. Hill, A. Hinds-Howell, K. W. Martin, J. Blackburn, J. M. Lockett (*forwards*).

2nd Round Inter-Hospital Cup.

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

Played on Wednesday, January 31st. Won, 6—1.

A thoroughly enjoyable game, played on a pitch which, though soft, gave a very good surface. Bart.'s, though at first having to fight hard, soon proved themselves the superior.

The first goal was scored through a good piece of combination. Lockett, running through, passed back to Blackburn, whose shot was followed up and rushed through by Martin (1—0). Crosse, however, had some bad luck in goal, and the score was answered fairly quickly by U.C.H. (1—1).

From thence onwards Bart.'s had much their own way, Blackburn scoring three times with beautiful push-shots, Hinds-Howell once with a lovely drive and Martin once again (6—1). Mention must, however, be made of the truly remarkable goal-keeping of the U.C.H. "goalie", without his brilliance there would have been many more goals scored.

Team.—J. M. Crosse (*goal*); W. A. Oliver, A. D. Messent (*backs*); P. J. J. R. Winter, B. Thorne-Thorne (*halves*); P. G. Hill, A. Hinds-Howell, K. W. Martin, J. Blackburn, J. M. Lockett (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. R.M.C. SANDHURST.

Played on Saturday, February 3rd. Won, 8—2.

This proved to be one of the most enjoyable games of the season, and though Bart.'s were definitely the better side, the game was keenly fought and never void of interest.

Our forwards played possibly their best game this season and showed themselves both enterprising and effective. Lockett opened the scoring from the left and was quickly followed by Martin (2—0). The Sandhurst forwards were, however, fast, and at times severely taxed Oliver and Messent, who were, however, steady and reliable. Several beautiful first-time shots were instrumental, though, in Sandhurst equalizing (2—2).

Little can be said of the rest of the game except that it abated nothing in vigour. Martin, who must have enjoyed the afternoon's work, added four more goals, Hinds-Howell and Blackburn bringing the total up to eight.

Team.—J. M. Crosse (*goal*); W. A. Oliver, A. D. Messent (*backs*); P. J. J. R. Winter, B. Thorne-Thorne (*halves*); P. I. Hill, A. Hinds-Howell, K. W. Martin, J. Blackburn, J. M. Lockett (*forwards*).

BOXING CLUB.

A match was held with University College, London, on Friday, January 10th, in the Gymnasium, Charterhouse Square. Bart.'s won by 5 bouts to 2.

At middle-weight L. R. Taylor put up a very good fight against D. H. A. Christie-Murray, whose very excellent defence just enabled him to gain the decision. Taylor is a much improved boxer and has an excellent upper-cut, which would, however, be used to much greater advantage if used less often. In the second contest at middle-weight J. Perrott gave a very spirited and hard-hitting display, and gained a decisive victory over F. Walsh.

In the welters I. J. Slowe beat J. D. James, who retired at the end of the second round.

Both the light-weight contests ended in the first round. M. W. Harvey took several hard punches in the solar plexus, which proved to be his weak spot; R. D. Hernaman-Johnson gained a very quick victory by an excellent right hook.

In the bantams C. F. Bose, a newcomer to the Boxing Club, won as he liked against a rather inexperienced opponent. A. Butt was given quite a hard fight at fly-weight, but won with a fair margin of points.

Fly-weight: A. Butt (Bart.'s) beat F. H. Vieira (U.C.) on points. Bantams: C. F. Bose (Bart.'s) beat H. G. Thompson (U.C.) on points.

Lights: (1) I. F. Gregory (U.C.) beat M. W. Harvey (Bart.'s) in first round. (2) R. D. Hernaman-Johnson (Bart.'s) beat K. Roach (U.C.) in first round.

Welters: J. J. Slowe (Bart.'s) beat J. D. James (U.C.) in second round.

Middles: (1) D. H. A. Christie-Murray (U.C.) beat L. R. Taylor (Bart.'s) on points. (2) J. Perrott (Bart.'s) beat F. Walsh (U.C.) on points.

The United Hospitals have held fixtures this term with Oxford University and London University; the following have been selected from Bart.'s for the United Hospitals teams: R. Kirkwood, J. H. Armstrong, L. R. Taylor, A. Butt, C. F. Bose and J. J. Slowe.

The United Hospitals Boxing Competition is being held on Monday, March 12th, at the Ring, Blackfriars; tickets will be obtainable from the Hon. Secretary at the Hospital.

RIFLE CLUB.

Since the notice in January the Club has kept up its high standard of performance. Forty-two matches have been shot since the beginning of the season and thirty-two of them have been won.

The following are details of more recent matches and league tables to date:

Inter-Hospital Cup League.

(Shoulder-to-shoulder matches.)

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

January 23rd; home. St. Bart.'s, 588; St. Thomas's, 577. Won by 11 points.

Scores: G. C. Brentnall 99, J. E. Underwood 99, J. S. Bailey 98, D. O. Davies 98, G. E. Soden 98, J. T. H. Butt 96.

February 9th; away. St. Bart.'s, 573; St. Thomas's, 571. Won by 2 points.

Scores: J. S. Bailey 98, W. A. Owen 98, J. Dalziel 96, J. E. Underwood 96, J. I. H. Butt 94, B. P. Armstrong 91.

Bart.'s are at the head of this League and are, so far, unbeaten in Inter-Hospital matches.

Engineers' Cup League.

Matches shot. Won. Lost. Drawn. Points.

10 . 9 . 1 . 0 . 18

Bart.'s remain at the top of this League with a lead of 2 points over Imperial College.

Of the three matches shot since Christmas all have been won.

City of London Rifle League.

Matches shot. Won. Lost. Drawn. Points.

"A" Team: 13 . 9 . 4 . 0 . 18

"B" Team: 13 . 8 . 5 . 0 . 16

The "A" Team are 3rd in Division 7. The "B" Team 5th in Division 13.

The Club have to congratulate D. O. Davies on scoring two "possibles" in match shoots and K. W. Donald on scoring one.

UNITED HOSPITALS HARE AND HOUNDS.

MATCH v. TRINITY COLLEGE, DUBLIN, AND THAMES HARE AND HOUNDS.

This year the match against Dublin University was held as a three-sided fixture with Thames H. & H. over the course of about 6½ miles at Roehampton. Thames were too good for us this time,

but we avenged ourselves of last year's defeat by Dublin by a comfortable margin of 10 points.

Over the first mile the lead continually changed hands, until Kenist (Thames) and French (Dublin) went ahead, followed closely by Taylor (Thames) and Williams (Hospitals). The field then opened out, and Price (Hospitals), who had, as usual, made an easy start, went ahead with Taylor, beating him with a strong finish in 37 min. 42 sec.

There was considerable fog during the latter part of the run, which caused some difficulty in following the course, one Dublin and one Hospitals man getting lost on Wimbledon Common.

Order of finishing.—(1) A. K. Price (H.), 37 min. 42 sec.; (2) A. E. Taylor (T.); (3) J. Hewson (D.); (4) J. F. Race (T.); (5) K. O. Diack (H.); (6) G. T. Hornball (T.) and M. F. Kenist (T.), equal; (8) J. T. Given (D.).

Result.—(1) Thames H. & H., 43 points; (2) U.H.H.H., 53 points; (3) T.C.D., 63 points.

CORRESPONDENCE.

PSYCHOLOGY AND THE CURRICULUM.

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

DEAR SIR,—I assume that the greater percentage of students passing through a teaching hospital eventually settle down in general practice, and it is in general practice that one meets with such a large proportion of cases that are either of a purely psychological nature, or may be partly organic, with a marked psychological element superadded. Is this fact not a very sound reason for the inclusion in the students' curriculum of some teaching in the study and application of this ever-increasing and important subject?

I, like so many (I fancy), would not hesitate to admit that one's knowledge of this subject on becoming qualified was conspicuous by its absence, and yet, looking back now, I, for one, would have welcomed some tuition in this subject to have made one's task easier and more successful in the handling of such cases. I am afraid an oft-repeated phrase of the budding doctor to his patient (provided, of course, he has not discovered some obscure and rare disease)—"You must pull yourself together; there is nothing whatever the matter with you"—is but a sign that part of his training has been omitted, and that omission is the study of psychology. It is not the patient, perhaps, that should pull himself together—it may even be the doctor!

In this type of case, however ridiculous and absurd the assertions of these patients may appear in the absence of organic disease, there is, I venture to suggest, some hidden and obscure reason for their claims, and it is futile to tell a patient to pull himself together; it is for the doctor to probe and pull out the offending element, imaginary though apparently it may appear, and however tedious and exacting the task may prove—and it will, indeed, often prove so. A danger signal is, however, called for in the inclusion of this subject lest a ready remedy is available, to ascribe too readily as psychological those cases which prove not clear at the onset—this is indeed a real danger—but provided the dictum that every case coming before one is accepted as a potentially organic one, I think this danger would soon become negligible, and in any case a little knowledge of psychological methods in an effort to relieve these sufferers would, indeed, be preferable to saying, "You must pull yourself together; there is nothing whatever the matter with you"—an advantage both to the patient himself and to the doctor, but an advantage of a slightly different nature!

Yours truly,

62, Forest Road, DUDLEY H. COCKELL.
Dalston, E. 8.

UNMASTICATED FOOD IN FÆCES.

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

SIR,—On February 13th last there was a post-mortem in this Hospital on a man whose death was due to the impaction of large lumps of veal and ham pie in the lower end of his oesophagus. I hope I may make this striking example an excuse for drawing the attention of readers of the JOURNAL to the frequency of a habit,

which in this case led to the patient's death. The lower classes are not brought up on Mr. Gladstone's principle of thirty-two bites to every mouthful; their technique at meal-times approximates more closely to that of my dog, who would dispose, for example, of a Catering Company sausage, or its equivalent bulk in even twenty minutes, after one or two cursory movements of the jaw, occupying only a few seconds. My evidence for this is not the patient observation of the habits of the poor in their own homes, or in the wards of the Hospital, but the condition of their excreta as seen in the laboratory. In stools sent to be examined for parasites or for abnormal bacteria, it is common to find that the only abnormal feature of whatever kind is the presence of large and numerous lumps of food which are not merely undigested, but unmasticated. It is of some practical interest that many kinds of vegetable material in this form are easily mistaken for masses of mucus. Careful and prolonged washing reveals what must be a large proportion of a preceding meal intact and almost in its original form. Doubtless some of these patients are excused by very imperfect teeth for what they do with their food (one of the worst examples I ever saw was in a woman admitted for severe vomiting a year after a gastro-enterostomy, who had no teeth at all); others are merely ignorant or lazy. But I am not concerned so much with why they do it, or with the appalling waste it represents, as with its possible effects on the alimentary tract. It is a suggestive fact that such specimens are not infrequently come from patients labelled "colitis". Is it not possible that common functional disorders of the stomach and bowel, if not ultimately conditions of a graver nature, may be due to the constant swallowing of these unmanageable lumps of food?

I venture to commend this suggestion to those whom it may concern. The existence of unmasticated food in the faeces has a positive significance unfortunately not shared by the presence of such odd bacteria as we often cultivate from them in the laboratory, and is more readily ascertainable. If a tap, well protected in a sink, were enclosed in a spherical sieve in which the stool is placed, a few minutes' running of the tap would yield all the junk which the specimen contained in a recognizable and fairly clean condition. A study conducted with this simple apparatus might well reveal a significant relationship between the average size of the component parts of the residue, or its total bulk, and the frequency of certain gastro-intestinal disorders.

I am, Sir,

Pathological Laboratory, Yours faithfully,
St. Bartholomew's Hospital, LAWRENCE P. GARROD,
London, E.C. 1.
February 23rd, 1934.

REVIEWS.

RADIOTHERAPY IN THE DISEASES OF WOMEN. By MALCOLM DONALDSON. (Hodder & Stoughton, 1933.) Price 7s. 6d.

In the introduction to this book the author states that he has written it in the hope of conveying an unbiased opinion on the value of radiotherapy in gynaecology, and again, in the author's words, an attempt has been made to describe shortly and in simple language, for the benefit of the practitioner and the student, the present position of radiography in gynaecology. There is no doubt that the text of the book thoroughly fulfils the objects for which it has been written.

There are one hundred and twenty-one pages, which are divided into three sections, dealing with (1) elementary physics of irradiation, the biological action of radium and the methods of application; (2) cancer, aetiology, early diagnosis, education of the public, etc. Following this division, the varieties of malignant disease of the uterus are discussed in detail and the various methods of radiological treatment are given. A most interesting part of this section is that devoted to the results of treatment of carcinoma of the cervix by radium and deep X-rays in the recognized centres throughout the world. The author states a strong and yet unbiased case for the treatment of carcinoma of the cervix by radiological methods only.

The third section deals with benign conditions which are amenable to radiotherapy, and a small but interesting chapter on the subject of the dangers of radiotherapy ends the book.

This book is written in an interesting manner, and although the

text is simple to understand, there are many references and descriptions of the recent work that may bear some relationship to the subject under review.

A SHORT HISTORY OF SOME COMMON DISEASES BY DIVERSE ATTITUDES. Edited by W. R. BETT. (Humphrey Milford.) Pp. 211. Price 10s. 6d. net.

Though the majority of young men are at heart hero-worshippers, it is equally true that the modern tendency to regard intellectual pursuits as bad form may be powerful enough to smother the instinctive reverence for great men and their works. The study of history is commonly regarded with disfavour because it is considered "high-brow", and the average medical student shuns the history of medicine in particular because he feels that any day it may be added to the burden of the curriculum and become a subject for examination.

As an antidote to this feeling of dislike for the history of medicine, the book edited by Dr. Bett, whose articles on historical subjects are so well known to readers of the JOURNAL, may be heartily recommended. To those students and practitioners—and may we not add teachers?—who are not ashamed of their love for the history of medicine, the book is as valuable as it is delightful.

Dr. Bett has contributed only one chapter, that on appendicitis, as his own share, and he is to be congratulated on his good fortune in having obtained the co-operation of such distinguished collaborators to write chapters on fifteen other common diseases. With one astonishing exception they are all so full of information, and are written for the most part in such an entertaining style, that to pick and choose between them becomes a matter merely of personal taste. If one had to single out certain chapters for special note, they might well be those by Mr. Harold Burrows on Malignant Disease, by Dr. James Collier on Epilepsy, by Sir D'Arcy Power on Venereal Diseases, by Prof. J. A. Nixon on Bright's Disease, and especially that on Tuberculosis by Prof. John Fraser. We feel that his chapter is of peculiar value to students, because in it he gives much more than the mere story of how tuberculous disease has been identified—here the imagination and rouser us almost to a state of excitement as "we follow the stirring of consciousness, the accumulation of knowledge over a thousand years, the sifting in the light of reason and logic; and, when the wheat is winnowed from the chaff, there stands forth the true conception of things as they are—disease and antidote". Such is his conception of the study of the history of medicine, and his enthusiasm is infectious!

Dr. Bett is to be congratulated upon this original venture in medical literature, and we would urge all students of medicine to make a habit of referring to his book in order to discover how much of what we call our knowledge of these common diseases we owe to the discoveries of the past century and how much to antiquity.

COMBINED TEXTBOOK OF OBSTETRICS AND GYNECOLOGY. By Prof. J. M. MONRO KERR, J. HAUG PERSSON, JAMES YOUNG and Prof. JAMES HENDRY, with contributions from Prof. CHARLES McNEILL and J. DUNCAN WHITE. Second edition. (Edinburgh: E. & S. Livingstone, 1933.) Pp. xii + 1100. 50s illustrations. Price 35s. net.

Obstetrics and gynaecology are subjects with so much in common that it is surprising that, in spite of their combination in the examinations, the majority of textbooks deal with each separately. When this volume was first published in 1923 it was welcomed as clarifying and condensing the subject as well as stressing the complete interdependence of the two subjects. Ten years has been rather too long a time to wait for revision when all medical knowledge has advanced so much. There is therefore much new material incorporated in this edition.

The book is divided into twelve parts. The first, having nearly a hundred pages, describes anatomy and physiology. Normal and abnormal pregnancy, labour and puerperium are then dealt with systematically, and a new chapter is added by Prof. Monro Kerr on puerperal mortality, being an excellent and informative review of the subject and a synopsis of his larger work. A "connecting chapter" links this portion with the remainder devoted to gynaecology. It contains a description of the present state of endocrinology in relation to the subject. The chapters are arranged for the most part on an anatomical basis. The part on operative surgery is very clear, and is profusely illustrated. The book is concluded by a new part on radiology by Dr. Duncan White. The index is a full one and well arranged.

The publishers have spared no pains in the production of the volume, for the type is clear and the illustrations excellent, of every kind from photographs to diagrams. In spite of the many additions there has only been an increase of one hundred pages.

The book will prove a useful one to students as being a comprehensive and readable exposition of the subject, representing the most modern ideas of science and practice.

CLINICAL CONTRACEPTION. By GLADYS M. COX, M.B., B.S. (William Heinemann, Ltd., 1933.) Price 7s. 6d.

The public in increasing numbers is asking the doctor for sane advice with regard to birth-control measures. This growing demand for knowledge of the subject makes it necessary for all medically qualified persons to be able to give the necessary advice when consulted, and to show familiarity with the modern methods employed, so that the best variety of contraceptive is used in individual cases.

Dr. Cox has produced a book which will be a most valuable aid for all who, at any time, may be asked to advise on the question of contraception. The subject is most exhaustively dealt with in a practical manner, and the controversial side of the matter has purposely been left out.

Although the many and numerous methods of contraception which may be employed are discussed in detail, with reasons given for and against their use, Dr. Cox states clearly which variety she considers should be used in individual cases, and after the chapters on the various types of contraceptive, there follow two chapters on contraception for the normal woman and contraception for the abnormal woman.

The final chapter deals with contraception and the Public Health Service, and an appendix gives a list of birth-control clinics, and a list of contraceptives with their manufacturing firms and agents.

This volume should be read by all who are likely to be called upon to give advice on contraceptive measures.

RECENT ADDITIONS TO LIBRARY.

ANATOMY.

- BUCHANAN: *Manual of Anatomy*. Fifth edition.
BUCHANAN: *Dissection Guide*.
FABRICIUS: *De Venarum Ostiis*. Facsimile edition, with introduction, translation and notes by K. J. Franklin, D.M.
FRASER: *Anatomy of the Human Skeleton*. Third edition.
HARRIS: *Bone Growth in Health and Disease*.
MASSIE: *Surgical Anatomy*. Second edition.

BACTERIOLOGY.

- HEWLETT and MCINTOSH: *Handbook of Bacteriology*. Ninth edition.

BIO-CHEMISTRY.

- COLE: *Practical Physiological Chemistry*. Ninth edition.
PARSONS: *Fundamentals of Bio-chemistry*. Fourth edition.

BIOGRAPHY.

- MARTIN: *The Joy of Living: An Autobiography*.

DISEASES OF CHILDREN.

- HOLT and HOWLAND: *Diseases of Infancy and Childhood*. Third edition.
PARSONS and BARLING: *Diseases of Infancy and Childhood*.
THOMSON: *The Clinical Study and Treatment of Sick Children*. Fifth edition.

EMBRYOLOGY.

- KEITH: *Human Embryology and Morphology*. Fifth edition.

ENDOCRINOLOGY.

- BROSTER and VINES: *The Adrenal Cortex*.
CAMERON: *Recent Advances in Endocrinology*.

HEART.

- LEWIS: *Clinical Disorders of the Heart Beat*. Seventh edition.

HISTORY OF MEDICINE.

SINGERIST: *Great Doctors: A Biographical History of Medicine.*

MATERIA MEDICA.

BRUCE and DILLING: *Materia Medica and Therapeutics.*

MEDICINE.

BEAUMONT and DODDS: *Recent Advances in Medicine.* Seventh edition.CECIL: *Textbook of Medicine.* Third edition.
PRICE: *Textbook of the Practice of Medicine.* Fourth edition.
SAVILL: *A System of Clinical Medicine.* Ninth edition.

NERVOUS SYSTEM.

RANSOM: *Anatomy of the Nervous System.*
RUSSELL BRAIN: *Diseases of the Nervous System.*

OPHTHALMOLOGY.

YELD: *A Thesis on Accommodation in the Human Eye.*

ORTHOPEDICS.

MERCER: *Orthopaedic Surgery.*

PATHOLOGY.

BOYD: *Surgical Pathology.* Third edition.
TOPLEY: *An Outline of Immunity.*
WILLIS: *The Spread of Tumours in the Human Body.*

PHYSIOLOGY.

HALLIDURTON and McDOWALL: *Handbook of Human Physiology.* Thirty-third edition.
STARLING: *Principles of Human Physiology.* Sixth edition.

SURGERY.

GASK and ROSS: *The Surgery of the Sympathetic Nervous System.*
KANAVEL: *Infections of the Hand.* Sixth edition.
ROSE and CARLESS: *Manual of Surgery.* Fourteenth edition.

TREATMENT.

DONALDSON: *Radiotherapy in the Diseases of Women.*
HUTCHINSON: *Elements of Medical Treatment.* Second edition.
LAWRENCE: *The Diabetic Life.* Seventh edition.

TUBERCULOSIS.

MORRISTON DAVIES: *Pulmonary Tuberculosis: Medical and Surgical Treatment.*

EXAMINATIONS, ETC.

Conjoint Examination Board.

Final Examination, January, 1934.

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

BALLEY, J. S., BENISON, R. L., BINTCHIE, E. W., DANHO, E. A., DHARMASENA, C. B., EDWARD, D. G. ff., GALE, H. E. D., GEORGE, C. A., HATTON, P. L. S., HINDLEY, G. T., JOHNSON, D. J., JONES, E. G., JONES, P. A., KINGDON, J. R., PIRIE, A. H., POWELL, J. D., RASSIM, H. S., REAVELL, D. C., SABLIN, N. S., SHEEHAN, D. J., SMITH, M. C. L., STEPHENS, K. F., SUTTON, R. J. C.

APPOINTMENTS.

SMITH, SIR RUDOLPH HAMPDEN, BART, F.R.C.S., appointed Honorary Consulting Surgeon, Torbay Hospital, Torquay (having retired from the active Honorary Staff).
STEPHENS, D., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Oldchurch Hospital, Romford (Essex County Council).
TAYLOR, HERMON, M.Chir.(Cantab.), F.R.C.S., appointed First Assistant to Mr. A. J. Walton at the London Hospital.

CHANGES OF ADDRESS.

BUCHLER, E., 57, Bedford Road, S.W. 4. (Tel. Brixton 6366.)
MORGAN, R. G., 24, Stow Park Avenue, Newport, Mon.
WROTH, C., 45, Southernhay West, Exeter. (Tel. 3548.)

BIRTHS.

CARNEGIE BROWN.—On February 6th, 1934, to Ella, the wife of Dr. A. Carnegie Brown, of Ripon—a son.
DARMADY.—On February 1st, 1934, at 20, Devonshire Place, W. 1, to Mary (*née* Bird), wife of Dr. E. M. Darmady—a son.
GALLOP.—On February 16th, 1934, at Northfield, Elmstead Lane, Bickley, Kent, to Doris Ruth (*née* Gwatkin), wife of Dr. Edward Gallop—a daughter.
HOBDAV.—On February 18th, 1934, at 32A, Trebovir Road, Earl's Court, to Sezerina Néomi (*née* Radford), wife of Dr. F. T. J. Hobday—a son.
HOLMES.—On February 14th, 1934, at 57, Albert Road, Southport, to Phyllis, wife of John Holmes, M.B. M.R.C.P.—a daughter.
RAINEY.—On February 7th, 1934, at 149, Dereham Road, Norwich, to Margaret and Philip Rainey—a son.

MARRIAGES.

ECCLES—KEENE.—On February 15th, 1934, at the Register Office, Westminster, George Foltcher Eccles, M.A., M.B., B.Ch.(Cantab.), of Hove, to Gladys Elizabeth, elder daughter of Mr. and Mrs. A. Keene, of Whitston and Ashton-under-Lyne.
STEPHENS—FREDERICK.—On February 21st, 1934, at Holy Trinity Church, Brompton, Deri Stephens, M.R.C.S., L.R.C.P., to Kathleen Patricia Frederick, only daughter of the late Dr. E. G. Frederick.

DEATHS.

BRIGGS.—On February 1st, 1934, at Premier House, Gregory Boulevard, Nottingham, Florence Emily, the devoted wife of Dr. I. A. Oswald Briggs.
CAVE.—On February 16th, 1934, at 16, Circus, Bath, Edward John Cave, M.D., F.R.C.P., aged 74.
CHITTENDEN.—On February 7th, 1934, Thomas Hillier Chittenden, M.D., M.R.C.P., Barrister-at-Law, Lt.-Col. R.A.M.C. (retired), aged 78.
DUNN.—On February 7th, 1934, suddenly, at Tiverton, Devon, Spencer Graeme Dunn, F.R.C.S., B.Sc., etc., of 16, Adamson Road, N.W. 3.
MACKENZIE.—On February 10th, 1934, at sea on S.S. "Duchess of Richmond", Colin Mackenzie, O.B.E., M.A., F.R.C.S., of 11, Mornington Villas, Bradford.
SCOTT.—On February 20th, 1934, Leonard Rex Bodley, beloved son of Dr. L. Bodley Scott, of Blandford, Dorset, aged 22.
THOMAS.—On February 12th, 1934, in a nursing home in London, Dr. Harold S. Thomas, of London Road, Portsmouth, aged 58.

NOTICE.

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

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

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

St. Bartholomew's Hospital



Journal.

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

VOL. XLII.—No. 7.]

APRIL 1ST, 1934.

PRICE NINEPENCE

CALENDAR.

Mon., April 2.—**Bank Holiday.**
Tues., ,, 3.—**Rugby Match v. Bristol.** Away.
Lord Horder and Sir Charles Gordon-Watson on duty.
Fri., ,, 6.—**Dr. Hinds Howell and Mr. Harold Wilson on duty.**
Sat., ,, 7.—**Rugby Match v. Torquay Athletic.** Away.
Mon., ,, 9.—**Rugby Match v. Redruth.** Away.
Tues., ,, 10.—**Rugby Match v. Falmouth.** Away.
Dr. Gow and Mr. Girling Ball on duty.
Fri., ,, 13.—**Dr. Graham and Mr. Roberts on duty.**
Sat., ,, 14.—**Rugby Football Club: Seven-a-Side Tournament and Dance in Aid of College Appeal.**
Tues., ,, 17.—**Prof. Fraser and Prof. Gask on duty.**
Fri., ,, 20.—**Lord Horder and Sir Charles Gordon-Watson on duty.**
Last day for receiving matter for the May issue of the Journal.
Mon., ,, 23.—**Special Subject: Clinical Lecture by Dr. Cumberbatch.**
Tues., ,, 24.—**Dr. Hinds Howell and Mr. Harold Wilson on duty.**
Wed., ,, 25.—**Surgery: Clinical Lecture by Sir Charles Gordon-Watson.**
Fri., ,, 27.—**Medicine: Clinical Lecture by Dr. Graham.**
Dr. Gow and Mr. Girling Ball on duty.

EDITORIAL.



THE Dean has sent us the following letter:

"DEAR MR. EDITOR,—It is with the greatest pleasure that I am able to announce that, through your columns, I have succeeded in getting four other Bart.'s men to subscribe 25 guineas a year for five years, as suggested by my old friend, Dr. Eric Young.

"Having got this far I am just wondering whether there are not a few more who might take the same line.

"Yours sincerely,

"W. GIRLING BALL,

"Dean of the Medical College."

COLLEGE APPEAL FUND.

| | £ | s. | d. | |
|------------------|---------|----|----|----------------|
| Staff | 12,344 | 14 | 10 | (71) |
| Demonstrators | 1,674 | 11 | 0 | (67) |
| Students | 712 | 0 | 5 | (254) |
| Old Bart.'s men: | | | | + |
| Bedfordshire | 12 | 12 | 6 | (4) (26) |
| Berkshire | 96 | 1 | 0 | (14) (37) |
| Buckinghamshire | 74 | 19 | 0 | (13) (29) |
| Cambridgeshire | 165 | 14 | 0 | (13) (42) |
| Cheshire | 1 | 1 | 0 | (1) (26) |
| Cornwall | 22 | 2 | 0 | (5) (36) |
| Cumberland | 5 | 0 | 0 | (9) (6) |
| Derbyshire | 10 | 14 | 0 | (4) (17) |
| Devonshire | 547 | 4 | 0 | (51) (117) |
| Dorset | 52 | 1 | 0 | (14) (30) |
| Durham | 16 | 6 | 0 | (3) (11) |
| Essex | 229 | 19 | 6 | (17) (69) |
| Gloucestershire | 218 | 12 | 6 | (20) (66) |
| Hampshire | 406 | 14 | 0 | (38) (134) |
| Herefordshire | 13 | 3 | 0 | (4) (11) |
| Hertfordshire | 73 | 0 | 0 | (12) (73) |
| Huntingdonshire | | | | (1) |
| Isle of Wight | 181 | 13 | 0 | (12) (25) |
| Kent | 558 | 3 | 0 | (64) (146) |
| Lancashire | 91 | 2 | 0 | (11) (82) |
| Leicestershire | 133 | 12 | 0 | (6) (28) |
| Lincolnshire | 47 | 0 | 0 | (13) (25) |
| Middlesex | 382 | 3 | 0 | (18) (68) |
| Norfolk | 159 | 7 | 6 | (18) (60) |
| Northamptonshire | 54 | 4 | 0 | (4) (17) |
| Northumberland | 101 | 1 | 0 | (2) (11) |
| Nottinghamshire | 13 | 13 | 0 | (2) (28) |
| Oxfordshire | 180 | 3 | 0 | (17) (29) |
| Rutland | | | | (2) |
| Shropshire | 55 | 9 | 0 | (8) (22) |
| Somersetshire | 1013 | 10 | 0 | (26) (43) |
| Staffordshire | 194 | 18 | 0 | (6) (37) |
| Suffolk | 263 | 1 | 0 | (16) (46) |
| Surry | 420 | 16 | 6 | (46) (180) |
| Sussex | 272 | 2 | 0 | (48) (170) |
| Warwickshire | 178 | 1 | 6 | (18) (50) |
| Westmorland | | | | (1) (5) |
| Wiltshire | 97 | 11 | 0 | (11) (26) |
| Worcestershire | 149 | 15 | 6 | (21) (27) |
| Yorkshire | 279 | 4 | 6 | (21) (101) |
| Wales | 56 | 4 | 0 | (12) (150) |
| London | 2,742 | 11 | 8 | (174) (971) |
| Channel Islands | | | | (10) 0 (1) |
| Scotland | | | | 14 4 0 (4) |
| Abroad | | | | 48 5 0 (7) |
| South Africa | | | | 326 10 6 (177) |
| Canada | | | | 113 2 6 (8) |
| East Africa | | | | 62 7 0 (5) |
| West Africa | | | | 146 10 0 (9) |
| Carried forward | £25,011 | 0 | 11 | |