

EXAMINATIONS, ETC.

University of London.

M.D. Examination, December, 1934.

Branch I (Medicine).—Hubble, D. V., Knox, R., Payne, R. T., Seowen, E. F.

Branch III (Psychological Medicine).—Shaw D.

Conjoint Examination Board.

Pre-Medical Examination, January, 1935.

Chemistry.—Silcock, A. R., Thomson, T. C. L.

Biology.—James, C. T. A., Marrett, H. K., Owlett, K., Kochford, J. D.

First Examination, January, 1935.

Anatomy.—Gluckman, J., Hanbury-Webber, R., Harrison, G. J., Hill, P. G., Knowles, H., Mundy, M. L., Perrott, J. W., Stoker, G. E., Taylor, L. R., Williams, W. R.

Physiology.—Halper, N. H., Hill, P. G., Jackson, K. V., Mundy, M. L., Taylor, L. R., Webb, C., Welply, R.

Pharmacology.—Alexander, L. L., Beizer, L. S., Gardiner, L. E., Gomez, A., Horner, W. M. L., Howell, D. R. S., Mitchell, J. G., Richards, G. A., Schiller, M., Weiner, H., Witt, R. C.

Final Examination, January, 1935.

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

Anderson C., Barber, D. S. D., Blackburn, G., Bohn, G. L., Botha, B. B., Brodribb, H. S., Casson, A. H., De Freitas, A. J. S., Evans, D. M., Hayward, G. W., Hinds Howell, C. A., Houghton, P. W., Hynes, H. T. J., Liberton, W., McGladdery, H. M., Masina, F. H., Nash, D. F. E., Sansom, S. V., Youngman, J. G.

L.M.S.S.A.

Primary Examination, January, 1935.

Anatomy and Physiology.—Berman, B.

Final Examination, January, 1935.

Midwifery.—Palmer, T. I.

CHANGES OF ADDRESS.

BARROW, R. MURRAY, Walton Mount, Stone, Staffs.

BETT, W. R., 630 West 168th Street, New York.

BRINTON, R. D., 37, Argyll Road, Kensington, W. 8. (Tel. Western 3760.)

CHILTON, N., Colne Engaine Rectory, Earl's Colne, Essex.

HUNT, W., 24, Station Road, Carlton, Notts. (Tel. 58798.)

JACKSON, J. M., 1, Petersham Road, Petersham, Surrey.

LANE, C. R. T., 20, Upper Wimpole Street, W. 1. (Tel. Welbeck 3640.)

MILES, A. ASHLEY, 17, Lansdowne Crescent, W. 11. (Tel. Park 4367.)

OLDFIELD, J., 5, Essex Court, Temple, E.C. (Tel. Central 3634.)

APPOINTMENT.

BETT, W. R., M.R.C.S., L.R.C.P., appointed Medical Librarian, Columbia University, in the City of New York.

BIRTHS.

BRADSHAW.—On January 31st, 1935, at Carrick Grange, Sevenoaks, to Peggy, wife of George Bradshaw, F.R.C.S.E.—a daughter.

CLARKE.—On December 16th, 1934, at Pretoria, South Africa, to Phillis, wife of B. Maule Clark—a daughter (Elizabeth Mary).

CULLINAN.—On February 7th, 1935, at The Tower, Hampstead, to Joy, wife of Dr. Edward Cullinan—a son.

DARLEY.—On February 12th, 1935, at Addiscombe, Croydon, to Sibyll, wife of Dr. W. Ward Darley—a son (Anthony Russell).

EDELSTEN.—On January 29th, 1935, at Sutton Scotney, Hants, to Peggy, wife of Dr. Geoffrey Edelsten—a son.

HANCOCK.—On February 13th, 1935, at Fourwinds, Stoke Mandeville, Bucks, to Estelle (née Derouet), wife of Dr. F. R. Thompou Hancock—a daughter.

HOBDAV.—On February 13th, 1935, at 32A, Trebovir Road, Earl's Court, to Sczerina N'omi, wife of Dr. F. T. J. Hobday—a son.

POLLARD.—On January 30th, 1935, to Honor, wife of Surgeon Lieutenant-Commander E. B. Pollard, R.N., of Gillingham House, Gillingham—a daughter (stillborn).

WHITING.—On February 23rd, 1935, at Sudbury, Suffolk, to Elwina, wife of Dr. J. S. Whiting—a son.

MARRIAGES.

BROOMHEAD—HOLLIDAY.—On February 8th, 1935, at Brunswick Methodist Church, by the Minister, the Rev. Leslie D. Weatherhead, M.A., assisted by the Rev. J. Chalmers Lyon, of London, Reginald Broomhead, M.D., F.R.C.S., only son of Mr. and Mrs. J. Broomhead, Braeside, Allerton Avenue, Leeds, to Phyllis Lilian Holliday, B.A., B.Chir., younger daughter of Mr. and Mrs. Fredk. Holliday, Forest Hill, Roundhay, Leeds.

BUTCHER—RINALDI.—On February 9th, 1935, at Mariastein, Surgeon Commander Walter Herbert Butcher, M.D., R.N.V.R., to Marie, elder daughter of A. Rinaldi and of Frau Rinaldi, of Schönenwerd, Soleure.

HARRISON—ROMNEY.—On February 25th, 1935, at Folkestone, Sidney Gilbert Harrison (of the West African Medical Service), son of the late Mr. E. S. Harrison and Mrs. Harrison, to Elsie Ada Romney, daughter of the late Mr. W. Romney and Mrs. Romney, of 5, Wear Bay Crescent, Folkestone.

DEATHS.

FREER.—On February 3rd, 1935, Gerald Dudley Freer, M.B.(Lond.), late of the F.M.S. Medical Service, third son of the late Learcroft Freer, of Pedmore, Worcestershire, aged 67.

HUGHES.—On February 20th, 1935, suddenly, at Roe Street House, Macclesfield, John Brierley Hughes, M.B.E., M.A., M.B.(Cantab.).

WATTS.—On February 1st, 1935, at "The Little House", St. Andrew's Road, Bridport, Harry John Manning Watts, M.R.C.S., L.R.C.P., J.P. (late of Tonbridge), 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. WILLIAMS, M.B.E., B.A., at the Hospital.

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

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLII.—No. 7.]

APRIL 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

Mon., April	1.	Rugby Match v. Redruth. Away.
Tues., "	2.	Prof. Witts and Prof. Gask on duty. Rugby Match v. Falmouth. AWAY.
Fri., "	5.	Lord Horder and Sir Charles Gordon-Watson on duty.
Sat., "	6.	Rugby Match v. Old Leysians. Home.
Tues., "	9.	Dr. Hinds Howell and Mr. Wilson on duty.
Fri., "	12.	Dr. Gow and Mr. Girling Ball on duty.
Sat., "	13.	Rugby Football Club: Seven-a-side Tournament and Dance in Aid of College Appeal.
Tues., "	16.	Dr. Graham and Mr. Roberts on duty.
Fri., "	19.	Prof. Witts and Prof. Gask on duty. Last day for receiving matter for the May issue of the Journal.
Mon., "	22.	Bank Holiday.
Tues., "	23.	Lord Horder and Sir Charles Gordon-Watson on duty. Rugby Match v. Bristol. Away.
Fri., "	26.	Dr. Hinds Howell and Mr. Wilson on duty.
Mon., "	29.	Special Subjects: Lecture by Dr. Cumberbatch.
Tues., "	30.	Dr. Gow and Mr. Girling Ball on duty.

EDITORIAL.

"How can we find? How can we rest? How can
We, being gods, win joy; or peace, being men?"
RUFERT BROOKE.

It is a commonplace subject for discussion and debate to contrast the present civilization with that of a former age—its dangers, its advantages, its evils. Is mankind as happy? Is life more dangerous? Has man by invention produced a monster which is about to destroy its Frankenstein, and by the force of blind evolution, like the primeval monsters, will he bring about extinction of his kind? Clamouring for better health and longer life, it seems that he is supplanting Atropos and her instrument of death, and by his "science" producing war, pestilence and sudden death. The Second Horseman is coming into his own, and drives his bloody steed among men

"to take peace from the earth and that they should kill one another".

All are loud in their condemnation of the present state of affairs (the ubiquitous *Pro Bono Publico* of the daily press is their spokesman). The pessimist watches with horror the omens for the future, and pours destructive criticism on the efforts that are being made to combat the enemies of peace—in the world, political strife: in the nation, poverty and unemployment; in city and country, death from the headlong fury of man's speed; and, in the individual, the ceaseless, drunken jazz of vile man's din. The more particular the menace, the greater becomes the influence of the physician and the claims for his interest and support. The direct results of the evils are obvious, but their invisible effects tend to undermine the health of all humanity. The active reforms suggested and begun within the last few months bear every promise of fruit, and there is no one that will not encourage every effort which has as its object the peace of the community—in its fullest sense.

The work in connection with the new Medical School on the Merchant Taylors' site is advancing rapidly. Already the foundations of the new laboratory have been laid, and the existing buildings are as busy as a hive with builders, carpenters and painters.

An antiquarian interest has been taken in the digging for the new block, in view of the connection of the Charterhouse with the old plague pits made during the Black Death of the fourteenth century. Some years ago experimental borings were sunk when the construction of a swimming-bath was proposed, but the discovery of human bones led to the abandonment of the project. The depth reached at present, however, has been insufficient to disturb the rest of the ill-fated citizens, and curiosity has been disappointed.

In the last issue a letter was published in this column with a practical suggestion for increasing the Appeal Fund. The writer has kindly sent us details of his scheme, which we hope will have a useful, if somewhat limited, application: "It is really easy for those who happen to be over the age of 75, and especially so if over 80 years, to increase their own annual income whilst making a large bequest to the Medical College, by the simple means of selling a little of their own capital and investing this in an annuity. Anyone over 80 can buy an annuity of £200 per annum for £1050. If it happens that their invested capital is only yielding, say, 4 per cent, then a gift of, say, one-tenth of their whole capital would yield a grand present to the Medical College, and yet their future income would be nearly double what it was previously. Of course, this presumes that the donor has not a large family dependent upon him. An elderly wife can join in a joint life annuity which would make one or other of the aged couple quite free to spare this good gift to the College. A score of octogenarians could thus be able to present many thousands of pounds to the College."

* * *

On March 4th, 1935, the door of the new building of the Royal Australasian College of Surgeons was opened by Sir Holburt Waring, P.R.C.S.(Eng.). He read messages of congratulation from the King and from the Royal College of Surgeons of England. An address entitled "How Surgery came to Australasia" was given by Sir D'Arcy Power.

In the evening the President conferred on Sir Holburt and Sir D'Arcy the Honorary Fellowship of the College.

In the meetings which followed the opening, a discussion on post-graduate education in surgery was opened by Sir Holburt.

* * *

At a meeting of the Senate of the University of London held on March 20th, it was resolved that on his retirement from the Professorship of Surgery in this Hospital, at the end of the present session, the title of Emeritus Professor in Surgery in the University should be conferred on Prof. G. E. Gask, C.M.G., D.S.O., L.R.C.P., F.R.C.S.

* * *

The Annual Dinner of the Tenth Decennial Contemporary Club will be held at the Café Royal on Friday, May 3rd. Cards will be sent to members early in April. Members not receiving cards are requested to communicate with Dr. Arnold Stott, 58, Harley Street.

CANCER DEPARTMENT.

IT is probable that ever since Rahere's time work has been carried on at St. Bartholomew's Hospital in connection with cancer. Just before the war an extra stimulus was given to the study of the treatment of malignant disease by the introduction of radium. For this big step forward we must thank Dr. Finzi, Mr. Harmer and the late Dr. Williamson, who were pioneers in this form of treatment. At the end of the war the Medical Research Council was given a quantity of radium which had been recovered from the gun-sights and compasses. This radium was divided up, and St. Bartholomew's Hospital was allotted a small quantity. The Treasurer and Almoners then formed a Radium Committee, which did excellent work and continued in existence until 1929, when it amalgamated with the Committee appointed to investigate lead treatment, and the combined committee thus formed was known as the Cancer Research Committee. This committee continued to supervise the work of investigation into the treatment of malignant disease in certain sites, but it was felt by a number of people that the ground covered was insufficient in a large hospital, where malignant disease of every kind was admitted. It was therefore decided to take one more step in the evolution of the work on cancer by forming a Cancer Department, which came into being at the end of 1934.

The object of the new Department is to stimulate research in connection with cancer, and to co-ordinate as far as possible and report on all the cancer work in the Hospital, both clinical and laboratory.

The organization of the Department is carried out by a Director and a Committee, which meets once a month. In addition to these meetings of the Committee it is proposed to call, from time to time, a meeting of all members of the Staff who are interested in the various aspects of cancer research, so as to circulate knowledge of what is being done, and to have a general discussion on the various problems that arise. By this means it is hoped that members of the Staff will learn the methods and results of treatment carried out by their colleagues.

In order to obtain accurate information concerning the patients admitted to the Hospital suffering from cancer, a whole-time Registrar, Mr. Frank d'Abreu, has been appointed, one of whose duties it is to obtain from the wards information about every patient suffering from malignant disease in the Hospital. In this connection the house surgeons, house physicians and sisters in the wards have been of the very greatest help, and I feel sure that as the new house officers are appointed they will realize the importance of this work,

and do all in their power to assist the Registrar. The Follow-up Department, which has for years been so efficiently run, is also helping to complete the records for which the Registrar is responsible.

Within the last few months a sum of money has been promised to the Hospital for installing a very powerful X ray therapy apparatus. It is hoped that the voltage of such an apparatus will reach the million mark. We must thank Dr. Gow and Dr. Canti for having interested the donor in connection with this gift, the organization of which is largely in the hands of Dr. Canti, assisted by a Technical Sub-Committee.

The object of this short account of the Cancer Department is further to stimulate readers and the members of the Staff in connection with cancer research, and particularly to call the attention of the latter to the general meetings which will be held, and which it is hoped will be of real value in solving the various problems in connection with this disease, which is at present such a terrible scourge.

MALCOLM DONALDSON.

CLINICAL SCIENCE.

THE late Dr. James Collier used to say, "A clinical observation well recorded always stands the test of time. Nothing ever upsets it or makes it wrong. It never leads us astray".

Herein lies the success of Sir Thomas Lewis's ingenious and painstaking work; criticized though it may be, at times, by some who are impatient for immediate application of new knowledge, or by others perhaps who do not fully appreciate its meaning. Yet what matters this criticism? Most, if not all, of his observations are right, and on this sure foundation any future progress must rest. Sir Thomas has founded a school of which British medicine is justly proud (although it may not always admit it!); and here, in the 189 pages of this book,* is told the story of his labours, in simple language, easy for all to understand. Those who admire clear thinking will treasure this volume.

As a stimulus to attract young men to the study of clinical problems from a scientific point of view we are shown what magnificent results may arise from the simplest of observations, when these are made, with care, by someone with critical judgment. Playing with his children out of doors one wintry day Sir Thomas noticed the "burning warmth" of his fingers after handling

* *Clinical Science*, by Sir Thomas Lewis, C.B.E., F.R.S., M.D., D.Sc., LL.D., F.R.C.P. London: Shaw & Sons, Ltd., 1934. 8vo, pp. 189. Price 12s.

snow. A snowball deliberately held for fifteen minutes, followed next day by simple investigation in the laboratory, led almost at once to important conclusions concerning the protective mechanism of the skin against cold; and from these arose still more striking deductions regarding axon reflexes and all the so-called "trophic lesions" which follow injury to peripheral nerves. Three further examples of this simplicity in experimental methods may be mentioned from different parts of the book. The problem of pain in intermittent claudication was arrived at by asking a patient who presented this symptom in one leg to move his feet, with and without sphygmomanometer bands around his thighs. The age-long controversy about the origin of anginal pain was then also cleared up by asking a man with angina of effort to climb up and down two steps under known conditions. Thirdly, the question of active contraction of capillaries, over which physiologists had argued for years, was answered for all time by observing the colour changes in skin after a finger had been drawn across it.

The duties of clinical science begin and end with the patient; but in solving some of its difficulties any other science may be asked to lend a hand. In the investigation of a disease the first problem is to clear the ground by defining accurately what is meant by that particular condition. How much confusion may arise from cases reported without a proper definition is only too well illustrated by the literature of "Raynaud's disease" and "Erythromyalgia". From the foundation of a clear definition real progress may begin on the problems of causation, diagnosis (the explanation of symptoms and "signs") and prognosis. The work on prognosis, "formulating accurate and simple rules to aid the forecast of the patient's future activities and of his probable length of life", is well illustrated by Grant's recent follow-up of 1000 patients with chronic heart disease.

All these duties of clinical science are of the greatest importance, but its chief goal is, and must always be, therapeutic, "to devise new and better means of treatment"—a subject to which the whole of the last chapter is dedicated. Some remedies have originated in accidental observations: mercury for syphilis, quinine for malaria, opium for pain. Others, though arising perhaps accidentally, have been improved a hundredfold by clinical investigations: emetine for amoebic dysentery, digoxin to control and quinidine to stop auricular fibrillation, vitamins for deficiency diseases, and massive doses of iron for the microcytic anaemias. Still others have arisen solely by a process of reasoning: thyroid for cretinism, suprarenal cortex for Addison's disease, insulin for diabetes, and the use of diphtheria and tetanus

antitoxins. Nowadays "direct search for really new medical remedies is an unprofitable branch of study". Far better to probe into the cause and mechanism of disease; for knowledge of these, sooner or later, is sure to suggest new methods of treatment.

In any investigation about to be undertaken Sir Thomas urges the importance of being sure of what is known already, and of work already done. How much of this may be inaccurate and misleading is known only to those who have searched the records; but no matter how precarious is the foothold on this past research, or how many are the pitfalls opened up, it is essential that all should be seen and analysed. A warning is added; for a paper to be of permanent value every piece of evidence should be presented; conclusions alone are not enough, everything must be there ready for criticism, including even the reasoning on which a diagnosis is based.

The importance of careful clinical observation he does not minimize in any way, but Sir Thomas points out that this by itself, as a method of progress, is almost exhausted. As an alternative he lays before us the boundless fields opened up by the experimental method, using man himself as the subject: "planned investigations", "intensive study of selected cases in which manifestations are deliberately sought or actually provoked."

Throughout the book one is struck by the kindly way in which his patients have always been treated—an essential to be realized from the very beginning by anyone undertaking this work, and without which "clinical science" would find it impossible to continue. No experiment should ever, in any way, impair the welfare of a patient. In Sir Thomas's own words, "Nothing should be done to a sick person which the investigator would not himself permit in similar circumstances to be done to himself or to his wife or child".

The chapter on "Raynaud's disease" is a clear summary of Lewis's, Pickering's and Landis's recent and excellent work on this subject, explaining the colour changes in the skin, and proving the existence of a local fault in the vessels of the hand, not the abnormal vasomotor tone that Raynaud suggested. In the last paragraph of this chapter perhaps some reference might have been made to Jonathan Hutchinson, who realized so well what a rubbish-heap was the term "Raynaud's disease", and who differentiated so clearly the many possible causes of "Raynaud's phenomenon", his name for the syndrome. In this same connection perhaps future editions of the book may mention the interesting fact that forty-two years ago this great clinician used the very term "clinical science" in a paper on "Raynaud's phenomenon".

As examples of careful and long-continued observations, by many people, the chapters on auricular fibrillation and flutter are fascinating to read. James Mackenzie's work with his polygraph, his friendship with Sir Thomas Lewis, and the help afforded by the intricacies of the electro-cardiograph and animal experimentation, make a romantic story far too long to summarize here.

This volume will be seen on the shelves of many students, practitioners and teachers of medicine. It will prove valuable to many sitting for the higher medical examinations; in it will be found, easy to read, much that is not put clearly in the text-books, or has not yet reached the text-books at all. For practitioners, who can say what important advances may not follow chance observations or unusual injuries? This book tells us how best to make use of them if they should perhaps come our way. James Mackenzie's work was built up on his labours in general practice, and Sir Thomas Lewis's explanations of the "physical signs" of aortic regurgitation were based on examination of a man with an arterio-venous aneurysm which followed an unusual gunshot wound of his leg. The criticism is made that treating the sick is a "full time job", leaving no room for experimental work; but this book, which stresses so frequently the importance of a close association between doctor and patient, shows us how wrong this attitude is. Those in practice have opportunities for studying their patients denied to all others, and surely they have time to make at least one careful observation in their lives.

For those involved in research the personal touch throughout these pages should prove most stimulating. The confidence engendered by an accurate observation, carefully controlled, is especially emphasized, as being so essential a stimulant to forging on when little advance seems to have been made by any one experiment. For men and women who intend to spend their whole lives in helping to solve the problems of clinical science one cannot help wondering, while reading these pages, whether present medical education is adequate; whether for them some special training in precise and critical observation, and reasoned thought, might not well replace much of the temporary memorizing required now for so many of our earlier examinations

J. H. H.

CLINICAL METHODS.

THE VALUE OF THE PREGNANCY TESTS.

The literature written on this subject since 1929 is enormous, but only recently has the true value of the various tests, in difficult cases, been elucidated.

The Asheim-Zondek test, using immature female mice, is completed in 70 hours after the first injection; the Friedman test, using mature female rabbits, is completed in 48 hours after an intravenous injection of urine.

As a method of diagnosis in normal pregnancy, either test is almost completely accurate, and can be employed one week after a period is missed in a woman with a normal menstrual cycle. The pregnancy tests are used in many cases in which the exact diagnosis is obscure; such cases include missed abortion, carnosous mole, premature death of a viable fetus *in utero*, retained products, vesicular mole, chorion-epithelioma and ectopic gestation.

The positive pregnancy test depends on the presence in the urine of the anterior pituitary-like hormone elaborated in response to activity of the chorion, and it is obvious, therefore, that with separation, death, and degeneration of the chorionic villi the test will become negative.

In missed abortion, incomplete abortion and retained products, the pregnancy test may or may not be positive, entirely depending upon whether the chorionic tissue is alive or dead. The pregnancy tests do not indicate the life or the death of the fetus, because in some cases, when the fetus is dead, the placenta remains attached and active for a considerable period. In missed abortion the pregnancy test may remain positive for as long as thirty days after the death of the fetus.

In ectopic gestation it is common to find a false negative test, because the chorionic villi have ceased to live and may be in various stages of degeneration. A positive pregnancy test from a patient with signs and symptoms of a tubal or ectopic pregnancy is of great value; a negative test is of no value, and it is unsafe to assume that an ectopic gestation is not present because the pregnancy tests are negative.

In early pregnancy, with abnormal signs and symptoms which suggest the presence of a vesicular mole, the pregnancy tests are of great value. In normal pregnancy of five months or less the Asheim-Zondek test may still be positive when a dilution of urine of 1 in 20 is used. If a positive result is obtained with urine diluted to 1 in 50 or more, this is strong presumptive evidence in favour of a diagnosis of vesicular mole. After the evacuation of a vesicular mole the pregnancy test should become negative, even with undiluted urine, within a few weeks. If the positive result persists, especially when using urine diluted to 1 in 50 or 1 in 100, this is strong evidence that a chorion-epithelioma has developed in the uterus. By this means the diagnosis may be made while the tumour is still so small that it is situated in the myometrium only, and in such cases curettage of the endometrium will show no evidence of the growth, although the patient may be suffering from irregular bleeding due only to the coincident changes in the ovaries.

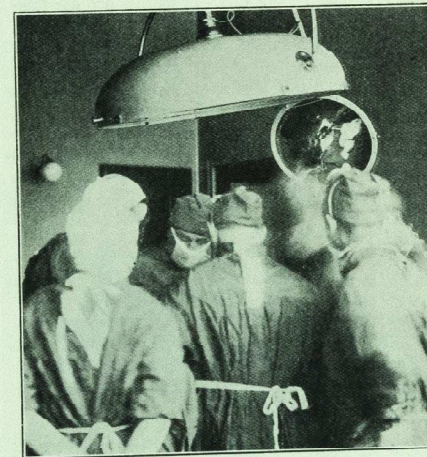
The specimen for the pregnancy test is best obtained in the morning, when the urine is most concentrated. There is no need for a catheter specimen, except when the patient suffers from a considerable amount of vaginal discharge, and it is unnecessary to use any preservative.

J. B.

A NEW DEVICE FOR VIEWING SURGICAL OPERATIONS.

On Monday afternoon, March 4th, Sir Charles Gordon-Watson operated under circumstances which, for the first time, have enabled a larger audience than usual to watch the details of his technique. This was accomplished by the attachment of a simple reflecting device to the Seydlitz lamp over the operating table in Theatre E.

The device consists of a mirror set in a housing which contains a universal joint. The whole unit is attached to an arm from which the lamp is ordinarily suspended. After the field of operation is cleared and properly illuminated ready for the surgeon to proceed, the reflector is adjusted in position by tilting it to the angle which gives a maximum of visibility to those not immediately concerned



THE REFLECTOR IN USE. APPENDICECTOMY.

with the operation. Its total weight is under 5½ lb., so that it adds no structural burden to the existing lamp suspension. Moreover, it is so designed that its installation consists merely of screwing up two ¼-in. bolts to the lamp-shaft. No change to any part of the theatre equipment is necessary.

Obviously this reflector is intended only as an aid to visibility when the field of operation is blocked, and not as a substitute for direct vision, which nothing can supersede if it is at all possible. But the favoured ones are few who are fortunate enough to have a direct and uninterrupted view of the operation. With the surgeon, anaesthetist, chief assistant, house surgeon, two sisters and the dresser of the case the field of vision is pretty well obscured. In cases of the deeper wounds, as, for example, in a cholecystectomy, even this select circle of direct viewers is reduced in number.

To those who have had in the past the experience of spending whole mornings or afternoons in the theatre hoping to get occasional glimpses of the operations, the advantages of such a device will at once become apparent. At any rate, the general approval with which it was greeted on its initial and subsequent demonstrations would appear to have well justified its installation.

The reflector is now a permanent fixture in Theatre E.

A. W. S.

"THE LIFE AND WORKS OF CHARLES BARRETT LOCKWOOD, 1856-1914."

(Continued.)

VI. THE TEACHER.

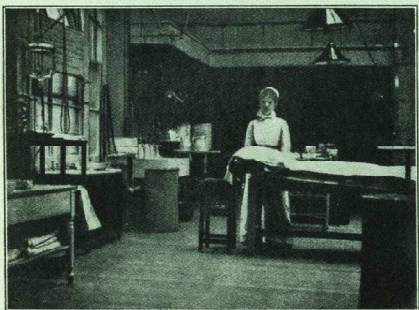
"Without doubt there will be no inquiry and without inquiry there will be no knowledge."—Buckle.

The Rev. John Ward, Vicar of Stratford-on-Avon shortly after Shakespeare's day, made an uncomplimentary classification of doctors as follows: "First, those that can talk but do nothing; secondly, some that can do but not talk; third, some that can both do and

talk; fourthly, some that can neither do nor talk—and these get most monie" (12).

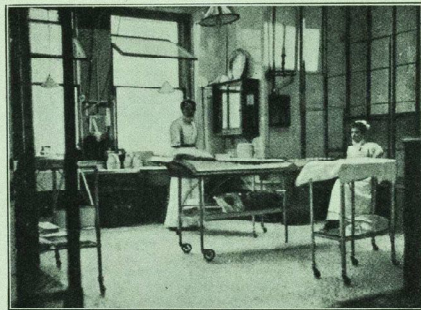
Into which category are we to place Lockwood? His skill as a surgeon compels it to be either the second or third group, and it is worth considering here some of his methods of lecturing and teaching.

His early skill as a Demonstrator of Anatomy and Operative Surgery has already been referred to. He continued demonstrating operative surgery until 1894, and it was not until 1897 that he gave his first formal lectures at the Hospital on Descriptive and Surgical Anatomy. As assistant surgeon he had no opportunity for regular teaching in the wards, except in one respect. A female V.D. ward was given into his charge, as junior



THE "OLD" THEATRE, "A."

The Two Operating Theatres of St. Bartholomew's Hospital in the Early Days of Lockwood's Surgeonship.



THE "NEW" THEATRE, "B."

(Photographs kindly supplied by Mr. J. L. H. Roberts.)

assistant surgeon, and on Thursday afternoons at 5.30 he made it a practice to take a round. To these rounds students regularly flocked.

As a formal lecturer Lockwood used lucid English, and had a horror of display or rhetoric in any of its forms. One is somewhat reminded of Dr. Johnson's description of Watts, that "he did not endeavour to assist his eloquence by any gesticulations, for, as no corporeal actions have any correspondence with theological truth, he did not see how they could enforce it".

The simplicity of Lockwood's style is apparent in his published lectures, which have been described as some of the finest essays which have ever appeared in the world of medical literature. Models of clarity, they abound in valuable clinical facts and suggestions and are frequently enlivened by flashes of wit and irony. He liked, too, to make frequent reference to the philosophers and great leaders of history.

It was Charles James Fox who said that "If a speech reads well it must be a damned bad speech", but the assertion is not fully justified in the present case. There is, however, no doubt that to some of his hearers Lockwood's formal lectures were a disappointment: "He appeared as if overawed by the importance of his position; he would hesitate and stammer, he at a loss for a word, and generally give the impression, to a person ignorant of his real ability, that he was not very sure of his subject. Nevertheless the material was always so excellent that no member of the staff ever attracted so large an audience."

On the other hand, there are others who heard him lecture and consider that he had a good incisive delivery,

and was only put out in his speech if something unexpected occurred.

He himself was certainly more nervous about giving a lecture to students than he was in carrying out a serious surgical operation. Often he would tell one or two of his friends that he rather dreaded these clinical lectures and found them most trying. He invariably prepared them with the greatest of care and wrote them all out beforehand, although he never actually read them in the theatre.

But it was in the giving of informal demonstrations or when teaching in the wards that Lockwood was at his happiest. Then he was always brilliant, forceful and entertaining. Every Monday afternoon the "Pink Firm" used to assemble in an empty theatre, where they all had to examine a patient and give their views upon the case. Lockwood then discussed the subject and questioned them in detail. It was a procedure at

which much experience was gained, and one which emphasized the dictum of Sir William Osler, that "the important thing is to make the lesson of each case tell on your education. The value of experience is not in seeing much, but in seeing wisely" (13).

On his ward rounds Lockwood encouraged a definite anatomical approach to a case. "Ask your questions in an orderly manner and with a clear intent," he would say. "For instance, the patient has obscure abdominal pain. Begin at the mouth and proceed onwards. The mouth suggests the question, 'What can you eat?'; the stomach, 'Have you pain after food?'; the small intestines, 'Do you suffer from flatulence?'; and the large, 'Are you constipated?'; 'Have you passed blood?'. Of course many other questions have to be asked, but no important one can be forgotten if you follow this plan and think in anatomical order."

As a man with an exceedingly logical mind, he was quick to perceive faulty reasoning in others. He once said that, in his opinion, the absence of a logical training was one of the greatest defects in preliminary medical education and in English education in general. He himself studied Jevons, Mill and others, and frequently advised his more muddle-minded dressers to "go down the Tottenham Court Road and buy a penny book of logic, and read it".

When he described his own chain of reasoning, it was not merely instructive, but educational. One such example is the following: A child had been running a high temperature and pulse for six weeks. An empyema had been opened first on the right side of the chest and then on the left, but it was still very ill, its condition undiagnosed. Lockwood was called in and afterwards described his mental processes as follows: That "first, when this child became ill it had got a severe form of infection. The next step in the reasoning was that this was an infection of the blood. Two considerations pointed to that. How could anything else but an infection of the blood infect first of all the right pleura and then the left? A further reason was that the child had an endocardial murmur. Further, it seemed likely that it was suffering from the infection of the blood with which it began, and I guessed that the organism was either a pneumococcus or a streptococcus. The next step was to ask a pathologist to make a culture from the blood. Afterwards Dr. Hordey informed me that he had separated the pneumococcus from the blood" (14).

It would be hard to express a process of logical reasoning in clearer terms or to show more aptly that "Wisdom is the companion of Simplicity". That, in fact, was his attitude. "It is all so simple," he would protest; "why, I would guarantee if I could train a

monkey up to speak about inflammation and send him up to the Colleges, he'd get through."

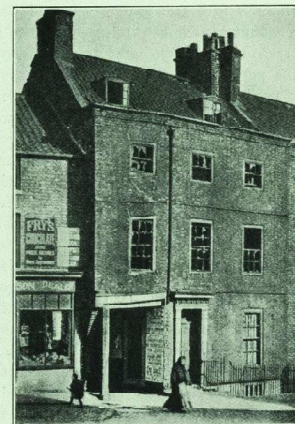
There are three cardinal rules of diagnosis which Lockwood impressed upon his dressers:—

Firstly: Look at the whole patient.

Secondly: Examine the whole of the diseased part, at rest.

Thirdly: Compare the two side of the body.

He also insisted upon the importance of seeing what passed from the body, and warned men from giving opinions on things that they had not seen for themselves.



THE OLD STUCKION HOSPITAL BUILDING WHERE LOCKWOOD LEARNED HIS FIRST SURGERY.

Rousseau once said that "much philosophy is required for the correct observation of things which are before our eyes". It is a statement which Lockwood would have fully endorsed, for he recognized that to see anything rightly is one of the hardest of tasks, and that to give a clear and truthful account of what has been seen is just as difficult. He was fond of quoting Sir George Humphry's rules, "Eyes first and much, hands next and little, tongue not at all".

Just as in the days when he demonstrated anatomy, he exhorted students to be in a position to say, "I know because I saw". Thus he encouraged them to get into the habit of wanting to see things for themselves, for to be offered a mere statement, unsupported by evidence, he regarded as an insult to the understanding. The written word was as unreliable to him as was the spoken, and he often insisted that printer's ink had no magical virtues. "What says the little book?" he would

sometimes inquire scoffingly, in reference to a text-book of surgery, written by one of his colleagues. He was exceedingly short with any student who ventured to quote it. "The best text books are the patients in the Hospital" was his view.

Lockwood drew as sharp a distinction between what was probable and what was certain as he did between the processes of guessing and of diagnosing. If, in answer to a question, a student replied, "I do not know," he would compliment him on the great progress he was making in the knowledge of his profession.

He set himself to battle against the ready credulity which he encountered, and in its place tried to implant a healthy scepticism. "We enter the temple of science through the portals of doubt" was a phrase that he frequently used. He was always fond of recounting an instance in which a girl said that she had swallowed her false teeth, and could feel them in her throat. "Quite a number of credulous people used the screen and X-rays," he said, "and saw the false teeth in the upper part of the œsophagus. I passed a full-sized bougie into the stomach, and next day the teeth were discovered amongst the bed-clothes."

Sir Farquhar Buzzard has given it as his opinion that: "The most important difference between a good and indifferent clinician lies in the amount of attention paid to the story of a patient." In this matter Lockwood was pre-eminent. He insisted on his dressers finding out every detail that bore upon the case, particularly as to the manner in which the patient arrived at the hospital; but at the same time he warned them to preserve their scepticism, and not to be put on a false scent by the story of a previous injury lately recollected.

Many of the "Pink Firm" dressers succeeded in acquiring "the Lockwood manner" to such an extent that on one occasion he had to say laughingly, "Pon my word, I believe I'm the only chap in this Hospital who believes anything." But he was glad to see evidence of his success when challenging a dresser one day upon the diet of a patient. "Fish indeed!" said Lockwood. "Do you think that just because you see 'Fish' written on his board it follows that he had it?" "Yes, sir," replied the dresser, "because I watched him put it into his mouth, and it measured three inches by two."

When it came to examining a patient, there was no one more careful than Lockwood, and he insisted on a complete examination always being made. His touch was gentle, and he would pass sarcastic comments on those whose Simian ancestry still induced them to "paw things about", or "embark on a grubbing expedition". He was equally scathing about those who palpated with the thumb. "Note the logical reasoning

of Mr. —", he would say. "Realizing that none of his senses are sufficiently acute, that his sense of touch is the most poorly developed of all, and that his thumb is one of the least sensitive parts of his hand, that is the part which he decides to apply to the tumour." Or, again, to a dresser who, being asked to examine some acute condition, has commenced by deep palpation: "Dr. Jones is asked to see the squire, who walks into the room supputating a highly inflamed organ in his hands. Dr. Jones immediately makes a grab at it, the squire jumps out of his skin with pain, and Dr. Jones gets kicked out of the house; and serve him right."

To "feel with intent" was the method which Lockwood constantly advocated. His description of how an inflamed knee should have been examined in the proper order and with proper thought is a masterly exposition: "The hand would have been gently laid upon the joint to feel for heat, the tip of the finger would have touched the patella to learn whether it had been hidden by the swelling; the patella would have been gently pressed to see whether it lay in contact with the femur, and the swelling would be tested for fluctuation; finally, each constituent of the joint would be felt in turn to try and learn the condition of the capsule, synovial membrane, synovial fringes, ligaments, cartilages, fibro-cartilages and bones."

Lockwood taught men to employ the same exactitude in speech as in observation and palpation. He hated loose phrasing as much as he hated loose thinking; such qualifications as "I think", "it seems", "a somewhat", and "apparently" were anathema to him. He liked definite conclusions, and when somebody once told him that a child had incipient disease of the hip, he bewildered them considerably when he asked whether the child had or had not got disease of the hip.

He particularly objected to anybody who talked round the point or at unnecessary length, and he often quoted the lines of Hobbes: "Few words are wise men's counters, they do not reckon by them; but they are the money of fools." Added to this, he assumed an air of contempt for academical distinctions, university education, and what he called "the physician's mind"; names were not diseases, and he never permitted his dressers to forget it. Medical terms such as "diathesis", "cachexia", "dyscrasia" or "idiopathic" he derided as meaningless abstractions.

But behind all these little conventions was a great earnestness and appreciation of his duty to the patient; its nature is perhaps expressed best in Matthew Arnold's lines:

"Nor bring to see me cease to live
Some doctor full of phrase and fame,
To shake his sapient head, and give
The ill he cannot cure a name."

No dresser of Lockwood's was ever permitted to be unscientific in his description of the size of objects. Tumours had to be measured accurately, not compared to oranges, nuts, millet-seed and the like. Moreover he thought it exceedingly unpleasant to compare the secretions and excretions of the body to cream, pea-soup, coffee and other kinds of food.

Probably there is nobody who is completely consistent, but a perusal of Lockwood's works shows that he did not invariably manage to abide by his own precepts. In his Hunterian Lecture on Traumatic Infection he referred to an abscess "the size of a hazel nut", which was found near the root of the tongue, while in his book on appendicitis he spoke of another "the size of a pigeon's egg". Again, in his work on The Radical Cure of Hernia, Hydrocele and Varicocele, he speaks of the setting up of "a kind of chronic peritonitis", and also of the size of a testicle which "seemed to grow a little bigger". It is perhaps unjustifiable to choose a few rare instances of this type from the works of a busy man, but the very fact of their being noticeable demonstrates the remarkable exactitude and clarity which he normally adopted and taught others to copy.

This trait of simplicity of statement which characterized him as a teacher leads him to be easily identified as the subject of a clever parody which appeared in the Hospital journal and part of which reads as follows:

"I do not describe a patient's history of his present condition as his anamnesis, nor, although in this case the meaning might more probably be guessed, do I talk of educating solutions or advising nursing mothers on the subject of abaction. Fine as the words sound, I do not convict a patient of monolepsis when all I wish to explain to him is that one of his eyes is a non-starter; and I should not be surprised at the evident signs of incomprehension on the faces of my audience if, in describing my capabilities, I announced myself as a chiologist whom they would fail to recognize as one able to talk the deaf and dumb language, or as a specialist in the correction of balbutiens when I meant to pretend merely that I had a cure for stammering" (15).

This article was sent to Lockwood for his approval before publication. It was returned with one word deleted, his explanation for the correction being that the majority of people in the Hospital had no sense of humour.

When he took his rounds in "Kenton" and "Lucas" wards, Lockwood demanded and got perfect silence in the wards; he used to sit at the bedside owing to his difficulty in remaining standing for long periods. Although his bedside teaching was often detailed, he always stressed fundamental principles, and emphasized points that would be of importance in private practice.

Sometimes the sarcasm of his wit would be but mild. One of his house surgeons has recounted such an instance:

"Smith, the dresser, is cross-examined on the treatment of a case of post-anæsthetic vomiting. Smith exhibits a pronounced degree of agnosticism, not to say

indifference. Up would go Mr. Lockwood's left hand to his eye in perfect imitation of the pince-nez of the old lady, the patient's mother. 'Dr. Smith, do I understand that you really mean to allow my dear child to go on being sick like this? I hear there's a very clever Scotch doctor just opposite you; don't you think we had better call him in?'"

On other occasions his causticity was such that dressers would wish themselves at the far end of the earth. Some thought that the fact that so many of his sentences began with the words "I myself . . ." showed inordinate conceit, and many objected to the habit he had of "taking hold of your coat and putting his face close to yours, when he wished to be impressive". Its only effect was to make most people uncomfortable. Inevitably, with so forceful a personality, Lockwood created in his students either a feeling of intense respect and admiration or utter fear.

As a teacher, he never set out to be inspiring, but there were few who did not catch from him something of the spirit of thoroughness and determination which governed his own work. In one of his addresses he gave a glimpse of his own idealism. He was referring to the late Mr. Walsham, whom he had overheard saying to a student, "I am sorry you failed at your examination, but of course you will try again". Lockwood went on: "The beaten one with craven heart said that he thought that he had had enough, and would not try again. I shall never forget the scornful indignation with which Walsham exclaimed, 'I would rather die than be beaten', and he meant what he said. He indeed had the true spirit. A man who would not rather die than be beaten is not fit to be a surgeon."

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F. C. O. JEWESBURY.

(To be concluded.)

FAVOURABLE INFLUENCE OF STOUT IN A CASE OF ULCERATIVE COLITIS.



HAT the cliché—"Post hoc—propter hoc?" can be invoked in this case may be undeniable; but nevertheless to one who watched the course of the condition throughout several months, the fact that the point at which the patient's downward

progress halted and was succeeded by steady improvement can be so definitely timed, others hope that this report is not entirely based on pure—or even false!—hypothesis.

The patient, Edward —, a shop assistant, *et. 17*, was admitted to the Essex County Hospital on October 27th, 1934, complaining of "diarrhoea". He had been well until 4 weeks before admission, and had then commenced to suffer from diarrhoea, passing between four and six stools in the course of 24 hours, the motions being fluid, dark and offensive. Two weeks before admission his stools became blood-stained, and during that period he remained in bed prior to admission to hospital.

Patient, in giving his history, stated that his appetite had remained quite good, that he did not suffer from "indigestion" or flatulence, but that he had occasional gripping abdominal pain rendered worse by defecation. He spoke of having had an attack of diarrhoea 6 years previously, lasting for one week.

On examination the salient points which presented themselves were: a thin, pallid, definitely ill looking youth with pale mucous membranes, furred tongue and offensive breath. The abdomen was slightly distended and there was tenderness on palpation over both the ascending and descending colon. Rectal examination caused pain, and the examining finger on withdrawal showed a covering of mucus.

His weight on admission was 7 stone 4 lb. 8 oz., and his motions, which contained blood and mucus, were devoid of any true faecal material. A blood-count shortly after his arrival in hospital showed 3,920,000 red cells, haemoglobin 68%, and 10,200 leucocytes.

During the ensuing weeks the condition and number of the patient's motions showed little, if any, alteration, while his temperature ranged between 100° and 103°.

The minutiae of the various treatments carried out are clearly not within the province of this article, but it may not be out of place to remark that, throughout, the vitamin intake in the patient's diet was ensured by means of radiostoleum (A and D), marmite (B), orange-juice (strained) (C).

Loss of weight was progressive, the diagnosis of ulcerative colitis was confirmed by sigmoidoscopy on November 19th, 1934, and appendicectomy performed on December 5th, 1934, by which date the patient's weight had fallen to 3 st. 13 lb. No change for the better was observed in the number or quality of the motions, nor in the general condition following this last procedure, and on December 31st the patient weighed only 5 st. 6 lb.

At this juncture it was decided to provide the lad with one glass of stout (suffice it to say that the brand is by no means unknown!) daily, and it so happened that the diet and treatment were not modified in any other way at the time, nor during the subsequent 4 weeks.

By January 14th, 1935, the patient's weight had reached 5 st. 10 lb. 8 oz., the number of stools had fallen to an average of 3 in the 24 hours, while a small amount of faecal material had made its appearance; and on January 28th his weight stood at 6 st. 3 lb. 4 oz., one stool of thick faecal material devoid of blood and pus, and showing faint signs of formation, was the extent of his bowel action in 24 hours, while the youth's general condition and interest in life were markedly improved.

There the writer's connection with the case terminated. No doubt this humble exposition lays itself open to the most damaging criticism, nevertheless, one, at least, who observed the case from October to February will not be shaken in his belief, nor will the glass of stout be discontinued as things are at present—a sentiment which I know the patient will endorse very readily!

J. R. R. JENKINS.

A CASE OF PURPURA HÆMORRHAGICA.

PURPURA hæmorrhagica has been clinically divided into two groups, acute and chronic, the former variety being comparatively rare.

The results of splenectomy in 101 cases (excluding the one reported here), of which 12 were acute and 89 chronic (0 unclassified), show that the mortality in acute cases is 83·3%, and in chronic cases 11·8%. In the majority of chronic cases the results are good, *i. e.*, there are no recurrences of symptoms. Thus splenectomy is more suitable for the chronic case, in which it may be that the disease is confined to the spleen, while in the acute, the whole of the reticulo-endothelial system may be concerned, or there may be a deficiency in platelet formation, apart from aleukia hæmorrhagica.

Joyce R—, *et. 9½*, was admitted into Luke Ward under the care of Dr. Graham, November 2nd, 1934, complaining of (1) bleeding from gums and lips, (2) bruise, (3) red spots on chest and abdomen.

History of present condition.—She was in her usual state of health until about 9 weeks previously, when petechiae appeared on the trunk. The patient was admitted into a children's hospital in London, where she was given two injections of horse-serum. She developed a high temperature after the second, and this treatment was discontinued. The condition cleared up and the patient was discharged from hospital.

4½ weeks before admission fresh petechiae appeared, and oozing from the mucous membrane of the mouth commenced; also some bright red spots were noticed in the sclerotics, and spontaneous bruises appeared. The symptoms were similar until admission.

Past history.—7 years ago she first noticed pain in the knee-joints. This has recurred until recently at varying intervals of a few weeks to a few months; on occasions she has also had pain in ankle- and elbow-joints. There has been no definite attack of acute rheumatism; though the pains have been ascribed to this cause.

2½ years ago a systolic murmur was discovered while the patient was in Great Ormond Street Hospital for observation on account of joint-pains.

2½ years ago the spleen was noticed to be enlarged when the patient was in the London Hospital for operation on glands in neck.

2 years ago some teeth were extracted at Great Ormond Street Hospital and the subsequent hæmorrhage was difficult to stop. Until 9 weeks ago the patient has been in fairly good health; she has always bruised easily.

Family history.—An only child of first cousins. No history of purpura or hæmophilia. Parents' bleeding times under 2 minutes.

On examination.—A pale, ill-looking girl, sitting up in bed. Temperature 99·4° F.; since admittance varied between normal and 100°. Pulse 120; good volume and regular rhythm; not water-hammer. Respirations 30.

The blood-pressure was 110/60; armlet was left on 3 minutes at mid-pressure. No petechiae appeared, but subsequently this test was positive.

The hair, scalp and eyes were normal; no retinal hæmorrhages. The voice was hoarse, and there had been hæmorrhages into the lower lip. There was a marked fetor oris. The tongue was slightly furred and moist; the gums were swollen and bleeding; but were not the typical spongy gums of scurvy.

The tonsils were absent, the fauces normal; there was slight bleeding from back of pharynx. The ears were normal; no glands were felt in the neck, but a venous pulsation was present both sides. Some old and recent petechiae were seen on the chest; the lungs were normal. The area of cardiac dullness was slightly increased in size, and at the apex a soft systolic murmur was heard, which was conducted to the posterior axillary line; otherwise the heart was normal.

There were numerous old petechiae on the abdomen; the liver was felt two fingers' breadth below the costal margin; it was smooth and firm. The spleen was felt three fingers' breadth below the costal margin; it was firm, smooth and mobile.

There was some bruising on the right foot and ankle.

The central nervous system was normal.

The urine was normal on admittance; no red blood-cells in centrifuged deposit. After a week in hospital it became red owing to the presence of blood.

The stools showed blood by the chemical tests. Later there was obvious melæna.

Blood-count.—Haemoglobin 30%, red blood-cells 2,350,000, colour index 0·76, platelets 85,000, white blood-cells 5600, polymorphonuclears 2800 (50%), lymphocytes 2370—large 108 (3%), small 2408 (43%)—eosinophils 50 (1%), basophils nil, large mononuclears 168 (3%).

The red blood-cells showed an increased degree of anisocytosis and poikilocytosis, and were lipochromic. No abnormal staining reactions and no nucleated forms were seen.

Another count was substantially the same as the above.

The coagulation time was not increased.

The bleeding time was something over 2½ hours, the control being 1½ minutes.

29.xi.34: Haemoglobin 39%, 300 c.c. blood transfusion; haemoglobin afterwards 47%. Blood appeared in the urine before the transfusion. The capillary resistance test was noticed to be positive after the transfusion.

5.xii.34: The patient was transferred to Harmsworth Ward, 450 c.c. blood were given into a vein in the right foot. The incision was still oozing the next morning.

6.xii.34: An operation for splenectomy was performed by Mr. J. E. H. Roberts. G.O.E. was administered by Mr. Frankis Evans. A left Kocher's incision was made, and a great deal of bleeding was encountered in the tissues of the abdominal wall; snake venom,

1 in 100,000, was applied, but it had little effect, and the hæmorrhage was controlled by ligation of all the bleeding points. There were no adhesions, and the spleen was removed without difficulty; accessory spleens were sought for and three were found and removed. The spleen was much enlarged in size (8 in. by 4 in. by 2 in.). The oozing from the margins of the incision was very much less after the removal of the spleen.

The operation was followed by a 500 c.c. blood transfusion into the great saphenous vein. Immediately before the operation the bleeding time was something over an hour. The big toe was punctured at the beginning of the operation; the bleeding stopped in 30 minutes (5 minutes after the removal of the spleen). Two further bleeding times were estimated in the ward immediately after the operation; the first was 30 minutes and the second 15 minutes.

It was seen immediately after the operation that the face was badly bruised where the mask had fitted.

One of the transfusion wounds continued to bleed for a time, but this was stopped by snake-venom.

The patient made a good recovery after the operation; blood disappeared from the urine and stools after a day or so; no fresh petechiae or bruises appeared.

The oozing from the gums had stopped the next day.

7.xii.34: Haemoglobin 45%, platelets 90,000.

12.xii.34: Bleeding times: Ear and finger, each 2 minutes; control, same.

19.xii.34: Haemoglobin 65%, red blood-cells 3,700,000, colour index 0·9, white blood-cells 10,400, platelets 220,000.

3.i.35: Haemoglobin 72%, red blood-cells 4,300,000, colour index 0·9, platelets 220,000. Bleeding time 1½ minutes, control same.

The patient was discharged in good health; there was no evidence of petechiae or bruising; the gums were normal and there was no fetor oris.

23.i.35: The patient was still well; the systolic murmur had disappeared, but there had been further attacks of joint pains.

The above case should be classified under the chronic type: the symptoms appeared gradually, first the petechiae and spontaneous bruising; a month or so later, bleeding from the mucous membranes; and later still, hæmaturia and melæna.

This case is typical of purpura hæmorrhagica; there was no evidence of symptomatic purpura; the blood-picture was not that of aleukæmic leukaemia or aleukia hæmorrhagica. It may be impossible to distinguish

the latter from acute purpura hæmorrhagica (purpura fulminans), and this may account in part for the bad statistics for operations on the acute type of disease.

If the primary purpuras (included under the name "hæmorrhagic diathesis") are manifestations of the same disease, it might be expected that anaphylactoid and hæmorrhagic symptoms would sometimes present themselves together or at different times in the same patient.

In this patient the disease has been hæmorrhagic only, from the start. The joint pains were probably due to rheumatism, and not Schönlein's purpura, as the joints have never swollen, and the pain has recurred on one or two occasions since the cure of the purpura.

In some cases, after splenectomy, the platelet count has been increased above normal, yet the bleeding time has also remained high; in others the platelet count has been subnormal and the bleeding time normal. In this case both are normal. This is the commonest result.

The results of operation on this patient might be described as dramatic, but there was not that sudden return to a normal bleeding time when the splenic vessels were clamped that has been mentioned. The return to normal was more gradual, for, an hour after the end of the operation the bleeding time was still 15 minutes. It would appear that the hæmorrhages stopped before the platelet count rose.

I wish to thank Dr. Graham and Mr. J. E. H. Roberts for their help and permission to publish these notes, and also Dr. Oakley for his help.

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STUDENTS' UNION.

ASSOCIATION FOOTBALL CLUB.

Inter Hospital Junior Cup Final

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARK'S HOSPITAL.

This match was played on the London Hospital ground on Friday, March 15th, before a small crowd.

The weather and ground were first class, and Bart's, losing the toss, had to face the sun and a slight breeze.

The game started with an early Bart's attack, but Mary's immediately retaliated and attacked for about twenty minutes. Their approach work was good, but their finishing poor. Good work by Harold and McGladdery, however, kept them out. Bart's attacks were somewhat spasmodic, mostly resulting from free-kicks against C. M. Squire, the opposing left half, or from good passes by Waring.

The first goal was scored by Bart's from a breakaway, a rather high kick down the middle by Darke being diverted past their goalkeeper by Pearce.

Our forwards now began to improve, and for the last twenty minutes

of this half were mostly attacking. James went near with two shots, one of which went just over the bar.

Half-time: Bart's, 1, Mary's, 0.

Bart's scored again after a few minutes of the second half. Mary's now began to attack in earnest, and soon scored through their inside left, who was left unmarked a few yards out. Only good defence by Cooper and the backs kept them from scoring. Harold's clearances were first class, finding their man every time.

After this, however, Bart's took the game in hand, and the whole side played well. Pearce scored a very good goal by a burst between the backs to pick up Waring's through pass, and a good left foot shot. A few minutes later Pearce scored his third goal following good combination. Fisk received the ball from a half back, made ground and passed across to Hoplina. Hoplina centred and Pearce again shot well.

There was no further score, but Bart's went near several times, Fisk putting in a fine shot, which the goalkeeper did well to save.

This Bart's retained the Junior Cup. They owe much to Cooper, James and McGladdery, who were very safe. The halves, especially Waring, were sound, and the forwards combined well, especially the left-wing pair, James and Hopkins.

Result.—Bart's 4, Mary's 1.

Team.—E. J. F. Cooper (goal); J. P. McGladdery, J. V. T. Harold (backs); G. H. Darke, J. W. B. Waring, K. B. Scott (halves); G. R. Fisk, P. McA. Elder, A. Pearce, C. T. A. James, J. V. Hopkins (forwards).

INTER-HOSPITALS CROSS-COUNTRY CHAMPIONSHIP,

1934-35.

This was run at Motpark Park, from the London University headquarters, on Wednesday, March 13th, and resulted in an easy victory for Bart's, who thus avenged their defeat at the hands of London last year. Bart's, by wonderful packing, made sure of the result with their first four men home, who finished in a bunch before the first London man. This once again demonstrates the value of packing in a team race, that is, learning to run as a team and not as individuals—a point which cannot be emphasized too much. The result is even more gratifying, as most of the team are young, and have several more years at the Hospital, which should ensure our keeping the trophy for a number of years. Although the whole team ran well, particular mention should be made of G. A. Beck, a freshman, who ran a very well-thought-out race to finish first for us; his ability to use his head as well as his feet promises a bright future for him.

As for the race itself, about 25 runners started, representing five hospitals, with Bart's possibly slightly favourites. The weather was very kind, the sun shining, although there was quite a stiff wind to face on the way home. As usual, Etheridge (Guy's) started as though he were only running a half mile instead of a cross-country race, and soon established a comfortable lead, which he maintained throughout the race, in spite of the valiant attempts of Price (Middlesex), running as an individual, to reduce it. These two were followed by Williams (Bart's), Page, the London "miler", Lewis (London), and Kinnear (Bart's).

Page, however, was not in such good training as last year, and could not hold the pace, while Beck and Black (Bart's) who had started slowly, crept up to the leaders, and about two miles from home it was obvious that Bart's held a comfortable lead over their rivals. Our scoring five was completed by Dalley.

Our thanks are due to the President of the U.H.H.H., Dr. Letheby Tidy, who, with Drs. Clarke Kennedy and Munro, started and judged the race.

Placings.—(1) A. E. J. Etheridge (Guy's) 36 min. 37½ sec.; (2) A. E. K. Price (Middlesex) 37 min. 8 sec.; (3) G. A. Beck (Bart's) 38 min.; (4) G. T. S. Williams (Bart's) 38 min. 20 sec.; (5) K. O. Black and A. I. Kinnear (Bart's) 38 min. 21 sec.

Team result.—(1) St. Bartholomew's, 2, 3, 4, 5, 13 = 27. (2) London, 6, 7, 8, 10, 11 = 42. (3) Guy's, 1, 9, 12, 14, 15 = 51.

BOXING CLUB.

The Boxing Club has suffered a severe blow in the loss of four of last year's United Hospitals champions, and was unable to retain the Cup this year. However, the competition has served to bring on some promising new material, and we should be well in the running for the Cup again next year.

In the semi-final of the bantam-weights C. F. Bose won his fight with J. N. Artburns (London) fairly easily. The first round was

very tame, but Bose scored with some good lefts. As the fight progressed Bose warmed up and scored with some good left hooks, and his quick "shirts" to the south paw style of boxing had his man badly puzzled.

Our representative in the feather-weights, T. P. Storey, was beaten by McDowell of St. Mary's after a very good fight. Storey is as yet inexperienced and should improve considerably.

In the semi-final of the light-weights James put up a very plucky fight against one of the cleverest boxers in the competition, C. Halamandres of Guy's. James was outpointed in every round, but nevertheless he retained the offensive and scored with a number of telling blows to the head. This was a very promising first appearance.

It was unfortunate for everyone that Slowe and Owen-Smith met in the semi-final round of the welter-weights, for the fight was one of the best of the evening and deserved to be kept for a final. Slowe scored first with a straight left that sent his opponent sliding back to his corner, but Owen-Smith came back smiling and the fight was on. Although his opponent was very elusive, Slowe scored well by direct methods and held the offensive in spite of some good counter-punches. Owen-Smith gained an early advantage in the second round with three well-timed right cross-counters, but Slowe finished a rousing round with a strong two-handed attack. In the final round Slowe started off very fast and piled up points, but his opponent's experience and good footwork helped him and the round finished level. The judges differed in their decision and Owen-Smith won on the referee's casting vote. It was hard luck on Slowe, but in such a close fight the referee's decision is not to be disputed. Slowe is to be congratulated on putting up such a fine show against a very experienced man, and he is not to be discouraged because his right-hand punches did not tell as heavily as usual, for Owen-Smith has the knack of taking them on the retreat.

In the first series of the middle-weights, J. K. Taylor defeated Griffin (Guy's) in a good fight in which Taylor clearly showed his superiority. In the semi-final Taylor lost to Welpy of St. Mary's. The fight started slowly and few good punches were landed in the first round. In the second round Taylor scored heavily with right uppercuts as his opponent came in and won the round, but he overdid his right-hand punches in the final round and Welpy was able to keep clear of them and use his advantage in weight and reach to turn the verdict in his favour. Taylor put up by far his best performance in the United Hospitals Competitions, and his boxing appears definitely to have improved.

Nicholson won his fight with Waterfall of London Hospital in the second round, as the latter had to retire with a badly cut eye. Nicholson has a curious weaving style, but landed some good punches, and promises to develop into a useful boxer under Matt Wells's tuition.

Bose had a harder task than was expected in winning the bantam-weights, his final with B. D. R. Wilson, of St. Thomas's, being very closely contested. Bose has developed a habit of standing still and waiting for his opponent to attack, but Wilson bored his way in to close quarters and worried Bose with his in-fighting. It was not till Bose took the initiative and scored with some really good straight lefts that the fight began to tell in his favour. He was not to be seen at his best in this fight, and we hope he has learnt a lesson from it. That his best is very good is proved by his winning his weight in the Universities and Hospitals Competition in February at the Stadium Club, on which he is to be heartily congratulated.

Our remaining finalist, Nicholson, went down gamely to a very hard hitter, R. W. N. Ross of St. Mary's, who has not yet been beaten in this competition.

So the Cup went to St. Mary's with St. Thomas's runners-up; we have a whole year yet before we can retrieve it. It is keenness and a team spirit within the Club that is the keynote in winning the United Hospitals Cup, and it is hoped that any who are interested in boxing, whether experienced men or rank novices, will attend the training evenings when the Club recommences activities in October.

The results of the United Hospitals Competition were:

Bantam-weights.

Semi-final: C. F. Bose (Bart's) beat J. M. Artburns (London) on points.

Final: Bose beat B. D. R. Wilson (St. Thomas's) on points.

Feather-weights.

1st series: McDowell (St. Mary's) beat T. P. Storey (Bart's) on points.

Final: F. W. Rees (St. Thomas's) beat H. S. Samuel (Middlesex) on points.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	12,992	15	10	(72)
Demonstrators	1,733	2	0	(70)
Students	956	19	9	(304)
Old Bart's men:				†
‡Bedfordshire	30	3	6	(7)
‡Berkshire	123	3	0	(16)
‡Buckinghamshire	82	4	0	(15)
‡Cambridgeshire	193	16	0	(18)
‡Cheshire	6	16	6	(3)
‡Cornwall	31	11	0	(8)
‡Cumberland	5	0	0	(1)
‡Derbyshire	19	14	0	(4)
‡Devonshire	374	0	0	(33)
‡Dorset	32	11	6	(14)
‡Durham	47	7	0	(11)
‡Essex	254	3	6	(20)
‡Gloucestershire	238	7	6	(27)
‡Hampshire	470	7	0	(49)
‡Herefordshire	17	12	0	(4)
‡Hertfordshire	86	13	0	(18)
‡Huntingdonshire				(1)
‡Isle of Wight	186	13	0	(13)
‡Kent	584	1	0	(71)
‡Lancashire	96	4	6	(13)
‡Leicestershire	136	15	0	(7)
‡Lincolnshire	50	7	0	(18)
‡Middlesex	458	2	0	(31)
‡Norfolk	178	0	6	(21)
‡Northamptonshire	59	14	6	(6)
‡Northumberland	101	0	0	(2)
‡Nottinghamshire	24	3	0	(5)
‡Oxfordshire	221	5	0	(22)
‡Rutland				(2)
‡Shropshire	38	1	0	(10)
‡Somersetshire	1,180	3	0	(28)
‡Staffordshire	194	18	0	(9)
‡Suffolk	324	4	0	(23)
‡Surrey	494	9	6	(59)
‡Sussex	333	12	0	(60)
‡Warwickshire	194	7	6	(40)
‡Westmorland	2	0	0	(1)
‡Wiltshire	1010	11	8	(12)
‡Worcestershire	160	0	6	(25)
‡Yorkshire	344	8	6	(27)
‡Wales	67	10	0	(18)
London	7,557	11	8	(201)
Channel Islands	20	0	0	(9)
Scotland	15	3	0	(5)
Abroad	114	1	0	(13)
South Africa	166	15	6	(19)
Canada	114	3	6	(8)
East Africa	87	12	0	(10)
West Africa	146	10	0	(5)
India	206	2	0	(12)
Ireland	25	4	0	(4)
North Africa	1	0	0	(1)
North Borneo	5	5	0	(1)
Australia	122	2	0	(6)
China	52	8	4	(9)
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	30	8	0	(3)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	642	2	6	(46)
Others	534	56	9	5 (456)
Lord Mayor's Appeal	17,990	16	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
	£138,493	16	6	

* Number of Bart's men subscribing. † Number of Bart's men in County. ‡ Counties with Secretaries.

SAILING CLUB.

The 1935 season which is now beginning promises to be the most successful that the U.H.S.C. has yet had, and the facilities for inexpensive sailing provided are such that they deserve to be better known in the Hospital.

The barge "Harry" has been converted into a comfortable and commodious clubhouse, fulfilling a long-felt need for an independent headquarters at Burnham-on-Crouch, and on board her members will find excellent changing accommodation. A charge of one shilling is made for a pipe cot and blankets per night, while sheets may be had for a further shilling and retained for use as long as thought fit. There is also a lounge where meat and drink can be obtained from the Steward at very reasonable prices.

The Club has a fleet of nine 15-foot dinghies which may be taken out by members at any time, and these are raced regularly throughout the season in competition for several Cups.

A regatta open only to Bart's members is to be held during the second half of April, and it is hoped that there will be a large number of entries for this.

Cruising men are reminded that a Cup is presented for the best log of the year, and that Burnham is an ideal centre at which to station their boats, while by flying its burgee they can do much to help the Club become better known among sailing men.

An annual subscription of 10s. entitles members to use of the clubhouse and dinghies free of charge, and any men interested in sailing and wanting further details should communicate with the Secretary of the Hospital Branch, G. C. Brentnall.

ATHLETIC CLUB.

At the Annual General Meeting, held on Friday, February 22nd, 1935, the following officers were elected:

President: Mr. T. H. Just.

Vice-Presidents: Prof. G. E. Gask, Mr. H. P. Stallard, Sir Charles Gordon-Watson, Mr. W. E. Underwood, Mr. R. M. Vick, Mr. W. Girling Ball, Mr. J. P. Hostord, Mr. H. W. Rodgers, Mr. H. G. Bedford Russell and Dr. Geoffrey Evans.

Captain: C. M. Dransfield.

Hon. Secretaries: G. T. S. Williams and S. P. Shields.

Committee: W. H. Jopling, J. G. Youngman, J. G. Nel, C. P. Reilly, K. O. Black, G. Dalley, G. A. Akeroyd, N. J. P. Hewlings and D. B. Fraser.

PEPYS AT BART'S.

1	2			3			4	5
	6	7	8		9	10		
	11							
	12		13			14		
15	16	17	18	19		20	21	
22								
	23			24	25			
26	27	28	29		30	31		
32			33			34		
35								

20 ac. 6 rev.

13 Bartholomew's Spittal, it being View Day, and there so great a presse, that I must needs enter by the 14 gate; so without seeing 5, for which I am sorry, he being of longer standing than any there, but heeded little on account of his 22 position. But did find 1 ac., who owed everything to him, a centre of attraction, and, going up, did note an absence of 20 dn., which is 7 strange; and that the 31 acs. did carry certain ingenious 21 at their feet. And here, toward, a learned discussion; whether it were a 33, or more than 6 anag., or possibly a 4.

8 and 13 the 11, and there meeting Dr. B. did ask, in jest, Had he taken one of his own 31 dn.-uses, he looking so fat; but he did take me up in earnest, saying how 1 dn. was disappearing from medicine, and more faith in simple measures, mentioning 28 15 treatment and 6's in the morning. While talking thus my eye did wander to a comely 16 blonde, no older than a 29 dn., in a pink-23 uniform; the sight whereof did afflict me with temporary 3 and an uncontrollable 35 ptosis.

Thence to 18th anag., which is strictly 22, 30 do vic being forbidden (and even 34 deprecated 27, I am told); so, with a thirst, to the bottom right-hand corner, where did see several probable 9 dn. and 19's for the 25, across the 9 ac. As we 2 I 2 my modest 32, and it did displease me mightily to see how some had dropped counterfeit 24's into the plate (what did 17 give?). So to 26 anag. in the 10-room and consume cold 29 ac. and beer until late.

And so 13 13 rev.

A. R.

Solutions may be sent to the Editor. A *de luxe* copy of *Round the Fountain* will be given to the sender of the first correct solution opened after April 25th. Envelopes should be marked "Crossword".

BRIGHTER SURGERY.

SMITH-PETERSEN'S OPERATION.

A great-aunt of mine aged seventy-nine,
Admittedly rather a dreamer,
One day in her flat fell over the cat,
And fractured the neck of her femur.

I, her medical man, said "I'll do what I can,
But nowadays there is a cult, aunt,
Of men who push in a Smith-Petersen pin;
I'd advise you to see a consultant".

This she did the next day, and on the X-ray
The head was in fair apposition.
So they seized the old dame, strapped her onto a frame,
Like they used in the old Inquisition.

Soon that great-aunt of mine, like an old porcupine,
All tied up by bandage and rope,
Lay bristling with pins, while I, for my sins,
Supplied the appropriate dope.

In short, she got well, and (I shudder to tell
Any facts that are not strictly true),
She's amazingly supple, and one of a couple
Of tap-dancers in a revue.

* * *

*If you're of the number who, dancing the "Rumba",
Or after a surfeit of gin,
Fall, like my relation, without hesitation
Demand a Smith-Petersen pin.*

A. B.

REVIEWS.

THE ANATOMY OF SURGICAL APPROACHES. By L. C. KELLOGG, A.B., M.D. (London: Baillière, Tindall & Cox.) Pp. x + 134. Figs. 20. Price 7s.

This book combines information of value in learning operative surgery with practical instruction to the student of anatomy in the matter of its future application. Each part of the body is taken in turn, and descriptions given of the methods of approach to the principal vessels and nerves. In the section on the upper extremity there is also a valuable account of the surgical anatomy of suppuration and methods of drainage of collections of pus in the palmar spaces.

The section on the abdomen is perhaps too brief in proportion to the others, when it is remembered how great is its importance in surgery. But the book on the whole is well and clearly set out and the illustrations good. It is a pity that there are not more of them, particularly in the descriptions of ligation of arteries.

DISEASES OF THE HEART. By COWAN and RITCHIE. Third edition (Arnold.) Price 30s. net.

In its third edition this book has, as the authors say, been largely re-written, and though the arrangement of the chapters is a little difficult to understand, the book as a whole gives a very full account of the diseases of the heart.

An attractive feature is the frequent illustration of the subject-matter by brief accounts of clinical cases; this is a point of real value in a book of this kind. The plates and other illustrations are excellent, and fit in well with the general architecture of the book. The style is clear, and the descriptions of diseases are full, and yet not obscured by unnecessary detail. The chapter on electrocardiograms is good, and so is the discussion on angina pectoris and its relation to coronary thrombosis. There is no attempt to make minute subdivisions, but rather a conception of the heart as a living organ whose diseases are bound to merge into one another.

HYGIENE FOR NURSES. GUY and LINKLATER. (E. & S. Livingstone.) Price 3s.

The subject-matter in this little book is simply and clearly stated, emphasizing especially those principles of hygiene with which the nurse is chiefly concerned, the section on personal hygiene being presented in a more attractive form than is the case in most textbooks dealing with this subject.

The publishing of the third edition is evidence of its popularity amongst nurses in training, for whom it was written.

CORRESPONDENCE.

C. B. LOCKWOOD.

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

Sir,—I have read your contributor's articles on C. B. Lockwood with much delight: they bring back many amusing and pleasant memories. I first knew him when he was Senior Demonstrator of Anatomy and a terror to the new and inexperienced students, of whom I was one. On my first day in the "Rooms" I was given an arm to dissect, and with Ellis's *Dissections* before me I proceeded to turn down a large skin-flap, including everything down to the pectoral fascia, quite regardless of cutaneous nerves, etc., of whose existence indeed I was blissfully unaware. Lockwood looked on for quite ten minutes with a grieved air, and then said: "Mr. P., did anyone advise you to adopt the medical profession?" For all that, everyone recognized him as a splendid teacher, with a passion for accuracy and conciseness of expression and a hatred of anything vague, indefinite, redundant, and especially illogical, which, I am sure, has stood us all in good stead for the rest of our lives. Woe betide the student who pointed out an artery "beginning here and ending there", or later, in the wards, the hesitant man who admitted that a wound was "rather" septic! I know an overseas man at whom Lockwood gazed with that cold and fish-like stare of his, and then said very slowly, "Mr. Go-and-So, I would advise you to go back and drive ox-wagons in South Africa".

Your biographer is quite right in describing C. B. L. as the most enthusiastic supporter of aseptic surgery on the Staff at Bart's at that time, but he rather overstates the case against the others. I was a dresser under Langton when Lockwood became Assistant Surgeon in 1892, and the theatre atmosphere was certainly not dimmed by the "carbolic spray", which I have never seen used in my life, and which, even at that time, was spoken of as ancient history. Nor were dirty coats kept in the cupboards for use when operating; all the surgeons worked coatless, and used aprons (not complete gowns), and bare arms and hands. The scrubbing-up ritual was terrific. I well remember coming back from a summer week-end up the river with my arms sun-burned and sore, and then on Monday, our operating day, having to scrub them for 20 minutes by the clock with (1) nail brush and soap, (2) turpentine, (3) ether, and finally (4) biniodide in spirit. And the patient's preliminary preparation was similar—except for the sunburn—was a good

half-hour's job for the house surgeon whose personal duty it was. And that was not in the Lockwood "firm".

He was at times singularly shy and diffident. In those days "surgical consultations" were held every Thursday afternoon in the Old Theatre, and the whole Surgical Staff would be present to discuss difficult cases. On Lockwood's first Thursday after appointment there was a full turn-out, including the great Sir William Savory himself. Lockwood, as the most junior man, was called upon first to give his opinion. To the surprise of his dressers, congregated in the front row of onlookers, Lockwood was overcome by his august audience and was terribly nervous. By a quick and cruel bit of staff work his dressers—who had been badly ragged that morning—all concentrated their gaze on a certain part of his clothing which should have been—and, as a matter of fact, was—securely buttoned. Now C. B. L. was as tidy and precise in his clothing as he was in his mind, and this concentrated glare upset him completely. He dare not invite further attention by looking down, but, belied a towel held in his right hand, he made frantic attempts to fasten the button which was already secure, to the great merriment of the Seniors, who had quickly tumbled to what was going on, and to the further distress of C. B. L.

Lockwood's rather cold manner and caustic tongue did not make for personal popularity among the general crowd of students, but he loved a man who stood up to him, and was almost worshipped by those sick students who came under his professional care. He was a brilliant surgeon and a brilliant teacher.

Yours faithfully,

MATRICE G. PEARSON.

Darban;

March 10th, 1935.

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

ABRAHAM, ADOLPHE, O.B.E., M.D., F.R.C.P. "Physical Aspects of Psychological Disease." *Lancet*, March 2nd, 1935.

ANDERSON, H. G., M.D., M.R.C.P. "Intrathoracic Tuberculosis amongst the Chinese, with Special Reference to the Province of Szechuan." *Tubercle*, March and April, 1935.

CASTLEDEN, L. I. M., M.D. "Agranulocytic Angina." *Lancet*, January 26th, 1935.

CHANDLER, F. G., M.D., F.R.C.P. "Treatment of Lung Abscess." *British Medical Journal*, March 2nd, 1935.

D'ABRU, FRANK, F.R.C.S. "Chronic Interstitial Mastitis." *British Journal of Surgery*, January, 1935.

"The Diagnosis and Treatment of Breast Tumours." *Medical Press and Circulator*, February 13th, 1935.

DUNHILL, Sir THOMAS, K.C.V.O., C.M.G., M.D., F.R.A.C.S. "Diaphragmatic Hernia." *British Journal of Surgery*, January, 1935.

FRANCIS, ALEXANDER, M.B. *Then and Now: The Story of a Queenslanders*. London: Chapman & Hall, 1935.

GOW, A. E., M.D., F.R.C.P. "The Diagnosis of the Anomiae." *Practitioner*, March, 1935.

HALDIN-DAVIS, H., M.D., F.R.C.P., F.R.C.S. "Treatment of Simple Inflammation of the Skin (Dermatitis)." *British Medical Journal*, February 16th, 1935.

HAMMOND, T. E., F.R.C.S. "The Bearing of the Central Nervous System upon Bacterial Disease." *Medical Journal*, March, 1935.

HANSCHALL, H. M., D.S.C., M.R.C.S., D.T.M.&H. "The Defaulting Seaman." *British Journal of Venereal Diseases*, January, 1935.

- LESCHER, F. GRAHAM, M.C., M.A., M.D., and ROBB-SMITH, A. H. T., M.D., B.S. "A Comparison of the Pituitary Basophilic Syndrome and the Adrenal Cortico-genital Syndrome." *Quarterly Journal of Medicine*, January, 1935.
- LLOYD, W. ERNEST, M.D., F.R.C.P. "Diagnosis and Treatment of Bronchiectasis." *British Medical Journal*, January 26th, 1935.
- MAXWELL, JAMES, M.D., M.R.C.P. "New Growths in the Lung." *British Medical Journal*, February 23rd, 1935.
- MILNER, J. G., F.R.C.S. "Irradiation Cataract." *British Journal of Ophthalmology*, September, 1934.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. IV. Two Pre-Hunterian Operations for Anchylosis." *British Journal of Surgery*, January, 1935.
- PRICE, L. R. WOODHOUSE, M.B., B.Ch. "Metastasis in Squamous Carcinoma." *American Journal of Cancer*, September, 1934.
- "Malignant Tumours of the Nasal Mucosa." *Journal of Laryngology and Otolaryngology*, March, 1935.
- RAVEN, R. W., F.R.C.S. "Radium Treatment of Cancer." *Post-Graduate Medical Journal*, February, 1935.
- RODD SMITH, A. H. T., M.B., B.S. See Leecher and Robb Smith.
- ROCHE, ALEX E. M.D., M.Ch., F.R.C.S. "Torsion of the Hydatid of Morgagni." *Clinical Journal*, March, 1935.
- SCOWEN, E. F., M.D., and SPENCE, A. W., M.D., M.R.C.P. "A Concentrated Liver Extract for Parenteral Administration in Pernicious Anæmia." *British Medical Journal*, February 9th, 1935.
- SPENCE, A. W., M.D., M.R.C.P. See Scowen and Spence.
- TAIT, C. B. V., M.B., D.O.M.S. "Ophthalmoplegia Associated with Bony Changes in the Region of the Sphenoidal Fissure." *British Journal of Ophthalmology*, September, 1934.
- TAYLOR, HERMON, M.Ch., F.R.C.S. "Ostitis fibrosa: An Experimental Study." *British Journal of Surgery*, January, 1935.
- WALKER, KENNETH, O.B.E., F.R.C.S. "Prognosis of Renal Growths." *Lancet*, March 9th, 1935.
- WEDDELL, A. G., M.B., B.S. See Woollard and Weddell.
- WELCH, T. B., M.B., D.T.M.&H. "The State and Lepers in Malaya." *East African Medical Journal*, February, 1935.
- WHALE, H. LAWSON, M.D., F.R.C.S. "Unusual Case of Mediastinal Abscess." *British Medical Journal*, January 26th, 1935.
- WHITTINGDALE, JOHN, M.B., F.R.C.S. "Problem of the Climacteric." *British Medical Journal*, February 9th, 1935.
- WOOD, W. BURTON, M.D., M.R.C.P. "Diagnosis of Early Pulmonary Tuberculosis." *British Medical Journal*, February 16th, 1935.
- WOOLLARD, H. H., M.D., and WEDDELL, G., M.B., B.S. "The Composition and Distribution of Vascular Nerves in the Eulenticities." *Journal of Anatomy*, January, 1935.

CHANGES OF ADDRESS.

- GIBSON, W. K., Nile Lodge, Queen's Walk, Ealing, W. 5.
- LEITCH, J. N., 704/705, Endsleigh Court, Upper Woburn Place, W.C. 1.
- VERGETTE, E. S., Castlegate, York.

APPOINTMENTS.

- SIMMONDS, F. A. H., M.R. B.Chir (Cantab.), D.P.H., appointed Medical Superintendent of the County Sanatorium, Clare Hall, South Mimms, near Barnet.
- SPARKS, J. V., M.R.C.S. (Eng.), D.M.R.E. (Cantab.), appointed Assistant Director of the Radiological Department, The Hospital for Consumption and Diseases of the Chest, Brompton.

BIRTHS.

- ALSOP.—On March 18th, 1935, to Margaret, wife of A. F. Alsop, B.Ch., of 66, Woodstock Road, Oxford—a daughter.
- CROOKS.—On February 27th, 1935, at 46, Harley Street, to Irene, wife of James Crooks, F.R.C.S.—a daughter.
- PETTY.—On March 9th, 1935, at Cardiff, to Edith (Babs) (née Knox), wife of Dr. Gerald Fitzmaurice Petty—a son.
- ROWE.—On March 4th, 1935, to Isabel, wife of Dr. J. T. Rowe, Winton House, Basingstoke—a daughter.

MARRIAGES.

- FOWLER—TURNER.—On March 2nd, 1935, at St. Mary's, Cadogan Street, London, Dr. Eric Fowler, of Crowborough, to Agatha Clare, youngest daughter of Mr. and Mrs. Joseph W. Turner, of Lytham.
- MACFALL—BROOK.—On March 7th, 1935, at St. Philip's Church, Liverpool, by the Rev. W. A. Nagington, Prof. J. E. W. MacFall, of Rose Brae, Stoneycroft, Liverpool, to Florence Jane, only daughter of the late Rhodes Brook and Mrs. Crook, of Anfield, Liverpool.

DEATHS.

- EVANS.—On March 13th, 1935, at Kiddeminster, Oliver Conrad Penrhys Evans, M.D., youngest son of the late Colonel H. W. Evans.
- GRIPPER.—On March 25th, 1935, at Park House, Willington, Eastbourne, Walter Gripper, M.B., M.R.C.S., late of Wallington, aged 81.
- HANBURY.—On March 20th, 1935, at Foxbury, Woldingham, Reginald Janson Hanbury.
- JEFFERSON-FAULDER.—On March 20th, 1935, at a nursing home in Walford, after a short illness, Major T. Jefferson-Faulder, aged 63.
- RUST.—On January 14th, 1935, at Lynwood, Middleton Road, Higher Crumpsall, Manchester, John Rust, M.B.E., M.R.C.S., L.R.C.P., beloved husband of Florence Rust, 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. XLII.—No. 8.]

MAY 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

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| Wed., May 1. | —Cricket Match v. Wanderers. Home. |
| Fri., " 3. | —Dr. Graham and Mr. Roberts on duty.
Medicine: Clinical Lecture by Dr. Gow. |
| Sat., " 4. | —Cricket Match v. U.C.S. Old Boys. Home.
Tennis Match v. Queen's Club. Away. |
| Tues., " 6. | — Jubilee Day. |
| Tues., " 7. | —Prof. Witts and Prof. Gask on duty. |
| Wed., " 8. | — View Day.
Tennis Match v. London School of Economics. Away. |
| Fri., " 10. | —Lord Horder and Sir Charles Gordon-Watson on duty.
Medicine: Clinical Lecture by Lord Horder. |
| Sat., " 11. | — Annual Athletic Sports, Winchmore Hill, 2.30.
Tennis Match v. West Side Country Club. Home. |
| Mon., " 13. | —Special Subjects: Lecture by Mr. Bedford Russell. |
| Tues., " 14. | —Dr. Hinds Howell and Mr. Wilson on duty. |
| Wed., " 15. | —Surgery: Kingston Barton Lecture by Mr. Wilson.
Cricket Match v. Times C.C. Away. |
| Fri., " 17. | —Dr. Gow and Mr. Girling Ball on duty.
Medicine: Clinical Lecture by Dr. Hinds Howell. |
| Sat., " 18. | —U.H.A.C. Sports.
Cricket Match v. Hornsey. Home.
Tennis Match v. Balliol College, Oxford. Away. |
| Last day for receiving matter for the June issue of the Journal. | |
| Sun., " 19. | —Tennis Match v. Melbury Club, Kensington. Away. |
| Mon., " 20. | —Special Subjects: Lecture by Mr. Elmslie. |
| Tues., " 21. | —Dr. Graham and Mr. Roberts on duty. |
| Wed., " 22. | —Surgery: Clinical Lecture by Mr. Girling Ball.
Inter-Hospital Sports, Duke of York's Headquarters, 2.30.
Tennis Match. 1st Round Cup Ties. |
| Fri., " 24. | —Prof. Witts and Prof. Gask on duty.
Medicine: Clinical Lecture by Dr. Graham. |
| Sat., " 25. | —Cricket Match v. Leavesden. Away.
Tennis Match v. Melbury Club, Kensington. Home. |
| Mon., " 27. | —Special Subjects: Lecture by Mr. Just. |
| Tues., " 28. | —Lord Horder and Sir Charles Gordon-Watson on duty. |
| Wed., " 29. | —Surgery: Clinical Lecture by Sir Charles Gordon-Watson. |
| Fri., " 31. | —Dr. Hinds Howell and Mr. Wilson on duty.
Medicine: Clinical Lecture by Dr. Gow. |

EDITORIAL.

THE unfledged curiosity that dissects the malodorous earthworm, frog and rabbit soon becomes mature, and is transformed into more human research in the aetiology and gnosis of disease.

Inquisitiveness enters a maze, however, when an attempt is made to go further and to anatomize the emotions. They are meat more for the poet than the scientist, and a successful study in prose must, indeed, be rare. Probably this has been attained only in that one state which can be most easily reduced to the terms of medicine, when Burton, in his monument, *The Anatomy of Melancholy*, garnered from the classics and set forth the causes, symptoms, prognostics and therapeutics of that complaint. Its very name betrays it and binds it down, its origin revealed and its nature defined. An association with our substance has been found with most of the other emotions. The spleen and liver are reputed to house anger and misery, though some have held that one compels laughter, the other, love. The brain with cold sense holds uneasy sway over the passions of the heart, which is itself supported by the stomach. Merriment, however, knows no abiding place and prefers, like Ariel, to dwell or travel where it wills, too elusive for study and too transitory for pen or printer's ink. Melancholy is bound down by chains of its own creation; merriment is lawless and "agin' the government". The hypochondriac will nurse his misery immune to all physic of wit or wealth, but the brightest place in a ward of gloomy adults may well be the bedside of a child semicircled in extension on a plaster-bed.

Readily evoked in the individual if the heart is willing, the joy of a nation can surpass all bounds and brook no opposition. The season now upon us is in itself the most appropriate for jubilation. March hares, spring poets and the light flittings of youthful fancy have contributed their share in the creation of a right atmosphere. The dreariness of a long winter is over. We are told that prosperity is convalescent. Awakening with a *depressus extollor*, the nation, looking for a little, finds a great cause to rejoice and be glad.

Because so much has been said already by everybody in newspaper, book and song, it is difficult to do more

than reiterate the congratulations and goodwill poured out by a loyal people to its King. Happy in the knowledge that without her aid such an occasion might well have been impossible, Medicine, through a Hospital, can pay no more fitting tribute than the perpetuation of their Majesties' names in a large part of it. The King has consented to the naming of the new Medical Block as the King George V Building; the Queen's name has already been given to the new Nurses' Home. For the fulfilment of such a long-hoped-for event no time could have been more suitable.

A tender has been accepted for the erection of the block to provide accommodation for 250 medical beds. The cost of the buildings and equipment will be £150,000, which the Governors, with the consent of the Charity Commissioners, propose to provide by the realization of securities, the replacement of the capital funds so utilized to be arranged by means of a sinking fund extending over a period of sixty years.

Building operations will begin at once, and the work will be completed in a year and a half.

As the Hospital's Charter prohibits the employment of any part of the funds for the erection of buildings for the benefit of middle-class patients, a private Bill is now before the "unopposed" Committee of the House of Lords.

The nurses who have hitherto found accommodation in the South Block will be housed in temporary quarters in Charterhouse Square.

* * *

The Annual Dinner of the Tenth Decennial Contemporary Club will be held at the Café Royal on Friday, **May 10th**; Dr. F. A. Roper (of Exeter) will be in the Chair. We regret that the date was wrongly given in the last issue.

* * *

The Seventh Annual Dinner of the Eleventh Decennial Club will also be held at the Café Royal on Friday, May 10th, at 7.15 for 7.30 p.m. Mr. Frankis Evans will be in the Chair.

* * *

The Treasurer's Report for 1934 states that the annual subscriptions and donations are satisfactory as indicating the continued interest of a certain number of supporters, but the amount received in annual subscriptions at this Hospital compares most unfavourably with the amounts received from this source at the other large London general hospitals.

During the year the sum received under "voluntary gifts" amounted to £18,311, showing an increase of £1523 over the receipts under this heading for 1933. This amount included annual subscriptions, donations, box collections, and the proceeds of entertainments, contributions from Sunday cinematograph performances, etc.

CONSTIPATION.



CONSTIPATION is so common, and its treatment by laxatives so usual, that the average person both diagnoses the complaint himself and treats it himself without asking a doctor's advice. However, when a doctor is called on to treat a patient who suffers from constipation, he needs to make the same approach to the case as he would to any other complaint or disease; that is to say, he needs to take a careful history and make a proper clinical examination. It is not long ago that I found two patients in one week suffering from carcinoma of the rectum who had been sent to me for advice as to treatment of chronic constipation of many years' standing. In neither case was there any fresh symptom in the history of the complaint to suggest the growth of a new disease. It was just found in the course of a routine examination, for when the disease or disorder involves the digestive tract, the routine examination of a case necessarily includes an examination of the rectum.

Constipation is one of the cardinal symptoms of many diseases of the digestive tract, and its presence immediately calls to mind the possibility of carcinoma of the rectum and distal parts of the colon (carcinoma of the proximal colon being more often accompanied by diarrhoea). It is equally a cardinal symptom of organic obstruction, whether it be a stricture of the anus, or obstruction higher up by adhesions, volvulus, or other cause. Going further afield, any acute or chronic disease of the digestive tract may be complicated by constipation, as, for instance, typhoid and paratyphoid, acute or chronic appendicitis, cholecystitis, gastritis, carcinoma of the stomach (especially when there is vomiting), and cancer of the colon. In some of these diseases, such as acute appendicitis or chronic gastritis, instead of constipation there is on occasion diarrhoea. Constipation is a common symptom of liver disease, as in the case of jaundice and cirrhosis of the liver. In chronic pancreatitis and *œdemic* disease the stools are generally loose on account of colitis due to the failure of fat absorption. In acute hæmorrhagic pancreatitis and peritonitis there is constipation. Disease elsewhere in the body, especially in the acute infective fevers, is often complicated by constipation at its onset. Thus influenza, pneumonia, acute tonsillitis and bacterial toxæmia are generally complicated by constipation. It is one of the cardinal symptoms of cerebral tumour and abscess. Dr. J. H. Drysdale used to teach his students that the sudden onset of constipation in an ill child is often the first symptom of tuberculous meningitis. He used to speak of it as the "cloven hoof", the constipation being

symptomatic of the diabolic character of the child's disease. These are but a few rather random examples of the fact that the wolf of serious organic disease may show itself first in the sheep's clothing of constipation. It is in fact such a common complaint that its significance in an individual case is readily overlooked. This is particularly so when the patient thinks little of it, and objects to a proper examination of his body.

Constipation claims whole interest for itself when it occurs in a healthy person, and when there is no organic cause to account for it. It is then called essential constipation, and it is with essential constipation that this article is chiefly concerned. In dealing with this complaint a doctor needs to think physiologically, and to tell his patient how bowels should work. To this end the objective to be achieved is stated in terms of a formed stool, preferably soft, evacuated with a sense of completion, and without wind or abdominal discomfort. It is explained that a loose stool is evidence of bowel contents having been evacuated too soon, with the result that the absorption of food-stuffs and water is incomplete, and the bowel left too empty. Some people have the idea that food residues are poisonous, and that the bowels are better empty. To those who hold these views it can be explained that all organs have a natural content, and that if there is not blood in the heart, air in the lungs, or urine in the bladder, anyone gets ill or dies. A little air in the heart leads to air embolus and death. To replace the air in the lungs with water is to drown, and to put a catheter into the urinary bladder and keep it empty for a length of time is to determine an infection which no precaution can prevent. It is true that the heart empties itself in systole, and the urinary bladder in the act of micturition, but these organs fill on the instant again, the ventricles with blood from the auricles, and the bladder with drops of urine from either ureter. Compared with these organs the large bowel is handicapped, because it cannot empty itself completely. If it is empty of food residues it must fill up with wind. Flatulence is a common symptom in all those who evacuate loose stools. A well-known physician of the last century used to teach his students at the London Hospital that to keep the lining of the bowel healthy it must be kept in contact with fæces. In other words, bowels full, not empty, is the teaching of physiology, with this most important qualification—that the rectum being the way out of the body, as is the gullet the way in, should be empty after defæcation, as should the sigmoid too. In a perfectly healthy digestive tract it is probable that the rectum is always empty, and the arrival of food residues in it then provokes a sensation which is an inclination or desire to empty the bowel. That this is at least often true is common knowledge to

those who practise sigmoidoscopy without preparation of their patients.

It may be also explained with advantage that what is inside the bowel is, in a sense, outside the body. That food which is ingested and not absorbed, in other words, food that is eaten and shortly evacuated without being assimilated, does the body no good. The same holds good with regard to poisons. They poison the body when they are absorbed from the bowel, and in general terms, unless strong chemical poisons which damage the intestinal mucosa, they do no harm as long as they remain in the lumen of the bowel. The integrity of the mucous membrane of the bowel determines the absorption of poisons. In other words, it is not so much the quantity of poison in the bowel which matters as the health of the mucous membrane, and this health is better maintained by contact of the mucous membrane with food residues than by contact with wind.

With this brief explanation of normal function the objective already put to the patient gains significance. Thus, the evacuation of a formed stool means that food residues have remained in the bowel long enough for good absorption of water and food-stuffs. The sense of completion means a complete emptying of the rectum and sigmoid. It indicates not only that the thing has been done, but that it has been well done. A point may be made here that perfection of function is of even more importance to health than regularity of function. And the absence of flatulence or abdominal discomfort shows that, whatever means may have been adopted to secure the objective, no harm has been done by them. In other words, there is no harm in laxatives provided they work well. What is "well" has already been explained.

The habit of loose stools is easily acquired. For any one of a host of reasons a rectum may on occasion fail to empty, or empty incompletely. Although it does not in this failure give rise to such insistent symptoms as a gullet which retains some food on its way to the stomach, nevertheless it causes sufficient discomfort, if not at once, at least after a little time, to determine the patient that there is something wrong, and to make him take steps to correct it. He may have a sensation of fullness in the perineum: a tendency to piles may be aggravated. There may be fullness in the hypogastrium, or discomfort in the left iliac fossa. There may be reflex effects on the pylorus which give rise to acidity or suggest a peptic ulcer. The delay in emptying of the stomach may give rise to fullness in the epigastrium, biliousness and headache. All these symptoms pass like a little cloud that obscures the sun after taking a sufficient laxative to empty the bowel. Fortified by this experience the person realizes that constipation and its attendant symptoms can be cured by taking an

efficient laxative, but he may be misled into the habit of habitual loose stools. Organs, of course, have habits and acquire habits, both good and bad, as easily as do persons. A bowel can readily acquire the habit of being rather empty of food residues and rather full of wind. To educate it back to a normal habit may be difficult, because it complains of a content of faeces once it has acquired the habit of being full of wind. It is only by an explanation on these lines that a patient can be persuaded to put up with the discomforts and abdominal craving provoked by withholding laxatives.

In quite a number of patients who complain of chronic constipation, and who take a laxative every day to correct it, the diagnosis is faulty, the case having initially been one of transient constipation, and having become one of habitual loose stools and a laxative habit. As in any other complaint, a doctor cannot accept a patient's diagnosis as necessarily correct, but must make some inquiry and observation on which to establish the diagnosis to his own satisfaction. When a patient complains of chronic constipation, and after such examination as reasonably excludes the diagnosis of organic disease (and this often includes X-ray and other detailed investigations), the next step is to establish the diagnosis of constipation or disprove it. To this end the patient is told something of the mechanism of bowel function, especially with regard to the evacuating mechanism and defaecation. It is pointed out that though the initiation of this act and its inhibition are to an extent under voluntary control, yet for its performance the involuntary nervous system is closely concerned, and over this there is no personal control. It is a reflex mechanism determined by a number of factors, of which the following are important.

The bowel is even better aware of the passage of time than the body which contains it. Defaecation tends to occur after the passage of 24 hours as a matter of habit. On this account there are many whose bowels act less well, or fail to act, on Sunday, when the day's routine is an hour later than usual. The patient is therefore advised to go to stool at the same time every morning, or in some cases it may be in the latter half of the day. The upright posture is a contributory factor. In those whose bowels are sensitive, especially as a result of residence in the tropics, and past attacks of dysentery or tropical diarrhoea, to stand upright after lying horizontal in bed all night may be the determining stimulus, and the bowels may act with regularity before breakfast every morning. The most effective stimulus is the arrival of food in the stomach. Hence the common habit of defaecation after breakfast, or in some cases after an early morning cup of tea. Nature, for our convenience, has provided a time-lag in this reflex path.

Were it not for this, breakfast would be soon interrupted by what is euphemistically termed "the call of Nature". As it is there is an interval of half to one hour between the beginning of breakfast and the time of bowel action. The patient must be told of this, and his day must be so arranged that he has no pressing occupation for at least three-quarters of an hour after beginning breakfast, and he must be told that the best time to go to the lavatory is three-quarters of an hour after beginning this meal. While these are the things which stimulate the defaecation reflex, there are others which inhibit it. Bowel function and emotional tone are closely dependent on each other. The prospect of a hurry to catch a train, important business in the early morning, or a worrying post, the practice in many girls' schools of a run or other exercise before or soon after breakfast, or other especially trivial irritation, not to mention the fear, which on occasion amounts to an obsession, that the bowels may not act, may disturb the proper working of this reflex mechanism. Another cause of its failure may be fatigue. The fatigue may be habitual, and of such long standing that the person concerned is hardly aware of it. There are some in whom the bowels feel fatigue before the brain, back, arms or legs. In this event a day in bed may restore bowel function, or the patient may be advised some other means by which to bring his activities within the limits of his strength.

Having explained these things to the patient, and having secured his co-operation in the diagnosis of his complaint, having at the same time advised him that if his bowels do not act it does not matter, he is told to act on the indications supplied by the foregoing explanation of normal function, and in particular to go to the lavatory three-quarters of an hour after beginning breakfast, and if there is a failure to try again between 6 and 9 p.m., or at any time during the day that there is the inclination. At the same time he is asked to take a glass of water before breakfast in the morning, another glass of water or barley-water before bed at night. It is important to make the task of evacuation easy. To this end the stools should be soft. The bowel must be supplied with sufficient liquid, and in case the bowels do not act, a teaspoonful of paraffin oil taken daily or alternate days keeps the retained faeces soft. Again, in case the bowels do not act, and to prevent a large accumulation, the patient is given a low-residue diet, which limits his intake of fruit and vegetables to one of each daily. If there is any evidence of spasticity of the bowel, $7\frac{1}{2}$ minims tinct. belladonnae are prescribed, to be taken three times daily after meals. When this diagnosis is assured a larger quantity of belladonna is given. The patient then reports on the third or fourth day. In some cases

he reports excessive action of the bowels. This is readily corrected by stopping the paraffin, reducing the belladonna, adding residue to the diet, restoring exercise and activity to its previous level. The patient may then find that his bowels act regularly every day, with the evacuation of a formed stool and a sense of completion. The larger the stool the healthier the bowel. If there is a doubt as to the completeness of evacuation, abdominal and rectal examination will provide some evidence on the subject. If doubt persists, a good laxative, such as an ounce of castor oil followed by an enema and an inspection of the faeces evacuated, will confirm or disprove the patient's sensations. If the whole evacuation is porridge-like in consistency or fluid, there is no dyschezia. If, on the other hand, there are hard lumps of faeces, there is dyschezia. In the case of spastic constipation or sluggish colon, an excessive bulk of faeces will declare it, and as to this some experience of the normal stool is naturally required, and the patient's opinion cannot be accepted. Anyone who has been in the habit for some time of taking a laxative regularly is accustomed to a stool of abnormal bulk, because such a stool contains more water and more unassimilated food than normal. Its bulk, too, is increased by an excess of mucus. Because of the absence of cellulose in a low-residue diet, a patient who is not taking fruit and vegetables may evacuate faeces which are remarkably small in bulk.

When there is constipation, the location of bowel dysfunction is the second step in diagnosis. It has to be determined whether the failure is in the colon as a whole, colonic constipation, or whether it is a failure of the evacuating mechanism, which is called dyschezia. The commonest type of colonic constipation is the spastic kind, in which case there is a hold-up of faeces at about the junction of the proximal two-thirds with the distal third of the transverse colon. The treatment for this is the prescription of rest, a low-residue diet, belladonna, and a teaspoonful of paraffin oil daily if this is tolerated. Another common type which includes a variety of colon disorders is the sluggish colon. In this case there is a delay in the passage of food residues through the colon in its whole length. For its treatment a tonic for the bowel given two or three times daily is required—such a tonic as nux vomica combined with 5 or 10 minims (not more) of liquid extract of cascara. Dyschezia is generally diagnosed rather easily from the patient's symptoms, the account of hard stools after any day or two of constipation, and the finding of faeces in the rectum and sigmoid by rectal examination. It is treated by a full-residue diet containing plenty of cellulose, as in fruit and vegetables, and brown bread; agar and psyllium seeds are useful adjuncts; physical


exercise, of which walking and horse-riding are the best, and a somewhat larger dose of paraffin, such as one or two teaspoonfuls once or twice a day, and if necessary some stimulus for the lower bowel, such as aloes taken immediately after dinner at night, daily or as required.

The above is only a brief outline of some aspects of constipation. The accurate diagnosis of its aetiology and form is too large a subject to include in this article, but it is a complaint that well repays patient observation and study, both because it is so common, and because simple treatment is so often effective when its location, nature and cause are accurately known.

In conclusion I feel bound to make the rather obvious remark, that if a man wants to know what the bowels are doing, he needs to see with his own eyes what they do. No one would give an opinion on or treat a patient suffering from disease of the kidneys without seeing the urine. In the treatment of a patient for disorder of the bowels it is important to see the stools.

GEOFFREY EVANS.

A DISTINGUISHED BART'S MAN.

OUR Editor kindly asked me to tell you some stories of my early experiences in Madras, but I feel sure I can interest you better by a few reminiscences of a distinguished Bart's man of my time, who was also a brother officer of my own in the Indian Medical Service. I hope that you will forgive me if my story is a little disjointed, and that you will remember, too, that I am writing from memories of long-past events.

It may surprise you to know that when I left Bart's and took up a country house-surgeoncy, my sole introduction to bacteriology had been through the anthrax bacillus. Even that was only shown me as a great favour by one of my seniors, who was dabbling in a new branch of medicine which was not then systematically taught, even to men who were studying for the highest examinations, such as the University degrees and the F.R.C.S.

I can remember another microscopic find which I came across by chance in a patient home from Egypt suffering from haematuria. I showed it to my house surgeon, and it attracted a good deal of notice, though then no one knew much about it. I had examined the urine out of curiosity, for it was not my case, and I found the ova of *Bilharzia haematobium*, whose relations to the haematuria were then only dimly guessed at. I believe I am right in saying this. I at least know that, to my surprise, I could get very little information on the subject from anyone, and that the discovery caused

quite a flutter of excitement in the Hospital, though the general impression was that I was wasting my time over things which did not really matter, to the detriment of the demands of routine work. There was truth in this, but, nevertheless, I have gone through life on the same lines and I cannot say I regret it. It has added a lot of interest to my work.

May I slip in a story here? While we were doing our histological work we were taking scrapings from our tongues. Most of us found only the ordinary epithelial cells, but one gentleman, to his consternation, found curious yellow crystals, which were speedily diagnosed by the assistant professor as uric acid. The mystery was solved when it was discovered that he had been having kidneys for lunch. He was nearly sick on the spot. Obviously the cook had not been very careful about preliminary washing.

In my year and in the following one there were a number of men who distinguished themselves in after life, and among them was Gerald Godfrey Giffard, affectionately known in the I.M.S. as G.G.G. He spent a minimum of time over obtaining the necessary qualifications, and went straight into the Indian Medical Service at the first possible opportunity. The result was that though *then** not highly qualified, he was very senior in military rank for his age, and so in the later years of his service he was eligible for and was promoted to the rank of Surgeon-General in Madras—the great ambition of his life. He was a man of great charm and of very outstanding ability, and if he had not dissipated his energies in very many directions, would have made a great name for himself in medicine, for he combined wonderful opportunities in the Women's Hospital at Madras with the possession of a very forcible and original brain. There was no branch of social activity in which he did not shine. He had a caustic wit, which would often have got him into bad trouble but for his great popularity, which was founded on his lovable character, his fearlessness, his originality of thought, and his ability to make difficult decisions without hesitation. I, for one, would have liked to have seen him confine himself to his own profession, feeling that, had he done so, he would have gone very far indeed. As it was, he was known out East as a very able surgeon. He had an influential finger in every pie that was being baked, and he justified the line he took, for later on he was knighted for his services. Unfortunately he died all too soon afterwards. He was a man who burnt the candle at both ends and in the middle as well. He would sit up till the early hours as lively as a cricket, the leader of all the fun that was going,

* He later took the M.R.C.P., and was, I think, later still made a Fellow.

and yet he would be on his rounds the next morning at 6.30, perhaps a little sore in the head, but just chock-full of energy. When the Director-General of the Indian Medical Service came down to visit Madras, Giffard's hospital was one of the two which he held up for an example to the rest of India.

After I got back from the Chin Hill Expedition I was sent to Secunderabad in medical charge of an Indian regiment, and there I again met Giffard, who by then was quite an old soldier, for he had seen a lot of frontier service in Burma. He was a powerful man and a very fine horseman. I shall never forget his choosing a pony from a herd of half-broken animals brought into the cantonment by a local dealer. His eye fell at once on a pony he liked; he put a saddle on it, and before one could think what he was up to, he was whirling away in a cloud of dust into the distance. He came back on much better terms with his wild mount, and bought it on the spot. Later we met again in Madras and "chummed" together. Indeed, it was I who persuaded the Surgeon-General to give Giffard a billet in the University town, though once he had got in there he needed no help from anyone. He made his own way at once. Madras at that time was run on the medical side by a clique of Irishmen, many of whom were rather second-rate, but they stuck together, from the Surgeon-General downwards, and kept other nations out. After the time I am speaking of there was quite an irruption of us juniors from English and Scottish Universities, who soon contested every appointment with the Irishmen. One of the latter, C—, very little older than us, but very senior in service, though a good fellow, gave himself a lot of side, and when a senior stranger visited the Madras Hospital he introduced Giffard as "one of our young fellows from Burma". Most men would have been at a loss for an answer and would have felt annoyed, but not so G.G.G. He "shot his cuffs" just like C— used to do, and said to the Colonel, "Yes Sirrh! One of our young fellahs from Burmahh!", mimicking C— to a T. This caused such a shout of laughter that few people tried tricks on him again.

On another occasion Giffard risked making himself very unpopular. A friend of ours, who imported horses from Australia, was blackballed for the Club. Giffard was fiercely angry, and being a member, though a very junior one, of the Club Committee, raised the question directly of the reason for his friend's exclusion. An unctuous old gentleman, who was President of the Club, explained that though a man might by birth and education be a perfect gentleman, yet if he enlisted as a "Tommy" or occupied himself in the sale of horses, it was not possible to meet him on even terms. Now, one of the staple industries of Madras by which the big

merchants who were predominant there made their fortunes was the sale of skins, and the President was the head of such a firm. Like a rapier thrust came Giffard's repartee, "Will you tell me, Sir, the difference between selling a live animal and selling its skin when it is dead?" It was only his great individuality which enabled him to live this down, but the next time the horse-dealer was up for the Club he got him triumphantly elected. The story was made the theme of a very popular novel of the time. It was widely felt that the gentleman had been very unfairly treated, and, indeed, a finer sportsman than the horse-dealer I have seldom met anywhere. This was a sample of Giffard's loyalty to his friends.

I have said that he and I "chummed" together in our early days. That was before either of us were married. We divided the labour of the house on a very simple plan, which had the great advantage that our accounts always balanced to an anna, whereas I have seen my dear wife spend a morning over her "books" to rectify a discrepancy of a few annas. I will give away our secret for the benefit of weary housewives. Let them turn up their noses at it if they like to do so. We each kept a large and formidable-looking foolscap-sized book in which we entered all disbursements for the month. I ran the catering and house-rent, Giffard the stables and servants. Our monthly pay came to each of us in a bag and was laid out on the table in heaps. The sums owing to tradesmen, servants, etc., were paid out of these heaps on the spot, and the balance left over was counted out and returned to the owner's bag. If the credit and debit would not balance by, we will say, ten rupees, five annas and four pies, we entered an item of that amount under the heading of N.A.F., and then made up the total afresh. This time it was exact. After my wife had got used to Indian ways she examined our account-books and demanded to know what N.A.F. stood for. I had reluctantly to explain that it was devised to simplify accounts and meant "Not Accounted For". The system worked excellently and saved a lot of brain-fag, but no lady housekeeper thinks well of it.

It was in that bungalow that we were always finding snakes. It was in a district known as "The Adyar", which was distinguished for large compounds and was some way out of Madras proper. I can remember one night in the rains, when, on coming in from the Club, we found some snakes in the verandah. Not knowing if they were deadly we killed them "on spec". When we were about to sit down to dinner we found more of the same species under the dining table, and finally, as we were on our way to bed we found a last consignment of two or three of them on the stairs. We went on the

principle that "dead snakes bite no bites", but the museum authorities later assured us that, though like kraits, and often mistaken for them, these reptiles were quite harmless, so it was a pity we did not spare them.

One night we were invited to a Madras Infantry Mess, and shared a hired cab, as it meant a long dark drive. We had at least dined well, and the driver's method of getting along his poor skin-and-bone animal by constant beating got on our nerves. Giffard explained to him, in his best Tamil—a language we were both laboriously acquiring—that he was not to beat the horse. The man took no notice and went on, so Giffard took the whip away from him and shook it at him. He was far too kind and too fond of the Indian to have touched our Jehu, but the terrified man did not know this, and jumped off his box and disappeared at the side of the road. I pointed out forcibly the straits in which his S.P.C.A. ardour had landed us, and so in white mess kit as he was, he mounted the filthy box and took charge, while I slept peacefully inside. I am bound to record that he had to beat that poor horse far more than did the Indian who had vacated the driver's seat, and yet we crawled home even slower than before. When we got home we woke up our syces and had the animal fed and bedded down. In the early hours the driver came and took his belongings away. Later he turned up and the butler paid him what we owed him.

At that time I was commencing my snake work, and Giffard used to help me in spite of his dislike for the reptiles. He constructed a barricade of tables against one wall, and whenever a snake got loose he took refuge and stayed up there until I had effected a recapture of the wanderer.

This was all in Madras, but I must go back to a story of our early days when I had just arrived in India, and when we met in Secunderabad. I was detailed to learn my work under the Staff-Surgeon, a dear old man named Fawcett, who had lost all interest in surgery, but took a most profound one in local politics. Nothing suited him better than to go to his office and talk long and ardently with his head subordinate, Dr. Nabhi Khan, whilst I did the work. It was a large and important hospital, and there was any amount of major surgery there. It was not surprising that I could not really believe that I was free to wade in and operate for cataract, stone in the bladder or kidney, and anything and everything else that poured into a big general hospital. The first day I waited about for Fawcett to commence work. He came out and saw me. "Ah, damn the boy, when is he going to start business?" I said, "Do you really mean, Sir, that I may operate on these cases?" His only reply was, "What the hell else would you do with them?" I needed no further

invitation, and for months I had the time of my life. In the midst of this Giffard arrived at the station and came over to call on Colonel Fawcett, whom he knew of old. We had a splendid time, sharing all work fifty-fifty. One ill-fated day Giffard decided to remove an abdominal tumour. It proved to be a new-growth, and I doubt if in our later years either of us would have touched the case. Anyway, "the woman died also", and that soon after we had got her back to bed. Old Fawcett was very upset: "You damned boys will have me in jail, you will, with your murdering ways." He was so angry that I had a very thin time, whilst Giffard, who was simply a volunteer at the hospital, did a Cheshire cat act and faded away for some days. Luckily our Principal Medical Officer (as we called him in those days) had had a distinguished career in surgery before he attained administrative rank, and when Fawcett went to him with his tale of woe, he said, "What else do you expect? They are only boys and have got to learn; you can't make omelettes without breaking eggs". This thawed the old man, and the next day he was smiling all over his face when he said to me, "You's a great chap, Elliot; you and I will never quarrel". I could not say so, but I thought it was no fault of his that we had not done so on this occasion. As an afterthought he added with a chuckle, "That fellow Giffard is a great boy; he's kept out of my way lately; tell him to come back". Of course I did so, and we were a happy family again.

Before Giffard's arrival in Secunderabad I was operating on a case of cellulitis of a leg by long free incisions, and was quite unaware Fawcett had entered the theatre till an Irish voice behind me said, "It's quite plain, my lad, that this climate has not shaken your nerve yet". I explained that it was the routine treatment and was very safe. He nodded his head. A few days later I found the old man seated at the operating table, whilst Nabhi Khan was giving an anaesthetic. I felt just a little bit injured as he had told me that all the surgery was my own, but I, of course, said nothing and awaited events. It was a case of acute synovitis following an injury, and the knee was tensely distended with fluid. I wondered what he was going to do, but my doubts were soon resolved. With the remark, 'You are not the only man in the hospital who can make an incision', he laid that knee-joint open in one free longitudinal cut, which made me gasp. Recovery was uneventful, and I never told him what I had thought of his surgery. He was very proud of it, and having once asserted his personality, he went back to Nabhi Khan and politics, and left me to go my way with the operative work.

The crows were a dreadful nuisance in Madras, and

from time to time a hospital would organize a crow-drive. The staff would invite all the doctors and their friends, and taking up good stations would chase the brutes backwards and forwards till we had considerably reduced their numbers. On one occasion Giffard arranged a shoot at the General Hospital, and stationed some guns on the flat top of the Resident Surgeon's quarters. One of the guns was sitting on the balustrade that ran round the top of the roof of this two-story building when a gun coming in from another station, and seeing a crow flying over, fired at it without pausing to think. The periphery of his charge of shot sprayed the sitting gentleman on the only part of him that presented over the edge of the building, and Giffard had to get him down on his face on a bed and cut out the shot one by one. He told me that the language this Irish brother used was quite unprintable.

In our early days plague had just broken out in India, and a racing man from Bombay imported the first case into Madras in the person of a syce on the staff of his racing stud. The place was buzzing with alarm and nervous excitement, and "isolation" of every one who had been in contact with the victim was all the talk. That night I met G.G.G. at the club. He was in great form. "Those silly blighters are talking about isolation," he said, "what about me? I have been dabbling in the poor devil's blood up to my elbows at the P.M. and they never think of isolating me." He went down with a severe attack of plague, and the medical officer of health for the municipality, a very keen fellow, now long dead, was most anxious to introduce a hypodermic needle into his axillary glands in order to test the material so obtained for plague bacilli. I fought the M.O.H. like a tiger. Giffard was far too ill to be consulted, and he had no relatives out there, so I dug my toes in and threatened all sorts of things if any experiment was made on him. The result was that the idea was given up. I argued that the glands were doing their best to keep the virus out of the general blood-stream, and that the use of a syringe might easily cause its dissemination through the body. Fortunately Giffard made a good recovery and was none the worse for his dangerous experience.

He lived to hold a number of important appointments, and finished up, as I have said, by being Surgeon-General with the Government of Madras, and retiring with a Knighthood and a C.S.I.—no small acknowledgment when one realizes how scantily any man is rewarded in India unless he happens to belong to the Civil Service, through whose recommendations all honours are distributed.

K. H. ELLIOT.

[We recommend to readers the author's book, *The Myth of the Mystic East* (Wm. Blackwood), which is the result of his life-long study of Indian "Magie".—Ed.]

CLINICAL METHODS.

EXPLORATION OF THE PLEURA.

The insertion of a needle into the pleural cavity should be a painless procedure, and, if properly performed, it is attended by very little risk.

It is desirable, where possible, to carry out the exploration with the patient sitting up and leaning slightly forward on a suitable support. In this position the fluid gravitates to the base and is readily found. The site of election is usually in the seventh or eighth space in the line of the angle of the scapula, but each case must be decided on its merits and the puncture must be made over a dull area. In cases where there is reason to suspect that the fluid is not free in a pleural sac, but is loculated, or interlobar, the site may need to be selected after a skiagram has been obtained. In such cases, the third, fourth or fifth spaces in the mid-axillary line or the second space anteriorly in the mid-clavicular line may be chosen. If the patient is too ill to sit up he should lie supported as much as possible on the sound side, and the needle must be introduced over the area of maximum dullness.

It is first necessary to define the line of the intercostal space by placing a finger of the left hand exactly in the space, so that the borders of the ribs above and below can be distinctly felt; in cases where the ribs slope more sharply than usual, it is desirable to define the space with two fingers an inch apart and to insert the needle at a right angle midway between them. By taking this simple precaution, it is possible to ensure that the needle penetrates the space, and the risk of striking a rib, with consequent pain, is avoided.

After the usual cleansing of the skin, a preliminary intradermal injection of about 0.2 c.c. of 2% novocaine is made directly over the selected space; the finest available needle should be used. It is not necessary to add adrenalin to the novocaine. The syringe is then filled with about 1 c.c. of the novocaine, and an ordinary intravenous needle, at least 2½ in. in length, is attached. The tissues between the skin and the pleura are relatively insensitive, and it is only necessary to inject a very little of the solution into them. The parietal pleura itself, however, is very sensitive, and the patient experiences a sharp, pricking pain as the needle approaches this spot. This sensation is extremely useful, as it enables us to be sure that the parietal pleura has, in fact, been reached. The remainder of the novocaine is injected into the pleura and the needle is withdrawn. If this needle be pushed beyond the pleura no great damage is likely to ensue, but it is always wise, if one is not quite sure as to the situation of the point of the needle, to withdraw the plunger a little at frequent intervals. If the needle be still proximal to the parietal pleura there will be a vacuum, and the plunger will spring back when released, whereas, if the needle has entered the pleural cavity, fluid or air may be withdrawn, according to the condition present. If the point of the needle has penetrated the lung, air or blood-stained froth will appear. At any level it may happen that blood wells into the barrel of the syringe, and this is an obvious indication that a moderately large vessel has been punctured. This is not, as a rule, a serious happening, unless the needle has penetrated very deeply into lung tissue, and it is usually sufficient to remove the needle and to reinsert it through the same track.

Having satisfactorily anesthetized the track, the exploring needle, attached to a 20 c.c. syringe, is now introduced, and the plunger is gradually withdrawn at short intervals in order to determine the level of the point of the needle. In ordinary cases of clear effusion it is sufficient to use a long intravenous needle of moderate bore, but when there is reason to suspect the presence of thick pus, it is desirable to use a wide-bore needle, for otherwise the presence of an empyema may be overlooked; it is always as well to inspect the contents of the needle itself after an apparently dry puncture in order to be sure that inspissated pus has not blocked the lumen.

It is sometimes necessary to explore the lung very deeply in order to locate pus, and it is surprising that accidents do not happen more frequently. The two main risks are spontaneous pneumothorax and injury to a deep vessel. Both are exceedingly rare, and fatal hemorrhage is almost, although not quite, unknown.

If the first puncture yields a negative result, the needle should be reintroduced through the same track, but directed towards various parts of the chest. Care must be taken, when exploring in a downward direction, that the liver is not injured; a sudden pain felt in the shoulder suggests that the diaphragmatic pleura has been encountered.

J. M.

CORRESPONDENCE.

DEAR SIR,—The new clinical test for bilirubin in urine described in this month's JOURNAL, whilst suitable for use in laboratories, is unlikely to make a strong appeal to the practitioner who tests urines himself. Neither the nitric acid or ring iodine tests are satisfactory, and I have for some years found the following method of carrying out the iodine test much superior to either. It consists in half filling each of two test-tubes with urine, and adding a solution of iodine (Ligo's solution or tincture) drop by drop to one tube, shaking well after each addition. A green tint is unmistakable in the treated tube, on comparison with the control, even when bile pigment is present in only small amount (2-100,000).

Yours truly,

RUFERT WATERHOUSE.

DEAR SIR,—The modification of the iodine test for bilirubin as suggested by Dr. Waterhouse, whose letter you have shown me, is a very old one. I have tried it a few times, but disagree with Dr. Waterhouse in that I do not think it more sensitive than the iodine ring test. The green colour develops quicker than with the ring test, but there is more risk of over-oxidation. In my experience it is even less sensitive than the nitric acid test. The iodine ring test will detect 0.07-0.3 mgrm. of bilirubin per 100 ml. of urine, i.e. 1 in 1,400,000 to 1 in 300,000; the nitric acid test 0.04-0.08 mgrm. per 100 ml. of urine, i.e. 1 in 2,500,000 to 1 in 1,300,000. The new test described in the March number of *St. Bartholomew's Hospital Journal* detects 0.003-0.008 mgrm. per 100 ml. of urine, i.e. 1 in 33,000,000 to 1 in 13,000,000. I do think that it is a very simple test, and cannot understand why it should not appeal to the practitioner.

Yours truly,

E. G. GODFRIED.

"THE LIFE AND WORKS OF CHARLES BARRETT LOCKWOOD, 1856-1914."

(Concluded.)

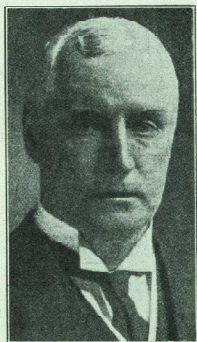
VII. THE MAN: HIS DEATH.

"The passports to your fellowship should be honesty of purpose and a devotion to the highest interest of your profession, and these you will find widely diffused, sometimes apparent only when you get beneath the crust of a rough exterior."—*William Osler.*

The enthusiasm which was an essential part of Lockwood's nature was naturally unable to confine itself to matters medical, and one of its chief outlets was in an abounding interest which he developed in the subject of motoring. In this his pioneering spirit was also to the fore, and he was the first member of the staff of Bart's to drive himself to Hospital in his own car. This machine was a Panhard with tube-ignition and painted a bright scarlet. It was always left outside the Hospital, where the necessary preliminaries to its departure were less likely to disturb the inmates. Students used to refer to it as "The Red Peril".

On one occasion, when driving to the Hospital, Lockwood got into some trouble with the police near Chancery Lane. This sort of interference was too much for him to endure, and when he arrived late in his ward (a thing most rare for him) he was livid. "Are there any policemen in here?" he demanded. "Three," he was told; and they were almost ready to go. "Discharge them!" he commanded.

But motoring did not make its appeal to Lockwood only because of the amusement he got from it. He was one of those who foresaw its great value to the medical profession, and in this aspect he maintained a real interest. In 1906 he became Chairman of a "Committee of Medical Men who are Users of Motor Cars", and when it was anticipated that cars were going to be taxed more heavily and according to their weight or horse-power, he wrote to the Press declaring that the new taxation would fall heavily upon medical men, that it was not right that motors used by them in their daily work should be taxed as though they were luxuries, and that in the circumstances they ought to be exempt (16).



C. B. Lockwood—His last portrait.
From the 'Lancet'.

In so small a concern as clothes Lockwood was also an innovator, for he was the first of the staff to wear a morning coat instead of a frock coat, and later on a soft hat in place of the customary top hat. In matters of personal appearance he was particular and always well groomed. He disliked slovenliness in others, and once, after a student had appeared in a most shabby costume when dining with him, Lockwood evidenced his flair for doing unexpected things by devoting the main part of his lecture the following morning to the subject of how to dress properly.

He had a curious habit of sometimes wearing his hat in the wards. Some of the Sisters took great exception to this, and one of them absented herself as much as possible when he entered her ward. All the social arts he heartily despised, and he displayed none of the charm of Sir Henry Butlin, his senior surgeon, against whose manner his own apparent thoughtlessness stood out in striking contrast. Frequently he called people by their

wrong names, and in addressing letters to men he knew perfectly well, he would often spell their names wrongly on the envelope.

This trivial type of tactlessness annoyed a number of people and caused them to dislike him. But usually his brusqueness and difficult ways were only an attempt to conceal a very genuine sense of shyness and often of embarrassment. For instance, in surgical consultations, although at one moment he would flatly contradict his seniors and with apparent boldness demolish all the suggestions which they had made, yet there were other occasional moments when he would show great uneasiness and blush scarlet with self-consciousness at some remark which he took to have a reference to himself.

Sometimes he was tactless because he felt compelled to give expression to views which he strongly held. Thus, he brought himself into prominence one View Day when he was representing Butlin, and Sir Trevor Lawrence was making his tour of inspection of the Hospital. When Sir Trevor Lawrence formally inquired of Lockwood whether he was satisfied, Lockwood replied somewhat heatedly that he was not at all satisfied and that the Hospital ought to be rebuilt in entirety. He was asked how often he thought the Hospital should be rebuilt, and replied, "Every seventy years".

The state of the Hospital buildings was a constant source of irritation to him, and he particularly urged that the Surgical Block should be completely rebuilt on modern lines. He would grumble on his rounds, saying, "Why don't they pull it down and build a hospital". However justified his views may have been, his manner of expressing them brought him little credit.

Many people, who did not perceive his sincerity, misunderstood him, and vowed that they never wished to spend half an hour in his company. But those who dealt much with him came to see him from a different angle, and, in almost every case, admired and respected him. They knew that his cynicism was but a veneer, and that his real loyalty to his Hospital was not in question. Marmaduke Shield, for instance, wrote of him: "Lockwood's devotion to St. Bartholomew's was extreme, and he once referred to the institution I had the honour of serving as a 'cottage hospital somewhere in the West End'!" (17).

To those with whom he worked Lockwood was consistently loyal, and if patients came up from an old pupil he would take occasion to tell them what a good doctor they had. If a medical friend found himself in trouble he might be confident that Lockwood would do his utmost to help him out; there are not a few who testify to his deeply hidden heart of gold.

He could be grateful as well as generous, and he

hated to see ingratitude in a patient, not so much from a personal point of view, because he was the more aroused if the ingratitude had been towards a house surgeon. Of Lockwood himself one of his house surgeons has written: "It was my privilege once to be of some small service to him. His gratitude was pathetic, although the occasion was the veriest trifle."

The superficial mask of caustic pugnacity, although it alarmed strangers, came to be regarded by those who knew him as but a poor index of his real sentiments. Those who were wise took not the slightest notice of his sarcasm at their expense, but when once a house-surgeon remonstrated with him after being ridiculed on a round and asked that his faults might be pointed out in private, Lockwood lifted the mask for a moment to him. "My dear boy," he said, with a touch on the shoulder, "Whom the Lord loveth, He chasteneth".

Qualities in those around him did not easily escape him, though to many they seemed to. He was particularly impressed by the courage of many of his patients, and once he said: "I have hardly ever met with a person whom I should call a coward. If I were asked to say who are the bravest I think I should say the Scotch, and next the inhabitants of the North of England." Sometimes they showed a strain of unexpected sentimentality which amused him, and he used to tell of "a man of enormous proportions so that the bedclothes looked as if they had an elephant beneath them", from whom a gruff voice was heard remarking what a lovely night it was, and how deeply the owner wished he were on the water in a little yacht.

Moreover, Lockwood appreciated the knowledge possessed by patients, and for that reason despised an assumption of knowledge by doctors, which, besides being dishonest, was also rather foolish. He would tell his students of the remark a man had once made to him: "The other day I asked my doctor why my mouth was inflamed, and I felt rather angry when he said because I had got stomatitis, as though I did not know that stomatitis was inflammation of the mouth."

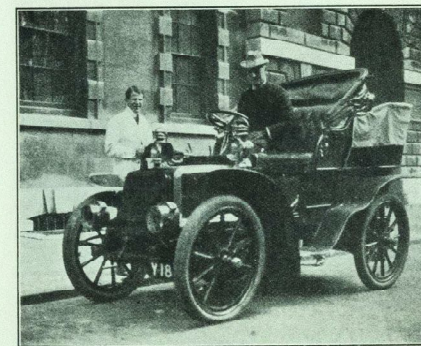
Nobody who knew Lockwood well was deceived into thinking him a hard or conceited man. One has, indeed, only to read the words he wrote to the memory of Bruce Clarke (18) to realize the depths of his feelings. His attitude to learning was a realization of how far short of perfection contemporary medicine fell. He could endorse from his own experience the wise comment of Plato that education is a life-long business, and he appreciated and often quoted the lines by Cowper:

"Knowledge is proud that he hath learned so much,
Wisdom is humble that he knows no more."

When the time came for him to leave the active staff of the Hospital, a farewell dinner was given to him,

at which nearly all his old house surgeons as well as Messrs. Harmer, Gask and Rawling, who had been his three assistant surgeons, were present. At that dinner everyone who was there spoke in terms of the warmest affection for a man who had taught them much (19).

Lockwood was always regarded as a confirmed bachelor, until one day in 1907 he launched on his friends a bigger surprise than usual. Sir Henry Gauvain, who was his house surgeon at the time, tells me that Lockwood arrived at the Hospital in a very jocular mood and wearing a tie of unusually sporting complexion. He took his house surgeon by the arm and told him to invite all the dressers round to a dinner party because he was engaged to be married.



LOCKWOOD IN "THE RED PERIL" (c. 1905).
(Photograph kindly supplied by Sir Archibald Garrod.)

It seemed that Lockwood had lost his heart to a very beautiful young patient on whom he operated for appendicitis at a nursing home at 29, Wimpole Street. She was Florence Edith Wallace, the second daughter of a Mr. W. D. Wallace, of North Finchley, and they were married the same year. Lockwood was aged 51 at that time; but of the happiness of his married life it would be an impertinence to speak. Many people considered that his mask of cynicism softened greatly as a result of it. He had three children, Peter, Beryl and Joy, to whom he was devoted. His wife, who survived him, afterwards married Dr. Herbert Williamson. She was buried close to Lockwood when he died in 1929.

Shortly after his marriage Lockwood took a house at Instow in North Devon. He chose one overlooking the broad River Torridge, with a magnificent outlook upon the little fishing village of Appledore across the water, and away to the east a glimpse of the Taw

joining with the Torridge to meet the sea. The place was after Lockwood's own heart, for the sea had never lost its hold upon him. His nephews and nieces used sometimes to stay with him here. He was liked by all of them and they made occasional attempts to "pull his leg", though with marked lack of success. At first he could only spend brief holidays at Instow, usually motoring himself down from London and snatching a little fishing or sailing; but he hoped later on to be able to retire altogether to its peaceful atmosphere, and he made many additions and alterations to the new house. That day, however, was to be denied him, and the building has now been converted into a private hotel.

Before his marriage Lockwood spent several holidays fishing in Scotland and in Norway, and Marmaduke Shield would describe his friend's delight when together



LOCKWOOD'S HOUSE AT INSTOW.
(Centre.)

they landed a 47 lb. Norwegian salmon—"an achievement which ranked as high in Lockwood's estimation as some of his most important surgical achievements".

He also enjoyed shooting, although he never became first class at it. He was one of a number of Bart's men who owned a shoot together, and on occasions he went to shoot partridges in Hungary.

Later in his life Lockwood took to golf as a form of exercise. He learned it at Mitcham, where he chiefly played, though he also frequented Coombe Hill. It was a form of sport far from suited to his temperament, and if caddies did not know where his ball went, his tongue was not slow in expressing his opinions of them. More than once he was left to carry his clubs round by himself.

He possessed a family of three Dandy Dimonts for some time, and they frequently went with him in his car to the Hospital and elsewhere. To them he was by no means an exacting master, and one of those who lodged as a student with Lockwood has described a visit he had from Lockwood a few years after leaving his roof. This old pupil was living at Harrow, and one hot and dusty Sunday afternoon he arrived home to hear high words at his front door, which the maid was

trying to bar against a somewhat ferocious-looking visitor. This was Lockwood, who had bicycled out and consequently was covered thickly with road dust, while his cap was considerably torn. The dogs, he explained, had been playing with it.

In many respects Lockwood was a connoisseur. He liked beautiful furniture in his house, and he collected china and glass. His guns and his fishing-rods were always of the best, and when he entertained friends at his home he showed, as he kept their glasses filled, that his cellar was stocked from the best vintages. He was a member of the Conservative Club, where, from time to time, he invited his house surgeons.

When visited unexpectedly, he was nearly always found at work, writing up his cases, though Sir John Bland-Sutton says that sometimes he and Lockwood spent their evenings at a whist club to which they both belonged. With his intimate friends he was always good company, and at one time developed an extraordinary enthusiasm for Napoleon, working out his great battles with such care that he could hold his own with military strategists. At another time he became deeply interested in Julius Caesar. Something of the breadth of his interests is shown in the following passage from an address which he delivered to the Abernethian Society in 1906:

"In reading the campaigns of great generals one cannot help being struck by the originality and daring of their schemes, sometimes so daring and so original—as when the marvellous Napoleon crossed the Alps, or when the invincible Hannibal made his famous march through Spain—that their enemies never divined their plans until taken by surprise and unprepared. Great generals, too, display superior knowledge of their fellow men. I think it was the brave and sagacious Stonewall Jackson who once won a victory by attacking at break of day. He chose that time, not for reasons such as weighed with Wolseley at Tel-el-Kebir, but because he said that his opponent had been a fellow cadet with him at West Point, and whilst there could never get up from his bed in good time. Stonewall Jackson inferred that his laziness would still persist, and he was right, for the attack took the lazy general and his army at a grave disadvantage. Are we to say, like general like army? I am afraid we must. Also, we must reluctantly own how little human nature changes either in races or individuals" (20).

Sometimes his historical interests appeared in epigrammatic form in his clinical teaching, as for instance in his remark: "Wellington said that the art of war consisted in knowing what was going on at the other side of the hill. The art of surgery consists in knowing what is going on at the other side of the body."

An interest in the future went hand in hand with Lockwood's interest in the leaders of the past. Unlike Sir William Osler, he used to encourage men to plan out in advance what their careers were to be and to take every forethought for the morrow. He used to refer in jest, but with no little discernment, to his conception of the coming doctor as one who would have his dwelling in a small apartment adjoining a huge laboratory, and who would carry with him test-tubes and antitoxins when he set out to visit his patients by aeroplane.

It was a great blow to him when his health broke down under the strain that he had imposed upon it. He had for many years been becoming a sick man and had stood much pain. He had developed a limp and his touch was losing its certainty. The increasing demands of his private practice made a continuance of hospital work impossible, and he went away to rest.

In the year following his retirement from the active staff he returned to give an address to the Abernethian Society. It proved to be his farewell utterance to the Hospital.

"I am very happy to be with you again," he said. "To me it was a horrid wrench to have to part from you. The teaching which I was called upon to do in this Hospital was the great pleasure of my life, and it is the part of my work which I intensely miss. But, after all, it is something to feel well and energetic again, for without health there cannot be any happiness" (21).

Sadly enough, his happiness was short-lived, for early in the October of 1914 he performed his last operation and one which cost him his life. "A pin prick is a door open to death," said one of the greatest of French surgeons; and so it proved to be in Lockwood's case.

He was operating on a patient with appendicular peritonitis; her condition was grave and speed was essential. He completed the operation successfully, but pricked himself as he was inserting almost the last stitch. The same evening he showed signs of fever and rapidly became seriously ill.

Mr. Rawling, who attended him throughout his illness, has described the fortitude which he displayed, also the persistence of his questionings: "How many culture tubes had grown, after what duration? What was the blood-count, how much albumen in the urine, pulse-rate, condition of lungs, etc. Now and again there was a day of great irritability, invariably followed by, and more than compensated for, by days of such sweetness of temperament as melted all hearts."

He came to see that his outlook was hopeless. He had been conquered in the end, ironically enough, by the very organisms which throughout his life, as a pioneer

of aseptic surgery, he had devoted his talents to combating. He died on November 8th, 1914, having maintained a valiant struggle.

After a funeral service at the Hospital, his body was taken to be laid in the little churchyard at Instow. Up on a hill by one of the most ancient churches of his beloved Devonshire his grave commands a view of the Taw and the Torridge as their great streams join together to flow into the sea, while out on the horizon, beyond the small vessels in the bay, the dim outline of Lundy Island stands up against the sky. In what more fitting surroundings could this fervent sea lover have his resting-place?

"Though much is taken, much abides," and Lockwood is not remembered only in the written records which he leaves. For the influence of his teaching and of his determined spirit are assuredly of too enduring a nature to have been lost for ever with him in that wintery setting upon a Devon hill-top, where—

" . . . the sea moans
With a dreary tune throughout the day,
In a chorus wistful, eerie, thin
As the gull's cry—as the cry in the bay,
The mournful word the seas say
When tides are wandering out or in."

(16) Letter in *Brit. Med. Journ.*, October 27th, 1906.

(17) *Lancet*, 1914 (ii), p. 1326.

(18) *Brit. Med. Journ.*, 1914 (i), p. 796.

(19) Account of Farewell Dinner, *St. Bart's Hosp. Journ.*, May, 1912.

(20) *Vide Ref. (11).*

(21) "Some Things Surgical Within Our Control" (Address to Abernethian Society), *St. Bart's Hosp. Journ.*, xx, p. 190.

[May I express my grateful thanks to those, too numerous to mention here, who, either in their writings or in correspondence or conversation, have provided me with much personal information about the subject of this essay. All sources of information are acknowledged in an Appendix (which may be published with the essay as a whole) and which also contains a bibliography and commentary of the publications of C. B. Lockwood. E. C. O. J.]

CORRESPONDENCE.

C. B. LOCKWOOD.

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

SIR,—Your talented contributor of "The Life and Works of Charles Barrett Lockwood" has perpetrated a curious error of identification. He quotes a paragraph from the first "Chronicle of Christopher" (*St. Bartholomew's Hospital Journal*, May, 1911) as evidence of Lockwood's insistence upon simplicity of language, and says that this parody permits of his easy recognition. But nothing could be more unlike the famous surgeon. This grossly euphuistic compilation was written by the author of "The Chronicles of Christopher" as a sly little dig at himself for his partiality for polysyllabic phraseology, and the local reputation which as a consequence he may have acquired. On the other hand, the second chronicle, "I Press for Mr. Cutler" (June, 1911), and the tenth, "An Afternoon in the Theatre" (March, 1912), were written as character sketches*, and I venture to suggest that the subject is unmistakable, and in fact, allowing for a little journalistic licence and the privilege of the caricaturist to emphasize outstanding features, they are hardly an

* These have been reproduced in *Round the Fountain*, pp. 3, 121 respectively.—E.S.

exaggeration. It was the first of these which "was sent to Lockwood for approval before publication and which was returned with one word deleted."

And this encourages me to ask the hospitality of your columns to speculate in regard to Lockwood's true character. These articles good-naturedly depict some of the foibles of the man, and their publication gave him much pleasure. I recall his assuring me when the second appeared of his hope that his little antics had been as amusing to others as they had often been to him. Are we to infer that he was in fact a poseur? Was his discourtesy and rudeness an affectation? Much of it, no doubt, was; but I don't think all. I am inclined to believe that there was a vein of cruelty and brutality in his character, and that on occasion he really desired to inflict suffering in a callous disregard for his victim's feelings.

And not merely because he was sometimes a sick man whose discomfort may have led to loss of control. I remind myself that at the time of my own experience of him he was well past his zenith and was clearly deteriorating, yet he was regarded as softer and more congenial than in the days of his physical prime. In 1907 he was but 51, yet he was an old man, inconveniently hard of hearing, completely white, who walked with a limp and a slow senile gait, and not only operated in a sitting position, but had to be provided with a chair at every patient's bedside. It is not easy therefore to assess the influence of these senile changes upon a basal temperament, but I fancy he took violent dislikes to individuals, and vented his spite in cruel lacerating invective.

And although as your contributor, in common with others, has pointed out, he appeared to like a person who stood up to him, I am not altogether sure that he really admired a spirited opposition so much as he exemplified the usual attitude of the bully who encounters an unexpectedly bold resistance. Of course he could be delightful and his kindness could dissipate resentment, and one prefers to remember this side of him to the exclusion of the other. What, then, was the secret of Lockwood's "personality"? For beyond question he was a man who educated the best from most of those who came into contact with him? I doubt if personality is analysable. Fear may have played a part; admiration certainly entered into it; and at the worst the impression always remained that he was a gentleman who sometimes tried to be a cad and succeeded; as a contrast to one of his contemporaries who was regarded as a cad, who tried to be a gentleman and failed! He influenced many men's minds. It would be interesting to hear the views of those of his dressers and house-surgeons who in after years found themselves on the staffs of teaching hospitals. What effect had Lockwood's training upon their education of the men they had subsequently to teach? Speaking for myself, I am positive that what little good I have been able to provide in the way of instruction is entirely based upon the atmosphere he created in the impressionable days.

As I have said, he was, during my association with him, on the wane. He was tired, he was prematurely old, he had, I think, become slovenly. And yet enough remained to permit the recognition of what I consider to have been real genius. On two occasions during my house-surgery he startled me by flashes of wisdom beyond anything I have ever encountered. Most unhappily I cannot recall the material circumstances, only the impression; but what an impression! As your contributor has stated, to some of us his lectures were a bitter disappointment. To me they were a positive penance; and, as I have felt emboldened to say, in almost unbelievable contrast to his ward teaching, which was superlative. Men up for the Pirral Fellowship who attended his rounds must have been bewildered and amazed at the completeness with which he discounted them over such simple conditions as varicose veins, scrotal swellings and the like. The apotheosis of fundamentals—the real genius. I wonder if his *Clinical Surgery* is still available. The little work first appeared as *Clinical Lectures*, and subsequently with the more ambitious title. I reviewed it for the *JOURNAL* and lent my copy, which was never returned. A volume is surely to be found in the library, and if so it ought certainly to be resurrected, and in some way restored to its proper place as one of the few medical works really deserving of immortality. For whatever may be said of the style in which those lectures were delivered, of the substance there can be no two opinions. They are masterpieces of clear forceful English, epitomizing the mature experience of a surgeon who could verbally expound that experience.

As your contributor reminds us, Lockwood's desire for scientific exactitude occasionally led to an unreasonable inconsistency. It was easy enough to ridicule by asking if something or other was the size of a piece of banana or a lump of cheese. But, as I once argued with him—without, I must admit, much profit—it was not unscientific

to describe tumours as the size of a golf ball or a tangerine orange, or a hen's egg. For these are familiar objects, and convey a far more accurate impression than a deliberate attempt at scientific measurement. The same criticism applies to the comparison of secretions and excretions with such commonplace articles as food-stuffs; the aesthetic objection is over-ruled by exigency.

Take him with all his defects, Lockwood was a great man whose place is honourably with the greatest. A century hence at the roll-call of surgeons who have been deservedly inscribed in the book of fame, the *adum* of Charles Barrett Lockwood will ring out clear and unchallenged. That so fine an essay as that which for the past few months we have been privileged to enjoy in your columns should have been possible, whilst a tribute to its talented composer, is likewise a tribute to the character and capabilities of the man who inspired it.

I am,

Yours faithfully,
86, Brook Street, Grosvenor Square, W. 1;
April 20th, 1935.
ADOLPHE ABRAMS.

STUDENTS' UNION.

SECRETARIES' ANNUAL REPORT, 1934-35.

GENTLEMEN.—We have pleasure in presenting to you the 31st Annual General Report of the Students' Union.

There has been no outstanding event such as the acquisition of the site for the new Medical College which occurred during last year. The athletic facilities afforded by this have been much in use and have proved invaluable for training purposes. The conversion of two of the five courts into squash courts has proved very popular, and a Squash Club has been formed, which, judging by the present popularity of the game, will shortly take a prominent place among the other clubs of the Union. Part of the ground is being prepared for tennis courts, and it is hoped that these will be ready for use during the coming season.

In addition to the Squash Club there has been one other club admitted to the Union: this is the Fencing Club. At present it is rather an unknown quantity, though they have been successful in their matches.

For some years it has been felt that provision for the parking of students' cars was necessary. One of the great difficulties in the way of this was lack of space within the Hospital. Arrangements have now been made for cars to be parked at Charterhouse Square.

The Annual Dance was held at Grosvenor House in November, and the numbers present showed an increase over the record number of 1933, thus showing the increasing popularity of this function. The receipts for the Dance showed a profit of £54 (£45 of which has been handed to the Dean for the College Appeal).

Another dance organized by the pre-clinical students was held at the Haberdashers' Hall in February. It was a great success, and yielded £35 for the Appeal.

The students' contribution to the Appeal now amounts to nearly £1000, and though this figure is high, it is felt that with the present number of students it ought to be still higher.

As usual, considerable success has attended the activities of the Clubs of the Union.

RUGBY FOOTBALL CLUB.

The season has proved one of disappointment to the Club's supporters, for of the 24 matches played, only 7 have been won, though many of the games have been lost by the narrowest of margins. In extenuation of the poor record it should be said that not once during the season has the Hospital been able to field its strongest side, chiefly due to an unusual crop of injuries.

Several members of the team have played for their respective counties, and one—Morison—was invited to play in a Scottish trial, but was unfortunately prevented by illness.

The junior teams have also met with less success than usual, but they, too, have been disorganized by injury and illness.

In the Cup matches the Hospital beat Guy's in the 1st round by 7 points to 3, much to the surprise of the critics, though on the actual play they thoroughly deserved their victory. Mary's, who were met in the 2nd round, proved too strong, and won a fast, open game by 18-0.

CRICKET CLUB.

1934 was a most successful and enjoyable season in spite of the fact that both the 1st and 2nd XI's did badly in the cup-ties, both teams being defeated by Mary's in the semi-final. An encouraging feature is that there is a great deal of promising material for the coming season.

Results:	Played.	Won.	Lost.	Drawn.
1st XI	18	8	7	3
2nd XI	13	8	4	1
3rd XI	7	2	3	2

ASSOCIATION FOOTBALL CLUB.

Following the winning of both Senior and Junior Inter-Hospital Cups last year the Club has had a successful season. The 1st XI were unbeaten from October 20th-February 2nd; unfortunately they have been beaten by U.C.H. 3-2 in the 2nd round of the Inter-Hospital Competition. The 2nd XI have played well, and are still in the Cup.

Results:	Played.	Won.	Lost.	Drawn.
1st XI	20	13	4	3
2nd XI	20	13	4	3
3rd XI	9	2	5	2

HOCKEY CLUB.

Both the 1st and 2nd XI's have done well, and the standard of play has been high. There has been a shortage of players in the 3rd XI and many matches have been scratched.

The 1st XI have reached the semi-final of the Inter-Hospital Competition, and meet St. Thomas's with every hope of winning. The 2nd XI have a good chance of winning the Junior Cup.

Results:	Played.	Won.	Lost.	Drawn.
1st XI	20	11	7	2
2nd XI	15	5	7	3
3rd XI	3	1	2	0

ATHLETIC CLUB.

1934 was an outstanding season—the best since 1923. Very gratifying to record is that the increased interest in athletics should mean a maintenance of the high standard for several years to come.

The Inter-Hospital Sports Championship was won for the second year in succession, and by a greater margin than in the previous year; this was largely due to a consolidation of team strength. C. P. C. Rolly again won the "B.M.A." Cup for the best all-round performance, and is joint holder of the "Princess Marie Louise" Cup for the best individual performance.

The Annual Sports were held in June, and were successful both from the point of view of the weather and the performances. Two records were broken, both in field events.

BOXING CLUB.

The Boxing Club has been unfortunate in losing four members of last year's team which won the Inter-Hospital Competition.

A fixture was held with the Belsize Club in January, but the Hospital only won one bout out of six. This poor result appeared to be due rather to lack of fitness than boxing ability.

In the Universities and Hospitals Competition C. F. Bose won the bantam-weight title.

SAILING CLUB.

In 1934 there was a marked increase of activity on the part of the Club. The season opened with a Bart's Regatta, which was an entirely new event, and proved a great success.

Throughout the season the Bart's boat was in constant use, the Hospital being the only one which was represented in every race.

The results of the racing were:

Harvey Cup.—Bart's were second to London Hospital.

Bourne Trophy.—Bart's were second to Guy's.

Wilson Cup.—Bart's were second to London Hospital.

Sherren Cup.—Was won for the fourth year in succession.

The Club House of the United Hospitals Sailing Club was opened during last season, and will be available for members from the beginning of this season.

GOLF CLUB.

The Club only had a moderate season, and in some cases the results were disappointing. In the Inter-Hospital Competition the team was beaten by Guy's at Walton Heath.

The Girling Ball Cup was won by E. C. Atkinson, and the Hospital Cup by C. M. Dransfield.

LAWN TENNIS CLUB.

The results on the whole were disappointing, only 4 matches being won out of 15. No cup matches were played. It is hoped that this year the VI will show improved form. The Hospital singles' tournament was won by W. D. Park.

ABERNETHIAN SOCIETY.

The pleasing feature of the year's activities has been the increased attendance at the clinical evenings. A number of most interesting cases have been shown.

The opening address of the Summer Session was delivered by Prof. I. B. S. Haldane on "Some Congenital Diseases". On November 1st Dr. J. M. Campbell read a light and entertaining paper on the "Medical Aspects of Sherlock Holmes and Dr. Watson".

The Inaugural Address was delivered on November 15th by Dr. J. A. Ryle on "The Hippocratic Ideal", who dealt in an illuminating manner with the value of applying the lessons of earlier teachers to medicine in modern times.

On January 1st Mr. Hugh Cairns lectured on "Recent Advances in Intracranial Surgery", illustrated by lantern-slides. The lecturer covered a great deal of ground in a short space of time, and admirably reviewed the subject, of which he is an acknowledged master.

FIVES CLUB.

The Fives Club have had a fairly successful season; both home and away matches have been played.

Results:	Played.	Won.	Lost.
	7	3	4

AMATEUR DRAMATIC SOCIETY.

The Society gave its annual performance in January, and presented "The Nelson Touch" by Neil Grant, produced by Stephen Hadfield. It was preceded by a short sketch, "The Baker's Dozen". The performances were well received by full houses. The music in the intervals was provided by Messrs. K. A. Lutter and R. G. Gibson on two pianos.

RIFLE CLUB.

The Club continues to hold its own in the shooting world, though it was again unsuccessful in its attempt to win the United Hospitals Challenge Cup. Practice for the coming season has already begun, and the prospects are very good.

On the miniature range a large number of matches have been shot, with good results, in spite of the fact that both teams have been moved up two divisions in the City of London Rifle League.

The Inter-Hospital Competition is still unfinished, but they have so far beaten St. Mary's and St. Thomas's.

SWIMMING CLUB.

The Swimming Club had a most successful season, winning most of their matches. Coaching was available for members at the Fitzroy Square Baths during the winter. During the season 8 water polo matches were played; of these 5 were won, and 3 lost. There were 8 swimming matches, 4 won and 4 lost. In the Inter-Hospital Competition all three challenge trophies were won, the water polo for the sixth year in succession and the swimming for the fifth.

R. J. C. Sutton represented England in the Empire Games at Wembley.

Finally, we wish the Students' Union every success in the coming year, and beg to remain,

Your obedient servants,
J. G. YOUNGMAN,
R. MUNDY.

CROSSWORD SOLUTION (PEPYS AT BART'S).

ACROSS.—1, Elizabeth. 6, Eno. 9, Str. 11, Fountain. 12, T.T. 13, To. 14, P.O. 15, Ray. 19, Er. 20, May. 22, Isolated. 23, Hued. 25, Inn. 26, Its. 29, Pie. 31, Bed. 32, Sou. 33, R.S.A. 34, Oxo. 35, Monocular.
DOWN.—1, Fm. 2, Left. 3, Annoes. 4, Trio. 5, Henry Tudor. 7, Not. 8, Out. 9, Start. 10, Tap. 16, Ash. 17, You. 18, Ol. 20, Men. 21, Adnexa. 24, Disc. 27, Too. 28, Sun. 29, Pro. 30, Eau. 31, Bol.

WINNER: C. L. DARKE.

EXAMINATIONS. ETC.

University of Oxford.

The following degrees have been conferred:

D.M.—Brunvate, W. D. T.
B.M.—Hinds Howell, C. A.

University of Cambridge.

The following degrees have been conferred:

M.D.—Ashby, W. R.
M.B., B.Chir.—Sen, S. K.
M.B.—Hindley, G. T., Smart, J.
B.Chir.—Dale, R. H., Hulbert, N. C., Innes, A., Lumedon, K., Masina, F. H., Pope, A. R.

University of London.

Second Examination for Medical Degrees, March, 1935.

Part I.—Anderson, A. C., Atwill, J. A., Barwood, A. J., Baxter, E. M. E., Beck, G. A., Blanshard, I. P., Bose, C. F., Bryan, W. E., Cates, K. N., Clarke, I. H. W., Corsi, E. L., Crabb, E. R. T., Davies, I. R., Donkin, W., Elder, P. M., Evans, E. G., Fisk, G. R., Fränkel, P., Gillingham, F. J. V., Gimson, L. V., Gimson, P. A., Glatston, G., Gould, J. H., Gunz, P. W., Howitt, J. S., Kelsey, D. N., Khan, H. H., Linton, J. S. A., Lockyer, N. S., Lamb, G. D., McShine, L. A. H., Mason, M. L., Murley, R. S., Nicolas, J. C. H., Ohanussian, A. O. A., O'Neill, B. C. H., Osier, A. S., Pleydell, M. J., Rogers, N. C., Savidge, R. S., Shuttleworth, V. S., Tatlow, W. F. T., Taylor, W. N., Temple, J. L., Williams, E. H., Winco, W. H. D.

Part II.—Armstrong, B. P., Bennett, D. L., Burns, B., Dobree, J. H., Edwards, J. A. C., Evans, D. G., Evill, C. C., Fagg, C. G., Frazer, A. L., Frewen, W. K., Grossnick, S., Henson, R. N., Ives, L. A., James, P. H., Jones, E. C., Kemp, J. W. L., McMahon, R. J. H., Macrae, D. E., Messent, A. D., Morse, D. V., Parkinson, T., Sharpe, A. E., Simmons, G. H. A., Simpson, J. R., Stone, S. D., Taylor, R. W., Vandy, K. W., Young, N. A. F.

Royal College of Physicians.

The following have been admitted Members:

Jaensch, P. J. V., Leishman, A. W. D., Ransome, G. A.

British College of Obstetricians and Gynaecologists.

The following have been granted a Diploma: Horder, C. A., MacVine, J. S.

The following has been admitted a Member: McCurrich, H.

Conjoint Examination Board.

Pre-Medical Examination, March, 1935.

Chemistry.—Conte-Mendoza, H., Cooper, E. J. F., Corfield, C. C., Ellis, R. E., Harvey, T. E.
Physics.—Birch, R. G., Conte-Mendoza, H., Cooper, E. J. F., Corfield, C. C., Ellis, R. E., James, C. T. A., McLean, T. M. M., Stratton, H. I. M.
Biology.—Cooper, E. J. F., Ellis, R. E., Heyland, R. H., Holmes, R. M., McLean, T. M. M., Stratton, H. I. M., Sullivan, B.

First Examination, March, 1935.

Anatomy.—Brockbank, C. A., Huddleston, C., McKelvie, K. C., Redman, V. L., Stewart, E. F. G., Vyrnwy-Jones, D. A., Way, G. I.
Physiology.—Cawthorne, J. E., Clunies-Ross, W. G. F., Gluckman, J., Grant, D. S., Hanbury-Webber, R., Huddleston, C., Knowles, H., Nixon, J. C., Pallot, K. R., Perrott, J. W., Stewart, E. F. G., Stoker, G. E., Vyrnwy-Jones, D. A.
Pharmacology.—Anderson, J. D., Barlow, A., Hopkins, I. T., Huddleston, C., Resnik, H. S.

L.M.S.S.A.

The Diploma of the Society has been granted to: Sansom, H. V.

CHANGES OF ADDRESS.

ANDERSON, H. G., West China Union University, Chengtu, Szechuan, China. (via Siberia).
BRUNVATE, W. D. T., Public Health Department, County Hall, March, Cambs.

DIETRICH, G., New Modder G.M., P.O. Van Ryn, *via* Benoni, South Africa.
HART, M. R. W., Hyderguda, Hyderabad, Deccan, India.
HOWELL, H. B., Kincaig, Beach Road, Weston-super-Mare, Somerset.
MCKEE, G. K., Little Sharps, Piltown, Sussex.
SHARP, E. B., 44, Harley Street, W. 1. (Tel. Langham 5195.)
SYMONDS, J. W. C., C.M.S. Kabale, Kigezi, Uganda.
TUCKER, A. B., "Bramley", 30, Twickenham Avenue, Auckland Park, Johannesburg, South Africa.

APPOINTMENT.

BRUNVATE, W. D. T., D.M.(Oxon.), appointed Assistant County Medical Officer for the Isle of Ely.

BIRTHS.

ABERCROMBIE.—On March 28th, 1935, at 76, Fitzjohn's Avenue, Hampstead, to Marie, wife of G. F. Abercrombie, M.A., M.B.—a son.
ALEXANDER.—On March 24th, 1935, at The Elms, Gillingham, Dorset, to Bertha (*née* Crowder), wife of Dr. B. W. Alexander—a daughter.
ATKINSON.—On April 2nd, 1935, at 27, Welbeck Street, to Peggie, wife of E. Miles Atkinson, F.R.C.S., of Bath—a daughter.
HINDLEY.—On April 21st, 1935, at Mardale, Watford, to Phyllis (*née* Tatham), wife of Dr. G. Talbot Hindley—a daughter.
JAMESON EVANS.—On April 19th, 1935, at 28, George Road, Edgbaston, to Sylvia (*née* Keep), wife of Philip Jameson Evans, F.R.C.S.—a daughter.
MALEY.—On April 9th, 1935, to Mary, wife of M. L. Maley, Whitegates, Southend-on-Sea—a son.
SHAW.—On April 16th, 1935, at 109, Harley Street, W. 1, to Anne, wife of Wilfred Shaw, M.D., F.R.C.S.—a daughter (Jane Frances).
THOMAS.—On April 4th, 1935, at Alderminster, Berks, to Marjorie (*née* Shearman), wife of Dr. G. Wynne Thomas—a daughter.
WILLIAMSON.—On April 4th, 1935, to Helen Frances, wife of James C. F. Lloyd Williamson, F.R.C.S., of 34, The Drive, Hove—a son.

MARRIAGES.

HILLABY—COLLINS.—On March 23rd, 1935, at Bournemouth, Dr. Hubert Hillaby, youngest son of Dr. and Mrs. A. Hillaby, of Hill Court, Branksome Park, Bournemouth, to Mrs. Frances Mary Collins, of Canford Cliffs.
SYMONDS—KIDNER.—On March 30th, 1935, at St. Mary's, Wimbledon, Dr. John Walton Symonds to Marion Sonia Kidner.

DEATHS.

FORSYTH.—On April 5th, 1935, at Fairholm, Alloway, Ayr, John Andrew Cairns Forsyth, F.R.C.S., Chevalier of Legion of Honour.
GAY.—On April 20th, 1935, after a short illness, John Gay, M.D., D.P.H., M.R.C.S., of 137, Upper Richmond Road, S.W. 15.
NICHOLS.—On April 4th, 1935, suddenly, at 6, Haldon Terrace, Dawlish, Lieut.-Col. Frederick Peter Nichols, R.A.M.C. (ret'd.), eldest son of the late William Peter Nichols, F.R.C.S., of Norwich, aged 78.
PINCHES.—On April 9th, 1935, at 33, Kensington Mansions, S.W. 5, after a short illness, Lieut.-Col. William Hooper Pinches, R.A.M.C. (ret'd.).
ROACH.—On March 25th, 1935, at sea, suddenly, Surgeon-Capt. Sidney Roach, R.N. (ret'd.), of Daadling, Isle of Wight, aged 61.
YELD.—On April 3rd, 1935, at Edgewood, British Columbia, Reginald Arthur Yeld, M.D.

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. C. W. 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. XLII.—No. 9.]

JUNE 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

Sat., June	1.—Cricket Match v. St. George's. Away.
Mon., "	3.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., "	4.—Dr. Gow and Mr. Girling Ball on duty.
Wed., "	5.—Surgery: Clinical Lecture by Mr. Wilson. Cricket Match v. Horsham. Away. Tennis: 2nd Round Cup Ties.
Fri., "	7.—Dr. Graham and Mr. Roberts on duty. Medicine: Clinical Lecture by Lord Horder.
Sat., "	8.—Cricket: Past v. Present. Home. Tennis: Past v. Present. Home.
Mon., "	10.—Bank Holiday.
Tues., "	11.—Prof. Witts and Prof. Gask on duty.
Wed., "	12.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson. Tennis Match v. Staff College. Away.
Fri., "	14.—Lord Horder and Sir Charles Gordon-Watson on duty. Medicine: Clinical Lecture by Dr. Hinds Howell.
	Abernethian Society: Summer Sessional Address by Mr. Max Page. 8.30 p.m.
Sat., "	15.—Cricket Match v. Hampstead. Home. Tennis Match v. R.N.C. Greenwich. Away.
Mon., "	17.—Special Subjects: Lecture by Mr. Elmslie.
Tues., "	18.—Dr. Hinds Howell and Mr. Wilson on duty.
Wed., "	19.—Cricket Match v. Times C.C. Away.
	Last day for receiving matter for the July issue of the Journal.
Fri., "	21.—Dr. Gow and Mr. Girling Ball on duty. Medicine: Clinical Lecture by Dr. Graham.
Sat., "	22.—Cricket Match v. M.C.C. Home. Tennis Match v. Wentworth Club. Away.
Mon., "	24.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., "	25.—Dr. Graham and Mr. Roberts on duty.
Wed., "	26.—Surgery: Clinical Lecture by Mr. Girling Ball. Cricket Match v. Guy's. Home.
Fri., "	28.—Prof. Witts and Prof. Gask on duty.
Sat., "	29.—Cricket Match v. Old Paulines. Away. Tennis Match v. Bank of England. Away.

EDITORIAL.

ALL good things go in threes, and this year of Jubilee will be thrice memorable in the history of medicine. The treatment of a patient and the maintenance of his health have a close analogy in the training of his doctor and the preservation of an able medical service. Ignorance may well be the disease, for in no sphere is it more dangerous to life. Three conditions are essential to achieve the ideal—a perfect equipment and an environment which gives scope to his advisers and freedom for their skill; a wise and well-ordered regimen, therapy and diet to combat the disease; and, when he is pronounced healthy, constant and accessible after-treatment. For this Hospital at any rate all three requirements, it seems, soon will be fulfilled, the first by the long-hoped-for opening of the new Medical College in October, the second by the valuable Report of the Conference on the Medical Curriculum, and the third by the opening, in May, of the British Post-Graduate Medical School by His Majesty the King. It is also gratifying to know that to each St. Bartholomew's itself has given a large share.

That the highest success of the College Appeal has not yet been attained is shown by the Dean's letter, which we publish below in full. £37,000 still remain to be collected to reach the goal which seemed so far away three years ago. The receipt of £15,000 by next January will allow the completion of the Anatomy and Biology Building, that is, the housing of all the pre-clinical departments on the Charterhouse site.

The students themselves are attacking the work with renewed vigour, and many schemes have been devised to reduce the deficit.

The story of the Appeal has been one of great generosity and self-sacrificing endeavour, and this final call

is being made on the assumption that those who have so far withheld, have done so through forgetfulness and lack of enthusiasm rather than deliberate illiberality. It will be a grand thing for posterity to be in a position to say, "They all gave after their ability".

* * *

23rd May, 1935.

Dear Mr. Editor,

The time has now arrived when old Bart.'s men should be told the position with regard to the transference of the Pre-Clinical Departments to Charterhouse Square.

The Departments of Chemistry, Physics, Physiology and Pharmacology will be opened in October, so that in these subjects we can begin the academic year in our new home. This has been made possible by additional donations to our Appeal Fund. In the first place the Chairman of the Appeal Committee, Mr. J. H. Millar, has made a gift of £20,000 to the College, and another member of our College Council has lent us £20,000, a sum which we hope to repay him within a very short period.

In January it seemed improbable that we should be able to carry out this scheme by the autumn. Indeed, had it not been for the great assistance given to us by these two friends of ours it would not have been possible. Bart.'s men, I feel sure, will like to join with me in offering them our most grateful thanks. Friends such as these are friends indeed.

Naturally the College Council was a little disappointed in not being able to complete the whole scheme, including the Anatomy and Biology Departments, but there was a lack of funds to the extent of £25,000. Luck, however, is again with us, for the Court of the University of London has come to our aid and, in addition to the £5,000 given to us when we first began to collect money, has made a grant of £10,000 to be used for the specific purpose of completing the Anatomy and Biology building. We are now, therefore, in the position of having to collect for this purpose a further sum of £15,000 between now and next January, the date at which it would be possible to make the necessary alterations.

Now, Bart.'s men, we are in the last lap. We set out to collect £200,000, and we can now see our way to £163,000. Is it too much for me to ask you to put your backs into it and give us every assistance that you can to complete this effort?

You may be unaware of the fact that the collection of this sum has depended upon the energy and efforts of a very few people. They have given their help gladly, because they have been stimulated by the knowledge that Bart.'s men have themselves raised no less a sum than £35,000.

It does not sound very much—3000 Bart.'s men to collect £12 per head. If only 200 of them would offer to collect £200 each the whole thing would be accomplished.

I would invite those of you who are coming to the Hospital to walk round to Charterhouse Square to see what is being done. I feel sure your enthusiasm would be increased many times. It could not fail to be so.

The Old Students' Dinner will be held in October in the new Great Hall. I hope to be able to make an announcement in connection with this quite shortly. It is sure to be a record gathering, for this change marks an epoch in the history of our College.

Yours sincerely,

W. GIRLING BALL,

Dean of the Medical College.

An offer by Sir Matthew Thompson to present to the Royal College of Surgeons a portrait by him of Sir D'Arcy Power was accepted with grateful thanks by the Council of the College.

* * *

We congratulate the following on their reception of Birthday Honours: Sir George Newman (G.B.E.), Prof. A. J. Hall (Knight Bachelor), and Dr. C. G. H. Moore (C.V.O.).

* * *

Sir Holburt Waring and Mr. R. C. Elmslie have been appointed Honorary Consulting Surgeons to the Ministry of Pensions.

* * *

Prof. G. E. Gask has been elected President of the Medical Society of London in succession to Lord Horder.

* * *

Prof. Witts has been appointed a member of the Medical Advisory Board of the Institute of Medical Psychology.

* * *

We offer our most hearty congratulations to Mr. H. E. G. Boyle on his election as a Fellow of the Royal College of Surgeons. We understand that this is the first occasion on which an anaesthetist has been given that honour. Our local bard says that he was stimulated by the news to "boiling point", and the result is presented in another column.

* * *

We also tender our sincere congratulations to Mr. Paterson Ross on his election to the Chair of Surgery in this Hospital in place of Prof. Gask, who, as was announced in our last issue, will retire in October.

* * *

Prof. R. A. Peters, Professor of Biochemistry in the University of Oxford, has been elected to the Fellowship of the Royal Society.

* * *

Mr. G. C. Knight was re-appointed a Leverhulme Scholar by the Royal College of Surgeons for a third year.

* * *

The Annual Dinner of the Eighth Decennial Club will take place on June 26th at 8 p.m. in the Langham Hotel. (Hon. Secretaries: Sir Holburt Waring and Dr. Morley Fletcher.)

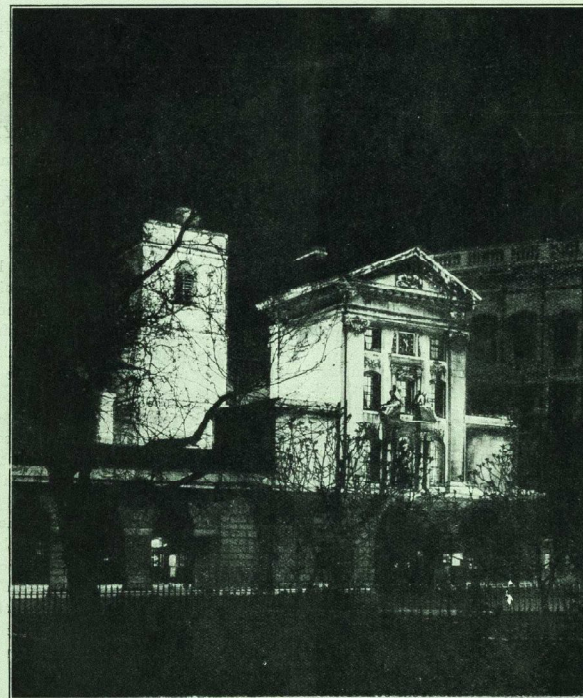
* * *

The Silver Jubilee issue of THE BART.'S ANNUAL (price 1/-) is of unusual interest. With a message from the Prince of Wales, it is edited by Christopher Stone and contains a large number of generous contributions from the leading writers, artists and journalists of the day.

The Hospital has been fortunate in having received two generous gifts from Mrs. Myer Sassoon and Mr. Joseph H. Jacobs in commemoration of the Silver Jubilee, by the installation of a new 200 kilovolt X-ray apparatus in connection with the new Cancer Department.

* * *

Kensington. The Exhibition was opened on May 31st by the Prime Minister, and will conclude with a conference on June 26th-28th, when the Problems of Noise will be discussed under the chairmanship of Mr. Hore-Belisha, Mr. Geoffrey Shakespeare, the Rt. Hon. Ormsby Gore, the Rt. Hon. Viscount Halifax and Mr. H. G. Wells. At the final meeting Lord Horder, the Chairman



Rev. J. L. Douglas.

As we go to press we announce with great regret the death of Mr. F. A. Rose, Consulting Surgeon of the Throat Department, and of A. E. Sharpe, a fourth year student. Obituary notices will appear in the next issue.

* * *

The attention of all medical men is drawn to the Noise Abatement Exhibition which will be open throughout the month of June in the Science Museum, South

of the Anti-Noise League, is to speak on "Health and Noise".

The official handbook is the first complete survey of the noise problem to be published in this country. In one of the many instructive articles, Lord Horder says: "Doctors are definitely convinced that noise wears down the human nervous system, so that both the natural resistance to disease, and the natural power of recovery from disease, are lowered. In this way noise puts health in jeopardy, and most intelligent people


can understand this from the effect of it upon themselves." He predicts that "in a few years' time the needless noise maker will be an outlaw from sober and intelligent society. . . . In a few years' time the delicate fabric of our bodies and minds will no longer be menaced and mutilated by the brutality of an unnecessary noise".

* * *

We have been asked by Dr. Chandler to remind Cambridge Graduates of the existence of a Medical Club for their benefit. We publish his letter on p. 183.

OBITUARIES.

DR. JOHN GAY.

 St. Bartholomew's has lost another of its revered sons by the death, on April 20th, of Dr. John Gay, at the age of 73.

To state all that he had been in his professional career would take far too much space, for his activities were many and widespread.

He was the son of a medical man, Mr. John Gay, F.R.C.S., of Hampstead, and was educated at Charterhouse, and after entering St. Bartholomew's College, qualified in 1884, taking his M.D. of Durham in 1909. He practised for forty-six years in Putney, and naturally became well known and greatly beloved. For thirty-two years he was Medical Officer to the Royal Hospital and Home for Incurables at Putney, and his loss there will be felt very intensely. Several other medical institutions had his splendid help, notably the Putney Hospital and the Children's Rest at Roehampton.

Well known also in Masonic circles he held high rank, and was a member of the Rahere and Carthusian Lodges.

His work in connection with School Treatment Centres will never be forgotten, for in this he was a pioneer, and was the Chairman of the local centre from 1911 until his lamented death. He had also been Chairman of the Wandsworth Division of the B.M.A., and President of the South-West London Medical Society. In civic work he was an Alderman of the Wandsworth Borough Council, and had served as the Chairman of its Health Committee.

He had a long connection with the Worshipful Company of Leathersellers, culminating in 1930 by being elected as Master.

John Gay always maintained his interest in his old *Alma Mater*, and in his contemporaries there. After the death of Owen Lankester, Gay was elected as Hon.

Secretary of the Seventh Decennial Club, but did not live long enough to help his co-secretary, Sir James Berry. His cheery face and delightful smile will be missed greatly at the yearly gathering of this now dwindling Club. His son, his only one, was a student at Bart.'s when the Great War broke out, and lost his life as an officer in the R.A.F., gallantly fighting against great odds, adding another to the long list of the sons of our old Hospital who gave their lives for King and Country.

In the passing of John Gay all his friends and patients have lost a great physician and a true gentleman.

W. McA. E.


DR. REGINALD A. YELD.

An older generation of Bart.'s men will hear with regret of the death recently in Canada of R. A. Yeld. He was the son of the late Mr. R. Yeld, of Hampstead, and was educated at Trinity College, Cambridge, and at St. Bartholomew's. He took his Arts degree (B.A.) in 1894, and after study at the Hospital, took his M.B., B.C. in 1896. Later he obtained the M.A. and M.D. degrees of Cambridge. He held the position of Ophthalmic House Surgeon under Mr. Jessop. After a period of practice at Hampstead his health gave way and he went out to Canada, where he lived and practised at Edgewood, B.C.

His real interest was always in eye work, and he recently published a small book on accommodation, which displayed his wide reading and painstaking observation to the fullest extent. It was very favourably received in Canadian and American medical journals.

A man of the most charming modest character, he was both kind-hearted and charitable, and he did much medical work at Edgewood for which he received only what is perhaps the highest fee—the love, affection and respect of the patients whom he attended. He was a sincere lover of the Hospital, and never failed to visit it when in England. He was very happily married to his cousin, who survives him. H. W. B. S.

VIEW DAY.

 AM not a spiritualist, and I have no psychic powers. So far as I know, I am mentally balanced, and am not what the psycho-therapists would label a neurotic. This makes the experience, which after much thought I have decided to put on record, all the more remarkable. I offer no explanation, for explanations of the miraculous are

generally as astounding as the phenomena they attempt to explain. I merely narrate the facts as they happened to me, and leave to others the task of explaining them, if they feel impelled to do so.

View Day at the Hospital was over, and the last of the house surgeons had disappeared into the Resident Quarters to return his morning coat to the drawer in which it had lain neatly folded and embalmed in naphthaline. The sun, which a few minutes ago had thrown long shadows of the Fountain and trees across the Square, had now sunk behind the western block, and feeling it chilly, I buttoned up my overcoat and dashed down the last steps from the ward in which I had been having tea with the Sister, and congratulating her on the excellence of her decorations. I had stayed longer than I had intended, and would be late for a dinner appointment unless I hurried. For this reason I was not pleased to be stopped by an elderly man on the staircase and asked the way to the new Surgical Block. There was, however, a courtesy in his voice and a distinction in his manner that in spite of my hurry made me suppress my inclination to put him off with a brief direction where he should go. Almost to my surprise I heard myself say:

"I will take you across if you like, and show you what there is to be seen."

We walked slowly across the Square. My companion was elderly, but he walked with a firm step, and our slow progress was due, not so much to any infirmity of age, as to an absence of any sign of hurry in his movements, his gestures or his speech. As we were about to enter the south block he gripped me by the arm.

"These new buildings interest me," he said, "I would like to look at them".

"Oh, the new block lies behind. This one is very old," I answered.

"To you perhaps, but not to me."

"You will find the new building much more interesting. It is a great improvement."

"You think the new is always better than the old?" queried my companion. He looked at me as he spoke, and I saw gentle laughter in his eyes.

With a little persuasion I induced him to continue our progress into the new Surgical Block. "We will take the lift; it will be quicker."

"What means this great urgency?" he asked me. "Everybody seems to be hurrying."

I looked at him in surprise. How strange he was. The air of leisure that I had noted was no pose; he belonged to a world in which there was no need to hurry. Instinctively I realized that it would be useless to point out to him that progress and speed were synonymous, and that whereas it formerly took months

to reach Australia, we could now reach it in weeks. Had not the late Lord Birkenhead in his book on the future of mankind foretold that soon we should have advanced so far that we would be able to circle the earth in the course of a few days? Man was mastering time and space as he had mastered the rude forces of Nature. The lift stopped at the third floor and we got out.

"What are these rooms?"

"This is a laboratory," I answered, throwing open a door with the pride of a landlady conducting a potential lodger over her house. "Simple examinations and bacteriology are done here."

"Bacteriology," he muttered, "this is a new word".

I opened an incubator and took out a rack of tubes. Evidently my visitor knew little science.

"All diseases are due to germs," I explained. "They are too small to observe with the naked eye, but you can see them growing in the mass inside these tubes."

The old man peered at the cultures, deeply impressed.

"That is very interesting. In ancient Egypt all diseases were caused by evil spirits."

I smiled. It was obvious that although my companion knew little about science, he was learned in other ways. I suspected now that his specialty lay in the direction of Egyptology.

"How do the germs get into people?" he queried.

"Oh, germs are everywhere," I answered; "there are germs on my finger, but it is only when resistance is lowered that they can take effect".

"It was the same in Egypt," he explained; "vile spirits only entered when all was not well with a man. If he lived rightly and followed the path of wisdom he remained immune. But are all diseases due to germs? Is there no sickness of the soul?"

"We do not deal with such things," I answered smiling. "You must talk to the padre about that." This word evidently conveyed nothing to his mind, so I hastened to explain:

"He is the chaplain, who looks after the spiritual welfare of the patients."

My friend looked astonished.

"Can one priest do so much?"

"Well, there are two or three I think, supplying slightly different varieties of spiritual food. But I know very little about this. They run their own show and we run ours."

"I do not understand."

"Well, science has nothing to do with religion or religion with science."

"We thought differently," he said. "Our priests taught both science and religion: two approaches to the same truth. But yours must be very successful."

"Why?" I asked.

"Because under their care you have no sickness of the spirit, no broken minds and souls who have found the road of life too hard."

I suddenly understood. "Oh, you are talking of functional cases, psycho-neurosis and neurasthenia and all those sorts of things. We have plenty of diseases of the mind, but the priests do not treat them. That is the psycho-therapist's job."

My companion's eyebrows lifted slightly and in his forehead appeared wrinkles of thought. I saw that I must explain.

"The padres look after the dying, the psycho-therapists the living. People very seldom go with their troubles to the church. They go to the psychologists, who have studied the working of the mind."

"And what do these people do?"

"They find out the cause of a man's fear. Usually he has some complex about sex; in fact it is always so."

"Who has said this?"

"The great prophet Freud. Everybody's trouble is due to sex gone wrong." I had realized by now that I was talking to one learned perhaps in Egyptology, but a child in other spheres of knowledge. Simple direct language was necessary.

Far from understanding, my friend seemed more puzzled than ever.

"How strange! In ancient Egypt sex gave very little trouble. It was the way to live that proved difficult. Guidance was necessary, and guidance can only come from those who know more. But what do you think? What is the meaning of life? What does all this signify?" He waved his arms around him. "And you and I," he added, "what are we, and why are we here?"

"Oh, we don't bother our heads about that. That's philosophy, and philosophy has nothing to do with science."

"So science and religion and philosophy have no longer any connection?" he said, and his voice sounded almost melancholy. "Do you keep all your knowledge in little parcels?"

"Well, not exactly," I answered, "but one cannot expect to know everything, so functional cases are sent to the psycho-therapist and surgical cases to the surgeon. We surgeons know nothing about psychology. These cases do not interest us; in fact they are rather a nuisance."

My companion's questions and observations were becoming a trifle disconcerting in the way that the questions of a child are sometimes disturbing. I felt that he looked at everything from a different angle, and that if I were to enter his world I would find it as

strange as my world evidently was strange to him. Why did he always harp on Egypt? Had he spent his life in the British Museum, so deeply immersed in the study of a forgotten civilization, that he had ended by living in the world he studied rather than that into which he had been born? Or did he actually hail from Egypt? His complexion was dark, and his straight features recalled faces I had seen depicted in papyri, and during a visit to Egypt amongst the modern fellahs. I felt, however, a strange unwillingness to question him. I would rather meet him in the world I knew, a world of solid facts, of accepted scientific theories—in other words in a world in which I spoke as an expert and he listened as a child. It was silly to feel disconcerted.

I took him round the Laboratory and turned on a centrifuge. I also showed him some sections through the microscope, explained how they were prepared, and demonstrated the Cambridge rocking microtome. He was deeply impressed, and my self-respect soon returned.

"You have shown me wonders," he said, when we had concluded our tour. "Your scientific men have indeed worked miracles, and their machines fill me with astonishment. Served by such slaves a man with knowledge could do much."

Somehow I felt that he had not finished, and I was right, for after a short pause he added:

"Forgive me if I appear discourteous, but the thought assails me that the slaves have grown more powerful than their master."

He now looked at me as though he expected an answer.

"The slaves? Oh, yes, I understand—the machines. You mean that the machines have developed further than the men who control them?"

"Even more than that," he replied. "The slaves may have grown so strong that in the end it is they who are in control."

"You are thinking of Samuel Butler and Erewhon," I said. "He had that idea about machines taking charge, and I suppose that with regard to the world of industry he was right. The machines have killed the workers. Every labour-saving invention has meant unemployment and starvation to thousands of working-class families. But science is different from industry."

"Another department," laughed my friend. "Everything is separate—philosophy, religion, science, industry—everything. Yet do I foresee that some day your scientific machines will also become masters. In the end you will bow down to them and say, 'The machine has spoken, there is no need to think!'"

I am afraid that my expression showed that I was nettled by my companion's scepticism. It happened that I had recently returned from a visit to the Mayo

Clinic, and had been so deeply impressed by its highly organized methods of dealing with sickness and its elaborate routine examinations that I had even dreamed of being instrumental in introducing these methods into my own Hospital. My companion's remarks, therefore, sounded ironical in my ears. I shut the door of the Laboratory and we walked to the lift in silence. My self-imposed task was finished, and all that remained for me to do was to conduct this strange View-Day visitor to the Hospital gates. The door of St. Bartholomew-the-Less happened to be open as we passed, and my companion stopped and looked into the dark interior.

"The Temple is empty," he said.

"There is no service on. It is chiefly used on Sundays and for special occasions—for example, when some distinguished person dies."

He nodded. "I am beginning to understand your customs."

He looked up at the Pathology Block.

"The Bacteriological Labs.," I explained, "in which we wage an endless war against the Great Destroyer." The phrase pleased me and I looked at my companion for signs of appreciation. His eyes travelled from the roof down to the ground, and then remained fixed on a spot a few yards from the steps leading up to the building.

"If all other machines are kept under cover, why is that one left outside?" he asked. I could not refrain from smiling. How could I have been annoyed by one so naive and childish?

"That is something quite different. It is a German field gun, a souvenir of the last war."

"It must be very old."

"Only twenty years," I answered.

"So short a time ago! Then how can you be sure that that war will be the last? Perhaps . . ."

"It won't be," I interrupted, "as a matter of fact we are busy preparing for another."

"Why?"

"Well you see, Germany is rearming, and France and England have to be prepared. The best guarantee for peace is to be well armed for war."

"I recognize that phrase. Our great generals always used it."

"Well, it really is not our fault. With all these French aeroplanes . . ."

"I thought you said Germany?"

"It was a slip; I meant Germany. It was France last year."

"And the year before?"

"Russia. Russia used to be the menace; now it is Germany."

"The same, the same," muttered my companion. "With us it was always the Ethiopian menace." He turned to me and spoke earnestly. "Some day your rulers will launch a great conflagration and call it 'A war to end war!'"

I laughed. "As a matter of fact that is what they called the last war. They will have to find a different name for the next one."

"But why do your soldiers leave their gun here? If what you say is true and they are preparing to fight again, they will want it."

"Oh, they won't need that old piece of scrap iron," I hastened to explain. "They've got thousands of new ones, all oiled, greased and ready to go off the moment that those in control give the word."

"The moment the machines give the word," said my friend. But the tone in which he uttered these words was so low that I doubt whether I caught them correctly.

For a time he remained silent, as though deep in thought. Suddenly he turned to me:

"It is very good of you to have shown me all these wonders, and I am indeed grateful." He held out a delicately-shaped hand, with tapering fingers. I caught sight of some strange symbol tattooed on the wrist—two interlocked triangles. Instinctively I grasped his hand.

"Man has not changed. There are new and wonderful machines; that is all." With these parting words he turned and walked slowly away. . . .

Who was he? Why had he talked to me like some old priest physician of Ancient Egypt? How could he know so much of the past and so little of the world in which I moved? What right had he to dismiss all the progress of the twentieth century with the words, "Man has not changed. There are new and wonderful machines; that is all"? A hundred questions rushed through my brain as I stood there watching his figure disappear. I must have an answer. I must have an answer. I ran as fast as I could to the Porter's lodge. The gates were closed.

"Open quickly," I shouted; "I want to catch the old man whom you have just let out!"

"I haven't let out anybody," answered the Porter; "Perhaps, Sir, he left by the Little Britain Gate. I can assure you nobody went out here."

KENNETH WALKER.

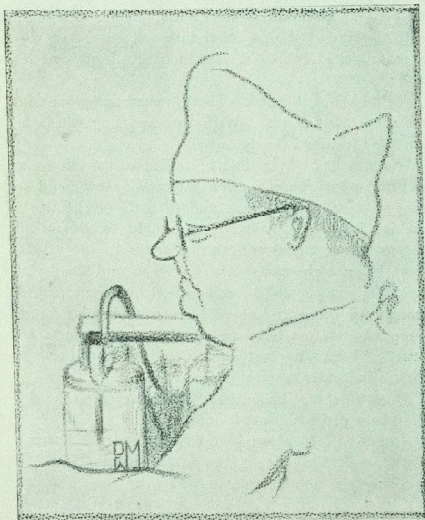
N. C.

To fight "disordered metastatic growth",
That spreads malign Man's puny body through,
Be Room's requisite. Maybe! Yet some are loth
To find in Rahere's House a cancer too.

COCKY-DOODLE-DOO!

H. E. G. B.—F.R.C.S.

TIME was when folk who could not sleep
Achieved their end by counting sheep;
But Sister T. said the ovine race,
Even galoshed, would be out of place.
Of sheep in a theatre she'd never heard—
In short, most potently she demurred.
Wishing to save their patients pain,
The Surgeons sat down and thought again,
And Chemists got busy devising doses
Meet for inducing complete hypnosis,
Stuporous liquids, gases irenic,
Swifter than sheep and more hygienic.
Ultimate product of all this pother,
Gas-and-oxygen's father and mother,
Friend to all who under the knife
Must look for a new-writ lease of life
Ere they "shuffle off this mortal coil",
Is Henry Edmund Gaskin Boyle.



Certes, therefore, 'twas no had thing
When the Surgeons' Royal College (Eng.)
Resolved of late that this eminent stuffist,
Whose eyes still smile when his growl is gruffest,
Be hailed as Fellow, *ne ultra plus*—
And "a jolly good Fellow" say all of us! N. E. S.

A CASE OF SECONDARY ABDOMINAL GESTATION.

THIS unusual case has been put on record for two reasons: first, the rarity of this condition; and second, the fascinating problem of diagnosis which was presented to the Gynaecological Department. The history was as follows:

Mrs. E. W., *et. 34*, married for six years, no previous pregnancy, came up to the Women's Out-Patient Department on October 11th, 1934. She said that her last regular period was from June 18th to 21st, 1934, and she therefore had had 16 weeks' amenorrhœa. Normally her periods were regular, every 28 days, and lasting 5 days.

For the past month she had noticed a swelling in the lower abdomen. She also had attacks of colicky pains in the same region. These pains made her double up and she obtained occasional relief by drinking water. In addition she had attacks of faintness accompanied by violent headaches, and spots in front of the eyes.

For 3 weeks she had had anorexia and vomiting.
For 14 days she had noticed dyspnoea, palpitation and swelling of the ankles. She also had had pain in passing water, but no frequency, the amount of urine being diminished. Throughout the past 15 weeks she had had no bleeding or vaginal discharge.

CONDITION ON EXAMINATION.

A very anemic woman who appeared to be jaundiced. It was noticeable that she was of extremely small stature.

Mucous membranes were markedly pale.
Sclerotics showed slight icteric tinge.
Tongue was moist with brown fur.
Chest was well covered.
Breasts showed activity.
Heart was natural.
Lungs were natural except for a few fine crepitations at the left base.

Abdomen.—On inspection there was a large ovoid swelling rising out of the pelvis, which on palpation was found to extend to $\frac{1}{2}$ in. above umbilicus. It was smooth and tender, and gave the feeling of elasticity.

There was slight movement laterally. No contraction on manipulation. No fetal parts or movements were felt. Percussion was dull over the swelling, but the dullness did not extend into the flanks. No shifting dullness was obtained. On auscultation the tumour was dumb. *Liver, spleen and kidneys* were not felt.

Per vaginam.—*Cervix* was soft and closed. It pointed downwards and forwards. The *uterus* appeared to be continuous with and part of the swelling felt abdominally, which moved with the cervix. There was marked tenderness in both fornices, but no tumour. No blood or vesicles on examining finger.

Marked *adema* of both legs.

INVESTIGATIONS.

Urine.—Sp. gravity 1014. Large amount of albumen. No sugar; no blood; no acetone; no casts.

Blood-count.—Red blood-cells 2480, hæmoglobin 50%, colour index 1; white blood-cells 17,000.

Asheim-Zondek reaction.—Positive with undiluted urine, but negative with dilutions of 1 in 50.

The patient was admitted to hospital the same day and was under observation for five days, during which time she showed swinging temperatures rising 99° – $100^{\circ}6'$ F., but on one occasion to $103^{\circ}6'$ F. Pulse-rate varied from about 120/90.

The diagnosis was by no means easy. The factors of amenorrhœa, activity of the breasts and the positive Zondek-Asheim test all went to establish that this was a case of pregnancy in some form or other.

The next problem was to determine exactly what form of pregnancy. The shape and size of the swelling and its apparent continuity with the cervix led one to

suppose that this was the uterus itself, and not something outside it. It was obvious that this woman was gravely ill, and had a very severe toxæmia.

The foregoing facts taken in conjunction with the points below did nothing but strengthen one's belief that this was a case of vesicular mole. These points were:

- (a) Abnormally large uterus considering the period of amenorrhœa.
- (b) Absence of fetal movements.
- (c) Tense feeling on palpation of the apparent uterus.
- (d) Tenderness of the swelling.
- (e) Albuminuria.
- (f) Persistent vomiting.
- (g) Edema of the limbs.
- (h) Marked anæmia.
- (i) Temperature of 99° – 100° at night, except on one occasion.

Unfortunately the absence of bleeding and vesicles, temperature rising as high as $103^{\circ}6'$, the Asheim-Zondek test being positive only to normal urine and not to dilutions of 1 in 50, could not be reconciled with this tentative diagnosis.

It was soon apparent that no good could come by waiting, and on October 16th, 1934, on account of her marked anæmia, a blood transfusion of 500 c.c. was given.

This was followed two days later by an operation by Dr. Donaldson.

Under general anaesthesia a vaginal examination was made. The cervix was closed; the fornices appeared normal. It was then discovered that the uterus was normal in size, anteverted and anteфлекed, not attached to the swelling, and in no way part of it. This fact was confirmed by dilatation and curettage, when the uterine cavity was found to be empty. The patient was then placed in the Trendelenburg position and exploratory laparotomy was performed through a right paramedian incision.

On opening the abdomen a large bluish-grey sac was found to be filling the pelvis. The uterus and left Fallopian tube seemed to be normal and pushed to the left. The right tube could not be seen owing to adhesions. The sac was opened and found to contain a large blood-clot, in which was lying a fetus of about three and a half months' gestation. The fetus was removed and the placenta was then found attached to the pelvic floor and rectum, from which it was gently freed as far as possible without damage to the surrounding structures. Bleeding, however, became extremely severe, and it was found necessary to close the sac by means of interlacing sutures from one wall to the other, and to pack with two Waring pads, which were left *in situ*. In addition, the cavity of the sac was drained with a large rubber tube and the abdomen closed. During the operation the patient was given intravenous glucose saline. The patient was immediately returned to Charity Ward and a blood transfusion of 600 c.c. given.

Five days after the operation an anæsthetic was given and the Waring pads were gently withdrawn. No hemorrhage took place. The large draining-tube was left in position.

The patient continued to run a slight evening temperature, but on the 20th day after the operation a small piece of the placenta was discharged through the sinus, after which the temperature became normal and the sinus healed.

The patient then made an uninterrupted recovery, and was discharged 49 days after the operation, on December 5th, 1934.

DISCUSSION.

It is not proposed to review a large number of previous cases, or dwell upon the comparative rarity of this condition. It is enough to say that there are on record about 100 cases of full-term extra-uterine pregnancy, none of which has been reported from this Hospital. On examination of the statistics here no case of abdominal pregnancy has been reported since 1910. One would like to claim that this was a case of primary abdominal pregnancy, but unfortunately a full examination of the right Fallopian tube was impossible owing to the many adhesions. It is therefore probable that this embryo was forced through the walls of the right Fallopian tube and was yet able to survive.

Since 1910, 203 cases of ectopic gestation have been treated at this Hospital, and it is interesting to note that only one of them—this case—was able to re-establish a blood-supply sufficient to enable the fetus to go on living for a period of $3\frac{1}{2}$ months. It is surprising to note that during the same number of years only 17 cases of vesicular mole have entered this Hospital. This complication of pregnancy (vesicular mole) is therefore much rarer, as judged by these figures, than the text-books lead one to suppose.

One is struck by the almost uncanny way in which this case mimicked vesicular mole, and this only goes to show what a useful and reliable guide the Asheim-Zondek test is, for it has been shown in this case that it was possible only under general anaesthesia to establish the diagnosis.

In conclusion I should like to thank Dr. Donaldson for allowing me to publish this case.

E. M. DARMADY.

DERMAPHRODISMS.



WITH a loupe at your eye, for itch acari
Get grubbing around with a pin;
For parasites various are nightly hilarious
And some may get into the skin.

Niger aspergillois a black question poses
Of devils that dance on the tongue;
You'll find it a pleasure to stick out this treasure
When the snag on some other you've stung.

This maiden demure, whose contours allure,
Has a spot on her lip though no pus;
Just a small papule, but if you're no sap you'll
Make certain her blood is not plus.

And with tact you must act, when faced with the fact
Of those troubles you know can arise,
When women of fashion evince a queer passion
To be birds of unfast para-dyes. H. C.

A NOTE ON THE POST-OPERATIVE RECOVERY OF FRACTURES OF THE PATELLA.

THE total number of cases of fractured patella treated by the Surgical Unit in this Hospital since 1923 is 41 cases. Of these, 17 appear to be authentic cases of fracture by direct violence, and 24 the result of indirect violence. The majority

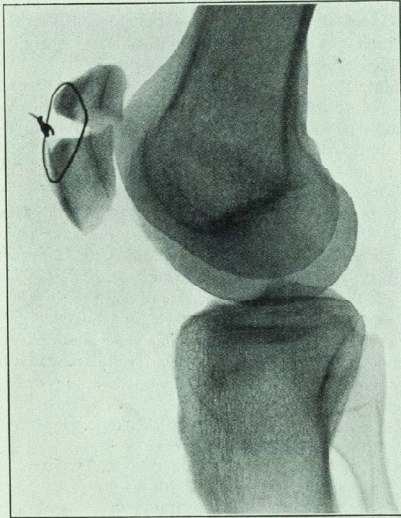


FIG. A.—Case 19, Mrs. F. R.—, at. 33 years. Transverse fracture of patella. December, 1932. Condition one day after wiring.

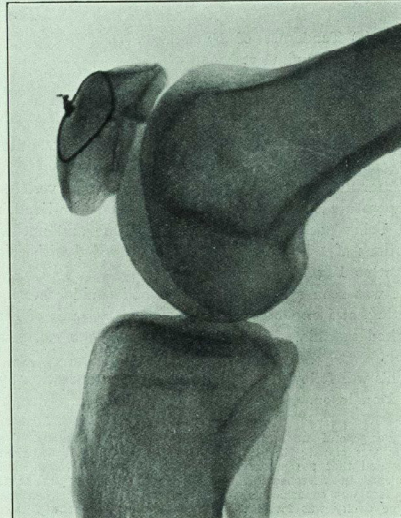


FIG. B.—Case 19, Mrs. F. R.—, at. 33 years. X-ray photograph taken February, 1935. The "V"-shaped gap shown in the previous picture has been filled by bone, but the fracture lines are still visible.

of the fractures, 30 in number, were simple transverse fractures with varying degrees of separation; 8 were comminuted, 2 were stellate and 1 was "L shaped". Bilateral fracture (not simultaneous) occurred in 3 out of 13 cases interviewed.

The methods of treatment adopted may be divided into five groups:

- (1) Wiring through fragments . . . 17 cases.
- (2) Fascial graft repair (Hey Groves operation) . . . 5 "
- (3) Circumferential enclosure with silver or phosphor-bronze wire . . . 5 "

- (4) Circumferential enclosure with kangaroo tendon or catgut . . . 6 cases.
- (5) Non-operative treatment by splintage or immobilization in plaster . . . 8 "

The first four methods of treatment were followed by fixation in plaster or splints for a varying period. Thirteen cases came up to Hospital during February and March of 1935 (3 to 11 years after operation) and were re-examined. Eight of these were X-rayed.

(1) CASES REPAIRED BY WIRING THROUGH FRAGMENTS.

After fixation of the separated fragments by wiring, the duration of the initial period of disability, from the time of operation until the patients were able to walk without the support of plaster, splints or crutches, averaged 5 weeks. Of the 10 cases of repair by wiring which were examined, 9 showed an excellent result, with flexion and extension full, no pain, and no disability at all. One case showed full extension, with flexion limited to 115 degrees.

The X-ray plates of these knees showed satisfactory but not perfect bony union. In all cases the line of fracture was still detectable. New bone formation was

fairly profuse, gaps of more than 1/4 in. being successfully filled. In some cases new bone was laid down on the anterior surface of the patella so as to bury the wire completely, and tended to be continued above as osseous invasion of the quadriceps tendon.

(2) CASES REPAIRED BY FASCIA LATA GRAFT (HEY GROVES' OPERATION).

The operative procedure adopted in fascial graft repair is briefly as follows: A vertical incision about

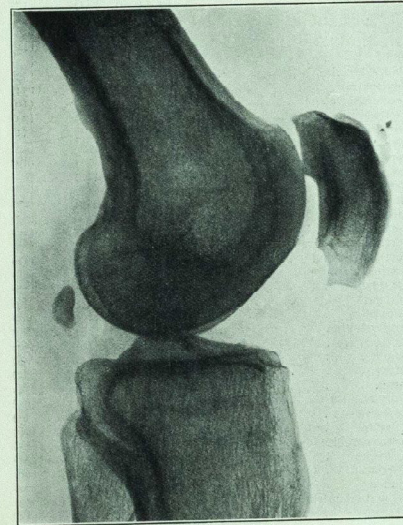


FIG. C.—Case 20, Miss E. G.—, at. 30 years. Transverse fracture of patella repaired by fascial graft (Hey Groves' operation) May, 1928. X-ray photograph taken February, 1935. Bony union is complete. The site of fracture is only detectable by the "stepping" on the articular surface of the patella.

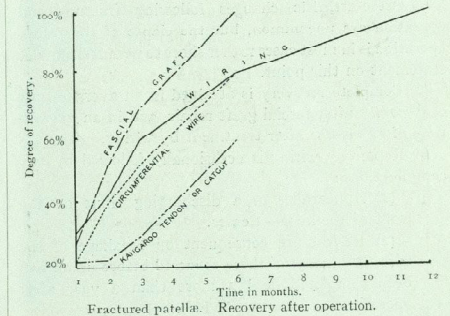
6 in. long is made down the outer side of the thigh, and carried forward across the anterior surface of the patella. Blood-clot and any small detached fragments of bone are removed, and the main fragments adjusted in apposition. A strip of fascia lata, about 1/2 in. in width, is then freed from above downwards by two longitudinal incisions, leaving its lower attachment intact. The free end of the strip is then passed through the quadriceps immediately above the patella, down its inner side, then outwards deep to the ligamentum patellae, and finally up the outer side of the knee, where it is firmly sutured to the fascia lata. The patella is

thus completely encircled by the fascial strip. The gap in the fascia lata is then obliterated with a few interrupted sutures, and the skin-incision closed.

After repair by fascial graft, the initial period of disability, from operation until unaided walking was possible, averaged 7 weeks, i. e. 2 weeks longer than that of cases treated by wiring. All the cases showed an excellent recovery, with full movements, no disability at all, and no pain.

X-ray plates of 2 of the 5 cases treated by fascial grafting were obtained. They show very complete bony union, with the fracture line quite invisible.

The end-results, therefore, of operative treatment by either wiring or fascial grafting are equally good; a sound knee is eventually obtained in all cases.



(3) COMPARISON OF RECOVERY RATES.

An attempt was made to determine from the patient's notes the mean rate of post-operative recovery, and the average time necessary for complete recovery of function in the various methods of treatment.

The notes of every case were examined, and the condition at 1 month, 2 months, 3 months, 6 months and 12 months after operation determined, and allotted a symbol, "A" for full recovery (movements full and no pain), "B" for partial recovery (flexion up to 90 degrees, with some disability and pain), and "C" for poor recovery (flexion less than 90 degrees and considerable pain). By assigning an arbitrary numerical value to each symbol, a series of figures was derived indicating the relative stage of recovery at each period. The curves shown were obtained by plotting these figures against time.

It appears from the curves that the rate of recovery after fascial grafting increases rapidly to a full recovery in 6 months, while the curve of cases treated by wiring shows a falling-off in the recovery-rate after 3 months,

with complete functional restoration attained 12 months after operation. The curve for circumferential enclosure with wire follows that of wiring through the fragments very closely, while that for repair with kangaroo tendon or catgut shows a considerably slower rate of recovery.

(4) CONCLUSIONS.

(a) From an examination of the X-ray plates it appears that bony union is in all cases fairly satisfactorily developed, but is more rapid and more complete after fascial graft repair than after wiring.

(b) No functional impairment results from imperfect anatomical apposition of the fragments. "Stepping" of the fragments on the articular surface or lateral displacement of one fragment on the other appear unimportant.

(c) Osteo-arthritis changes following fracture and operation are uncommon, but the elapse of time since operation is in most cases rather short to permit dogmatic statement on this point.

(d) Complete recovery is attained in an average time of 6 months after fascial graft repair, and in an average time of 12 months after treatment by wiring.

(e) Repair by wiring is occasionally followed by two complications:

(1) Appearance of a discharging sinus on the front of the knee—2 cases.

(2) Re-fracture consequent on breakage of the wire—5 cases (2 of these occurred before union had been completed, and 3 more than a year after operation).

The newer operation of fascial graft repair thus seems to be an improvement on the older method of wiring, in that it ensures a more rapid full recovery, and freedom from complications.

In conclusion I wish to express my thanks to Mr. J. Paterson Ross, at whose suggestion this note was written, and to Miss Vaughan for the excellent reproductions of the X-ray films. J. B. CUTHBERT.

BRIGHTER SURGERY.

II.

OSTEOCLASIS.

I took my infant daughter, Pearl,
To an orthopedic, who begged
To operate upon the girl,
Because she was bow-legged.

A noted barrister-at-law

So movingly did plead,

That I'm far richer than before—

They made poor Pearl knock-kneed.

A. B.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,102	15	10	(73)
Demonstrators	1,758	2	0	(70)
Students	1,011	5	7	(308)
Old Bart.'s men:				†
‡Redfordshire	30	3	6	(7)
‡Berkshire	123	3	0	(16)
‡Buckinghamshire	82	4	0	(15)
‡Cambridgeshire	193	16	0	(18)
‡Cheshire	6	16	6	(3)
‡Cornwall	32	12	0	(9)
‡Cumberland	5	0	0	(1)
‡Derbyshire	19	14	0	(4)
‡Devonshire	574	0	0	(53)
‡Dorset	52	11	6	(14)
‡Durham	17	7	0	(4)
‡Essex	254	3	6	(20)
‡Gloucestershire	238	7	6	(27)
‡Hampshire	475	7	0	(49)
‡Herefordshire	17	12	0	(4)
‡Hertfordshire	86	13	0	(18)
‡Huntingdonshire				(1)
‡Isle of Wight	186	13	0	(13)
‡Kent	584	1	0	(71)
‡Lancashire	90	4	6	(13)
‡Leicestershire	136	15	0	(7)
‡Lincolnshire	60	8	0	(19)
‡Middlesex	403	5	0	(33)
‡Norfolk	178	0	6	(22)
‡Northamptonshire	59	14	6	(6)
‡Northumberland	101	1	0	(2)
‡Nottinghamshire	24	3	0	(5)
‡Oxfordshire	221	5	0	(22)
‡Rutland	1	1	0	(1)
‡Shropshire	38	1	0	(10)
‡Somersetshire	1,180	3	0	(28)
‡Staffordshire	194	18	0	(6)
‡Suffolk	324	4	0	(25)
‡Surrey	519	14	6	(60)
‡Sussex	533	12	0	(60)
‡Warwickshire	196	1	0	(20)
‡Westmorland	2	10	0	(1)
‡Wiltshire	161	11	0	(12)
‡Worcestershire	160	0	6	(25)
‡Yorkshire	344	18	6	(27)
Wales	68	11	0	(19)
London	7,583	16	8	(201)
Channel Islands	20	0	0	(2)
Scotland	15	5	0	(5)
Abroad	119	1	0	(13)
South Africa	366	15	6	(19)
Canada	114	3	6	(8)
East Africa	87	12	0	(10)
West Africa	146	10	0	(5)
India	207	12	0	(13)
Ireland	25	4	0	(4)
North Africa	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	122	2	0	(6)
China	52	8	4	(9)
Siam	19	0	0	(1)
France	50	0	0	(1)
British West Indies	53	8	0	(6)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(5)
Services	644	4	6	(46)
Others	63,642	6	11	(530)
Lord Mayor's Appeal	17,990	16	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
	144,045	7	4	

* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. WANDERERS.

The Cricket Club began the season on May 1st with the usual first match against the Wanderers, at Winchmore Hill.

The Hospital batted first, but wickets soon began to fall. Johnstone, who shaped well in his initial innings for the Club, being sent back at 16. Harmer, who is a good bat and should score many more runs when he cures himself of rather wild and uppish shots, was unfortunately run out after scoring 21. Miller, in a short stay at the wicket, showed a wide control of powerful strokes. The rest of the side gave the Wanderers' bowlers little trouble, and were all out for the low total—even considering the difficult wicket—of 53. Parker, for the visitors, took 3 wickets.

Wanderers lost an opening bat with the first ball of the match, but went on to pass our total for the loss of only two more wickets. Bart's bowlers then, too late, took control and dismissed the rest of the side for a total of 105, so making up a little for the poor batting display. Cochrane took 4 for 26, and Simpson, who bowled a consistently good length, 3 for 16.

M. H. Harmer, run out	21	R. Mundy, b Parker	4
J. S. Johnstone, c Morey, b	16	G. A. Akeroyd, b Parker	1
Muir	6	J. G. Berry, st Milton, b	1
D. J. A. Brown, c Milton, b	6	Wheelhouse	2
McLagan	1	J. R. Simpson, not out	2
C. E. Miller, c Milton, b	1	J. Craig Cochrane, st Milton,	
Parker	3	b Wheelhouse	2
C. R. Morison, c Ewing, b	3	Extras	5
Wheelhouse	5		
C. G. Nicholson, b Parker	1	Total	53

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	13	5	26	4
Mundy	3	—	13	—
Nicholson	7	2	17	—
Morison	4	—	10	—
Simpson	10	2	16	3
Harmer	5	2	9	1

ST. BARTHOLOMEW'S HOSPITAL v. U.C.S. OLD BOYS.

U.C.S. batted first on a good wicket. After having one down at 24, Wilson and Williams scored heavily off bowling which, in spite of many changes, lacked fire. 139 was on the board before these two were separated (Wilson 61, Williams 55). Wickets then began to fall steadily, Anderson occasionally bowling a particularly good one, which went through quickly. Five wickets were down when U.C.S. Old Boys declared at 151.

Wheeler and Johnstone opened for the Hospital, but were soon separated. With the exception of Morison, who put up a sturdy defence for his 34, the early Bart's batsmen were all too soon back in the Pavilion. When three quick wickets fell at 65 there seemed a possibility of history being repeated—it was in this game last year that the Hospital, one run behind the U.C.S. total with six wickets in hand, lost all six with no addition to the score!—but Simpson and Cochrane, by batting out the last ten minutes, succeeded in forcing a draw.

Moran for U.C.S. Old Boys took 3 for 37.	
J. S. Johnstone, b Wilson	0
F. E. Wheeler, b Taylor	2
D. J. A. Brown, c and b	10
Moran	10
M. H. Harmer, b Gianfranceschi	16
C. R. Morison, c Mackie, b	34
Moran	34
W. M. Maidlow, c Williams,	0
b Moran	0
Total (for 9 wkts.)	82

	Overs.	Mdns.	Runs.	Wkts.
Anderson	10	2	31	2
Mundy	7	3	24	1
Cochrane	12	2	26	2
Harmer	6	1	22	—
Simpson	5	1	19	—
Morison	2	—	7	—

ST. BARTHOLOMEW'S HOSPITAL v. ROMANY.

This match, played at Winchmore Hill on May 5th against a strong batting side, resulted in a good, though narrow, win for the Hospital.

Harmer, opening for Bart's, scored 35 with some hard hitting. Mundy and Maidlow together raised the score quickly. Maidlow scoring 29, and Mundy, by hard, straight driving and powerful pulls, 46. Shortly after lunch the Hospital innings closed at 160.

Two quick wickets fell early in the Romany innings, but then, in spite of bowling changes, the score rapidly mounted. Longton making a very good fifty. With the return of Mundy and Cochrane to the bowling ends after tea—the former was bowling his out-swingers particularly well, and should always give himself more bowling than he does—wickets fell quickly to 8 for 120. Connor, with some big hitting, then gave the bowlers an anxious ten minutes, but when he left the Romany innings soon closed at 147—the Club's first win of the season.

Mundy took 4 wickets for 56 and Cochrane 5 for 42.	
M. H. Harmer, b Gordon	35
C. M. Dransfield, b Gordon	11
C. C. Nicholson, lbw, b	4
Gordon	4
C. R. Morison, c Waldron,	4
b Struthers	1
R. Mundy, c Longton, b	46
Waldron	46
W. M. Maidlow, lbw, b Muir	22
J. T. Harold, b Waldron	5

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	18	7	42	5
Mundy	17	3	56	4
Nicholson	7	1	21	1
Berry	3	1	14	—
Dransfield	2	—	9	—

ST. BARTHOLOMEW'S HOSPITAL v. TIMES MID-WEEK C.C.

Owing to rain and a sodden wicket this match was not begun till after lunch, and then a pitch other than that prepared was used. In spite of these things what cricket there was enjoyable.

Johnstone and Heyland—who later scored 73 for the end XI—gave the Hospital a good start of 65 for the first wicket. Johnstone batted well for 48, his shots to the on being particularly hard. Heyland played contained but attractive cricket, with some crisp off-driving. Maidlow followed with a quickly scored 21, 18 of them in one over. Mundy, batting soundly, was unfortunate in mistiming a full toss and was caught behind the wicket. Simpson and Cochrane added 30 for the last wicket, including a 6 by the latter. The innings closed at 167.

In the Times innings the lack of a good slow bowler on the Hospital side was very apparent, particularly as the faster bowlers had to reduce their pace owing to a dangerous lift in the wicket. Simpson bowled well, maintaining a length and getting some nip off the pitch. He took 3 for 27. Wickets fell steadily throughout the Times innings, which closed at 01, so resulting in a win for the Hospital by 70 runs.

J. S. Johnstone, c —, b	R. Mundy, c Burton, b
Burton	Carter
S. R. Heyland, lbw, b	J. Craig Cochrane, not out
Burton	J. G. Berry, b Carter
W. M. Maidlow, b Carter	J. R. Simpson, c Searle, b
G. A. Akeroyd, b Burton	Blanshaw
A. W. Little, b Burton	Extras
J. Wilson, b Carter	
J. J. Slowe, run out	
Total	161

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	8	4	8	1
Mundy	7	1	21	2
Simpson	12	3	27	3
Berry	6	—	23	1

ST. BARTHOLOMEW'S HOSPITAL v. HORNEY.

Played at Winchmore Hill on a very cold afternoon and interrupted by rain, this match was remarkable principally for an excellent knock of 94 not out by S. T. Weaver, of Hornsey. The usefulness of his innings can be judged by the fact that only one other Hornsey batsman reached double figures.

A couple of quick wickets by Cochrane and a third taken by Simpson with an excellent ball, which came across the batsman's pads, put the Hospital in a good position. Mundy, though bowling very fast, was winging away too far to be dangerous. A fourth wicket fell at 45, but Weaver scarcely looked like getting out, and was still batting when the innings was declared closed at 140 for 6. The last two wickets were taken by Harmer, who bowled well. Wheeler and Johnstone opened soundly for the Hospital, Wheeler continuing on to score an attractive 41. Brown batted stylishly. With the exception of Maidlow, who played many good shots in his 19, the rest of the side fell easy victims to Datson, who bowled very well, so that Bart.'s were lucky to draw the match with the last wicket intact.

The Hospital batting is definitely disappointing, none of the scores so far reflecting the true ability of the players. The fielding, too, needs to be improved.

F. E. Wheeler, b Hills	47	R. Mundy, b Hills	4
J. S. Johnstone, b Perrin	20	C. G. Nicholson, b Batson	9
D. J. A. Brown, c Harger, b Hills	16	J. Craig Cochrane, b Batson	6
M. H. Harmer, b Batson	0	J. R. Simpson, not out	2
C. M. Dransfield, c —, b Batson	4	J. J. Slow, not out	2
W. M. Maidlow, b Batson	19	Extras	9
		Total (for 9 wkts.)	130

	Overs.	Mds.	Runs.	Wkts.
Cochrane	12	2	24	3
Mundy	5	—	17	—
Simpson	7	—	28	1
Nicholson	9	—	13	—
Harmer	7	—	42	2
Dransfield	2	—	10	—

ANNUAL SPORTS.

In perfect weather the Athletic Club held its Fifty-second Meeting on May 11th at Winchmore Hill. Considering the number of students in the Hospital it seems a pity that an athletic meeting should be entirely made up of some forty men and a handful of brave veterans. It is unfair to the competitor, who wishes to break records, that he should be compelled to run three or even four events in an afternoon merely to swell numbers. For instance, it seems a little ridiculous that only three people should run in the 1 Mile.

G. L. Way's performances during the day were the most outstanding. He broke the record for the 120 Yards Hurdles, reducing W. D. Coltart's and J. G. Youngman's time of 17½ sec. to 16½ sec. A word of praise must be given to D. Reinold, who even led over the last hurdle, but was beaten on the sprint, he, too, probably ran under 17½ sec. Strangely enough, Way beat D. B. Fraser in Putting the Weight with only a mediocre put of under 35 ft. The excellent performance of T. L. Benson in the Long Jump showed everyone how much better he could do with training. He made two excellent jumps, the former of 21 ft. 4 in., the latter of 21 ft. 8 in.—a jump only ¼ in. away from the record set up in 1903. G. A. S. Akeroyd also found his form, to jump 21 ft. 5¼ in. It was fortunate that Professor and Mrs. Kettle could witness two really good performances in this event, for which they kindly presented a cup, which is to be called The Edgar Hartley Kettle Cup. N. P. Shields jumped 10 ft. with ease during the Pole Vault. Rather unfortunately the height was immediately raised to 10 ft. 9 in., the record established by K. W. Martin in 1933. Shields failed to clear this, probably impeded by a strong breeze; he has jumped well over 11 ft. The sprints, 100 yards, 220 yards and 440 yards, were won by G. Herbert, K. A. Butler and J. W. Perrott respectively, in times that were not inspiring; but throughout the afternoon there was a strong breeze blowing across the ground from the pavilion end. The good example of Perrott, who ran in 100 yards, 120 yards handicap, 220 yards, 440 yards and relay needs comment.

In conclusion a word of gratitude must be expressed to all those officials who helped to make the Annual Sports a success—some of whom later were running shorts to run as veterans in the relay. Mrs. Boyle is also to be thanked for kindly distributing the prizes at the end of the meeting. It was regrettable that the Club Captain, C. M. Dransfield, was compelled to be absent during the active part of the afternoon because of examinations.

RESULTS.

100 Yards: 1, G. Herbert; 2, K. A. Butler; Time, 11 sec.
220 Yards: 1, K. A. Butler; 2, H. A. Pearson; Time, 24 sec.
440 Yards: 1, J. W. Perrott; 2, G. A. Beck; Time, 55½ sec.
1 Mile: 1, G. T. S. Williams; 2, G. A. Beck; Time, 4 min. 45 sec.
3 Miles: 1, G. A. Beck; 2, A. I. Kinnear; Time, 16 min. 20 sec.
120 Yards Handicap: 1, M. J. Pleydell (6 yds.); 2, R. Mundy (8 yds.); Time, 12½ sec.

880 Yards Handicap: 1, H. Bevan Jones (10 yds.); 2, E. H. Smvth (40 yds.); Time, 2 min. 6½ sec.

120 Yards Hurdles: 1, G. L. Way; 2, D. Reinold; Time, 16½ sec. (record).

High Jump: 1, J. Smart; 2, G. L. Way; Height, 5 ft. 6 in.
Long Jump: 1, T. L. Benson; 2, G. A. S. Akeroyd; Length, 21 ft. 8 in.

Putting the Weight: 1, G. L. Way; 2, D. B. Fraser; Length, 34 ft. 9 in.

Throwing the Discus: 1, D. B. Fraser; 2, G. L. Way; Length, 104 ft. 10 in.

Throwing the Javelin: 1, D. B. Fraser; 2, G. Dalley; Length, 132 ft. 8 in.

Pole Vault: 1, N. P. Shields; 2, T. L. Benson; Height, 10 ft.

Inter-Club Relay: 1, Rugger "B" XV; 2, Rugger "A" XV.

"Houseman's 100": 1, S. J. Hadfield; 2, J. R. Kingdon; Time, 11½ sec.

LAWN TENNIS CLUB.

The season opened as usual with the trial matches, which were held at Winchmore Hill on Wednesday, May 1st. These went off quite satisfactorily, and although no outstanding talent was disclosed, some quite useful players were discovered.

The general standard of play, both in the 1st and 2nd and VI's is higher this year than it has been for some years; this is particularly true of the 2nd VI, who should have a very successful season. The mainstay of the 1st VI are K. A. Latter and E. Corsi, who are an extremely good pair, and we hope that they will be able to turn out regularly. We are also lucky in having the services of B. Thorne-Thorne for yet another year.

Up to the time of writing the 1st VI have played 4 matches and won 3, victories being recorded over Westside Club, Queen's Club and Balliol College, Oxford. Unfortunately we lost to Melbury Club after a very enjoyable game. The 2nd VI have played 3 matches and have won 2. Many matches have had to be scratched owing to the unusual May weather.

RESULTS.

1st VI.

v. Queen's Club, played at Queen's on Saturday, May 4th: won by 5-4. K. A. Latter and E. Corsi beat 1st pair 4-6, 6-4, 6-4; beat 2nd pair 4-6, 7-5, 6-3; beat 3rd pair 6-1, 6-1.

B. Thorne-Thorne and W. K. Frewen lost to 1st pair 4-6, 2-6; beat 2nd pair 7-5, 3-6, 6-4; beat 3rd pair 7-5, 0-6, 9-7.

P. J. Hardie and R. C. Witt lost to 1st pair 6-4, 1-6, 0-6; lost to 2nd pair 2-6, 2-6; lost to 3rd pair 2-6, 7-5, 2-6.

v. Balliol College, Oxford, at Oxford on Saturday, May 18th; won by 5 matches to 4.

W. K. Frewen and P. J. Hardie lost to 1st pair 5-7, 4-6; beat 2nd pair 6-1, 7-5; beat 3rd pair 6-3, 6-2.

R. C. Witt and J. W. B. Waring lost to 1st pair 3-0, 5-7; beat 2nd pair 2-6, 6-3, 8-6; beat 3rd pair 6-2, 6-4.

B. A. Alexander and R. T. Gabb lost to 1st pair 2-6, 3-6; lost to 2nd pair 4-0, 3-0; beat 3rd pair 6-2, 6-3.

2nd VI.

v. King's College Hospital, played on Saturday, May 4th; won by 7 matches to 2.

v. Royal Naval College, Greenwich, on Saturday, May 18th; won by 8 matches to 1.

CORRESPONDENCE.

CAMBRIDGE GRADUATES' MEDICAL CLUB.

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

DEAR MR. EDITOR.—I have been asked by the Council of the Cambridge Graduates' Medical Club to write to the editors of all the hospital journals and ask them, either to publish this letter, or perhaps to write an editorial about the Club in order to bring it to the notice of Cambridge graduates.

The Club was founded in 1883. The first President was Sir George Burrows. The object of the Club is to further the interests of the Medical and Natural Science Schools of the University of Cambridge, and to promote good-fellowship amongst its graduates, and to afford an opportunity to its members of meeting and keeping in touch with men of their own and other years. The Club is essentially a social character and now numbers nearly seven hundred members, and holds an annual dinner in London and Cambridge alternately.

The fee for life membership is one guinea. This may be sent to either of the Hon. Secretaries, F. G. Chandler, 1, Park Square West, N.W. 1, or W. D. Doherty, 10, Upper Wimpole Street, W. 1.

Although the Club has tried circulating Cambridge graduates, the response has always been very small. Years later Cambridge men often say they have never heard of the Club. The dinners at Cambridge are peculiarly enjoyable and delightful. They are held on a Friday, so that men can, if they like, stay the night and return on the Saturday.

It is thought that if the editors of all the hospital journals would bring the Club to the notice, especially, of the younger medical graduates, a number would like to join.

F. G. CHANDLER,
Senior Hon. Secretary,
Cambridge Graduates' Medical Club.

May 22nd, 1935.

REVIEWS.

SHERLOCK HOLMES AND DR. WATSON: A MEDICAL DIGRESSION. BY MAURICE CAMPBELL, M.D. (Ash & Co., Ltd.) Pp. 56. Price 1s.

Those who heard Dr. Campbell's fascinating address to the Abernethian Society will require no introduction to the recently published elaboration of his paper. Many scholarly studies have of late been written regarding the details of the lives of these two great men, but Dr. Campbell's "medical digression" is bound to be of particular interest to readers of this journal, for did not Holmes himself at one time work in the labs. at St. Bartholomew's, and was not Watson also a Bart.'s man? Indeed, Dr. Campbell deduces that Watson might have been resident obstetrician under the great Matthews Duncan. In a critical survey of Dr. Watson's knowledge of medicine we are presented with many of his careful descriptions of the appearance and build of a number of characters representing constitutional types prone to particular diseases, while many "facies" which are familiar to us among the out-patients are carefully re-recorded. Watson's description (in *The Gloria Scotti*) of Trevor's symptoms before his death is such that Dr. Campbell remarks that "one can make a diagnosis of the actual artery which ruptured and produced the fatal cerebral haemorrhage: almost certainly Watson must have witnessed such a case, because the description is more detailed than would be found in most shorter medical text-books". Watson's description of Jefferson Hope's aneurysm with its "extraordinary throbbing and commotion inside" is very dramatic, and, as Dr. Campbell says, "it is doubtful whether the works of any other novelist contain descriptions of extra-systoles, of oedema due to fibrillation, of angina pectoris, of aneurysm, of rheumatic valvular disease and of ventricular failure

with orthopnea with such careful adherence to medical probabilities". Watson was human enough to make mistakes. He was deceived when Holmes pretended to have an epileptic fit, and he once recommended strychnine in large doses as a sedative. The latter, however, Dr. Campbell attributes merely to the confusion into which he had been thrown by falling in love with Miss Morstan! He records also that although there are at least ten occasions when a sufferer was revived from a faint by brandy, yet on the two occasions when his fiancée fainted he only offered her water, and that these were the only times when water was used instead of brandy. Diseases of the chest, nervous diseases, tropical diseases, chemistry, anatomy and pharmacology all come into this survey, as do some more personal concerns of Dr. Watson and the identity of No. 221B, Baker Street. Copies of the pamphlet are obtainable from the Publishers, or from the Appeal Office, Guy's Hospital.

TEXT-BOOK OF BIOLOGY. By E. K. SPRATT, D.Sc., F.L.S., F.I.H., A.K.C., and A. V. SPRATT, M.Sc., F.I.H., A.K.C. (London: University Tutorial Press, 1935.) Pp. VIII + 646. Price 9s. 6d.

This new text-book has been written at a time when the importance of a general knowledge of biological facts is being increasingly recognized. Thus the number of students making a serious study of the subject is constantly enlarging, and it is for all such that this volume is primarily intended. The authors have made an attempt to cover as far as possible the subjects included in the various syllabuses for science students as well as in those for students of medicine. The idea of a single text-book suitable for various types of students is attractive; but, in our opinion, it is quite impossible to deal adequately with such varying requirements within the limits of a medium-sized volume. Indeed, we feel in consequence that this book cannot hope to replace works already published which have been specially planned for some particular group of students.

Few text-books have so far been published which deal, as this does, with both the botanical and zoological side of biology, and there is indeed a very large amount of information contained in this volume. We regard the botanical chapters as more satisfactory than the zoological, and while we can pick out statements with which we disagree, there is evidence that the authors write with a very wide experience of teaching. The chapters dealing with plant physiology and with ecology may be specially commended.

The book is provided with an unusual number of illustrations, which is a great merit in a work of this kind. With a few exceptions these are good, and some are quite excellent. The volume is well produced and bound; both print and paper are thoroughly satisfactory, and the price must be regarded as most reasonable.

MANUAL OF SURGICAL ANATOMY. BY BEESLY AND JOHNSTON. Revised by JOHN BRUCE and ROBERT WALMSLEY. Fourth edition, 1935. (London: Humphrey Milford, Oxford University Press.) Price 21s.

The Edinburgh school is again to be congratulated on the publication of this revised edition, and many will note with gratitude the association of Dr. E. B. Jamieson with the work—especially those to whom, in their second year, his little blue book became such a treasure. Prominent among the changes is the omission of those procedures of operative surgery which, though many years obsolete, continue to haunt the academic minds of teacher and examiner alike. The volume deals instead, in an intensely practical manner, with modern surgery of proved worth. Many chapters have been re-written, and familiar figures from Cunningham's text-books have replaced some of the original drawings. The text, embodying old terminology and the B.N.A., is extremely well balanced, and is unique in including details of many minor operative procedures, in concise and clear form. The section dealing with the hip-joint is typical of the excellence of this work, though the description of tuberculous disease under the three classical stages, based solely on deformity, might have been omitted; it has, however, served as a model on which the spinal compensatory mechanisms have been explained. The book is in a class by itself, and would better be described as a manual of anatomical surgery. It has a remarkable freshness about it, but the reader who is in any way a purist will be repeatedly irritated by errors of printing; it seems a pity that careless proof-reading should have been allowed to mar this magnificent manual. D. F. E. N.

EXAMINATIONS, ETC.

University of Oxford.

The following degree has been conferred:

D.M.—Savage, J. de la M.

University of Cambridge.

The following degree has been conferred:

M.B., B.Chir.—Blair, A. T.

Royal College of Physicians.

The following have been elected Fellows:

Andrews, C. H., Dalrymple-Champneys, Sir Waldon, Bart., Maxwell, J., Simpson, R. H.

The following have been admitted Members:

Caplan, A., Nicholson, B. C., Scowen, E. F.

Conjoint Examination Board, April, 1935.

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:

Adel, M. P., Atkinson, E. C., Bacon, L. J., Dangay, E. D. D., Daynes, T. L. S., Clements, P. E. G., Cohen, S., Cookson, J. S., Croft, F. F., Curtiss, L. M., Drake, E. P. H., Dunn, G. W. N., Evans, E. H., Evans, W. E. F., Force Jones, R. J., Frost, L. D. B., Gabb, R. T., Gordon, C. J., Hopkins, J. J. V., Hugh, H. M., Levine, D., Nel, J. G., Paget, W. O. G., Paterson, J. F., Patterson, J. H., Rigby, E. P., Taylor, G. R., Ward, F. G., Warren, W.

CHANGES OF ADDRESS.

BURKE, Lt.-Col. G. T., I.M.S., c/o Medical Council of India, Simla and Delhi.

RADCLIFFE, F., 109, Rockingham Road, Kettering, Northants (Tel. Kettering 880.)

STRUGNELL, Surg.-Cmndr. L. F., R.N., H.M.S. "Batham", Home Fleet, c/o G.P.O.

TOWNSEND, Lt.-Col. R. S., I.M.S., c/o Grindlay & Co., 54, Parliament Street, S.W. 1.

TURNER, G. Grey, Huntercombe Manor, near Taplow, Bucks.

WESTWOOD, M., 25, Dollar Street, Cirencester, Glos. (Tel. 157.)

APPOINTMENT.

BURKE, Lt.-Col. G. T., I.M.S., appointed Secretary to the Medical Council of India.

BIRTHS.

EVANS.—On May 12th, 1935, at 20, Devonshire Place, to Muriel Gordon Evans, M.D., F.R.C.S.E., wife of E. Stanley Evans, F.R.C.S., of Heatherwood, Ascot, Berks—a son.

HODGKINSON.—On May 5th, 1935, at Highfield Corner, Lymington, Hants, to Mary Stuart (Molly) (née Knox), wife of Dr. H. L. Hodgkinson—a son (Richard).

McMICHAEL.—On May 19th, 1935, at The Croft, Vowchurch, Herefordshire, to Muriel, wife of Dr. G. B. McMichael—a son.

MORGAN.—On May 16th, 1935, at Newlands, North Parade, Horsham, to Joan (née Kemp), wife of Dr. G. S. Morgan—a daughter.

STEPHENS.—On April 30th, 1935, to Kathleen Patricia (née Frederick), wife of Dr. Deri Stephens, of 9, Ferguson Avenue, Gidea Park, Essex—a daughter.

MARRIAGES.

BAMFORD—LEEMING.—On April 25th, 1935, at St. James's, Cheltenham, by the Ven. Archdeacon Cameron and the Rev. A. O. Lukyn Williams, Dr. J. Brian Bamford, of Ely, son of Lieut.-Colonel and Mrs. Bamford, of Ightham, Kent, to Eileen Mary, daughter of Dr. and Mrs. Leeming, Rayrigg, Cheltenham.

BERRY—INGRAM.—On Saturday, May 4th, 1935, at the Parish Church, Wimbledon, by the Rev. C. I. Peacocke, M.A., Sir James Berry, F.R.C.S., of Wendover, to Mabel Marian, daughter of the late T. Lewis Ingram and Mrs. Ingram, of The Priory, Wimbledon Common.

SPAIGHT—ALLSOP.—On May 16th, 1935, at St. Nicholas's, Kings' Lynn, by the Rev. Arthur Perryman, Patrick Q. M. Spaight, youngest son of the late Dr. H. W. Spaight and Mrs. Spaight, Penpoll, Cornwall, to Mary, only child of the late Thomas Allsop and Mrs. Allsop, North Wootton, Norfolk.

VARTAN—MITCHELL.—On May 4th, 1935, at the Priory Church of St. Bartholomew the Great, London, by Canon E. S. Savage, M.A., Charles Keith, second son of Dr. and Mrs. C. S. Vartan, Sandiacre, Notts, to Marjorie Nora, daughter of Mr. and Mrs. Mitchell, Hove.

WESTWOOD—EVANS.—On April 23rd, 1935, at Llandaff Cathedral, Matthew Westwood, M.B., M.R.C.P., of Wolverhampton, to Margaretta Powell Evans, of Abertridwr.

SILVER WEDDING.

FAWKES—FUNNELL.—On Saturday, June 11th, 1910, at St. Olave's, Finsbury Park, London, by the Rev. Wynn Healey, M.A., Mar-maduke Fawkes, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., of Midhurst, Sussex, eldest son of Mr. and Mrs. F. Attfield Fawkes, of Hillside, Felixstowe, to Linda, elder daughter of Mr. and Mrs. Edward Funnell, formerly of Audisque, St. Etienne au Mont, France.

DEATHS.

BARNES.—On May 12th, 1935, at Weymouth, George Frederick Barnes, M.D.(Lond.), aged 76.

BRITAIN.—On May 18th, 1935, Percy Morgan Britain, L.S.A., L.M.S.S.A., of Highfield, Hatfield, Herts.

ROSE.—On May 30th, 1935, in a London nursing home, Frank Atcherley Rose, F.R.C.S., late of 68, Wimpole Street, W. 1.

WHARRY.—On April 27th, 1935, at Whitstone Head, Holsworthy, N. Devon, Robert Wharry, M.D., 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, F.C. 1.

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

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

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem"

—Horace, Book ii, Ode iii.

VOL. XLII.—No. 10.]

JULY 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

Mon., July	1.	Special Subjects: Lecture by Mr. Higgs.
Tues., "	2.	Lord Horder and Sir Charles Gordon-Watson on duty.
Wed., "	3.	Surgery: Clinical Lecture by Mr. Roberts. Tennis Match v. R.N.C. Greenwich. Home.
Fri., "	5.	Dr. Hinds Howell and Mr. Wilson on duty.
Sat., "	6.	Crickets Match v. Blackheath. Home. Tennis Match v. London School of Economics. Home.
Mon., "	8.	Special Subjects: Lecture by Mr. Scott.
Tues., "	9.	Dr. Gow and Mr. Girling Ball on duty.
Wed., "	10.	Surgery: Clinical Lecture by Mr. Roberts.
Fri., "	12.	Dr. Graham and Mr. Roberts on duty.
Sat., "	13.	Crickets Match v. Shoeburyness. Away. Tennis Match v. Guy's Hospital. Home.
Tues., "	16.	Prof. Wiatts and Prof. Gask on duty.
Wed., "	17.	Crickets Match v. St. Ann's. Away.
Fri., "	19.	Lord Horder and Sir Charles Gordon-Watson on duty.
Last day for receiving matter for the August issue of the Journal.		
Sat., "	20.	Crickets Match v. Metropolitan Police. Away. Tennis Match v. Staff College, Camberley. Home.
Tues., "	23.	Dr. Hinds Howell and Mr. Wilson on duty.
Thurs., "	25.	Crickets Match v. Midhurst. Away.
Fri., "	26.	Dr. Gow and Mr. Girling Ball on duty.
Sat., "	27.	Tennis Match v. Bank of England. Home.
Tues., "	30.	Dr. Graham and Mr. Roberts on duty.
Wed., "	31.	Crickets Match v. Hounsey. Away.

EDITORIAL.

THE old and familiar sight of the Medical Block on the south side of the Square rapidly fades before us, and in a matter of ten weeks will be razed to the ground by the efforts of the demolition gang. Unlike so many of their colleagues these iconoclasts—for iconoclasts unwittingly they are—pursue their end seven days out of seven, and the Square is no longer what it used to be at least on one day in the week. In place of the quiet, we have the unceasing clatter of falling masonry, one dust-storm after another, one cataclysm upon another; and now not even the Entrance remains, and we are forced to take a *détour* among builders' hoardings, which has as its only consolation the provision of an excuse, however thin, for arriving a little later than usual in the morning.

But though the old Medical Block is disappearing, it is pleasing to know that the stone of the facing is to be kept for its successor. The Square will preserve its integrity and we can think with Mr. Hardcastle, "I love everything that's old; old friends, old times, old manners, old books, old wine"—and old buildings too. As the buildings, so the activities within them, and as we go to press we learn of a new scheme to be put into operation in October, whereby medical and surgical firms are to be made up of first or second three months clerks or dressers only. It is only an experiment, it must be added, but its advantages are self-evident and it may well be established in time as a valuable modification of the present day scheme.

* * *

When, as Dean of the Faculty, Prof. Gask, in the 1931-2 session, asked the Board of the Faculty of Medicine of London University to consider a review of the whole medical curriculum, it was hoped that at last bold reforms would be proposed. The Report of the Conference just issued justifies those hopes, and every

aspect of the problem has been inspected and criticized. The Conference included as representatives Sir Walter Langdon Brown (University of Cambridge), Sir Holburt Waring (Royal College of Surgeons of England), and Prof. Gask, representing the University of London. The last-named was chosen as Vice-Chairman of the Executive Committee.

The theme of the Report is the closer relation of the training of the doctor to his future needs, that it should be governed by those needs rather than by the temporary requirements of the Examiners. It admits that the general efficiency of the ordinary doctor is, in spite of, rather than because of, the present system of education. There is, however, no adequate means of discovering the type that is most suitably equipped by Providence for the practice of healing, of assessing the individual's share of those qualities of temperament, personality and intelligence which are as essential as the knowledge which the curriculum provides. The evils of the examination system are recognized, for they are at best a poor test of capability, and begotten of circumstances which some future Utopia may eliminate. At present they so often prove a strait gate for the intelligent but nervous student, and a broad way for the slacker with a facile and bold manner. They are the chief cause for the neglect of Sydenham's great maxim, "Our art is not better learnt than by its exercise and use". They drive the most conscientious student from the bedside study of the body and mind in health and disease to the monotonous, soul-destroying perusal of text-books and synopses on the library table, where the most fascinating work becomes a weariness to the flesh and uneffective in practice. From the study of medicine as a whole there tends to be a division into water-tight compartments. "This very real defect can be overcome by reducing the number of examinations, and by making the transition from one course of instruction to the next as little abrupt as possible."

There must have been a temptation to be deaf to the demand for a man of culture, when so many facts of a purely scientific kind have to be imparted in so short a period of study. Such a step would tend to produce a scientific, perhaps intelligent robot, quite incapable of dealing with his patients as souls housed in a diseased body. "It has been somewhere said that the British doctor excels in practice rather than in science; it is true that most of our great figures in medicine—Sydenham, Hunter, Radcliffe, Jenner, Bright—have been great practitioners, but a few of them only have been men of science. They were, however, the outstanding figures of a common type, and have shown a sanity and breadth of outlook, a directness in method and a skill in action which have made a lasting name for their art." (We

quote from that most instructive and thoughtful exposition of the ideals and principles of medical practice, *The Physician's Art*, by Dr. A. G. Gibson.) The Report therefore recommends a liberal education in the would-be medical student, and discourages specialization before the age of eighteen. The commendable and recent introduction of the preliminary sciences to the ordinary school teaching makes this possible, and the scholar is encouraged to obtain exemption from the pre-medical examination by means of a higher school certificate examination in those subjects and another of a non-scientific nature.

In the five years which the student is to spend in pre-clinical and clinical work the Conference has removed the present discrepancy in the time devoted to each part. The elements of pathology and medical psychology are to be added to the two-years' pre-clinical period, with the sacrifice of the burdensome and irrelevant detail at present demanded of the examination candidate. In anatomy, having finished his part with a knowledge sufficient for a "viva" before proceeding to the next, the student need remember only the broad principles of structure, always in close relation to what he has learnt in physiology. In the latter subject a better adaptation is recommended, more time being spent on those instruments and procedures which have a practical rather than an academic interest. This will counteract the tendency, less marked in this school than in most, to make each student a physiologist or a biochemist, and remove the cause of the universal complaint expressed by Lord Horder two years ago: "A great deal of my time in the wards is taken up in teaching first-time clerks these physiological methods. This should not be the best use that can be made of a physician who is supposed to be experienced in clinical methods and in the arts of diagnosis and treatment. And almost the whole of the work in the class which is variously called 'Auscultation and Percussion', or 'Physical Methods', or whatever other name it goes by, is really the province of the physiological class-room. It is so with the urine examination, and with blood examinations." Pharmacology, with toxicology, is also to be taught in this period, but examination deferred until "finals". The pre-clinical studies cover two years.

In the clinical period less time is to be spent in studying rare diseases and watching tedious major operations, which are provided for in the courses for the higher examinations. Instead, opportunities should be provided for acquiring an intimate knowledge of the common minor ailments, including the neuroses and psychoneuroses, which play such a large part in a modern practice. Emphasis is laid on the teaching of preventive and psychological medicine in relation to

the ordinary hospital patients rather than as special subjects. Pathology should be taught throughout the curriculum, and be included in the final clinical examination. The final examination should consist of two parts, the first to be passed before he can be passed in the second, though both may be taken together. The Conference does not think that the average student is able to do himself justice in so stern a test as taking all the subjects together, however desirable that might be theoretically. Part II consists of obstetrics, gynaecology and pediatrics, and includes public health, forensic and State medicine, pathology, medicine and surgery being taken in the first part. The importance of obstetrics is emphasized because "the modern conditions of practice make the recently-qualified practitioner a consultant". It is urged that teachers of the special departments, such as those dealing with the organs of special sense, should be represented on the examining board, because the attention paid to these subjects is disproportionate to the very big part played by the disorders in general practice.

Finally, it is recommended that every student should have an appointment of at least six months' duration as a resident medical officer in an approved hospital. The number of such posts, it is hoped, will soon be sufficient to make the obligation statutory.

* * *
We congratulate Dr. John Beattie on his appointment as Assistant Physician Accoucheur.

* * *
Mr. Boyle has been elected as the first examiner for the Diploma of Anaesthetics of the Conjoint Board.

* * *
Dr. Deany Brown has been appointed as Chief Assistant to the Consultative Neurological Clinic.

* * *
Mr. Raven has been appointed Assistant Surgeon to the Gordon Hospital for Diseases of the Rectum.

* * *
In another column attention is drawn to the extraordinary feat of G. W. Hayward, who gained the Gold Medal in the London M.B. with distinction in all five subjects. We offer him our heartiest congratulations on an achievement we learn to be a record.

* * *
We regret that the obituary of Mr. F. A. Ross is inevitably held over.


* * *
PRIZE LIST, 1935.

Hichens Prize	No candidates.
Kirkes Scholarship and Gold Medal	D. B. Fraser } Equal.
(Medal not awarded)	P. W. Morse
Junior Scholarships (Anatomy and Physiology)	1. R. S. Murley.
	2. J. H. Gould.

Senior Scholarship (Anatomy, Physiology and Biochemistry)	L. A. Ives.
Harvey Prize	R. J. H. McMahon
	C. G. Fagg
	Honourably mentioned
Foster Prize	D. W. Morse.
	A. W. Little.
	Certificates
	R. J. H. McMahon.
	A. D. Messent.
Treasurer's Prize	G. A. Beck.
	Certificates
	F. J. V. Gillingham.
	C. A. Jackson.
Wix Prize	H. L. M. Roualle.
Bentley Prize	A. H. Masina.
Brackenbury Scholarship in Medicine	J. W. A. Turner.
	Prox. Access.
	A. R. Kelsall.
Durrows Prize	A. R. Kelsall.
Skyner Prize	L. D. B. Frost } Equal.
	A. R. Kelsall
	Prox. Access.
	D. Levine.
	J. W. A. Turner.
Brackenbury Scholarship in Surgery	G. Blackburn.
Willett Medal	G. W. Hayward.
	Prox. Access.
	F. Braithwaite.
	C. J. Gordon.
Walsham Prize	G. Blackburn.
	Prox. Access.
	G. W. Hayward.
Matthews Duncan Medal and Prize	F. Braithwaite } Equal.
(Medal not awarded)	I. H. Premdas
	Prox. Access.
	T. L. S. Baynes.
Entrance Scholarship in Science	H. M. Jamison.
Entrance Scholarship in Arts and Jeaffreson Exhibition	Scholarship
	Exhibition
	A. C. J. Saudek.
Shuter Scholarship	I. P. M. MacDougall.
	F. L. Candier.

OBITUARY.

ARCHIBALD EVERSDON SHARPE.

ame as a shock to many to hear of the death of A. E. Sharpe on May 30th. It appears that while swimming that evening he suddenly collapsed and died a few hours later. The evidence at the inquest showed no trace of previous heart trouble or any other disease, and no explanation for his death was forthcoming.

Born in Calcutta twenty years ago he came of missionary parents, and was himself intending to follow in their footsteps as soon as he was qualified. He was educated at St. Michael's, Limsfield, and later at St. Lawrence College, Ramsgate. He had just passed his second M.B. and was settling down well in his clinical work.

In sport "Archie" Sharpe was prominent: a member of the 1st XI hockey team, he will long be remembered as a skilful and robust player, a pleasant companion and a man with definite talent for leadership.

In conclusion we would express our sympathy to his relations and friends, particularly his mother and father, who are working in connection with the Purulia Leper Home, Bihar, India.

HEADACHE.

HHEADACHE is a common symptom of many disorders of the body. These disorders are of most varied kinds, and include both organic and functional diseases. The clinical features of a headache may indicate its nature. One of the most characteristic headaches is that of migraine. It is recognized by its onset in childhood and adolescence and its tendency to disappear in old age. Some patients feel particularly well before an attack, and may realize this as the calm before the storm. They are well between the attacks. The attack often starts in the morning. It may be preceded by a visual aura, and generally culminates in vomiting. It is characteristically unilateral, and a past history or family history of other allergic disease supports the diagnosis of migraine. The duration of attacks varies from an hour or less to a day or more. The character of the pain and the nature of associated symptoms may vary in different attacks in the same patient. In one attack there may be a deep boring pain over the temple, and in another attack it may be a neuralgic pain like toothache, which radiates over the temporal region towards the occiput. In one attack there may be visual disturbance, fortification figures, and in another a sensation of numbness of the fingers, hands, the lips and tongue on the same side as the headache. Another characteristic headache, which is also paroxysmal, is the pain of sinusitis. In the case of inflammation of a frontal sinus, for instance, the pain is characteristically in the region of the sinus affected. It tends to come on at a certain time of the day; it is aggravated by movement, and made worse by hanging the head down. In another case it may appear in the form of neuritis of the supra-orbital nerve, with characteristic tenderness of the nerve, and radiation of the pain over the forehead towards the vertex. Hypertensive headaches may appear in much the same clinical form, localized to one side of the head, paroxysmal, and on occasion culminating in vomiting, so that the differential diagnosis between migraine, sinusitis and hypertensive attacks may be confused rather than elucidated by the clinical features of the headache. Thus a man may suffer from migraine all his life, and at the age of fifty his migraine may become worse, due to development of malignant hypertension (chronic interstitial nephritis). In such a case close cross-examination may reveal no change in the clinical features of the headache, but the reason for their increased severity is found on examination of the cardio-vasculo-renal system. Again, two patients who are both suffering from high blood-pressure and frontal

sinusitis may have almost similar attacks of paroxysmal headache; the one may be so relieved of his headaches by operation on the infected sinus as to leave no doubt that the sinusitis was the cause of the attacks, while the other, although also having an infected sinus, is unrelieved by its surgical treatment. In short, while the clinical features of a headache may be so characteristic as to justify a diagnosis of their nature and cause, it may also happen that a variety of causes may be responsible for the same kind of headache. To understand these difficulties of clinical practice one needs to know the proximate causes of pains in the head.

Extra-cranial causes of headache require first consideration. Among these are included neuritis of the nerves of the scalp, such as the supra-orbital and supra-trochlear, fibrositis, perhaps associated with arthritis of the cervical spine, rheumatic myositis of the occipito-frontalis muscle, cellulitis of the scalp, and periostitis of the skull. Other local causes are inflammation of the sinuses already referred to, inflammation of the mandible or maxilla generally connected with dental sepsis, and the various headaches due to disease of the eye, such as iritis, glaucoma and including eye-strain. Another group of extra cranial headaches depends on the fact that the trigeminal nerve is the somatic sensory nerve corresponding to the vagus. In consequence of this, as was shown by Sir Henry Head, the pain from any viscus innervated by the vagus may be within the area of distribution of the trigeminal and first two cervical nerves. Head showed that the viscera supplied by the vagus, such as the heart, lungs, oesophagus, stomach and part of the intestines, have special areas of superficial tenderness on the scalp in the temporal, vertical and occipital regions. To find localized tenderness of the scalp is therefore not sufficient to establish a local cause for the symptom. Disorder of function of a distant organ may be responsible for the tenderness. In fact to diagnose the cause of a pain in the head of extra-cranial origin the most complete examination is required, bearing in mind both the varied possibilities of the pain being of local causation, and the less frequent event of the headache being a referred pain due to disease at a distance.

Intra-cranial disease in any form is commonly accompanied by headache at some time in its course. The headaches of intra cranial disease are paroxysmal, or if they are persistent there are paroxysmal exacerbations. A number of factors contribute to the causation of headaches of intra-cranial origin.

A rise or fall of cerebro-spinal fluid pressure, especially if it occurs suddenly, is a well-known cause of headache, which is often of the severest kind—a splitting headache in fact. A common example of this is the headache

which may follow lumbar puncture. It is more likely to follow lumbar puncture in a patient who suffers from neurasthenia or disseminated sclerosis, and rarely happens in a case of meningitis. This headache is often associated with vertigo, and sometimes with nausea and vomiting. It is increased by raising the head, and relieved by keeping the head low and by raising the foot of the bed. To prevent it plenty of fluid should be given before the lumbar puncture is performed, and when thought likely to develop, aspirin, gr. 10, with phenacetin, gr. 5, may be given before the puncture is done. The headache may be due to the leakage of cerebro-spinal fluid through the puncture wound in the theca, hence the advisability of using a small needle and withdrawing a minimal quantity of fluid. After the puncture the patient's head should be kept low on one pillow at most, extra fluid should be given, and to relieve nausea, atropine sulphate, $\frac{1}{100}$ gr., may be given subcutaneously. It may be that some cases of paroxysmal headache are due to low cerebro-spinal fluid pressure. Ephedrine hydrochloride, $\frac{1}{2}$ gr., given by mouth has been advised for the treatment of these patients. A normal cerebro-spinal fluid pressure with the patient horizontal is 60 to 150 mm. of cerebro-spinal fluid. It is rather greater in the ventricles than in the subarachnoid space, and is always lower than that of the intra-cranial capillaries. A raised cerebro-spinal fluid pressure is an important cause of headache. In congenital hydrocephalus there is little headache, because the hydrocephalus is slowly progressive, and the expansibility of the skull and its enlargement in all directions prevents any considerable increase in intra-cranial pressure. In acquired hydrocephalus, on the other hand, headache is a conspicuous symptom, and other signs of increased intra-cranial pressure, such as vomiting, head retraction, giddiness and papilloedema, are to be looked for. The headache is paroxysmal and later becomes constant, and during exacerbations the pain radiates down the neck. Whether the cerebro-spinal fluid pressure is increased or not depends on whether the hydrocephalus is communicating or obstructive in type.

In the case of a man, *æt.* 53, who was under observation in this hospital three years ago, there was a history of paroxysmal headache simulating migraine. At its worst the headache came on at 3 a.m., gradually increased until 8 a.m., associated with nausea and occasionally with vomiting, which gave relief. There was giddiness in severe attacks. Clinical examination was negative. The patient was admitted to hospital, and while under observation the attacks increased in severity. They were accompanied by bradycardia, and the heart-rate slowed down to 48 beats per minute. In the

attacks the blood-pressure rose a little, as from 140/84 to 160/90. At this time the differential diagnosis was in terms of cerebral tumour, vaso-vagal attacks, and empyema of the sphenoidal cells. The diagnosis of cerebral tumour with intermittent hydrocephalus was finally determined by the rapid appearance of papilloedema to the extent of $2\frac{1}{2}$ dioptres within a period of four or five days. The diagnosis of a ball-valve tumour blocking the passage from the third to the fourth ventricle was made by Dr. Hinds Howell, and a sub-temporal decompression operation was performed by Mr. Paterson Ross. Complete relief followed this operation. There was a recurrence of symptoms a year later, but in the past eighteen months the patient has remained well. The interesting feature of this case was the fact that with recurrence of headaches there was bulging of the trephined area, the skin over which became very taut, showing the relation of the headache to increased intra-ventricular pressure.

Treatment of headache due to increased cerebro-spinal fluid pressure is by rest in bed, because the pain is influenced by posture; aspirin and phenacetin may give relief, and in severe cases omnopon, $\frac{1}{4}$ gr., or omnopon combined with scopolamine, $\frac{1}{100}$ gr., is the best combination to relieve the pain. To reduce intra-cranial pressure a rectal injection of 8 oz. 25% solution magnesium sulphate, warmed to body temperature and retained for half an hour is given, or 70 c.c. of 15% solution sodium chloride in distilled water is given by slow intravenous injection, namely, at the rate of 3 c.c. per minute. Magnesium sulphate, $\frac{1}{2}$ -1 drm., may be given by mouth three times in twenty-four hours. The fluid intake is reduced to a minimum.

Another established cause of headache is a disturbance of the cerebral circulation. Venous congestion such as results from heart failure, emphysema, mediastinal tumour or thrombosis of an intra-cranial venous sinus may be a cause of severe headache. These headaches are often paroxysmal. They are aggravated by straining and by coughing, and those of extra-cranial origin are associated with cyanosis. The blood-vessels of the pia-arachnoid are under the nervous control of sympathetic and para-sympathetic fibres. It has been shown, for instance, experimentally in cats that stimulation of the cervical sympathetic in the neck by a faradic current is followed by contraction of the arteries in the pia, and stimulation of the vagus in the neck is followed by dilatation of these vessels. The local application of adrenalin to the pial vessels is accompanied by contraction of the arteries without change in blood-pressure; also intravenous injection of adrenalin causes a rise of blood-pressure with dilatation of the pial vessels, and as the blood-pressure begins to fall there is

contraction of the pial arteries. Recently nerve-endings have been demonstrated in all the vessels of the pia arachnoid and choroid plexus. There is evidence that the innervation is both sympathetic and para-sympathetic. Common examples of circulatory headaches are those provoked by arterial hyperæmia, such as may be produced by amyl nitrite and alcohol. The pain is a sense of fullness; as it increases there is a sensation of throbbing, and a severe headache is bursting and aching in character. It is associated with a flushed face, and sometimes with giddiness and epistaxis. The situation is often frontal, supra-orbital or general. Various explanations have been offered of the occipital headaches so characteristic of hypertensive arterial disease. These headaches are also paroxysmal, and though typically occipital, they may be anywhere—frontal, temporal, vertical or general. The subject has recently been discussed at length by Dr. Douglas McAlpine, who makes a distinction between one group in which there is an accompanying rise of cerebro-spinal fluid pressure, and another group in which the cerebro-spinal fluid pressure remains normal. The disorder of circulation is envisaged in terms of disturbance of the normal balance existing between the sympathetic and para-sympathetic control of cerebral circulation. Based on animal experiments and supported by post-mortem observation, it is believed that a hypertensive cerebral attack is on occasion precipitated by a further rise of blood-pressure, and the headache is due to a failure of the cerebral circulation to adjust itself to the new conditions. The local lesion may be a spasm of one or more of the cerebral arteries, and it has been shown in animal experiments that when an artery becomes extremely contracted a dilatation of its capillaries follows, with slowing of the blood-stream and extravasation of red blood-corpuscles through the capillary walls. When this extravasation is considerable, necrosis of the parenchyma may follow and lead to further hæmorrhage. The examination of the brain in the region of such a focus reveals not only sclerosis of arteries and arterioles, but also fatty changes in the walls of the capillaries, and scattered pin-point hæmorrhages in their neighbourhood, such as are also found in human post-mortem material. The treatment to be applied in such cases is venesection with the object of reducing blood-pressure. It is interesting to note that venesection may relieve the headache in such cases, even though there is no measurable change in blood-pressure. The inhalation of amyl nitrite followed by erythrol tetranitrate by mouth is also advised. Luminal is given prophylactically. When the rise of blood-pressure is accompanied by an increase in cerebro-spinal fluid pressure there may be papilloedema and retinitis, and the increase

of cerebro-spinal fluid pressure is measured by lumbar puncture. In this type of case the withdrawal of cerebro-spinal fluid is advised. This requires caution. 10 c.c. are withdrawn, and if there is any increase in headache or other indication of ill-effect, the needle is withdrawn. In other cases 20 c.c. may be withdrawn, and a further 20 c.c. later. In patients suffering from persistent hypertension, who complain of a feeling of cerebral congestion or headache, and in whom there is reason to fear an attack of cerebral thrombosis or hæmorrhage, the complaint of headache is important, because it is known that cerebral accidents are often preceded for some days or even weeks by these symptoms. Headache, therefore, may be an indication for venesection and other measures to reduce blood-pressure in such patients.

Changes in the chemical constitution of the blood have also been shown to affect the pial vessels. Thus intravenous injections of hypertonic saline, the intravenous injection of pituitrin, an increase of oxygen in the blood, or a decrease of its carbon dioxide content, cause contraction of pial vessels. An increase of carbon dioxide in the blood, anoxæmia and inhalation of amyl nitrite cause a dilatation of pial vessels. It may be that on these lines, at least in part, an explanation is to be found for the great variety of headaches which are undoubtedly of toxic origin. Thus headache is a prominent symptom in smallpox, influenza, pneumonia, typhoid fever, and *Br. abortus* fever. It may be intense in the cerebral form of malaria. A chemical toxæmia may be in part the cause of the headache accompanying some forms of gastric and intestinal dyspepsia, hepatic insufficiency and constipation. In some or all of these other factors may be concerned, such as an alteration in cerebral circulation determined by a sudden fall of blood-pressure, or, as sometimes in uræmia, by a rise of blood-pressure, or again as in constipation by a reference of pain from a vagal area to the trigeminal nerve.

The brain itself and the pia arachnoid are insensitive to pain, and the headache due to variations in intracranial pressure is probably due to irritation of the endings of the trigeminal nerve in the dura mater as a result of stretching and pressure. According to the late Dr. Collier, headache does not occur on the side of the head after destruction of the fifth nerve by removal of the Gasserian ganglion. The headache produced by a sudden fall of cerebro-spinal fluid pressure, as after lumbar puncture, may thus be due to the dura mater being stretched by displacement due to the loss of cerebro-spinal fluid. Another example of headache due to a stretching of the dura mater occurs in all cases of increased intracranial pressure. It explains in part at least

the headache due to a cerebral tumour, and especially may be the cause of headache due to pituitary tumours or pituitary congestion. Thus Dr. Thompson has suggested that the attacks of migraine which occur on the first day of menstruation in women, often associated with nausea and retching, are due to swelling of the anterior lobe of the pituitary gland. He envisages a stretching of the prolongation of the dura mater which partly roofs the sella turcica between the anterior clinoid processes. On this theory he has treated patients suffering from these headaches with the intramuscular injection of theelin (50 rat units) given three times in the week before menstruation commences, and with success. Involvement of the dura mater following injury of the skull, which has led to an unresolved contusion of the brain, may be the cause of an intense and bursting headache. This headache is relieved by rest. It is absent on waking in the morning, and comes on with activity as when the patient puts on his clothes. It has been shown at operation to be associated with œdema of the meninges, and may sometimes be relieved by surgical treatment.

It is common experience that apart from disorders of cerebral circulation, organic intracranial disease is not often the cause of headaches seen in general practice. At the same time it is most important that it should always be kept in the forefront of one's mind, and detailed examination of the central nervous system must always be made in every case of headache about the nature of which there is any possible doubt. This examination needs to be repeated from time to time, because headache may be the only symptom of cerebral tumour for several years, and yet within a period of a week obvious signs of this disease may develop, and, as in the case previously quoted, papilloedema, for instance, may appear within the course of a few days.

The more usual experience of the headaches seen in general practice is to find more than one contributory cause. There are persons who never have headaches, as there are others who may develop them for most trivial reasons. Perhaps the commonest causes of headaches are a constitutional predisposition, an underlying cause, such as fatigue, and a determining factor, such as eyestrain, sinusitis or dyspepsia. In conclusion I would draw attention to the impotence of fatigue. Eyestrain is a simple example of it. Those who suffer from bilateral deafness, perhaps because of the strained attention they must give to conversation, seem liable to a most severe and persistent form of headache when a constitutional predisposition makes them liable to this complaint. Headache, too, is common in those who live habitually just beyond their strength, particularly in brain-workers, and states of

long-continued emotional strain, even when the strain is one to which the patient is so much accustomed that he is hardly aware of it. For all these people a lightening of their burdens, or an added period of complete rest horizontal for a short time every day, or for a longer time every week or month, is the best treatment to advise.
GEOFFREY EVANS.

DIVERTICULA OF THE COLON*

"Some love Diverticules and turn aside into crooked ways."

INTRODUCTION.

THE presence of diverticula in the alimentary tract has always aroused the interest of pathologists, but for a long time they were regarded merely as strange curiosities. With more advanced methods of diagnosis, however, they have been found to occur much more commonly than was supposed. Moreover, the less rare varieties were attended by symptoms that required sometimes immediate, but always most careful treatment.

The earliest observers noticed that the diverticula seemed part of a general disease or predisposition, often occurring in more than one organ and in situations far apart. The fact has been continually ignored in spite of its reiteration by the leaders of the profession. As Rutherford Morison (1) has said in connection with diverticulosis of the colon, as long as attention is focused only on the special diseases of an individual organ rather than of the whole body, real advance is impossible.

Diverticula have been recorded in all of the hollow viscera and, as knowledge advances, it is becoming clear that they all owe their origin to similar factors, if not in the majority of instances to some general disorder of function. They usually arise as the result of a primary defect in the organ, or from the action of forces secondary to disease in neighbouring structures. The classification has been made of "pulsion" diverticula as the primary type and "traction" as the secondary. This is not altogether satisfactory, as it does not include a large number of cases, and also because it implies an aetiology which is by no means certain. The old pathologists devoted their attention to determining whether the pouches were "false", without the normal coats of the bowel, or "true" in character. This distinction was intended to show their origin. This distinction was intended to show their origin, acquired in the first case, or congenital in the second. This has been proved, however, to be indefinite, as many diverticula accepted as acquired have been shown to

* An abstract of the Bentley Prize Essay, 1934, on "Diverticula of the Alimentary Tract".

contain in their walls all the elements of the normal tract.

It is the primary or so-called "pulsion" group that is of the greatest interest. They are, in the great majority of cases, diverticula formed by the herniation of the mucous membrane through a deficiency in the muscle-wall, or, as an American has characteristically called them, "blow-outs of the inner tube". Both factors in their causation can usually be demonstrated, an increased internal pressure, due to some disorder of contraction in most instances, but occasionally to the presence of organic obstruction, and a *locus minoris resistentia* as determining the site of the relief of that pressure. The diverticula occur in positions of unusual stress and generally in close relation to a sphincter. Differences in development and nervous function can often be shown in the parts, and the opinion is growing that a neurological disorder is to be blamed for the condition and it is possible that there is a congenital factor in all types.

The report was first intended to include cases only of colonic diverticulosis, as there has been an unusually large and instructive number in the Hospital wards during the year 1933-4. The reading of the literature, however, together with the discovery of a series of cases that include all the commoner diverticula and some of the very rare types, emphasized the importance of considering the condition as a whole.

Twenty-five cases were collected of patients who had been admitted during the year. The distribution was as follows:

Pharynx	2 cases.
Esophagus	2 "
Stomach	1 case.
Duodenum—primary	3 cases.
secondary to ulceration	1 case.
Cæcum	1 "
Colon	16 cases.

DIVERTICULA OF THE COLON.

The treatment of conditions arising from acquired diverticula of the large bowel calls for the highest art of both physician and surgeon. So varied are the symptoms and so vague the signs associated with these that only the most careful investigation will bring the true cause to light. The possibility of their presence must be borne in mind by everyone whose work is connected with any of the abdominal viscera. Thus it is found that, besides the general physicians and surgeons, a share in the abundant literature of the subject has been contributed by radiologists, gynecologists, proctologists and urologists.

The possession by a colon of diverticula does not of itself exact toll of the owner's health, but if the smallest

diverticulum becomes inflamed, he stands in danger of running through the whole gamut of health and disease. From the normal health of a man who has passed middle life, with perhaps the mild and vague disorders of that age, there is a swift transition to one in whom "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" (2). Death may occur within a few hours, or the sufferings may be prolonged over a long span of years.

The condition was first mentioned in the literature in 1849 by von Rokitsanski (3) and by Cruveilhier (4). For accuracy the latter's description could not be surpassed to-day, and it illustrates the small progress that has been made since. The position and structure of the diverticula must be blamed for their obscurity. They are the smallest of any in the alimentary tract, they occur chiefly in that little explored organ, the sigmoid colon, and they tend to be hidden by the appendices epiploicæ, and, if the seat of chronic inflammation, by a dense mass of fibrous tissue.

The first reference in the English literature is a report in the Pathological Society's *Transactions* of a case by Bristowe in 1854. This was followed in 1856 by a very clear account of the structures and of the disease diverticulitis by Habershon in his text-book (5). In a paper on hernia in 1885 (6) Arbuthnot Lane mentions and illustrates a specimen which, with his comments, might well be the text for the whole subject of diverticula of the hollow viscera. In describing bladder sacculi he gives an account of an associated inguinal hernia, in which the extruded large bowel contained a number of diverticula in two rows, above a constriction of the lumen. There were also in the œsophagus two diverticula, but the description does not indicate more than that they were probably of congenital origin. Here, then, is described the association of three types of hernia in different organs, the presence of increased pressure and the distribution of the colon diverticula.

For a time all research in the subject was confined to the Continent with Gräser, Klebs, Hausmann and others. In this country there were a few "buried" case-reports, but it was not until 1903 that the first operation was performed by Rutherford Morison on a case already diagnosed as diverticulitis. This case was not reported, and the first published record is that of Moynihan in 1906 (7), who drew attention to an important feature of the disease, the "mimicry of cancer". At his suggestion, in 1908, Maxwell Telling prepared an exhaustive review of all the cases recorded at that time.

This stimulated widespread interest in the condition and, in 1917, Telling was able with Gruner to collect all the new material into the most comprehensive survey of the subject that has yet been written (8). At the same time Drummond advanced theories on the ætiology of diverticulosis, and the part played by blood-vessels in their production.

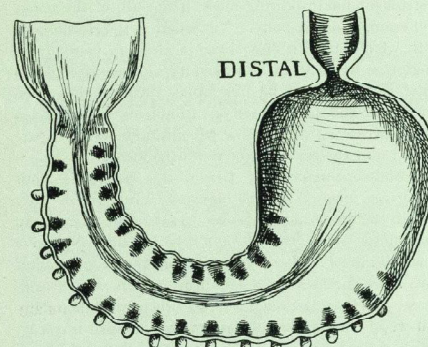


FIG. 1.—Lane's case. Diverticular colon in an inguinal hernia.

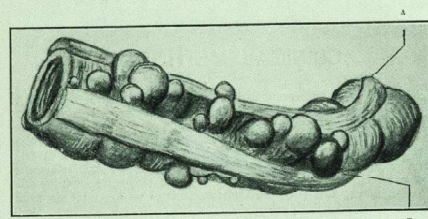


FIG. 2.—Part of the colon from Case 13, "silent diverticulosis" discovered post-mortem. The fat has been dissected away.
A. Mesenteric tenia. B. Lateral tenia.

The first case diagnosed by radiography was reported by Abbé in 1914, but it was not until 1918 that the technique was good enough to establish the method.

The history of a disease is often to be traced in the names which are attached to it. From the old vague "sigmoiditis" of the earlier days there came "Gräser's disease", applied to the tumefaction described by him, and "Telling's disease" as a general term. "Diverticulosis" marked the first radiological observations, and "the pre-diverticular state" the more careful examination coincident with improved technique. Besides those names already mentioned as advancing the knowledge of the condition occur those of Gordon-Watson,

Keith, Mummery, Spriggs, Grey Turner, Hutchison and Rolleston here, with the Mayos, Fitz and Case in America.

There has been some controversy in the naming of these protrusions. The Newcastle school, with Morison, Grey Turner and Drummond, has tried to substitute the term "sacculi"—a word for a long time used in connection with the bladder, and confine "diverticula" to those of congenital origin, such as Meckel's diverticulum. The latter term, however, is firmly established and has the support of its classical meaning—a way-side shelter or inn of bad reputation, "where sophistry and deceit are wont to tread". D. W. MOYNIHAN.

(To be continued.)

ON STETHOSCOPES.

MY friend Pobjoy has bought a stethoscope. A paltry act, you suggest? A common or garden, everyday occurrence hardly worthy of note? And so it is. Stethoscopes are probably being passed across the counters of the world at every minute of the day. But the fact that this one has come into the possession of my friend Pobjoy is of some significance, worthy, I think, not only of note, but also of consideration. For Pobjoy is as yet struggling with biology and, knowing both Pobjoy and examiners as I do, I expect him to be struggling for many months yet. And the significance is this: on Tuesday last he was confronted with his first dogfish, and in the exhilarating moment of first applying a scalpel to its ventral surface he felt, he tells me, that at last he was worthy of the name of Medical Student—a humble member of the great medical fraternity. So what should the simple-minded fellow do but buy himself a stethoscope on his way home?

For in this decadent age, in which the Classics no longer hold their rightful place in the educational system, the staff of Æsculapius has given way to the stethoscope as the insignia, the badge of office of the medical profession. No doctor is worth his salt in the esteem of the lay public who does not produce a stethoscope at any and every opportunity, whether he uses it or not. The difficulty experienced by so many novices in hearing any breath sounds in a chest is due in many cases, I am convinced, to the patient holding his breath with excitement at having this magical instrument applied to his unworthy body.

But what, it may well be asked, is this sacred thing, this jujū, this talisman, this stethoscope? To get down to brass tacks (though why brass tacks should be more

suitable than anything else to get down to I have never been able to fathom; personally, I rarely, if ever, get down to a brass tack), to come, that is, to the nub (whatever that may be; I suspect it of being a close relation to the welkin), to state, as I say, the facts, a stethoscope is little more than a pair of tubes, joined at one end—a little elaborated perhaps, chromium-plated here and there maybe, but still, in essence, a pair of tubes. In fact, if one considers the matter closely, a piece of lead piping, neatly whittled down at one end to fit the ear, would do just as well, while leaving the other ear free for other things, such as listening to the radio or using the telephone. Besides which, such an instrument would be an excellent means of inducing general anaesthesia; but there are, I admit, disadvantages in this plan. It would be galling, for instance, to be taken for the plumber on visiting a strange house. Nor could a length of lead piping produced, as if by accident, in mixed company, be guaranteed to enhance the prestige of the medical student to the extent that a stethoscope does in similar circumstances. But in spite of its traditional associations, I still maintain that the stethoscope as it is to day is an expensive gadget, unworthy of the esteem in which it is held.

The instrument has, of course, other uses than merely that of listening to chests. The chest-piece, deftly swung, may, it is true, be used to elicit the knee-jerk, though most experienced clinicians prefer, for this purpose, the edge of a hospital pharmacopœia. As a toy it will give hours of pleasure to an intelligent child, who can listen to such things as his father's watch, before and after dropping on the floor, gaining thereby a practical demonstration of the force of gravity. It can then, if applied in the right way to the right place, be used by the father to give the child a further convincing demonstration of the force of his arm. Again, it is invaluable when applied to one's wall for finding out what one's neighbours are quarrelling about. But, taken all in all and by and large, the stethoscope is not good enough value for the money.

This age, Mr. Wells tells us, is that of the conquest of power. Yet what, may I ask, has this age done for the stethoscope? Does it amplify such sounds as we wish to hear? Does it record them on steel tape for future reference? It does not. Power, however decisively Mr. Wells and his contemporaries may have conquered it, has not yet been harnessed to the stethoscope. If my challenge is taken up by the stethoscope-making profession in the right spirit, a superheterodyne, screened grid, all-mains, Blattnerphone stethoscope should be on the market and exercising great popular appeal before the year is out. But one can have little faith in the commercial astuteness of stethoscope-

makers when one considers the opportunities which have been missed already. For instance, while more than one type of stethoscope has been designed, all have been designed with but one function in view, to wit, listening. The makers of ophthalmoscopes now issue sets of spare parts rivaling in number and variety those of a vacuum-cleaner, making it possible to use the same instrument for inspecting most, if not all, of the nooks and crannies of the body. Yet where is the stethoscope with which one can also obtain a close up view of the epiglottis, or elicit the inside story of the state of the inner ear? Not to be purchased. No one has even considered the possibilities of introducing a simple yet useful accessory, such as a pencil-sharpener or cigar-cutter, into the structure of the instrument.

Stethoscope-makers of the world, where is your initiative, where the fine fighting spirit which once forced the medical profession to abandon the cheap and simple single for the cumbersome and expensive binaural model? Take up once more the cudgels, enter once more the lists; a great future awaits you! And, when you have attained success, then and then only will we of the medical profession feel justified in recognizing the stethoscope as a symbol for all the ideals for which we stand.

D. I. CROWTHER.

CLINICAL METHODS.

The period of convalescence from acute dyspepsia and colitis, and in many cases when a low-residue diet is prescribed, is often long, and patients soon tire of a restricted menu.

These recipes and suggestions are intended to provide some variation in the "milk pudding, custard, junket" régime of the ordinary printed diet sheet, and include some savoury dishes for those who are not fond of sweets. Most of them are suitable for inclusion in the family menu, thus avoiding the need for cooking separate dishes for the patient.

QUEEN'S PUDDING.

2 oz. white bread-crumbs.
1 oz. castor sugar.
½ pint milk.
1 oz. butter or margarine.
1 or 2 eggs.
1 or 2 tablespoonfuls honey, jelly or strained jam (no skin or seeds).
Vanilla essence to flavour if desired.

Heat the milk and butter and pour over the bread-crumbs and most of the sugar. Allow to stand for 10 min., then add the beaten yolks of egg and vanilla, pour into a greased pie-dish and bake in a moderate oven till set (20-30 min.). Spread the honey, jelly or strained jam over the top, whip whites stiffly, folding in remainder of sugar, pile on top and bake in a slow oven till a pale golden brown.

SEMOLINA SPONGE.

1½ oz. semolina. 1 pint milk.
1 egg. Sugar to sweeten.

Heat the milk in a saucepan and sprinkle in the semolina; stir till boiling, and allow to simmer gently for about 10 min. Cool slightly, add the yolk of egg and sugar and mix well. Beat up the white of egg stiffly and fold in lightly. Pour into a greased pie-dish and bake in a moderate oven for about 20 min.

BREAD AND BUTTER PUDDING.

2 thin slices of white crustless bread (about 2 oz.).
½ pint milk. 1 egg.
Sugar to sweeten. Vanilla to flavour.
(No currants or dried fruits.)

Spread the bread with butter, cut into small pieces and arrange in a greased pie-dish. Beat the egg slightly, add the milk, sugar and flavouring. Strain over the bread and allow to soak for 20 min. Bake in a moderate oven till set.

CHOCOLATE MERINGUE PUDDING.

1 pint milk. 1 or 2 eggs.
1½ oz. cornflour. ½ oz. cocoa.
1 oz. sugar. Vanilla to flavour.

Make the chocolate blancmange in the usual way, add most of the sugar and, when slightly cool, the beaten yolk of egg. Pour into a greased pie-dish. Whip the whites up stiffly with the remainder of the sugar, pile on top and bake in a slow oven until golden brown.

STEAMED CHOCOLATE PUDDING.

4 oz. margarine. 5 oz. flour.
4 oz. sugar. 1 teaspoonful baking powder.
2 eggs. 1 oz. cocoa.
A little milk.

Cream the fat and sugar; add each egg separately with a little flour and beat well. Add the rest of the flour, cocoa and baking-powder. A little milk may be added if necessary, so that the mixture is of a dropping consistency. Turn into a greased basin, cover with greased paper and steam till well risen and firm. Serve with chocolate sauce.

CHOCOLATE SAUCE.

½ pint milk. Sugar to sweeten.
½ oz. cornflour. 1 teaspoonful cocoa.

Blend the cornflour and cocoa with a little cold milk. Bring the remainder of the milk to the boil; add the cornflour, stirring well. Cook 3 min., sweeten with sugar and serve.

Note.—A similar pudding may be made with strained orange-juice to flavour instead of cocoa and served with an orange sauce, or made with vanilla flavouring and served with custard sauce.

HONEYCOMB MOULD.

1 pint milk. ½ oz. powdered gelatine.
2 or 3 eggs. Strained orange juice,
2 oz. sugar. lemon essence or vanilla
to flavour.

Make a boiled custard with the milk, yolks of eggs and sugar; add flavouring and allow to cool. Dissolve the gelatine in about two tablespoonfuls of water; add to the custard. Beat the whites of eggs stiffly and fold in. Pour into wet moulds and when set turn out.

EGG JELLY.

1 pint water. Sugar to sweeten.
½ oz. gelatine. Vanilla to flavour.
2 or 3 eggs.

Dissolve the gelatine in the water. Beat up the eggs; add to the gelatine and water, which should be hot enough to cook the egg, but not to curdle the mixture. Strain, add the vanilla and sugar, and pour into wet moulds. When set turn out.

STEAMED CARAMEL PUDDING.

2½ oz. white bread. 2 oz. sugar.
½ pint milk. 2 or 3 eggs.

Place the sugar with 2 tablespoonfuls water in a saucepan, stir till dissolved, boil till a golden-brown colour, and quickly add the warmed milk. Stand aside to cool. Add the beaten eggs. Cut the bread into small cubes and strain the custard over the bread; allow to soak. Turn into a greased mould and steam gently until set. Serve hot or cold.

TOMATO AND SPAGHETTI.

½ pint tomato purée (fresh or tinned).
½ pint water or vegetable stock.
½ oz. flour. 2 oz. spaghetti.
½ oz. margarine. Salt to season.

Melt the fat, add the flour, water, tomato purée and salt. Stir well till boiling. Cook 2 or 3 min. Boil the spaghetti in water till soft. Strain, add to the sauce and serve.

This may be served with scrambled egg if liked.

FISH OR CHICKEN SOUFFLE.

4 oz. cooked, flaked white fish, haddock or pounded chicken.
1 oz. margarine.
1 oz. flour.
½ pint milk (or equal parts of milk and fish or chicken stock).
2 eggs.
Salt to season.

Melt the fat, add the flour and milk. Mix well and stir till boiling. Add the flaked fish or pounded chicken, the yolks of the eggs, and a little salt to season. Beat the egg-whites stiffly and fold in. Turn the mixture into a greased mould, cover with greased paper and steam very gently about 45 min. When firm turn out, coat with white sauce and serve.

OTHER SUITABLE DISHES.

Trifle, made with jelly or honey instead of jam, and decorated with whipped cream or chopped jelly (no cherries, angelica or nuts).
Chocolate trifle, made with plum or chocolate sponge cake and chocolate custard.

Plain jelly containing cubes of sponge cake. This may be served with custard sauce or cream if desired.

Meringue and cream.

Ground rice-mould, served with golden syrup, honey or jelly (no fruit or jam).

Caramel custard.

Chocolate junket.

Creamed rice, ground rice, sago or semolina.

Fresh milk cheese or cream cheese and plain biscuits (not digestive, wholemeal, rye-vita or vitawheat).

M. S.,
Assistant Dietician.

BRIGHTER SURGERY.

III.

POLY LAPAROTOMY.

I'm going to relate

And, what's more, substantiate

Some facts concerning one of my relations.

In her the surgeons found—

A happy hunting-ground—

In all, she'd had eleven operations.

She'd acquired her longest scar

When, run over by a car,

They looked about for intestinal lesions.

And, of course, she'd gathered lots

In all the usual spots;

The rest were all for multiple adhesions.

They'd taken out her spleen,

And on the fluorescent screen

Her stomach too showed signs of faulty function.

Soon that was taken out,

And her skin was cut about

Like a panoramic view of Clapham Junction.

Of her viscera heretofore,

Yet her uterus was left,

And it wasn't long before she was a mummy.

When a female child she bore

The wretched infant wore

A zipp-fastener right down its little tummy. A. B.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

Table with columns for Staff, Demonstrators, Students, and various counties (e.g., Bedfordshire, Berkshire, Buckinghamshire). Includes a total at the bottom: £144,265 16 6.

* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. LEAVENDES.

May 25th. Leavenedes batted first on a hard wicket, and their opening pair, batting with precision, scored 200 runs before Mundy, who never gave up the seemingly hopeless task of separating them, got Coverdale lbw for 136. Leavenedes declared at 257 for 2.

Johnstone and Dransfield gave the Hospital a good start of 64 for the first wicket. The wicket now began to show signs of wear. Brown batted courageously after being hit on the head, but the rest of the side collapsed badly, Simpson being caught out off the last ball of the match by a fieldsman who had crept up closer to him than the wicket-keeper. Bart.'s lost by 124 runs.

Cricket scorecard for St. Bartholomew's Hospital v. Leavenedes. Lists players like C. M. Dransfield, C. Coverdale, J. S. Johnstone, etc., with their runs and wickets.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

(Cup-Tie).

May 26th. The absence of Cochrane, Anderson and Johnstone cannot entirely explain the Hospital's very poor showing in this game. The Middlesex first pair, despite accurate bowling by Mundy and Dolly, backed up by keen fielding, scored 120 before lunch. A quick wicket after lunch and the remainder for 160 left the Hospital 281 to score to win.

Our innings began disastrously, Dransfield and Dolly being out for 9 runs. Wickets fell with uneasy frequency, and 6 were down for 43. Brown then batted confidently for 50, but with his wicket the end came, Bart.'s being all out for 119.

Cricket scorecard for St. Bartholomew's Hospital v. Middlesex Hospital. Lists players like C. M. Dransfield, R. Mundy, F. E. Wheeler, etc., with their runs and wickets.

ST. BARTHOLOMEW'S HOSPITAL v. ST. GEORGE'S.

June 1st. A delightful game, played in the true style and surroundings of country-house cricket, marked the opening of St. George's ground at Wimbledon.

The Hospital batted first, and Dolly, opening, scored 50—the best innings for the Hospital this season. Dransfield crashed the first six on the ground into an oak, and was out immediately afterwards trying to repeat the shot at the expense of a copper beech. After a rapid change from 120 for 2 to 160 for 0, Bart.'s were all out for 177.

Anderson and Mundy quickly disposed of batsmen Nos. 1 and 2 for 20 runs, but then a consolidation of the George's position took place to 140 for 2. But wickets again began to fall, and time came with St. George's with only two wickets in hand, still requiring 30 runs to draw.

PAST v. PRESENT.

June 8th. This very pleasant game was played at Winchmore Hill on June 8th. Both the Past and Present fielded strong elevens. Nunn and Boney opened the Past batting to bowling which at times was difficult. Nunn batted attractively before he was out at 44. The score was then carried on, steadily by Boney, merrily by Gabb—who batted exceedingly well—and by Capper to 120. Then began a minor collapse, caused as much we think by the boastful threats of the bowlers as by their spins and swingers. Some useful batting by Dr. Bourne increased the total to 172, when the Past were all out.

For the Hospital North scored 52 in his first knock—a good innings, characterized by heavy pulling and cutting of the short ball. Morison's 39 was typically sound, but wickets fell at all too short intervals, and with the last pair in, the Hospital still needed 9 runs to win. A single, two no-balls (happy thoughts, by a Present umpire) and a post-mature four off the last ball of the day brought the score to within one of the Past, and an excellent and pleasant game to an unfortunately drawn ending.

Cricket scorecard for Past v. Present. Lists players like F. E. Wheeler, R. Mundy, C. M. Dransfield, etc., with their runs and wickets.

Cricket scorecard for Cochrane, Anderson, and Johnstone. Lists players like Cochrane, Anderson, Johnstone, etc., with their runs and wickets.

ST. BARTHOLOMEW'S HOSPITAL v. CROYDON.

June 10th. It was unfortunate that for this good fixture the Hospital side was considerably weakened by the absence of Mundy, Morison, Dransfield and Dolly, and had to play one man short.

A start was only possible after lunch, when the Hospital batted first. Our tale was a sorry one of quick wickets and low scoring, with the innings closing at 87. Barnett, in a short stay, attracted.

Croydon passed this total for the loss of only two wickets, and then proceeded to play much bright and attractive cricket to close their total at 241.

Harmer, for Bart.'s, bowled very well, turning the ball sharply, to take five wickets, one remarkable one-handed catch by Maidlow at short mid-off.

Cricket scorecard for St. Bartholomew's Hospital v. Croydon. Lists players like J. S. Johnstone, S. T. Hayes, J. D. Burnett, etc., with their runs and wickets.

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

June 22nd. This match is one which the Hospital has always been keen to win. On this occasion we almost succeeded.

The M.C.C. batted first on a wicket which was taking a lot of "bite". The innings opened sensationally with two wickets down for 10 and three for 19. A stand for the fourth wicket took the score to 55, when Dolly ran into a spell of well-deserved, though occasionally fortunate, wicket-taking. At lunch eight M.C.C. wickets were down for 63, and the innings closed at 86. Mundy bowled well, and Simpson better, perhaps, than he has so far in a good season. The Hospital fielded well.

The Hospital went in with hopes of a big victory, only to find themselves, even after a good stand by Mundy and Maidlow, and another by Mundy—whose innings was commendable—and Slowe,

scoring four runs for the last wicket to win. Three of these came from a good leg-glance by Slowe, but with no addition to the score he was out, and a very exciting game ended in a tie.

Cricket scorecard for St. Bartholomew's Hospital v. M.C.C. Lists players like C. M. Dransfield, J. S. Johnstone, R. Heyland, etc., with their runs and wickets.

Cricket scorecard for Mundy, Simpson, Dolly, and Cochrane. Lists players with their runs and wickets.

SWIMMING CLUB.

The Swimming Club opened their season with a match against Lensbury Swimming Club at St. George's Baths, Buckingham Palace Road. Unfortunately the best team could not be turned out, so that numbers had to be made up with reserves.

The fixture began with a four-a-side team race, which turned out to be a very close event and was won by Bart.'s. Each member of the team had to swim one length of 33 1/2 yards, and the last man, Singer, a new member of the Club, finished up in capital style a yard ahead of his rival.

A water polo match followed and did not provide such equal competition. Bart.'s were lucky enough to win the toss, but were well beaten, 6-0. The whole team was ragged and very slow, and did not efficiently mark the opposition.

Team swimming—(1) P. Saltman, (2) T. O. McKane, (3) A. C. Kanaar, (4) H. G. Singer. Won by 1 yard.

Water polo.—D. G. Evans, P. Quibell, F. T. Moore, A. C. Kanaar, P. Saltman, Singer, T. O. McKane. Lost, 6-0.

ST. BARTHOLOMEW'S HOSPITAL v. OLD MILLHILLIANS.

Bart.'s met Old Millhillians Swimming Club at Fitzroy Baths for swimming and water polo. This was the first full fixture, and showed how the team had progressed since the previous match.

The swimming consisted of three events: 2 lengths, 1 length, and a team race of four aside. There were two strings in the two individual events.

The 2 lengths race was won by A. C. Kanaar with Singer third. There was only a touch between the four men.

The 1 length race was almost as even, and was won by T. O. McKane with P. Saltman fourth.

The team race of four aside was very even, but the fine efforts of Singer and A. C. Kanaar just enabled the Hospital to win by a yard.

The water polo match was a great improvement on the previous one and the whole team played together much better, although a little slow at times. Goals were scored by A. C. Kanaar and T. O. McKane.

Swimming.—2 lengths, A. C. Kanaar (1), H. G. Singer (3). 1 length, T. O. McKane (1), P. Saltman (4).

Team race.—P. Saltman, T. O. McKane, H. G. Singer, A. C. Kanaar. Swimming: Bart.'s, 18 pts.; Old Millhillians, 9 pts.

Water polo.—L. R. Taylor, P. Quibell, T. O. McKane, A. C. Kanaar, P. Saltman, H. G. Singer, B. M. Phillips. Drawn, 2-2.

ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

The Hospital played their third match of the season against the Old Paulines at St. Paul's School. It was very difficult to raise a full team owing to View Day falling on the same day, so that the water polo match could not be played. The swimming proved very exciting, and all the races were won by less than a yard.

Swimming.—2 lengths, A. C. Kanaar (1), H. G. Singer (3). 1 length, T. O. McKane (2), P. Saltman (4).

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

This match was the first league fixture of the season and the first match of the new system. Previously inter-hospital competitions had been carried out under the knock-out system. Under the league system every hospital will play all the others in turn, counting two points for a win and one for a draw. The trophy will be awarded to the first team in the league. If two teams finish with an equal number of points, goal average will decide the winner.

The Hospital were able to turn out one of their strongest teams, and easily won a rather uninteresting game by 9 goals to nil. The only interesting feature was the improved play of the Hospital team and the sureness of the passing. Goals were scored by R. J. C. Sutton (3), J. C. Newbold (2), T. O. McKane (2), P. Saltman (1), R. H. Goodrich (1).

Team.—C. M. Dransfield, P. Quibell, B. H. Goodrich, R. J. C. Sutton, P. Saltman, J. C. Newbold, T. O. McKane.

THE ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY.

The Eighth Summer Meeting of the Society was held at Ashridge on Thursday, June 13th. The course is situated in a magnificent park and was beautiful to play over. Unfortunately our numbers were smaller than usual for a Summer Meeting—coming so near Whitsuntide was thought to be partly responsible for this. Sixteen players took part in the Singles and Foursomes, and twelve stayed on for supper. The weather was excellent, and with the beautiful surroundings it was a perfect day.

The following are the results of the competitions.

SINGLES.	
<i>Gordon-Watson Cup.</i>	
C. A. Francis	All square.
E. E. Llewellyn	1 down.
J. C. Milner	1 down.
<i>Last Nine Holes.</i>	
W. A. Barnes	1 up.
C. A. Francis	All square.
E. E. Llewellyn	1 down.
K. D. Waters	2 "
J. G. Milner	2 "
<i>Sealed Holes.</i>	
J. C. Milner	All square.
G. Graham	1 down.
E. E. Llewellyn	2 "
K. D. Waters	2 "
<i>FOURSOMES.</i>	
W. A. Barnes and C. A. Francis	2 down.
R. S. Corbett and K. D. Waters	2 down.
<i>First Nine Holes.</i>	
W. A. Barnes and C. A. Francis	All square.
R. S. Corbett and K. D. Waters	1 down.
E. T. D. Fletcher and F. E. Saxby Willis	3 "
<i>Sealed Holes.</i>	
R. S. Corbett and K. D. Waters	2 up.
W. A. Barnes and C. A. Francis	1 down.
G. Graham and J. Spencer	1 down.

LAWN TENNIS CLUB.

The weather has been very unkind to lawn tennis players during the month of June, and consequently many matches have had to be scratched. Up to the time of writing the 1st VI have played 6 matches and only lost 1. The 2nd VI have played 6 matches and have lost 2. These results are definitely encouraging.

The "Past v. Present" match was as usual played at Winchmore

Hill, and although the Past had not so formidable a team as in previous years, we spent a very enjoyable afternoon. The 1st VI are out of the Inter-Hospital Cup Competition; owing to the weather the second round was decided by the "spin of a coin", and unfortunately we lost, and so ended our dreams of winning the Cup.

The 2nd VI have certainly lived up to the promise they showed early in the season, and are now in the final of the Junior Cup, having beaten U.C.H. by 11 matches to nil, and London by 10 matches to 2.

1st VI.

v. Wentworth Club at Wentworth on Saturday, June 22nd; won 4-1. E. Corsi and W. K. Prewen beat 1st pair 6-3, 10-8; beat 2nd pair 7-5, 6-1.

v. Thorne-Thorne and J. R. Kingdon beat 2nd pair 6-3, 7-5. R. C. Witt and J. W. B. Waring beat 3rd pair 6-2, 6-2; lost to 1st pair 3-6, 6-4, 4-6.

2nd VI.

v. University College Hospital, at Perivale; won 11-0.

v. London Hospital, at Winchmore Hill; won 10-2.

v. Northampton Engineering College 1st VI; won 7-1.

BOXING CLUB.

At the Annual General Meeting of the Boxing Club held in the Abernethian Rooms on Tuesday, June 18th, the following officers were elected for 1935-36:

President.—Mr. W. Girling Ball.

Vice-Presidents.—Mr. A. M. Boyd, Dr. Wilfred Shaw.

Captain.—J. J. Slowe.

Hon. Sec. and Treasurer.—T. P. Storey.

Committee.—C. F. Bose, J. W. Perrott, J. James.

CORRESPONDENCE.

SECONDARY ABDOMINAL GESTATION.

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

DEAR SIR,—The case of secondary abdominal gestation described by Dr. Darmady in the June issue of the JOURNAL interested me because a colleague here, Dr. Howard English, was not long ago called to see a patient whose condition proved to be one of full-term extra-uterine pregnancy.

The woman was due to deliver her first child in August, and at that time she had a spurious labour. As there were no further developments by October, she was advised to consult her doctor, who, being able to palpate fetal parts, yet hearing no heart sounds, suspected from the history and from vaginal examination that the case was one of extra-uterine pregnancy, and so the woman was admitted to our local hospital.

A sound indicated that the internal length of the uterus was 3 in., and the abdomen was opened.

After a large, thick swelling, looking not unlike the uterus, had been incised, a full-term dead fetus, and afterwards the placenta, were removed, the bleeding at this stage being agreeably slight. A general survey now suggested that the condition was one of right extra-peritoneal or broad ligament gestation; and this diagnosis was soon to be unpleasantly confirmed by the observation of a small leakage of urine; for the ureter, dragged up out of position by the ever-expanding sac, had been so stretched and flattened as to be almost indistinguishable from the sac itself, and the incision had severed it completely. This unfortunate mishap necessitated the removal of the right kidney.

The separation of dense adhesions from the sac, which completely enveloped the uterus, left that organ so denuded of peritoneum that it was deemed advisable to remove uterus, sac and adhesions en bloc. Then was it possible to repair the pelvic floor, although subsequent oozing could only be arrested by plugging the cavity for twenty-four hours. Recovery was uneventful.

My reason for writing is that I did not realize, until I read Dr.

Darmady's interesting article, that the condition of full-term extra-uterine pregnancy was so rare, and so it seemed worth my while to describe this case. Also, I am wondering whether the statement is correct that between 1010 and now no case of extra-uterine pregnancy where the fetus had evidently attained a life of 3½ months has been admitted to Bart's. In 1924, as house surgeon of the Unit, I admitted a woman who, at laparotomy, was found to have an extra-uterine pregnancy with twins, and, if my memory is not at fault, the estimated age was 4½ months. The notes would show whether the passage of years has increased in my mind and the age of the twins.

During the six months that I was Intern we had a run of cases of ectopic gestation so much so that I remember Dr. Donaldson remarking that such a surfeit (31 I think) gave the students quite an erroneous idea of its prevalence. I have only seen six cases in ten years of general practice, and of these, three occurred in practices other than my own. It is my experience that the frequency of the incidence of ectopic gestation and mastoiditis are about the same.

My thanks are due to Dr. Howard English, who so readily gave me full details and permission to quote his case.

G. S. W. EVANS.

Moorings,
Willaston, Nantwich;
June 21st, 1935.

REVIEW.

INDIVIDUAL HEALTH: A TECHNIQUE FOR THE STUDY OF INDIVIDUAL CONSTITUTION AND ITS APPLICATION TO HEALTH. BY E. OBERMER. Vol. I: Biochemical Technique. By E. OBERMER and R. MILTON. (London: Chapman & Hall, Ltd., 1935.) Pp. xvi + 244. 40 figures, 4 folded charts and 22 graphs. Price 15s.

There is undoubtedly room for a combined clinical and laboratory study of normal beings, and a description of his programme and methods is the object of the two volumes entitled "Individual Health". The author has set himself a colossal task. He proposes to assess (i) the effect of heredity from the family history and anthropometric measurements, (ii) the nature of external factors from the past history and physical examination, including bone radiology and dental examination, and (iii) the subject's reaction to present external factors, "directly" by physical or mechanical means, and "indirectly" by biochemical means. In short he will supplement a very thorough clinical examination by an extremely elaborate series of laboratory tests. There is very little new in the tools he uses. Presumably the results, which are what most of his readers will want to see, will be published later. We feel that perhaps it would have been better simply to name the tools when publishing the results, thus saving the issue of two volumes. That, however, may be an unfair suggestion, for only one of the two volumes has so far been published.

This first volume deals mainly with biochemical technique. The organization of his laboratory is naturally of great interest to the author, but we doubt whether it will appeal much to his readers. The tests are very clearly set out. They are, however, in most cases well-accepted methods previously published in some instances many times over. Whenever possible the author uses a colorimetric method, and further he prefers a photometer (he calls it a "densitometer") to an ordinary colorimeter to make his final reading. We can understand this preference in making large numbers of analyses, but the apparatus is expensive, and for each instrument graphs have to be prepared for each method to convert the photometric readings into terms of the concentration of the substance being analysed. His graphs will be of the utmost value in his own laboratory, but of only limited use to those working elsewhere.

He appends a chart for recording results; if each subject was submitted to only half the tests listed, the cost would be enormous; it would be unfair to say that it is not worth while until the results are available. On this same chart the normal figures are given for many of the analyses, though several which are well known are omitted; in a few instances the stated range of variation in health is too small, and would be misleading in interpreting results.

The book will be of limited value to those engaged in biochemical analysis, and of special interest to those employing a photometer.

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

- ABRAHAMS, MARGERY, M.A. (Oxon.), M.S. (Columbia Univ. N.Y.). "The Organisation of a Dietary Department." *Medical Press and Circular* (Supplement), April 10th, 1935.
- ADAMSON, H. G., M.D., F.R.C.P. "Eczema as a Clinical Entity, and its Fundamental or Essential Lesions." *Clinical Journal*, April, 1935.
- ARCHER, H. E., M.R.C.S., L.R.C.P. See Klaber and Archer.
- COCKayne, E. A., D.M., F.R.C.P. (and KRESTIN, DAVID, and SORSBY, A.). "Obesity Hypogonadism, Mental Retardation, Polydactyly and Retinal Pigmentation: The Laurence-Moon-Biedl Syndrome." *Quarterly Journal of Medicine*, April, 1935.
- D'ARBEU, FRANK, F.R.C.S. "Three Unusual Cases of Renal Disease." *British Journal of Urology*, March, 1935.
- FRASER, FRANCIS R., M.D., F.R.C.P. "Prognosis in Toxic Goitre." *Lancet*, April 13th, 1935.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "British Masters of Medicine: Percival Pott (1714-1788)." *Medical Press and Circular*, April 3rd, 1935.
- GRAHAM, GEORGE, M.D., F.R.C.P. "Diet in Colonic Disease." *Medical Press and Circular* (Supplement), April 10th, 1935.
- GROVES, E. W. HEY, M.D., F.R.C.S. "Organization of the Treatment of Fractures." *British Medical Journal*, April 20th, 1935.
- Translator and Editor of Bohler's *Treatment of Fractures*, Fourth English edition. Bristol: John Wright & Sons, 1935.
- GWILLIM, C. M., M.D., F.R.C.S. (and MATHESON, L. M., M.B. (N.Z.), F.R.C.S.). "A Case of Cancer of the Uterus showing Extensive Glandular Involvement." *Journal of Obstetrics and Gynaecology British Empire*, April, 1935.
- KLABER, R., M.R.C.P., and ARCHER, H. E., M.R.C.S. "Iodine Eruption due to Wearing Iodine Locket." *Lancet*, March 30th, 1935.
- LISDER, GEOFFREY C., M.D., M.R.C.P. "The Influence of Infection on the Action of Parathyroid Hormone in Man." *Quarterly Journal of Medicine*, April, 1935.
- PAVEY SMITH, A.B., M.C., M.R.F.R.C.S. (and MILLER, S., M.R.C.P.). "Lateral Sinus Thrombosis due to *Bacillus proteus*." *Lancet*, April 13th, 1935.
- TREVOR, D., F.R.C.S. "Perforated Jejunal Ulcers." *Lancet*, March 23rd, 1935.
- WOODWARK, SIR STANLEY, C.M.G., C.B.E., M.D., F.R.C.P. *Manual of Medicine*, 4th edition. London: Oxford University Press, 1935.

EXAMINATIONS, ETC. University of Cambridge.

The following Degrees have been conferred:

M.D.—Abercrombie, G. F., Day, G. H.

M.B., B.Chir.—Sugden, E. C.

M.B.—Briggs, G. O. A., Gabb, W. H., Hulbert, N. G., Roper,

R. D.

B.Chir.—Gabb, R. T., Warren, W.

Second Examination for Medical and Surgical Degrees, Easter Term, 1935.

Part II.—Levin, A., Neathy, G. O. M., Quibell, E. P., Sinclair-Loutit, K. W. C., Somerville, E. W.

Third Examination for Medical and Surgical Degrees, Easter Term, 1935.

Part I.—Black K. O., Debenham, G. R., Gabb, R. T., Gordon, C. J., Haynes, W. S., Kelsall, A. R., Lesser, S. A. H., Morison, C. R., Pirie, A. H., Robinson, V. C., Scott, P. G., Stallard, A. F., Tooth, G. C., Warren, W.

Part II.—Blackburn, G., Cookson, I. S., Daniel, T. M., Debenham, G. R., Drake, E. P. H., Gabb, R. T., Gordon, C. J., Hewlings, N. J. P., Kelsall, A. R., Paterson, J. F., Patterson, J. H., Webb, J. G.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1935.

Honours.—*Hayward, G. W. (a, b, c, d, e).
* University Medal.

- a. Distinguished in Medicine.
- b. Distinguished in Pathology.
- c. Distinguished in Forensic Medicine and Hygiene.
- d. Distinguished in Surgery.
- e. Distinguished in Obstetrics and Gynaecology.

Pass.—Atkinson, E. C., Bangay, E. B. D., Barber, D. S. D., Bohn, G. L., Dexter, L., Dipple, P. E., Harvey, P. G. F., Houghton, A. W. J., Houghton, P. W., Jones, D. M., Thomas, B. A., Thomson, D. M.

Supplementary Pass List.

Group I. Cates, B., Higginson, H. C. II.

Group II.—Frost, L. D. B., Hill, J. R., McGladdery, H. M., Mason, J. I. C., Pentreath, E. U. H., Sheehan, D. J.

Royal College of Surgeons.

The Diploma of Fellow has been conferred on the following:

Agar, H., Beattie, D. A., Buttworth, B. W., Cholmley, J. A., Gley, P. H. K., Hindenach, J. C. R., Howard, R. N., Lambert, C. R., McEachern, A. C., Madan, J. N., Murphy, F. D., Murray, R. W. C., Rawle, R. M., Scholes, J. L., Sen, A. K., Spencer, S. L., Swinburne, T. G., Watson, H. A. W., Wyndham, N. R.

The following were successful at the Examination for the Primary Fellowship:

Bateman, A. D., Capper, W. M., Chandra, S. R., Gilbert, R. G., Harmer, M. H., Ives, L. A., Lumsden, K., Messent, A. D., Morel, M. P., Mousse, D. V., Treissman, H.

CHANGES OF ADDRESS.

BARNSELY, Major R. E., R.A.M.C., Headquarters, British Troops in Egypt, Cairo, Egypt.

BEATTIE, JOHN, 20, Upper Wimpole Street, W. 1. (Tel. Welbeck 8448.)

BERRY, Sir JAMES, Crestway House, Dover House Road, Southampton, S.W. 15. (Tel. Putney 4519.)

DAY, G. H., The Sanatorium, Mundesley, Norfolk.

DOYLE, J. L. C., Barons Hall, Fakenham, Norfolk. (Fakenham 38.)

EDWARDS, W. 133, Pollards Hill South, S.W. 16.

EVTON-JONES, F. M. M., Gatewick, 10, Granville Road, Littlehampton. (Tel. 400.)

GLOVER, L. G., 10, Netherhall Gardens, Hampstead, N.W. 3. (Tel. Hampstead 1070.)

LIFF, A. D., C.M.S. Hospital, Quetta, Baluchistan, India.

MAXWELL, J. L., 208, Nanyang Road, Flat 307, Shanghai.

MITCHELL, A. M., Tower House, Tower Street, Portsmouth. (Tel. 7090.)

RODGERS, H. W., 32, Holly Park, N. 3. (Tel. Finchley 5243.)
20, Upper Wimpole Street, W. 1. (Tel. Welbeck 3646.)

WILLIAMS, A. L., Hallaton Cottage, near Market Harborough, Leicestershire.

BIRTHS.

HARRIS.—On June 22nd, 1935, at 13, Lansdown Place, Clifton, Bristol, to Rowena (née Clarkson), wife of H. Elwin Harris, F.R.C.S.—a daughter.

HORDER.—On May 25th, 1935, at 4, Boyne Park, Tunbridge Wells, to Jessie, wife of Cecil A. Horder, M.B., F.R.C.S.—a son.

LEAVER.—On June 9th, 1935, at 35, Palace Court, W. 2, to Audrey (née Robinson), wife of Dr. R. H. Leaver—a daughter.

ORMERON.—On June 22nd, 1935, at 34, Buccumhill Road, Woodford Green, to Margot, wife of Thomas L. Ormeron, M.B.—a daughter.

ROBSON.—On April 22nd, 1935, at Old Court, Ealing, to Edith (née Knappe), wife of Dr. John A. Robson—a son.

ROCHE.—On June 23rd, 1935, at 7, Knaresborough Place, S.W. 5, to Cicely Mary (née Briggs), wife of Alex. E. Roche, F.R.C.S.—a son.

RUSSELL.—On June 6th, 1935, at 20, Devonshire Place, to Lilian, wife of Bedford Russell, 86, Harley Street, W. 1—a son.

TISDALL.—On June 7th, 1935, at Harrow, to Christina, wife of O. R. Tisdall—a daughter.

TURNER.—On June 7th, 1935, at 20, Devonshire Place, to Peggy (née Ingram), wife of Dr. Ronald Turner—a son.

MARRIAGES.

CRUDEN—PRIDIE.—On June 15th, 1935, at St. Mary Redcliffe, Bristol, Samuel Scott Cruden, M.D., of Exeter, to Helza Pridie, of 40, Apsley Road, Clifton, Bristol.

PROWSE—GRANT.—On June 1st, 1935, at Mickleham, Surrey, Cedric Barrington, younger son of Dr. and Mrs. W. Barrington Prowse, of Brighton, to Jean Ogilvie, younger daughter of Mr. Selwyn Grant and the late Mrs. Grant.

SODEN—JESSUP.—On June 15th, 1935, at St. Stephen's Church, East Putney, by the Vicar, Rev. Walter Southam, Dr. George E. T. Soden, only son of Mr. and the late Mrs. Soden, of Bromley, Kent, to Clara Margaret, only daughter of Mr. and Mrs. T. H. Jessup, of 12, Dryburgh Road, Putney.

TANNER—THYNNE.—On Thursday, June 20th, 1935, at St. Bartholomew's Church, Holmer, Hereford, by the Rev. K. S. Maxwell, assisted by the Rev. W. A. Timmis and the Rev. G. W. Stewart, Dr. Guy Montague Tanner, of Newton Abbot, eldest son of Mr. and Mrs. F. B. Tanner, of Woodstock Road, Oxford, to Nancy Constance, eldest daughter of Mr. and Mrs. Geoffrey Thynne, of Holmer Court, Hereford.

UNDERWOOD—BECK.—On June 1st, 1935, at St. Mary's Church, Shenfield, Essex, by the Rev. W. Lewis, William Elphinstone, eldest son of Dr. and Mrs. A. C. Underwood, of Felstead, Essex, to Vera Florence, the fourth daughter of Mr. and Mrs. H. G. Beck, of "Normanburst", Hutton, Essex.

WILLIAMS—HOBGEN.—On May 20th, 1935, at Aldingham Church, by the Rt. Rev. the Lord Bishop of Barrow-in-Furness, Dr. Alexander Liberis Williams, of Hallaton, Leicestershire, to Dr. Frances Anne Hobgen, of Kendal, Westmorland.

DEATHS.

MACKENZIE.—On June 13th, 1935, at Lansdowne House, Ryde, Isle of Wight, Kenneth Walter Ingloby Mackenzie, L.R.C.P., M.R.C.S. Moss.—On May 12th, 1935, Basil Eustacia Moss, M.B., B.S., of 343, Fore Street, N. 9.

SHARPE.—On May 20th, 1935, suddenly while swimming at Clisold Park Baths, Archie, elder son of Rev. E. R. and Mrs. Sharpe, of C.M.S., Purulia, India, aged 20.

STUART-LOW.—On June 5th, 1935, at The Homestead, Northwood, William Stuart-Low, F.R.C.S., of 40, Wimpole Street, aged 77.

TAIT.—On June 7th, 1935, at Handcross, Sussex, Henry Brewer Tait, F.R.C.S., aged 75.

WARD.—On Friday, June 7th, 1935, in a nursing home, London, Hugh, aged 3, dearly loved son of Dr. and Mrs. Roy Ward.

WRIGHT.—On June 10th, 1935, at Crabbetts, Hove, St. John, Bernard Duncan Zorapore Wright, M.R.C.S., L.R.C.P., aged 72.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XLII.—No. 11.]


AUGUST 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

Fri, Aug	2	—Prof. Witts and Prof. Gask on duty.
Mon, "	5	—Bank Holiday.
Tues, "	6	—Lord Horder and Sir Charles Gordon-Watson on duty.
Fri, "	9	—Dr. Hinds Howell and Mr. Wilson on duty.
Tues, "	13	—Dr. Gow and Mr. Girling Ball on duty.
Fri, "	16	—Dr. Graham and Mr. Roberts on duty.
Tues, "	20	—Prof. Witts and Prof. Gask on duty.
Fri, "	23	—Lord Horder and Sir Charles Gordon-Watson on duty.
Tues, "	27	—Dr. Hinds Howell and Mr. Wilson on duty.
Tues, "	30	—Dr. Gow and Mr. Girling Ball on duty.
Tues, Sept	3	—Dr. Graham and Mr. Roberts on duty.
Fri, "	6	—Prof. Witts and Prof. Gask on duty.
Tues, "	10	—Lord Horder and Sir Charles Gordon-Watson on duty.
Fri, "	13	—Dr. Hinds Howell and Mr. Wilson on duty.
Tues, "	17	—Dr. Gow and Mr. Girling Ball on duty.
Fri, "	20	—Prof. Witts and Prof. Gask on duty.
Tues, "	24	—Lord Horder and Sir Charles Gordon-Watson on duty.
Fri, "	27	—Dr. Hinds Howell and Mr. Wilson on duty.

EDITORIAL.

"ELL, it's very sad to see the old place tumbling down. Still—Progress and all that, I suppose." It was the soliloquy of the older generation, overheard at the Fountain's edge. He was watching the rapid dissolution of the South Wing, dying Phoenix-like in the smoke of destruction, an inadequate hose trying vainly to subdue the clouds of dust. To him it was the sad curtain to two hundred years' history; to the other younger watchers it was a spectacle to be observed with the same interest and amusement as they would the antics of the goats on the terraces of Regent's

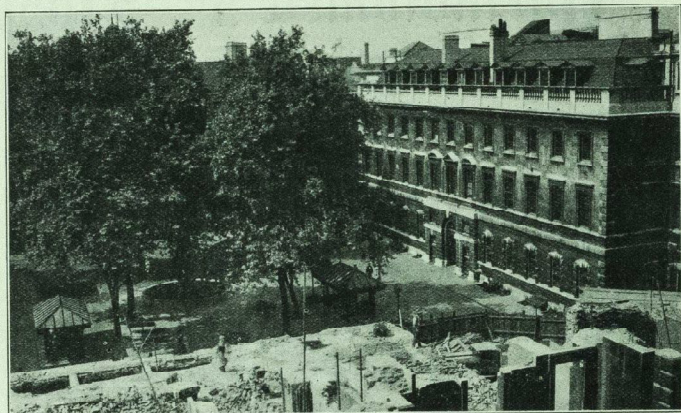
Park. Within a few weeks the whole building will have vanished and the complete extent of the new Surgical Block will be visible from the Square, as rapidly and for ever to be obscured by the new King George V Block.

On the opposite side of the Square the old Theatres which were working until recently, when they were occupied by the Appeal Department, have disappeared. A deep crater marks their site in preparation for the buildings of the new Cancer Department.

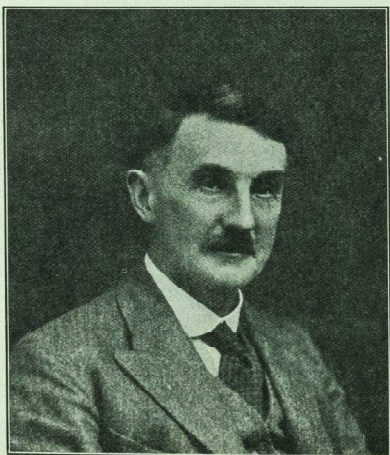
This turmoil and clamour add to the general confusion naturally associated with the summer holidays, when large parts of the Hospital are surrendered to the scrubbers and cleaners. Neighbours are also busy, and in the surgical wards the voice of the nervous dresser feebly pits itself against the Goliath din of pneumatic drills. The lot of the stay-at-home and the sick is therefore not altogether a happy one, nor as restful as one would desire. The West Wing is that closed this year for cleaning, and the adjacent Chemical Laboratory is being emptied of its apparatus and its benches for removal to the new site. Advantage of the vacation is also taken for the much-needed renovation of the Abernethian Room; it is hoped that there will be an improvement also in the treatment given to the new furniture and equipment.

In the Charterhouse chaos prevails in a frantic endeavour to prepare the new College in time for the next session. It is difficult to envisage the state of the finished buildings because outward show is being sacrificed temporarily in order to prepare the laboratories and theatres for use in October. Already, however, the new buildings give an impression of space and modernity that is a welcome contrast to the old accommodation. We hope, when the change is complete, to give a full and illustrated account of the new College.

* * *



The retirement of members of the Senior Staff is usually preceded by the ceremony of the last round and



the last lecture, to mark the event. An ordeal, possibly, for the individual, it is an opportunity for his Hospital to show its appreciation and regard.

Occasionally, however, the departure from a life's work is as quiet and unobtrusive as that work, and

it is only suddenly and with a shock that the gap is noticed.

Such has been the retirement of the Senior Anaesthetist of the Hospital, Dr. C. F. Hadfield, and his genial presence will be greatly missed by his many friends.

He came to the Hospital from Cambridge with the Shuter Scholarship and qualified in 1904. Since that time he has been a prominent figure in the Hospital, and popular with all that have come into contact with him, student and colleague alike. His favourite pursuit was reflected in his position as President of the Student's Union Alpine Club.

We wish him good success in his future work.

The Old Students' Dinner will take place on November 5th in the Great Hall of the new College in Charterhouse Square. His Royal Highness the Prince of Wales has graciously consented to be present.

Sir Archibald Garrod has been awarded the Gold Medal of the Royal Society of Medicine. The award is made triennially to a scientist, man or woman, who has made valuable contributions to the science and art of medicine. The previous medallists have been Sir Almroth Wright, Prof. Sir Gowland Hopkins, Prof. Haldane, Sir Henry Head and Sir Thomas Barlow.

Sir Walter Langdon Brown has been appointed Harveian Orator for 1936 by the Royal College of

Physicians. He has also been made a vice-chairman of the Committee of the Medical Society of Individual Psychology.

The award of the Bisset Hawkins Medal has been made to Sir George Newman for his distinguished services to public health, and more particularly for the leading part played by him in the institution of social medical services.

Sir Charles Gordon-Watson has been elected Vice-President of the Royal College of Surgeons.

The Duke of Kent has appointed Dr. Alexander E. Gow to be Physician-in-Ordinary to his household.

The new Diploma in Anaesthetics was granted under the special conditions of the regulations to Dr. C. F. Hadfield, Mr. H. E. G. Boyle and Dr. F. T. Evans.

Hunterian Professors for next year include Mr. A. M. Boyd, who will lecture on the peripheral circulation in occlusive and spasmodic diseases of the vessels, and Mr. G. C. Knight, to lecture on intestinal strangulation.

At the Annual Meeting of the British Medical Association, to be held in Melbourne this year, of the fourteen sections, the following have St. Bartholomew's men as presidents:

Medicine: Lord Horder.

Surgery: Sir Thomas Dunhill.

Orthopaedics: Professor Hey Groves.

Public Medicine: Sir Henry Gauvain.

Mr. McAdam Eccles and Mr. F. C. Pybus also intend to take part in the discussions.

The Medical Research Council and the Agricultural Research Council have appointed Dr. Norman F. Smith as Joint Secretary of the Joint Tuberculosis Committee.

Mr. C. K. Vartan has been elected to take Mr. John Beattie's place as Resident Assistant Physician-Accoucher to the Hospital.

Mr. B. Rait-Smith has been temporarily elected to fill the vacancy created by Dr. C. F. Hadfield's retirement from the Staff.

Dr. R. Knox has been appointed a Demonstrator of Pathology by the University of Cambridge.

A Travelling Scholarship for 1935-36 has been awarded by the Medical Research Council to Mr. J. E. A. O'Connell on behalf of the Rockefeller Foundation of New York.

We have received the following in reply to verses with the same title appearing in the June issue:

N. G.

(With apologies to Gilbert.)

Though not exceedingly clever,
I could write like that for ever.

N.G. stands for nothing good:
Diehards stand where Rahere stood.

Alas, I know that is so.

X-rays need the use of brain,
Diehards think that nothing's sane,
Cancer is a word to crab,
And its proper sphere the lab.

Diehards think that is so.

We have been asked to announce the following important changes in House Appointments, taking effect from November next. There will be five Casualty House Physicians and five Casualty House Surgeons appointed for each three months. The selection of Junior House Physicians and Surgeons from next May will be made from those who have held the Casualty posts in the preceding six months. Applications must be received on or before Saturday, September 7th.

The Annual Dinner of the Seventh Decennial Contemporary Club took place as usual on the first Wednesday in July, at the Trocadero Restaurant, under the genial chairmanship of Dr. G. H. R. Holden, the Mayor of Reading.

This club, for many years the senior of the surviving contemporary clubs of St. Bartholomew's, and now in the fifty-second year of its existence, has still a large and active membership. No less than twenty-six diners were present on July 3rd.

The health of the Chairman was proposed by Mr. Albert Lucas, of Birmingham. On the proposition of the Senior Honorary Secretary, Sir James Berry,

seconded by Sir D'Arcy Power, Dr. Roland Danvers Drinton, of 37, Argyll Road, Kensington, W. 8, was unanimously, and by acclamation, elected to the post of Junior Honorary Secretary, recently vacated by the lamented death of Dr. John Gay.

Membership of this Club is open to all who as students entered St. Bartholomew's Hospital between the years 1875 and 1885, inclusive, and who subsequently obtained a qualification to practice.

The entrance fee is 2s. 6d. and there is no annual subscription.

* * *

At a meeting of the Eighth Decennial Club on June 26th Sir Charles Gordon-Watson and Sir Walter Langdon Brown were elected Secretaries in place of Sir Holburt Waring and Dr. Morley Fletcher.

OBITUARY.

MR. F. A. ROSE.

Following the death of Frank Atcherley Rose, Consulting Surgeon for Diseases of the Throat, St. Bartholomew's has lost a human link with that rare concrete evidence of the advance of medicine, the foundation of a new department. For it was in 1907 that the new Nose and Throat Department was founded, and he assisted Mr. Douglas Harmer in its organization. This association continued until the retirement of the latter, when he took charge of the department until his own retirement two years later.

He was born on October 5th, 1873, the third son of Mr. Edward Paine Rose, of Bedford. He was educated at Bedford Modern College, and in 1892 went up to Cambridge, gaining a science scholarship to St. John's College. There he obtained first-class honours in the Natural Science Tripos and the Shuter Scholarship to St. Bartholomew's. He qualified in 1902 and received the F.R.C.S. in the following year. While he was studying for the latter examination his coach complained that he knew more surgery than he himself knew, and he made a similar impression upon Sir Henry Butlin and Mr. C. B. Lockwood, for whom he was house surgeon. It was probably the influence of the former that led to his specializing in laryngology. In connection with the latter, it is of melancholy interest that on the day preceding his death he had sent a message asking for the copies of the JOURNAL containing Lockwood's biography.

He was a Demonstrator of Pathology under (then) Prof. Andrewes, and he never lost his interest in that particular branch of his work. Other appointments included Resident Medical Officer at the Metropolitan Hospital and, later, laryngological surgeon to the Royal Northern Hospital and at Golden Square.

In the great advances that the past twenty-five years have seen in his subject Rose took a keen interest, and his opinion and work were valuable on account of his aptitude for distinguishing the good and the bad.

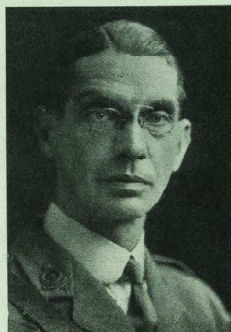


Photo: Elliott & Fry.

By kind permission of the 'Lancet'.

As a surgeon he was a highly skilled operator, working with a slow caution that was greatly to the advantage of his patients. Both in private and in hospital practice he disliked too many cases. His demand for accuracy in others was evident in his own work, and this, with his keen, logical mind and his great knowledge of surgery, made him a leader in his branch. He was for a time president of the Laryngological Section of the Royal Society of Medicine.

He wrote very little, preferring to watch and take advantage of the work of his contemporaries, proving its worth by his own work rather than by written words. At his lectures a large attendance was evidence of his attractive ability.

He married in 1912 Marian Elizabeth Darling, the daughter of Dr. A. C. E. Harris, of Birkenhead. She died in 1919, survived by one son and a daughter.

On his death those who had the privilege of his friendship were unanimous in expressing their appreciation of his life and work, and the great loss, both to themselves and to the profession in general, that his death had brought.

A PIRATE AND HIS PHYSICIANS.

WHAT follows below are the notes made on a case attended in the year 1687 by Dr., afterwards Sir Hans Sloane. At the age of 27 the young doctor, already a Fellow of the Royal Society, was appointed personal medical attendant to the second

the buccaneers, plunderer of Panama City and finally Lieutenant-Governor of Jamaica. The doctor, who was also to become a distinguished man, President of the Royal College of Physicians, a baronet, President of the Royal Society, physician to Queen Anne and later to King George II, founder of the Botanic Garden at Chelsea and originator of the British Museum, was the author of *A Voyage to the Islands of Madeira, Barbadoes,*



Duke of Albemarle, when he was made Governor of Jamaica.

Throughout a considerable inquiry into the lives, exploits, downfalls and deaths of pirates, this is the single occasion upon which I have come across any clinical account of the illness of a pirate made by a physician.

The patient in this case was a remarkable man, being no other than the great Sir Henry Morgan, leader of

Nieves, St. Christopher's and Jamaica, from which the following particulars are taken:

"OF THE DISEASES I OBSERVED IN JAMAICA AND THE METHOD BY WHICH I USED TO CURE THEM.

"Sir H. M. aged about forty-five, lean, sallow coloured, his eyes a little yellowish, and belly a little jetting out or prominent, complained to me of want of appetite


to victuals, he had a keeking or reaching to vomit every morning, and generally a small looseness attending him, and withal was much given to drinking and sitting up late, which I supposed had been the original cause of his present indisposition. I was afraid of a beginning of a dropsie, and advised him to an easy vomit of *oxymel. scill.* with the help of a feather, and thin watergruel, fearing *vin. emet.* might disorder him too much by putting him into a looseness, or too great evacuation. After that I gave him some Madera wine, in which the roots of gentian, tops of centaury, etc. had been infused, with which vomit, it working easily, and the bitter wine taken every morning for some days, he recovered his stomach, and continued very well for a considerable time. Not being able to abstain from company he sat up late, drinking too much, whereby he not only had a return of his first symptoms, but complain'd he could not make water freely. His water was thick and very red, and his legs swell'd a little. When these symptoms appeared, Doctor Rose and I being join'd, we ordered him an electuary of *cassia*, oil of juniper, *cremor. tart.* and other things to purge easily the watery humours, enjoyn'd temperance, and desired the continuance of his former medicines. This course did very well with him, but making but very little water, and being much troubled with belchings, and a cough in the night, he sent for another doctor, who, when he came, was of opinion that his disease was a tympany, and that the swelling of his belly came only from wind, according to *Hippocrates*, and that he was troubled with neither the beginning of a dropsie, nor had gravel. I told him later observations upon the dissection of deceased *morbid* bodies, had discovered the bellies of people dying of supposed tympanies, to be distended with water, and no more wind than what is supposed to be the effect of phlegm, and crude humours lying in the stomach and guts. I desir'd him that we should put off talking of the theory, and come to the practice, that perhaps we might very well agree in the medicines he should take, as it very often happens to physicians, who may disagree in the theory, and yet agree in the practice. I waited on Sir H. and told him Dr. Rose's and my opinion, which agreeing, he was satisfied therewith. We gave him all manner of diuretics, and easy purgers we could find in Jamaica, linsed and juniper-berries, infus'd in rhenish-wine, *milleped. ppd.* in powder, juniper-water, advis'd him to eat juniper-berries, us'd oil of scorpion, with *ung. dialth.* outwardly, by which means he recovered again. On intemperance he fell into great looseness, threatening his life, which by an opiat, etc. at night we stopt, and he enjoy'd his health for some time longer very well. Falling afterwards

into his old course of life, and not taking well any advice to the contrary, his belly swell'd so as not to be contained in his coat, on which I warn'd him of his very great danger, because he being very weak, and subject to a looseness, there was no room for purging medicines, which seem'd to be the greatest remedies for his dropsie, threatening his life, seeing diuretics did not now produce the desired effect. On this alarm he sent for three or four other physicians, who, I was told, said he had no dropsie, because his legs did not swell, the reason of which was, because he lay in a *hamac* with his legs up, and us'd very little exercise. They advised him to a *cataplasim* of vervain of this country, etc. for his swell'd belly, and would have given him a vomit next morning, but that was an unlucky day, as indeed it had in all likelihood been to him, if he had taken it, for he fell naturally by only the *cataplasim* into a very dangerous looseness, which had almost carried him off; so the thoughts of this proceeding was put off. He chang'd soon his physicians, and had first a black, who gave him clysters of urine, and plaister'd him all over with clay and water, and by it augmented his cough. He left his black doctor, and sent for another, who promis'd his cure, but he languished, and his cough augmenting died soon after."

Next month will appear the curious case of Mrs. R—, a tavern-keeper's wife, about forty years of age, fat and phlegmatic, who, upon excessive drinking of brandy, was taken with a lethargy, inclining to an apoplectic fit.

PHILIP GOSSE.

A CONTEMPORARY ACCOUNT OF A POST-MORTEM EXAMINATION OF A VICTIM OF THE GREAT PLAGUE.

T is now 270 years since the last great outbreak of plague in this country, and the probability of another appears to diminish with successive years. Yet with the comparatively recent re-invasion of the City by the originally old-established black rat (the possible carrier of the infection), it is perhaps worth recalling one of the notable incidents of that day.

So far as I know, only one account of a post-mortem of a patient dead of the epidemic has come down to us. This was written by George Thomson, M.D., one of the devoted band of medical men who remained in London during the whole outbreak. He was attacked by the

disease no less than three times, but by the use of what he describes as "chemical remedies" he recovered, and was able to pursue his avocation. He is vastly contemptuous of the Galenists, and ascribes many deaths to their lack of care, or rather to their ignorance. No doubt whatever he, too, had his failures, but he says very little about this.

The description of what he found in the body which he dissected may be read in a little book called *Laiomotomia*. This was published in the succeeding year, just about the time of the Great Fire, so that it is by no means easy to come by. My own copy is imperfect, but most fortunately the description of the post-mortem, and a remarkable frontispiece showing him performing it, are both present.

About the man himself there appears to be little known. Mr. Walter Bell, in his book on the Plague (the authority on the general history of the epidemic), has no account of the man himself, though he tells us much about his work, and that of many other practitioners who stood by their jobs in that terrible time. Consequently I can only say that he describes himself as M.D., but does not mention his university. Of course it was a common practice for any unqualified practitioner to call himself M.D., and this may be a case of that kind, but if ever a man deserved a degree *honoris causa*, Thomson did. His investigation, carried out at enormous risk to himself, a risk which he perfectly comprehended, was carried out in a spirit of pure scientific curiosity, and for the satisfaction of "all inquisitive persons", as he declares himself. In the state of knowledge of that time, we cannot expect much in the way of a profound pathological report, but within his limits, the account is both clear and properly reported. His findings do not differ much from what one would expect in the case of a patient dying from a very acute febrile disease.

And now let George Thomson, M.D., speak for himself.

"AN HISTORICAL ACCOUNT OF THE DISSECTION OF A PESTILENTIAL BODY.

"In the year 1665, a most ruefull time as ever London suffered in this kinde, when the Sickness swept away many Thousands in a week in the Month of August, I visited a lusty proper man, by name Mr. Wil: Pick, living in Petticoat-Lane, grievously wounded with one of those poisonous Arrows that flew thick about poor Mortals: so that his condition seemed to be almost desperate, and finding no relief at all from those frivolous and vain preparations a Galenist had exhibited to him usque ad nauseum: was in some short space preserved by Chymical Remedies: the poison being therewith

excluded, and the Archeus of the Stomack redeemed from captivity. At the same time there lay a Servant of Mr. Picks, a youth about 15 years of age, labouring under most horrid symptoms, raving as it were extimulated by some Fury; which Tragical Interlude was quickly terminated by a mortal Catastrophe. Upon this, I took occasion to request my then recovering Patient his Master, to grant me liberty to open this defunct body; for my own instruction, and the satisfaction of all inquisitive Persons, to which having given him some perswasive reasons to that purpose, he strait condescended, yet not without some jealousy and kind fear least I should do my self injury; upon his concession I being much exhilarated in my spirits having obtained that desire which was often denied me by those who pretended several excuses, I girt up myself with all expedition, getting in readiness what Instruments were fitting, with a porringer containing Sulphur to burn under the Corps, which was at that time placed in the open air in a yard there adjacent, which for several respects was very convenient; and for my better accommodation, a Servant by the permission of the foresaid Master was ready to afford me his service, in opening the Coffin nailed up, and administering some other things necessary for my design. The head of the Coffin being taken off, and the linnen cleared away, I could not but admire, to behold a skin so beset with spots black and blew, more remarkable for multitude and magnitude than any I have yet seen; some of which being opened, contained a congealed matter, in one more shallow, and in another more deep. Here I conceived something more than of ordinary Rarity might be discovered; wherefore perforating the Membrane that involves all the rest, I made entrance into the lowest venter or Region, where appeared a virulent Ichor, or thin liquor variously coloured, as yellow, greenish, &c. the small guts being much distended with a venomous flatus, did contain a great quantity of a foul scoria or dross in them, but they were not, as some apprehended, outwardly spotted as the skin, only some obscure large marks were made in their inward part, as likewise in the stomach, arising from the poisonous liquamen therein lodged. The Vena Porta and Arteria Cœliaca being divided, afforded only a serous liquor, no rubified juice at all, that which was enclosed in these vessels, was a firmly congealed substance of a very dark colour, the Parenchyma of the Liver being separated was very palid, and did straight weep and send out a thin yellowish excrement. The Spleen dissected, appeared more than ordinary obscure, a livid Ichorous matter following the Incision: the Kidneys laid open abounded with a Citrine water, but altogether exanguine, as likewise the other viscera; at length I

came to that most excellent usefull part, the Stomack, whose tender membranes when I had divided, a black matter like ink did shew itself, to the quantity (as nigh as I could guess) of a wine pint, somewhat tenacious and slimy: the inward membrane of the Ventricle was much discoloured, but the bottom thereof not perforated, as Helmont found in the like case: in such a manner (sayes he) as if a potential cautery had been applied therto. Having sufficiently lustrated and viewed the lower venter, I ascended to the middle, and making a divulsion of the sterne from the Mediastinum, I intently beheld the superficies of the Lungs, stigmatized with several large ill favoured marks much tumified and distended: the inward of which being pertunded with my knife, a sanious dreggy corruption issued forth, and a pale Ichor destitute of any blood, for which I searched by cutting this Organ of respiration into various particles, but could find none but a dirty coagulation, which Hippocrates calls *βορβορωδης*, in the branches of Vena and Arteria Pulmonica. After this I disparted the descending Trunk of the Cava, and the Artery called Aorta, expecting some considerable emanation of blood there, if any where, that might make a little inundation, but no such thing succeeded, for only some very few spoonfulls of a thin liquor of a pale hew came forth which might easily be licked up by a small handkerchief. Dissecting these pipes secundum rectitudinem, I found them stuffed with a thick curdled blackish substance, which once laid hold on might be drawn out to some length. Next I separated the Pericardium, that robust coat that circumsolves the Heart, replenished with a deeply tinged yellow liquor: Then having opened the right cavity of the Heart, I therein found a white congealed matter, extracting which with my fingers, and narrowly viewing it, I could not compare it to anything more like, than a Lamb-stone cut in twain, which the Servant beholding, standing nigh, easily assented to in his Judgment. To render a sound reason of this albid coagulation in this right Ventricle of the Heart, may perhaps puzzle a good Physiologist. For in all those cadavers I ever saw dissected, this hollow receptacle did still contain a blackish blood condensed, arising from a stoppage of the Circulation of it first in that place. Now the most probable cause (as I conceive, with submission) of this unwonted white substance, may come from a sumption of meer crude milk, which an indiscreet Nurse had given this youth not long before he died, part of which passing out of the stomach little altered, might be conveyed, upon a pinch and stress to preserve life, through the Venae lacteae in the Mesenterie, or some shorter passages into the subclavian vessels, and there entering the right cavity of the Heart, be (for want of *το δμα ποικηκου*,

that sanguifying power, and that material transmuting ferment attending it) changed according to the capacity of the Matter by a virulent preternatural ferment, into this seeming glandulous flesh. 'Twas strange to behold instead of candid, a black fuliginous matter, fitting only for the infernal stomach of the Dogg Cerberus inclosed in one ventricle, that publike shop and treasury of life, that ought to be furnished with all manner of utensils requisite for the sustentation of this little world: and in another a white innocent lamb like juice lodged, instead of a duskie concreted clot of gore, and all this proceeding from the deletery ferment of this Heteroclite poison; which, that I may give you a further account, had so altered the substance, texture, consistence, and colour of that Solar Nectar contained in those curiously contrived Pipes, veins, and arteries, that I may truly say not one spoonful of that ruddy liquor properly called blood could be obtained in this Pestilential body, being partly congealed, and partly colliquated into a Tabum or filthy matter: Which I have experimentally found to be the usual effects of those poisons I have given to some Creatures, whose carcasses I have afterward dissected."

D. A. H. MOSES.

DIVERTICULA OF THE COLON.*

(Continued from p. 193.)

The diverticula are at first small protrusions of the mucous membrane through the fibres of the circular muscle coat. They occur in two positions in relation to the bowel circumference, at the mesenteric edge of the two lateral *taeniae*. Thus in early cases they appear in two rows, but as the condition advances, further diverticula are seen in the anti-mesenteric portion between the *taeniae*. This is the condition of "simple diverticulosis", giving rise to no symptoms and only diagnosed radiologically. This stage is said by some to be preceded by the "prediverticular state" discovered by X-ray examination in patients under observation for other conditions, or in parts of the colon proximal to that in an advanced stage of the disease. Its existence is doubted by many, and a small proportion only of the cases go on to diverticulosis. It is described as being an area of the bowel in which normal segmentation is replaced by a ragged irregular outline on the X-ray plate, and represented by localized patches of inflammation and rarefaction of the muscle coat.

The incidence of the "silent" stage of diverticulosis is much greater than was formerly supposed. In one

* An abstract of the Bentley Prize Essay, 1934, on "Diverticula of the Alimentary Tract".

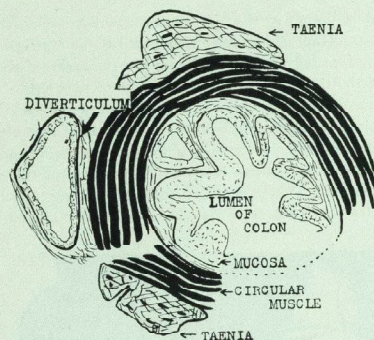


FIG. 3.—A transverse section of the colon showing a diverticulum. The characteristic blood-vessel at its apex was not seen in this specimen. From a section of the same case as Fig. 2.

series it occurred in 100 patients out of 1000 presenting themselves for examination of the bowel to the radiologist (16).

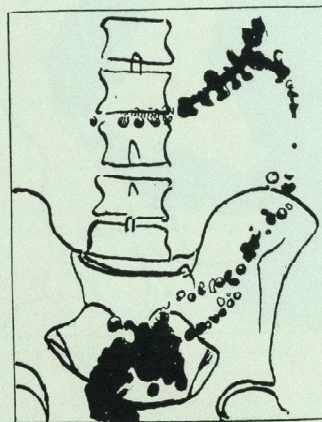


FIG. 4.—Barium residues after emptying the bowel showing the two rows of diverticula.

The diverticula so formed are in danger of complication by any of the conditions which affect their law-abiding and legitimate relation, the appendix, but to a more serious degree on account of the virulence of their contents, the nature of their structure, their multiplicity, and the persistence of the pathological state which gave them birth.

* These and the following similar figures were reduced from X-ray paper negatives by means of pantograph tracings.

The association of constipation, so common in those past middle life, the age at which the condition almost invariably occurs, causes the formation of faecoliths. These have been known without any previous symptom to perforate the thin wall on occasions of strain or violent motion—the aptly termed "pop-gun" perforation—and to lead to a rapidly fatal peritonitis. There may be *acute inflammation*, leading to gangrene, perforation and abscess formation, or a general invasion of the abdomen—the so-called "left-sided appendicitis". These acute attacks are fortunately rare, as there is usually a certain amount of inflammatory fibrosis. Much more common is the "*subacute*" form, the patient giving a history of mild pricking pains, with occasional attacks of greater severity. Inflammatory changes are due to the irritation of the contents, and to the invasion of bacteria or their toxins through the atrophic mucous membrane. Succeeding attacks or a continual low-grade chronic inflammation produce great thickening and tumefaction. Examination of the literature and of museum specimens seems to indicate two types of chronic diverticulitis, or rather, prediverticulitis, for the structure of the pouches seem to be little changed. The bowel-wall may become indurated and fibrosed, without its girth being much increased; this might be termed the circumscribed form. In the second type there is a diffuse adhesive hyperplasia, producing a large mass with a structure difficult to determine, and adherent to neighbouring organs. It is this latter form that produced those cases with symptoms referable to the genital or urinary tract, particularly in women. The circumscribed form tends to imitate carcinoma by producing symptoms of stenosis. Indeed the diagnosis can be so difficult as to deceive the expert, even on laparotomy, as occurred in a case in this series. The intermittent attacks of inflammation cause the size of the tumour in either type to vary, and this is an important point in the differential diagnosis. Relief of the obstruction by colostomy also produces diminution, and this probably accounts for the phenomenon so mystifying to the old surgeons, and called by Bland-Sutton "the spontaneous disappearance of abdominal tumours" (24).

The most distressing complication is the *formation of fistule*. An abscess formed in relation to a leaking diverticulum finds its way into the adherent organ or to the skin. Entero-cutaneous, entero-colic, vesico-colic, uretero-colic, vagino-colic fistule have been reported, and even an intractable ischio-rectal fistula has been found to be due to this cause.

At any stage adhesions may form, and these may cause obstruction by "kinking" or volvulus, as with those arising from any other condition.

The clinical groups thus formed are the symptomless diverticulosis, acute uncomplicated diverticulitis, acute diverticulitis with perforation, recurrent acute or "subacute" diverticulitis, chronic diverticulitis with or without perforation, and peridiverticulitis forming the groups with urinary symptoms, with "pelvic" symptoms in women, with the various forms of fistula, and that with a tumour and intestinal obstruction.

The symptoms are for the most part indefinite. In the unusual acute attack, however, and in the active phases of the chronic, the history and course closely resembles appendicitis, though the symptoms are generally referred to the left side. In many cases the diagnosis may be difficult, and in one of this series, after careful consideration, laparotomy was performed for acute appendicitis when there had been a sudden perforation of a diverticulum.

In two of the series there were no symptoms referred to the bowel and the condition was only found post-mortem. As a rule there is a history of vague discomfort and flatulence even in the "silent" phase of diverticulosis. Robert Hutchison has said, in reference to "the Chronic Abdomen" and its occurrence in women, "the abdominal man is by comparison a rare bird" (11). In any man over forty, therefore, who suffers from chronic pain or abdominal discomfort, the possibility of diverticulitis should be considered, especially if this occurs in the "left lower quadrant". The pain is less acute than in appendicitis, owing to the absence of muscular spasm, and is described in such terms as "pricking" or "niggling", and often just as a dull discomfort or "dragging". It is aggravated after meals and on going to stool, owing to the mass movement of the gastro-colic reflex and defaecation. Purges add to the patient's discomfort.

There is usually much flatulence and sometimes distension, but, in spite of accounts to the contrary, statistics of a large series show constipation to be less common than in a control age-group. An alternation of constipation and diarrhoea is commoner. The stools vary, and in cases of stenosis are said to be "wire-drawn" or in ribbons, but pellet formation is more usual, and small scybala in diarrhoea have been mistaken for calculi. Concretions removed post-mortem from diverticula are often quite stony in their hardness.

The chronic cases represent the bulk of patients that require treatment. They can be resolved into groups with more or less definite syndromes. The commonest is the *obstructive type*. Gradually increasing constipation, perhaps with alternating diarrhoea, with attacks of mild pain in the left iliac fossa are the chief symptoms. It is in this group that the greatest difficulty is often experienced in differentiating from malignant disease.

The chief points in the history are, usually, its length; its intermittent character, with possibly a story of a tumour forming which disappears after attacks of pain or constipation; the early appearance of pain often as the first or only symptom; and the maintenance of a general good nutrition over a long period, although patients very often give "loss of weight" as a symptom, and in some cases there is even emaciation, but this is a late event. The pain is generally the first symptom instead of the tumour or the constipation of malignant

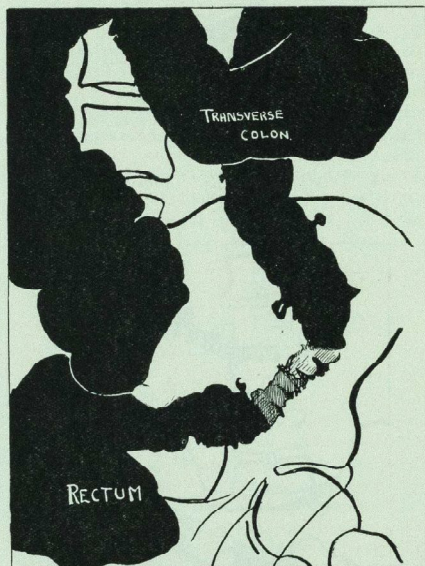


FIG. 5.—Pantograph tracing of X-ray plate showing obstructive diverticulitis. Three large diverticula also seen.

growth. The presence of blood and mucus in the stools gives no definite indication, but it is less usual in diverticulitis, as the mucous membrane is rarely affected. The pyrexia and leucocytosis are in favour of a benign cause. Radiology is often of little help, as diverticula may not show in the event of much inflammation, but a large area of diminished filling and an irregular haustration or spiky outline are in favour of diverticulitis. Sigmoidoscopy only exceedingly rarely gives positive evidence of diverticula—Sir Charles Gordon-Watson has seen the open mouths of diverticula three times. This is not surprising when it is so difficult to

see the mouths even with a fixed specimen in one's hands, on account of the rugosity of the mucous membrane. Negative evidence is useful in the elimination of malignancy.

Other diseases simulating obstructive diverticulitis may be mentioned, only to be ruled out on account of either their rarity in that part or the absence of supporting evidence. Tuberculous hyperplasia, actinomycosis, syphilitic stricture and fibromatosis are among these.

A common group is the one with the *urinary symptoms* of frequency and pain. Cystoscopy often reveals an area of localized cystitis where there is contact with the sigmoid or an abscess. It has been suggested in view of the danger of a fistula that a prophylactic colostomy be performed if the cystitis is intense. There may, however, be no definite cystitis, and the symptoms may be due simply to traction or pressure of the bladder on the diverticular mass.

That diverticulitis is the commonest cause of vesicocolic fistula is an aphorism which has only been understood since Telling's paper, in spite of the fact that in 1890 Harrison Cripps proved in a series of 63 cases that 45 were inflammatory and only 9 of malignant origin. (12) It is, however, often very difficult to differentiate in any given case. Cystoscopy is not very helpful on account of the local oedema and cystitis, but it may be possible to see the evidences of malignant ulceration.

The third group is that with *pelvic symptoms in women*. Prof. Monro Kerr said in 1928, "Of the rarer inflammatory lesions in the female pelvis, none is of greater interest than diverticulitis" (13). Some authorities go as far as saying that an examination of the pelvic colon is as important as any other in the differential diagnosis of pelvic inflammation or tumour. Shoemaker quotes cases with the symptoms of gynaecological disease which proved to be diverticular in origin (14). Sometimes the pelvic symptoms fill the whole picture, even without any reference to alimentary disturbance. They are due to the frequent involvement of the uterus and adnexa in the peridiverticular inflammation. The condition is to be considered in all cases of pelvic symptoms or tumour in those who have passed middle age.

D. W. MOYNAGH.

(To be concluded.)

CLINICAL METHODS.

LUMBAR PUNCTURE.

The technique of lumbar puncture in most cases offers no difficulty, but there are a number of important points which are commonly forgotten, but which will repay careful attention.

The puncture is most conveniently done with the patient lying on the side and the back curled up as much as possible. As a rule a general anesthetic is unnecessary. In children, if there is any difficulty a towel carried from behind the knees to behind the neck will usually enable sufficient flexion of the trunk to be maintained. With the patient in as comfortable a position as possible, the highest points of the iliac crests are marked; the line joining these two points crosses the mid line at or about the interval between the third and fourth lumbar vertebrae. Usually there is a wider space between the second and third lumbar vertebrae, and it is often easier to make the puncture in that space. The overlying skin is carefully cleaned with ether and anasthetized with novocaine. There is no need to inject the local anesthetic into the deeper tissues, and after the skin has been well infiltrated the next step is the actual lumbar puncture. For this a stout sharp needle is essential, and it is important to use a kind to which a manometer can be attached. The needle with the stylette in position is pushed gently through the anesthetized skin, into which a small incision may be made with advantage to the patient and the point of the needle. The needle is directed towards the mid-line of the body, but pointing slightly upwards (that is, towards the head). As a general rule a useful landmark to aim at is the umbilicus. It is as well to proceed slowly, withdrawing the stylette to see whether any fluid flows out, and then gently pushing the needle on until fluid is struck. In this way it is possible to avoid the accident which more than anything else may render the lumbar puncture valueless—the occurrence of traumatic hemorrhage from a blood-vessel on the anterior surface of the theca.

If these precautions are observed, a clear colourless fluid will be obtained, which usually comes at the rate of about one drop per second, but may gush out if the cerebro-spinal pressure is greatly increased. But this is no accurate guide to the true pressure, and the only way in which to be certain of this is to measure it with a manometer. As soon as fluid is found the manometer is attached so that fluid runs up it to a level which gives the pressure of the cerebro-spinal fluid in millimetres of C.S.F. Normally this is about 120 mm., but there are quite wide variations. But it is important to know not only the actual pressure, but the existence of any interference with the drainage of cerebro-spinal fluid. By applying and releasing pressure on the veins of the neck, first on one side and then on the other, it will be found that the level of the fluid in the manometer rises and falls. This is known as Queckenstedt's sign, and is absent whenever there is interference with the drainage of cerebro-spinal fluid, as in lateral sinus thrombosis and conditions of spinal block such as occur in tumour of the spinal cord.

The fluid obtained is examined by the routine methods for its cytology, its chemistry and its bacteriology. It is not proposed to describe these methods here, but there are one or two points which are worth attention:—

(1) The exclusion of traumatic hemorrhage: If, in spite of the precautions described, the fluid is found to contain blood, it is important to know whether this is due to local trauma in the puncture, or is the result of the disease or injury from which the patient is suffering. If the blood has only recently reached the subarachnoid space—as for example in a recent subarachnoid hemorrhage—it may be impossible to tell; but as a rule blood from purely local trauma will become less and less as fluid is drawn off until finally a clear fluid is obtained, whereas in a subarachnoid hemorrhage the blood will be present throughout the lumbar puncture. If hemorrhage into the subarachnoid space has occurred less recently, centrifugalization of the fluid will show a yellow colour in the supernatant part.

(2) The examination of the fluid must be carried out as quickly as possible. This is particularly important in cases where meningococcal meningitis is suspected, as the meningococci may be hard to find and will not grow if the fluid is left in the cold for long. Speed is also important if an accurate cell-count is to be done, as clotting of the fluid makes a cell-count valueless.

(3) Finally it is as well to know what quantities of cerebro-spinal

fluid are needed for different investigations. For the cytology, chemistry and bacteriology, 6 c.c. is the minimum—2 c.c. for chlorides, 2 c.c. for protein, 1 c.c. for sugar, 0.5 c.c. for globulin, a few drops for cytology and for bacteriology—though it is far more satisfactory to keep one whole tube for the bacteriology alone, as cultures and films should be made from the centrifuged deposit. The Wassermann reaction and Lange gold curve can be done with about ½ c.c. each, so that a complete examination can be carried out with 7-8 c.c. of fluid, unless half quantities are used for the chemical tests. R. K.

STUDENTS' UNION.

CRICKET.

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

Played at Winchmore Hill on Wednesday, June 26th. For this game the Hospital had a very scratch side in the field. The difficulty of getting out a consistently full-strength side has been particularly marked this season.

Cuy's batted first and scored 180. O'Gorman made a very good 64, and Lowrey, batting late, a hard hit 34, when Cuy's seemed likely to be dismissed for a moderate total. Cochrane took 5 wickets for 35.

Bart's lost the first three wickets for 4 runs, and from this initial blow never recovered. Grossmark batted with a very keen eye to defend his wicket and score 15. The rest of the side put up little resistance and were all out for 71. It was a poor performance even by so scratch a side.

R. C. Dolly, b Young	16	S. T. Rutherford, b Skea	11
D. R. S. Howell, lbw, b Skea	0	S. W. Perrott, b O'Gorman	0
W. M. Capper, b Skea	0	G. H. Darke, not out	7
J. R. Simpson, b Young	1	F. Ramsay, b Young	0
S. Grossmark, b O'Gorman	15	Extras	12
J. Craig Cochrane, c Brown, b Wylde	7	Total	71
P. M. Elder, st Brown, b O'Gorman	1		

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	15	2	35	5
Simpson	18	2	46	2
Dolly	7	—	23	—
Rutherford	2	—	11	—
Perrott	5	1	21	1
	1	—	—	1

ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

Played at Thames Ditton on Saturday, June 29th. The Old Paulines won the toss and batted first, Dixon and Farrell putting them in a strong position, scoring 56 before Dixon was unluckily run out. Our bowling was treated with considerable disrespect, Capper alone keeping a good length and taking 3 for 40. At tea time they declared at 180 for 7. The Hospital, with the sole exception of North—23—batted deplorably, and were all out for 67.

No excuse can be made for such a weak display against only mediocre bowling, unless it be that several regular members had preferred the Air Pageant at Hendon.

R. C. Dolly, b Dixon	0	R. Mundy, c and b Black	4
M. H. Harmer, c Taylor, b Ormiston	11	J. J. Shaw, b Baker	3
J. North, lbw, b Ormiston	23	J. D. Wilson, c Berg, b Black	5
W. M. Capper, c Tyndall, b Ormiston	0	J. R. Simpson, not out	0
W. M. Maidlow, b Dixon	0	D. R. S. Howell, b Baker	0
J. Barnett, lbw, b Black	7	Extras	14
		Total	67

	Overs.	Mdns.	Runs.	Wkts.
Mundy	7	1	29	—
Simpson	17	2	50	1
Dolly	7	1	22	—
Harmer	7	1	20	2
Capper	10	1	40	3

ST. BARTHOLOMEW'S HOSPITAL v. SHOEBURYNNESS.

Played at Shoeburyness on Saturday, July 13th. The Hospital batted first on a fast wicket, but lost Dransfield for only 5. Ruus were never easy to get against steady bowling from Redding—fast medium, and McEvoy—slow leg break. Brown batted steadily until after lunch for 45, collecting 20 in one over off McEvoy, and Maidlow a quick 27. Heyland looked set for a big score, but was caught after making 17. The innings closed for 150. The Garrison began confidently, but Simpson, who bowled extremely well throughout, sent back Godby, caught wicket at 20. McEvoy and Nightingale carried the score to 75 before the latter was beautifully caught by Brown in the deep, who covered a lot of ground in making the catch. Redding and McEvoy remained together and hit off the necessary runs to give them victory by 6 wickets.

C. M. Dransfield, c Tod, b McEvoy	5	R. Heyland, c Tod, b Rolfe	17
D. J. A. Brown, c McEvoy, b Redding	45	W. M. Maidlow, c Redding, b McEvoy	27
R. C. Dolly, c Ongley, b McEvoy	11	D. R. S. Howell, c Johnstone, b Rolfe	1
C. R. Morison, c Johnstone, b Redding	14	J. R. Simpson, not out	6
M. H. Harmer, c McEvoy, b Redding	4	A. R. Royston, lbw, b McEvoy	3
R. Mundy, lbw, b Redding	1	Extras	16
		Total	150

	Overs.	Mdns.	Runs.	Wkts.
Mundy	13	1	43	2
Simpson	15	2	41	1
Morison	8	—	30	2
Dransfield	63	—	40	3
Maidlow	2	—	20	1

ST. BARTHOLOMEW'S HOSPITAL v. METROPOLITAN POLICE.

Played at Imber Court on Saturday, July 20th. The side fielded was again a poor one, and was dismissed by the Police for a very low score, even allowing for a wicket which was lively, and at times almost dangerous. Play throughout the day was interrupted by rain.

The Hospital batted over two hours for a total of 68, more by failing to connect with the ball than by active defence. Dolly batted pluckily for 21 after twice being hit on the elbow by rising balls. Of the remainder only McEwon scored double figures.

The Police played the only game the wicket would allow, fiercely attacking the bowling, and to such good effect that they scored the necessary runs for the loss of only one wicket—which was run out! Pettigrew's batting was delightful; in one over he took 22 runs.

A very half-hearted performance by the Hospital.

C. M. Dransfield, c Boyall, b Ould	1	C. G. Nicholson, lbw, b Haines	1
J. McEwon, b Ould	11	J. Craig Cochrane, b Boyall	2
J. North, c Oliver, b Ould	7	W. T. Ross, run out	5
R. C. Dolly, c Boyall, b Haines	21	S. T. Hayes, not out	1
C. R. Morison, c Haines, b Boyall	7	D. R. S. Howell, c Pettigrew, b Haines	3
R. Mundy, c Fullwood, b Boyall	0	Extras	9
		Total	68

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	5	1	23	—
Mundy	6	2	28	—
Nicholson	4	—	21	—

SWIMMING CLUB.

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

The Swimming Club played an interesting water-polo match against Guy's at Lavington Street Baths on the occasion of the Guy's Nurses' Gala.

Bart's were represented by one of their strongest teams, and played well against an opposition which had to be made up with two reserves. The game was rather one-sided, but full of good movements, and resulted in a win for the Hospital by 6 goals to 1 (Newbold 3, Sutton 3).

C. M. Dransfield in goal played a very safe game, and was well covered by P. Quibell, A. C. Kanaar and P. Saltman. The weakest point in the team was the shooting of the forwards, especially that of the wing men. If they had taken all their chances the score would have reached double figures.

Team.—C. M. Dransfield, P. Quibell, A. C. Kanaar, R. J. C. Sutton, P. Saltman, J. C. Newbold, T. O. McKane.

ST. BARTHOLOMEW'S HOSPITAL v. EPSOM COLLEGE.

Epsom College were entertained at Fitzroy Square on Friday, May 24th. Unfortunately they were late in arriving and the fixture had to be hurried through. Some very well matched swimming was seen. A. C. Kanaar and J. C. Newbold represented the Hospital in a 4-lengths race. The four contestants were very much together for the first three lengths, but Kanaar and Newbold pulled well away on the last length, Kanaar just winning from Newbold.

The 2-lengths race was more even, and was won by McLaren of Epsom by about a yard, with McKane and Saltman second and fourth respectively. There was only a touch between second, third and fourth.

Epsom won the one-length race through Purnell, with Dransfield second for the Hospital. At this stage the points were 15 all, and the result depended on the team race and the diving.

The team race provided a very thrilling contest. Saltman started off for the Hospital and was not quite able to keep up with his man, Harald went in second but could not gain anything, and finished up nearly a length behind his opponent. McKane came third and caught up slightly, so that Dransfield, who went in fourth, was only about half a length behind. He gained slightly and Kanaar followed, leaving Newbold about a quarter of a length to make up as the last man. He slowly caught up and was just beaten by a touch. This gave the match to Epsom, leading by 20 points to 15, with only the diving to come.

Unfortunately Goodrich was unable to dive owing to cramp and McKane took his place as reserve. He was easily beaten, and Epsom finished up good winners by 24 points to 17.

Team.—C. M. Dransfield, J. C. Newbold, A. C. Kanaar, T. O. McKane, P. Saltman, B. H. Goodrich, Harald.

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

This match, the second of the league fixtures, was played at Paddington on May 27th.

Bart's pressed from the beginning and were generally faster than the opposition. Sutton and Newbold did fine work, and kept the ball always near the St. Mary's goal. In this half Sutton managed to score four goals, and Saltman added a fifth after some clever passing from the Bart's forward line. Half-time came with Bart's leading by five goals to nil, after they had had the greater part of the play.

The final whistle went with Bart's winning by 5 goals to 1. Sutton having scored 6, Newbold 1 and Saltman 1.

West and Dransfield both played an excellent game. Team.—C. M. Dransfield, P. Quibell, West, R. J. C. Sutton, P. B. L. Saltman, J. C. Newbold, I. O. McKane.

League Results.

Bart's: Played 2, won 2, lost 0; 17 goals for, 1 against, 4 points.

ST. BARTHOLOMEW'S HOSPITAL v. ROYAL DENTAL AND CHARING CROSS.

Newbold lost the toss and Bart's defended the shallow end during the first half. From the start the Hospital attacked, and kept it up throughout the half. Most of the play was between the forwards and half-back, who gave a good exhibition of clever passing. Five goals were scored without reply.

The second half was a repetition of the first, except for one or two attacks early on by the opposition. Four more goals were scored by Bart's over a tired and ragged team, and the final whistle went with Bart's winning by 9 goals to nil.

Team.—C. M. Dransfield, P. Quibell, West, J. C. Newbold, P. Saltman, T. O. McKane, A. Payne.

League Results.

Bart's: Played 3, won 3, lost 0; 26 goals for, 1 against, 6 points.

The United Hospitals Swimming Club Gala took place on June 20th at Marshall Street Baths, before a large crowd, and provided some excellent swimming—much better than had been witnessed for many years at this function.

The baths were moderately full when the first heat started about ten minutes late. This was a six-a-side team race and was just won by Bart's, with Sutton keeping a safe lead to finish for the Hospital. The second heat was won very easily by St. Mary's in a very fast time, promising a close final between Bart's and Mary's.

The diving followed and was of a very high standard. Unfortunately Bart's, the holders of the Cup, could only turn out one member, D. G. Evans, in the heats, which had been held on the previous Tuesday. Evans came fourth in the heats, thus qualifying for the finals. The diving was won by Parsons, of Westminster, the Southern Counties' champion, with three almost perfect dives. Evans, who was weak in his flight, especially from the lower stages, could only come third, being also beaten by Kamill of Mary's. The Diving Cup went to Westminster Hospital for the first time, after being held by Bart's for three years.

The hundred yards race followed, with Bart's represented by Sutton and Newbold. There was a perfect start and Sutton was just ahead at the final turn, closely followed in order by D. A. Young of Mary's, J. C. Newbold, and C. A. Young of Mary's. The first two went ahead a bit in the last length, Sutton winning from D. A. Young by about a yard, with Newbold a close third. C. A. Young was a fraction of a second behind. The time of 57 secs. was a record, beating the old record also held by Sutton by 2 secs.

An exhibition of spring-board diving was given by the Highgate Diving Club, and was very much appreciated by the spectators as usual. A remarkable dive was performed by a small boy from the top board, and put to shame the efforts of most of the divers we see in our local diving centres.

The final of the fifty yards race was very thrilling, Bart's being represented by Sutton, and Mary's by D. A. Young and M. C. T. Reilly. Young and Sutton were together the whole way, travelling at a terrific speed. Young won by a touch in 24 sec., equalling the record set up by Sutton two years ago. This was the first time Sutton had been beaten in inter-hospital swimming.

A four-a-side nurses' inter-hospital team race followed. Each member had to swim one length. This event was won by Mary's.

The final of the six-a-side race proved to be a fight between Mary's and Bart's, and was won by Mary's by about two yards, mainly due to the fine swimming of D. A. Young. There was very little between the two teams.

More exciting racing was seen when Trinity College, Dublin, just beat a United Hospital side in a six-a-side team race. The United Hospitals were just leading until the last length, when H. A. Daniels, the last Irishman, just managed to snatch a victory by beating C. K. Vartan, who finished for the United Hospitals.

Mary's won the medley race of four-estate, two breast and two back-stroke swimmers, by a touch from Bart's. Sutton made a magnificent effort in the last length, but was not quite able to catch up.

Bart's turned the tables in the four-a-side race and won comfortably from Mary's. The swimmers had to swim one length, three lengths, one length and two lengths. Sutton, who swam the three lengths, gained several yards, which the others were able to maintain quite easily.

Mary's won the swimming cup by 80 points to 77 points gained by Bart's. This is the first time Mary's have held the cup, which had been held by Bart's for the last five years.

The water polo cup was won by Bart's under the new league system for the seventh time in succession.

Mrs. Fleming kindly presented the prizes to the various winners, and Mr. Layton, President of the Club, proposed a vote of thanks to Mrs. Fleming, and all those who had helped to make the evening a success.

The final event was a water-polo match between Trinity College, Dublin, and the United Hospitals Swimming Club. The United Hospitals played well together, and won easily. Goals were scored by Sutton, Newbold and McKane from Bart's.

Sixty members attended a supper at Maison Lyons in Shattisbury Avenue after the Gala.

ATHLETIC CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. READING UNIVERSITY v. SOUTHGATE HARRIERS.

This triangular meeting was held on a dull Tuesday evening, June 4th. The Hospital won by a single point from Southgate, who scored 41 points, Reading University scoring 25 points. Southgate was not represented in the 100 yards. It was an exciting finish, which depended upon Reading University backplating Southgate Harriers for second place in the Pole Vault, which N. P. Shields won with ease at 10 ft.

T. L. Benson ran well for the Hospital, winning both the 100 and 220 yards. The 220 yards was a very good race, only one yard separating the first four men. E. C. E. Bourne, of Reading University, easily won the 440 yards in 34 sec.; throughout the race he was forced to take the lead, and it was not until he reached the finishing straight that he showed his speed, to win by 25 yds. D. Reinold hurdled very well. This is the second time at Winchmore Hill his time has been under 27 sec., which, until this season, has been the ground record. Unfortunately J. Smart just failed to clear 5 ft. 6 in. in the High Jump, and so was second. The winner, I. J. Boyes, of Southgate, hardly managed to clear the bar, and although he jolted it severely with his shoulder, it remained on the pegs, balancing precariously. D. B. Fraser won the Weight with a put of 36 ft. 10½ in. Two moderately good Long Jumps need comment: the winner, a Southgate man, jumped 27 ft. 5½ in., while J. G. Youngman, untrained, jumped 27 ft. 2 in. Throwing the Javelin was won by C. M. Dransfield, his distance being 136 ft. 9 in.

Mr. T. H. Just kindly acted as Starter during the early part of the evening. After the meeting the two visiting clubs were entertained to supper.

RESULTS.

100 Yards: 1, T. L. Benson (Bart.'s); 2, H. G. A. Peters (Reading); 3, J. Timewell (Reading). Time, 10½ sec.
220 Yards: 1, T. L. Benson (Bart.'s); 2, J. Peck (Southgate); 3, C. H. Home (Southgate). Time, 23½ sec.
440 Yards: 1, E. C. E. Bourne (Reading); 2, R. L. Jordan (Southgate); 3, G. A. Beck (Bart.'s). Time, 34 sec.
880 Yards: 1, H. R. Pritchard (Southgate); 2, B. W. Berys (Southgate); 3, E. C. E. Bourne (Reading). Time, 2 min. 3½ sec.
1 Mile: 1, D. R. Anderson (Southgate); 2, B. C. Eeles (Southgate); 3, G. A. Beck (Bart.'s). Time, 4 min. 44 sec.
120 Yards Hurdles: 1, D. Reinold (Bart.'s); 2, R. Freeman (Reading); 3, R. L. Stean (Southgate). Time, 16½ sec.
High Jump: 1, I. J. Boyes (Southgate); 2, J. Smart (Bart.'s); 3, A. J. Ward (Southgate). Height, 5 ft. 6 in.
Long Jump: 1, A. J. Ward (Southgate); 2, J. G. Youngman (Bart.'s); 3, T. L. Benson (Bart.'s). Length, 27 ft. 5½ in.
Putting the Weight: 1, O. B. Fraser (Bart.'s); 2, G. H. Jan (Southgate); 3, M. G. Henkey (Reading). Length, 36 ft. 10½ in.
Throwing the Javelin: 1, C. M. Dransfield (Bart.'s); 2, M. G. Hankey (Reading); 3, J. E. Walden (Southgate). Length, 136 ft. 8 in.
Throwing the Discus: 1, M. G. Hankey (Reading); 2, D. B. Fraser (Bart.'s); 3, J. E. Walden (Southgate). Length, 109 ft. 9 in.
Pole Vault: 1, N. P. Shields (Bart.'s); 2, M. G. Hankey (Reading); 3, J. E. Walden (Southgate). Height, 10 ft.

LAWN TENNIS CLUB.

Now that the tennis season has come to a close, we can look back with a certain amount of satisfaction at the results of our efforts. The 1st VI have had a very successful season, having played to matches and won 8. Considering that during the season we only once had our full team out, these results are all the more satisfactory. We hope that next season members of the 1st VI will make an effort to turn out more regularly.

Congratulations to the 2nd VI on winning the Inter-Hospitals Junior Cup—they beat Guy's in the final by 8 matches to 3. They thoroughly deserved their victory, as they showed very promising form throughout the season and deserve a special word of praise for the regularity with which they turned out for their matches. Nine matches were played, 8 being won, while 5 were scratched.

The Hospital Tournament was won for the second year in succession by W. D. Park. Players are reminded that their entrance fees are long overdue and payment should be made to the Secretary.

RESULTS.

1st VI.

v. Bank of England, at Priory Lane, on Saturday, June 29th; lost by 6 matches to 3.

v. Guy's Hospital, at Winchmore Hill, on Saturday, July 13th; won by 6 matches to 3.

2nd VI.

v. Melbury Club, at Melbury; lost 6—3.

v. Guy's Hospital, at Honor Park; won 8—3.

CORRESPONDENCE.

AMBULANCE SERVICE FOR ETHIOPIA.

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

DEAR SIR,—A British Ambulance Service for Ethiopia is in the process of organization. It is hoped, if sufficient funds are forthcoming, to send out two units, one for service on the northern, and one for service on the southern front. It is proposed that each unit should consist of twelve doctors, ten transport officers and one hundred medical orderlies, together with the necessary transport and equipment. It is not proposed to pay either the doctors or the transport officers any salary, but they will be given an equipment allowance, and all expenses will be paid. The units will leave England in September, but it is probable that reinforcements and replacements will be sent out during the succeeding months. Volunteers, or anyone desiring fuller information, should communicate with me at the above address.

I remain,

53, Drayton Gardens, Yours faithfully,
S.W. 10; JOHN H. MELLY.
July 26th, 1935.

SEVENTH DECENNIAL CONTEMPORARY CLUB DINNER.

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

DEAR SIR,—Those who, like myself, attended the recent Dinner of the Seventh Decennial Contemporary Club had a thoroughly enjoyable evening, and I am writing in the hope that many more who joined Bart.'s between 1875 and 1885 may be tempted to attend in future years.

It is a very great pleasure to meet one's old friends from all over the country, and revive our memories of the enjoyable years we spent at Bart.'s in the days of Savory, Smith, Willett, Langton and Marsh as surgeons, and Andrew, Church, Gee and Duckworth as physicians. Some of us were even before that time. The only sad note at these Dinners is the occasional gap left by the death of an old friend and regular attendant. This is inevitable, of course, in a Club whose members date from 1875 to 1885. It is very pleasant to see the way the members generally stand their years.

We were twenty-six in number this year, but there are very many more eligible to attend, and I feel sure if they get into touch with our energetic Senior Secretary, Sir James Barry, and join the Club and the Annual Dinner, they will be very satisfied.

The Contemporary Clubs are one of the outward and visible signs of the Bart.'s tradition of pride in being a member of that great Institution.

I am, Dear Sir,

Eastbourne; Yours faithfully,
July 15th, 1935. W. G. WILLUGHBY.

REVIEWS.

A BRIEF OUTLINE OF MODERN TREATMENT OF FRACTURES. By H. WALDO SPIERS, M.D., Los Angeles, California. (Baillière Tindall & Cox.) Pp. 136. Price 9s.

In the author's own words, which appear in the preface, "this brief outline of the modern treatment of fractures aims to illustrate the fundamentals in bone surgery, and to touch only the high spots in their practical application".

The author has accomplished this aim; but one immediately asks whether such an accomplishment makes for a useful book on fractures. There is not enough practical detail in this book to make it of real use to the house-surgeon or general practitioner who needs help in treating fractures; and for those with some knowledge of fracture surgery there is little that is new. Those students who are beginning their surgical training and have time to read it will find some useful information on the principles of fracture treatment in general as well as the outlines of many of the common fractures in particular.

The author follows Böhrer very largely in many of his principles. We are sorry to see the "foot in axilla" method of reducing a dislocation of the shoulder illustrated and advocated as the most satisfactory. With fractures of the pelvis rupture of the bladder is described as common; but no mention is made of the much commoner rupture of the urethra.

There seems a lack of proportion in the small space devoted to the very common and important Colles' and Pott's fractures.

The book is clearly and simply written. There are numerous line drawings, but many of them seem to be of little value.

CUNNINGHAM'S MANUAL OF PRACTICAL ANATOMY. 9th Edition, revised by J. C. BRASH and E. B. JAMIESON. (Henry Frowde and Hodder & Stoughton). 3 vols. Price 12s. 6d. net.

The 9th edition of Cunningham's *Manual of Practical Anatomy* is now available for students, and comparison of this edition with previous ones leaves no doubt that it will maintain its almost universal use throughout English-speaking medical schools. Confident as we feel that the general excellence of the book has been maintained and even considerably improved in a number of ways—for instance, by additional X-rays and drawings, by the additions and changes in arrangement of sections dealing with the male and female pelvis—yet in spite of such improvements we cannot but feel that the book is becoming something more than its title *Manual of Practical Anatomy* indicates. One is left with the feeling that its pretensions are greater than those of the earlier editions; that it attempts to provide the student with a complete account of what he should know of the naked-eye structure of the human body.

One feels that the student provided with this *Manual of 1434 pages* (small in size and large in print admittedly) will consider that all his needs in gross anatomy are fulfilled. Every anatomist will agree that a student so trained can have only a poor understanding of human anatomy, almost devoid of ontogenetical, morphological and evolutionary background; and deprived of this proper approach the student's memory of topography will inevitably fall him later in his clinical studies and practice.

The criticism is that the authors (past and present) have tried to make the book do too much. A brief and concise book of dissecting instructions, guiding hints and advice directing observation along the right lines in the dissecting-room is required, together with a larger text-book treating with the science of human anatomy, of such a nature that it will give the student a rational understanding of the subject, one part of which he has been learning to visualize in the dissecting-room.

Anatomy cannot be wholly learnt in the dissecting-room, and it is our criticism that the new edition of Cunningham's *Manual* tends to encourage such a procedure.

However, this objection is rather an idealistic one, and so complete, so orderly, so well illustrated has the *Manual* gradually become that we prophesy an increase rather than diminution in the almost universal hold that the book has in British medical schools.

THE COLLECTED PAPERS OF ST. MARK'S HOSPITAL, LONDON: CENTENARY VOLUME, 1835-1935. (H. K. Lewis & Co., Ltd., 1935.) Price 30s.

"The Infirmary for the Relief of the Poor afflicted with Fistula and other Diseases of the Rectum" founded at 11, Aldersgate St. in 1835, was the forerunner of what is now St. Mark's Hospital, and it is to the founder, Frederick Salmon, who received his medical education at St. Bartholomew's Hospital, that the patients who have attended there owe a very real debt. Starting at first with seven beds and moving in three years to Charterhouse Square where there were fourteen beds, the hospital gradually grew until in 1851 it was moved to its present site in the City Road.

The present volume, commemorating the centenary, includes a list of the staff, a short history and the appeal issued a century ago on behalf of the hospital, and the remainder of the book is given up to papers published by past and present members of the staff, comprising what really amounts to a very complete work on Proctology, not omitting the history of the subject as illustrated by papers such as Salmon's on "Strictures of the Rectum", a description of his operation for ligature of internal hemorrhoids and "Inflammation of the Rectum" by Sir Alfred Cooper.

An eyewitness's account of a visit to the hospital in 1857 states that "the beds are twenty-five and constantly full," and discusses briefly the various conditions commonly treated. It emphasizes the safety of ligature of internal piles, which "ought never to be excised on account of the risk of uncontrollable hemorrhage."

Among the more recent papers attention is drawn to the Presidential Address of Mr. Swinford Edwards on the formation of the British Proctological Society in 1873, and papers in particular by Mr. Lockhart Mummery and Sir Charles Gordon-Watson. Of the contributions of the former the sections on perineal excision of the rectum and the aetiology of diverticulitis are particularly valuable, while the latter's "Progress in Rectal Surgery" is a very complete survey of the whole subject. Of the remainder the contributions of Mr. Gabriel on "Perineo-Abdominal Excision" and Mr. Cuthbert Dukes on "The Pathology of Cancer of the Rectum" are perhaps the best-known, and the latter's study of polyposis intestinalis or multiple adenomata is magnificently set out.

The whole book in fact is excellently produced, and should be invaluable to anyone who is interested in any aspect of rectal surgery. The medical committee, indeed, are to be congratulated on such a welcome addition to the literature on a subject so important not only to the surgeon and specialist but to the practitioner, who meets cases in this domain every day.

HEAD INJURIES. By L. BATHE RAWLING, M.B., B.Ch., F.R.C.S. Pp. 86, with 22 illustrations. (Oxford University Press, 1934.) Price 7s. 6d. net.

When Mr. Rawling left us in 1933 we understood that he had forsaken surgery for ever and was intending to spend his retirement engaged in deep sea fishing off New Zealand. His return to the realm of medical literature has therefore doubly surprised and delighted us.

To be able to write a book on Head Injuries while in the Balearic Isles is no mean accomplishment, and L. B. K. is to be congratulated on this new achievement.

His old students and dressers will welcome this book which is certain to earn for itself a reputation second only to its twin brothers *Landmarks and Surface Markings and Stepping Stones to Surgery*. The eighty-odd pages are filled with sound common sense gained only by a lifetime's experience in this particular subject. The main interest of this book will be for those General Practitioners who are called to the constant stream of accidents which turn our national highways into a modern battlefield. It is so easy to forget the essential features of head injuries, but this work will fill a much-needed position in providing a concise account of the important facts.

A TEXT-BOOK OF MEDICINE FOR NURSES. By E. NOBLE CHAMBERLAIN, M.D., M.Sc., M.R.C.P. (Oxford Medical Publications.) Pp. 444. Price 20s.

The second edition of this book has become necessary owing to advances made in medicine since the publication of the first edition three and a half years ago. Within the compass of 444 pages is found an adequate account of medical knowledge from the nurses' standpoint. The style is admirably clear and concise, difficult explanations being successfully accomplished with the minimum of their pathology, symptomatology and treatment. There are, in addition, special chapters on Dietetics and Therapeutics, the latter being brought into accordance with the new *British Pharmacopoeia*. There are admirable coloured plates illustrating some of the commoner infectious fevers. The illustrations and photographs are plentiful and clear. It would be difficult to find another book which in so comparatively small a space deals as adequately with so large a subject.

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

- ABRAHAM, ADOLPHE, O.D.E., M.D., F.R.C.P. "The Vitamins in Health and Disease." *Practitioner*, May, 1935.
- BAU, FRANCIS, M.A., M.D. *The Rheumatic Diseases: their Recognition and Treatment.* London: Cassell & Co., 1935.
- BOURNE, GEOFFREY, M.D., F.R.C.P. "Symptomatology of Cardiac Pain." *British Medical Journal*, June 1st, 1935.
- "Thyrototoxic Heart Disease." *British Medical Journal*, June 22nd, 1935.
- CHANDLER, F. G., M.D., F.R.C.P. "Cancer of the Lung." *British Medical Journal*, June 20th, 1935.
- COCKayne, E. A. D.M., F.R.C.P. "Favourite Prescriptions. V. The Pharmacopoeia of the Middlesex Hospital." *Practitioner*, May, 1935.
- COT, G. H., M.B., B.Ch., F.R.C.S. (and RAMSAY, ISOBEL S. W., M.B., Ch.B.(Aberd.), and MORRISON, MARGARET M. M., M.B., Ch.B.). "The Injection Treatment of Varicose Veins: Some Late Results and the Question of Recurrence." *British Medical Journal*, July 13th, 1935.
- COPLAND, A. J., M.A., M.B., D.P.H., B.Sc. "The Murk of North Borneo: Malaria and Racial Extinction." *Lancet*, May 25th, 1935.
- CUMBERBATCH, ELKIN P., M.A., B.M., B.Ch., D.M.R.E.(Camb.), F.R.C.P., and HARMER, W. DOUGLAS, M.Chir., F.R.C.S. "Fulguration and Electro-Desiccation." *Practitioner*, July, 1935.
- FRANCIS, CLEMENT, M.A., M.B., B.Ch. "Hay-fever and its Treatment." *Practitioner*, May, 1935.
- GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. (and DODD, HAKOLA). "Observations on Fistula in Ano in Relation to Periaanal Intra-muscular Glands: With Reports on Three Cases." *British Journal of Surgery*, April, 1935.
- HALL, SIR ARTHUR, M.A., M.D., D.Sc.(Hon.), F.R.C.P. "Prognosis in Epidemic Encephalitis, Acute and Chronic." *Lancet*, July 20th, 1935.
- HARMER, W. DOUGLAS, M.Chir., F.R.C.S. See Cumberbatch and Harmer.
- HATTERSLEY, S. M., Major, M.C., R.A.M.C. "Disposal of Waste Water." *Journal Royal Army Medical Corps*, June, 1935.
- HORDER, LORD, K.C.V.O., M.D., F.R.C.P. "Radiology and Practical Medicine." *Practitioner*, July, 1935.
- KNIGHT, G. C., M.B., F.R.C.S. "Sympathectomy in the Treatment of Achalasia of the Cardia." *British Journal of Surgery*, April, 1935.
- LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "Progress in Medicine during the past Twenty-five Years." *British Medical Journal*, May 4th, 1935.
- "The Progress of Endocrinology." *Medical World*, May 3rd, 1935.
- LEVITT, W. M., M.D., M.R.C.P., D.M.R.E.Camb. "Deep X-ray Therapy in Malignant Disease." *Practitioner*, July, 1935.
- LLOYD, ERIC J., F.R.C.S. "A Director for the Insertion of the Smith-Petersen Nail in Collum Femoris Fractures." *Lancet*, July 20th, 1935.
- McMENEY, W. H., M.D., M.R.C.P. (E. C. BURNETT, M.B., and W. H. McM.). "Rupture of the Normal Spleen in Pregnancy." *British Medical Journal*, June 1st, 1935.
- MORLOCK, H. V., M.C., M.D., M.R.C.P. (A. J. SCOTT PINCHUS, M.D., F.R.C.P., and H. V. M.). "Lung Abscesses and their Treatment." *Lancet*, June 15th, 1935.
- NABIER, L. EVERARD, M.R.C.S., L.R.C.P. (and GUPTA, C. R.). "Haematological Studies in Indians. Part I. Haemoglobin Estimation Methods." *Indian Journal Medical Research*, April, 1935.
- POWELL, SIR D'ARCY, K.R.F., F.R.C.S. "Ipsissima Verba. V. The First Successful Operation for Gall-stones in England." *British Journal of Surgery*, April, 1935.
- ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "The Advance of Medicine during the last Quarter of a Century." *Practitioner*, May, 1935.
- SEDDON, HERBERT J., F.R.C.S. "Pott's Paraplegia: Prognosis and Treatment." *British Journal of Surgery*, April, 1935.
- SHACKMAN, R., M.B., B.S. "Cephalic Tetanus occurring in Civil Practice." *British Medical Journal*, July 6th, 1935.

- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "On Osteo-Arthritis in the Dorsal Inter-vertebral Joints." *British Journal of Surgery*, April, 1935.
- "Polypondylitis Marginalis Osteophytica." *British Journal of Surgery*, April, 1935.
- WHITE, H. D., M.B., B.Ch. "Osteomyelitis of the Maxilla in the Newly-Born." *Archives of Diseases of Childhood*, April, 1935.
- WITTS, PROF. L. J., F.R.C.P. "Gastric Carcinoma with Normal Erythrocyte Sedimentation Reaction." *Lancet*, June 8th, 1935.
- YORKE, Major H. E., M.C., D.M.R. "'Upright' Radiography, with Especial Reference to the Investigation of the Accessory Nasal Sinuses." *British Journal of Radiology*, July, 1935.

CHANGES OF ADDRESS.

- BERRY, SIR JAMES, Kirby Gate, West Mead, Roehampton, S.W. 15.
- BROWNE, Surg.-Capt. E. MOXON, R.N., P.M.O., R.N. Barracks, Portsmouth, and "Callross", Cranewater Avenue, Southsea.
- JEPSON, W. R., Brunswick House, Cumberland Gate, Kew. (Richmond 0073.)
- LAWRENCE, M. R., China Inland Mission, Newington Green, N. 16.
- MALE, M., 62, Pasture Chambers, Jeppe Street, Johannesburg, S. Africa.
- NORRISH, R. E., 13, Avenue Road, N. 6.
- RAT-SMITH, B., 71, Gloucester Place, W. 1. (Tel. Welbeck 4151.)

APPOINTMENT.

- REEFS, T. PERCY, M.D., M.R.C.P., D.P.M., appointed Medical Superintendent of Croydon Mental Hospital, Warrington, Surrey.

BIRTHS.

- MACDONALD.—On June 26th, 1935, to Joan (née Newby-Simonds), wife of Dr. A. Robertson Macdonald, of Queen's Lodge, Queen's Club Terrace, W. 14—a daughter.
- MURRAY SCOTT.—On June 25th, 1935, to Alice Valentine, wife of Dr. J. Murray Scott, of Sunbury—a son (stillborn).
- PERROTT.—On July 1st, 1935, in London, to Louie, wife of Dr. G. F. Donaldson Perrott—a son.

DEATHS.

- RALETON.—On June 24th, 1935, suddenly, in Johannesburg, Robert Cow Raleton, F.R.C.S., aged 62.
- TAYLOR.—On June 25th, 1935, at Meadowcroft, Cambridge, Charles Henry Shinglewood Taylor, M.D., D.P.H.(Cantab.), aged 52.

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.

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St. Bartholomew's Hospital



JOURNAL.

VOL. XLII.—No. 12.]

SEPTEMBER 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

- Tues., Sept. 3.—Dr. Graham and Mr. Roberts on duty.
- Fri., " 6.—Prof. WITTS and Prof. GASK on duty.
- Tues., " 10.—Lord HORDER and Sir Charles Gordon-Watson on duty.
- Fri., " 13.—Dr. HINDS HOWELL and Mr. WILSON on duty.
- Tues., " 17.—Dr. GOW and Mr. GIRLING BALL on duty.
- Fri., " 20.—Dr. GRAHAM and Mr. ROBERTS on duty.
- Sat., " 21.—Rugby Match v. Old Leysians. Home.
- Tues., " 24.—Prof. WITTS and Prof. GASK on duty.
- Fri., " 27.—Lord HORDER and Sir Charles Gordon-Watson on duty.
- Sat., " 28.—Rugby Match v. Rugby Away.
- Tues., Oct. 1.—Dr. HINDS HOWELL and Mr. WILSON on duty.
- Fri., " 4.—Dr. GOW and Mr. GIRLING BALL on duty.
- Sat., " 5.—Rugby Match v. O.M.F.s. Home.
- Mon., " 7.—Special Subjects. Lecture by Mr. JUST.
- Tues., " 8.—Dr. GRAHAM and Mr. ROBERTS on duty.
- Wed., " 9.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
- Fri., " 11.—Prof. WITTS and Prof. GASK on duty.
- Medicine: Clinical Lecture by Dr. GRAHAM.
- Sat., " 12.—Rugby Match v. Old Blues. Away.

EDITORIAL.

BOUNDARIES, be they social or political, are less insignificant even in Art and Science than they are in Medicine. Nationality and colour have but little influence on those whose sole ideal is the princely *Ich Dien* of the urge to heal and to keep whole. Everything that threatens that aim can only bring anxiety and alarm, but nothing so much as the present signs of the times—wars and rumours of wars, famines and pestilences and earthquakes in divers places. More than in any other calling are the effects of national and international calamity better understood and feared. The consequences, therefore, of the present situation cannot but cause concern in those who have still to treat the aftermath of a war a quarter of a century past. With such terrible results, physical and psychological, almost it seems that any sort of peace must be better than modern warfare, although the fear of that is only less evil than the fact. No attempt to make a

virtue of ambition and a god of tyranny, or to parade the "pride, pomp and circumstance of glorious war", can excuse unscrupulous Mars his brazen-throated roar, nor forgive his mad folly.

It has never been Medicine's place to meddle in politics nor to be moved by propaganda, and, whilst understanding the aetiology and venturing a prognosis from our knowledge of the individual, we must leave the treatment to those in whose hands Providence has placed it.

An example of the reaction to catastrophe of the profession as a whole and of Bart.'s men in particular will be seen on another page. One at least was present at the scene of the Quetta earthquake, and tribute is paid to the organization of another in dealing with the casualties.

* * *

The new Medical School is rapidly approaching the stage when it will be ready once more to become a part of St. Bartholomew's after six centuries. At the beginning of the new session on October 1st, the Chemistry, Physics and Physiology Departments will open their new quarters.

Old Bart.'s men will have an excellent opportunity to inspect at the Old Students' Dinner on November 5th.

* * *

The renovation of the Abernethian Room has brought upon the Council of the Students' Union the gratitude and congratulations of all its *habitués*. It is interesting to notice the sudden hush that falls on those returning after an absence of some weeks and expecting the old conditions. The effect of the heavy carpets and comfortable furniture will prove as useful in maintaining respectable behaviour as the drastic threats to those who were responsible for the state of the room in past years.

* * *

A new block is to be built, probably on the Hospital property on the opposite side of Little Britain, for the use of paying patients. It will accommodate from 90 to 100 beds, and will cost about £140,000. This will be obtained from funds outside the general fund of the Hospital. As 30% of the patients will be paying only part of their cost, it is hoped that the deficit from these only may be made good from the general fund.



THE ABERNETHIAN ROOM.

We regret to announce the retirement last month of Miss Bonthron, Sister Lawrence since February, 1930. Her career hitherto has been a brilliant one, and we are glad that her departure from this Hospital is only another stage in a life which, we hope, will be as useful to others as it has been to us.

Miss Bonthron received her Certificate in 1927, with the Gold Medal. She was appointed Night Superintendent in 1928, and gained the Diploma in Nursing of the University of London in 1932. She has left in order to prepare for a career of wider scope by taking an Administrative and Housekeeping Course in Birmingham General Hospital.

The embodiment of the ideal nurse, she was a most capable and excellent ward sister. She was not content with a mastery of the principles of nursing as such, but added a most useful knowledge of medicine and surgery which proved invaluable to those whose privilege it was to co-operate with her. She added also to her administrative, teaching and nursing qualities a sound judgment, a sympathy and a geniality that have made her loss keenly felt. This was demonstrated by the presentation of a silver coffee service by the Sisters and a silver salver by the Surgical Professorial Unit.

We cordially welcome in her place Mrs. Thacker, who was Sister Casualty since 1933 and Sister Tutor since January of this year. She obtained her Certificate in

1929 also with a Gold Medal, the London University Nursing Diploma in 1932, and that for Hospital Administration, with distinction, in 1933.

The fifth Victor Horsley Memorial Lecture will be delivered by Sir Walter Langdon Brown in the Lecture Theatre of University College Hospital Medical School on November 10th, at 5 p.m. The subject is "The Integration of the Endocrine System".

Prof. George E. Gask will give the Presidential Address, entitled "Changing Surgery", to the Medical Society of London on Monday, October 21st.

We regret that owing to an omission in a list sent to us, the following appointment was not announced. Under the special conditions of the regulations the new Diploma in Anaesthetics was granted to Dr. Langton Hewer.

Dr. H. F. Brewer has been appointed Assistant Clinical Pathologist and Dr. A. Q. Wells Assistant Bacteriologist to the Hospital.

Sir Henry Dale, F.R.S., will deliver the Harveian Oration at the Royal College of Physicians of London in October. Sir Walter Langdon Brown has been appointed Harveian Orator for 1936.

The following were elected Examiners: *Materia Medica and Pharmacology*, Dr. Philip Hamill; *Pathology*, Prof. Geoffrey Hadfield; *Medicine*, Dr. C. M. Hinds Howell; *Murchison Scholarship* (1936), Dr. C. F. Harris.

At the Lisbon Conference of the International Union against Tuberculosis, Sir Henry Gauvain opened a discussion on "The Open Case of Tuberculosis in Relation to Family and Domestic Associates".

Lt.-Col. W. C. Spackman, Professor of Midwifery and Gynaecology at the Grant Medical College, Bombay, has been made a Fellow of the Royal College of Obstetricians and Gynaecologists.

Dr. Bernard Myers has been elected President of the West London Medico-Chirurgical Society for the Session 1935-36.

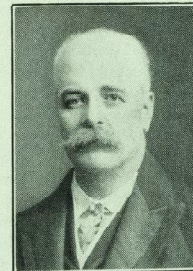
Mr. V. M. Métévier has been appointed Assistant Ophthalmic Surgeon to the Colonial Hospital, Port-of-Spain, Trinidad, and continues to hold the post of Ophthalmic Surgeon to the Colonial Hospital, San Fernando.

OBITUARIES.

MR. W. T. HOLMES SPICER.

It is ten years or so since Mr. Holmes Spicer retired from active work at the Hospital, since when he has been Consulting Ophthalmic Surgeon. Apart from his exceptional professional attainments, he was so charming an individual and so striking a character that he will be remembered by many hundreds of Bart.'s men.

He was elected to the Staff on the death of Mr. Vernon, and for many years he and Mr. Jessop were in charge of the Ophthalmic Department—both of them striking figures and of outstanding character, each in a separate



(By kind permission of the British Medical Journal.)

way, and both have left marked impress on the ophthalmology of their time. It was delightful to go into the ward or the operating theatre when they were present together and listen, not only to their wisdom, but to their banter.

He was born at Saffron Walden in 1860, and was educated at Saffron Walden School, at Queen Elizabeth's School, Barnet, and entered Gonville and Caius, Cambridge, in 1879, obtaining a First Class in the Natural Science Tripos. From Cambridge he came to the Hospital, where he was at once conspicuous among his contemporaries; he obtained the Brackenbury Scholarship and was President of the Abernethian Society. In 1884 he qualified as M.R.C.S., in 1886 as M.B., and in 1888 he became F.R.C.S. Eng.

He began working at Moorfields some years before he was appointed to the Staff there, and being previously Ophthalmic Surgeon to the Metropolitan Hospital, and afterwards to the Victoria Children's Hospital. At Moorfields, besides being on the Honorary Staff, he acted as Dean, and in this capacity did a great deal to build up the high teaching reputation which that

Hospital now enjoys. He was on the Council of the Ophthalmological Society of the United Kingdom, and was Librarian and Vice-President of it; later he was President of the Ophthalmological Section of the Royal Society of Medicine. He was the first to obtain the Gifford Edmunds prize upon a subject of which he had always made a special study, viz. interstitial keratitis. He spent much time drawing the very fine changes which occur in this condition, and by this means tracing the progress of the opacities as they occurred.

His clinical acumen was outstanding, so that his opinion was much sought after and highly esteemed by his colleagues. He wrote nothing without careful thought and deliberation, so that everything that came from his pen demanded and received respect. He was a good linguist, at one time a keen motorist, and was for many years a member of the Northwood Golf Club.

His particular interest outside his professional work was in art, and especially in water-colour painting, at which he was quite exceptionally proficient. He was an accomplished colourist as well as a finished draughtsman—a combination seldom found amongst amateurs. Through Mrs. Holmes Spicer's friendship with Sargent he was brought into contact with this great artist, and was, I believe, influenced by him. He showed six pictures at the recent Medical Art Society's Exhibition, and was present at it.

During the war he was eager to go out to France, and was disappointed when it was pointed out that his valuable services had wider scope at home. For many years he served in an advisory capacity to the War Office. He was also Ophthalmic Surgeon to the Queen Alexandra War Hospital, and for nine years served on the War Office Appeal Board.

He had lived a full life and has left a deep impression on the ophthalmology of his time; his loss will be deplored by many.

R. F. M.

DR. W. HOWARD JONES.

We regret to record the sudden death on July 26th of Dr. W. Howard Jones, Anaesthetist and Lecturer on Anaesthetics at the Charing Cross Hospital.

He was born in 1881, and qualified from St. Bartholomew's in 1906. From the beginning anaesthetics was his main interest, and he held many positions in charge of that branch, including the Metropolitan Hospital, St. Mark's, the King George Military Hospital during the war, the National Temperance Hospital, the Royal Ear Hospital, the Royal National Orthopaedic Hospital and the Gordon Hospital.

His whole life and activities were devoted to the study of anaesthetics and their administration, and he was

famous throughout the medical world. He was not bound by convention in his work, and his methods were individual. It has been claimed for him that over long series of administrations amounting to several thousands, he never had a death. His skill and kindness to his patients were well known, and his services were always in demand from his professional colleagues in their own operations—a great tribute to his ability.

It was in connection with spinal anaesthesia with cocaine that he contributed most to his specialty; his methods have become famous all over the world, and particularly on the Continent, where his name is often attached to the technique which he evolved. The research which led to the employment of this agent occupied much of his time, but his natural ability enabled him to overcome the many obstacles to advance.

His was an engaging personality, and he was greatly respected by his profession and loved by his friends.

Our sympathy goes out to his widow and two sons in their tragic bereavement.

HANS SLOANE IN JAMAICA: FURTHER CASES.

AFTER reading the case-notes of Dr. Sloane's practice in Jamaica, one wonders how any white man or woman survived at all in that or any other tropical country in the seventeenth century. All English colonists appear to have partaken of enormous meals of roast beef, drunk rum and brandy on and off all day and during a large part of every night. They wore the same cloth clothes they had worn at home in England, and, of course, knew nothing about the cause of malaria. They lived in solidly-built houses, placed usually on the banks of a sluggish river or close beside a marsh.

Most of Hans Sloane's patients appear to have suffered from malaria, and from the effects of hard drinking. Most of his notes begin like this one:

"Major Thomas Ballard, Plethoric, of a Sanguine Complexion, aged about Thirty five, much given to extravagant drinking, watching, and sitting up late, sometimes for several nights together without Sleep, was, after a Debauch in Brandy for some days and nights without Rest taken extremely ill."

Some, alas, of the Jamaican ladies did not set the men a good example. One day the doctor was called in to prescribe for "Mrs. L. aged about Forty years who had, on drinking too much Wine, fallen into a Cholera Morbus".

Then also there was "Mrs. R. a Tavern Keepers wife,

about Forty years of age, Fat and Phlegmatic, was upon excessive drinking of Brandy, taken with a Lethagy, inclining to an apopleckick Fit. She would, on very violent irritations, lift up her Eye-Lids, but would not speak. I immediatly order'd bleeding, blistering in the Neck and Arms, gave her ʒij of *Diagridium* in a Glass of Water, with some Drops of *Sp. Sal. Armon.* Ordered one to hold to her Nose the volatile Salt of the same in a Bottle, and a Snuff for her of *Majorane*, Betony, and White Helebore, which being put to her Nose, she snuff up very often. By the help of these Medicines she first went to Stool in the Bed. Her Blisters rose, and then on the use of the Snuff she snees'd. She was plied hard with them two days, then look'd up more, could say a word or two, and call for the Pot to make water. I continued them two days longer, and she grew better, but being morose would take nothing, and shut her Eyes. I told the standers by, to frighten her, that I would get a Pan of Coals and burn her with them on the Head, which so alarm'd her, that she took things, and was well above a year. But then, I suppose, on the like occasion, fell into an apopleckick Fit, and being sent for, before I came she was dead.

"One *Stephen Lego*, a wheel-wright, aged about Forty five, Phlegmatic, sent for me. He was sitting in a Chair, with his Legs swell'd like Posts, on a Stool before him. He could not lie down, nor so much as lean down his Head, for an *Orthopnea*. He had likewise a very violent Cough molesting him at all times. One would have thought he could not have liv'd three hours in that Agony. I order'd him immediatly a *Linctus* made of *Syr. de Succo Heder. Terrestr. Diacodiace*, Sugar-Candy, and *Flor. Sulph.* which I bid him lick every now and then, from the Point of a Knife. This reliev'd him extremely, so that every thing seem'd to be better with the continuance of this Medicine. He slept lying, his Legs were not swell'd so much, and his Cough gone. I gave him some *Sp.* of Hartshorn for his Weakness, some Pill of *Extr. Rud.* for his swell'd Legs, and some *Locatelli's Balsam* for his Lungs, to hinder Putrefaction in them. These Remedies succeeded very well, so that in a few Weeks time he went abroad, riding about the Town every Morning. Having formerly been troubled with *Erysipelas*'s on his Legs, the depending Posture of them in riding brought down an *Erysipelas*, which being very painful, and mightily inflam'd, hinder'd him of Sleep, took away his Stomach, and brought to his Legs a great Defluxion of serous Humours. The parts affected were bath'd with a *Lixivium*, in which were boil'd Wormwood, Rosemary, Thyme, Bay-Leaves, Orange-Leaves, etc. with a Bottle of Wine added to it at the latter end. With this the parts were often bath'd to evaporate the Humours, and hinder a Gangreen; but

every thing growing worse, they ask'd my Opinion whether he would live. I told them I believ'd he would not live many Days. They consulted the Astrologers, (who were much esteemed in *Jamaica*) who told them, that if he surviv'd the next Day's Noon, the Aspects of the Planets positively agreed to save his Life. He liv'd three Days after the time, and yet when he died, these same People said they had by the Stars exactly foretold the Minute of his Death. He had before his Death a Gangrene appear'd in *Perinaeo*."

If more of these reports are called for, the next number of the JOURNAL will contain, amongst others, the singular case of Mr. F—, "who used to eat very heartily, and drink very hard without any great prejudice".

PHILIP GOSSE.

THE QUETTA EARTHQUAKE.



REPORT has been received from Simla of the tribute paid by the Surgeon to the Viceroy, Lt.-Col. W. Ross Stewart, to the treatment of the earthquake casualties. Particular mention is made of the work in Lahore in charge of an old Bartholomew's man:

"It was a wise decision to distribute early the most severe injuries to the best equipped surgical centre within reach of Quetta.

"All honour is due to the doctors and nurses who rendered first aid of a very high standard at the scene of the earthquake on May 31st, 1935, to the railway authorities and willing helpers who facilitated the despatch of the injured and their reception at railway platforms *en route* and on arrival, and to those who fed and clothed them.

"At His Excellency's visit to the chief surgical centre at the Mayo Hospital, Lahore, on July 2nd, *i. e.* a month after the earthquake, one was struck with one outstanding fact, namely that the Indian patients of both sexes suffering from severe fractures were brought under surgical treatment of a standard which one usually associates with the most highly specialized fracture clinics of the United Kingdom, Vienna or America.

"The organization whereby all cases of fracture of the spine, fracture of the pelvis and fractured thigh were collected together in separate wards was most efficient, while the detailed treatment applied to each individual case was an ocular demonstration of the treatment recommended by, and illustrated in, the most modern text-books.

"Balkan frames fitted with adjustable pulleys, weights and traction cable were available for all cases,

and 'step up' supports to raise the foot of the beds to obtain counter-traction had all been improvised.

"Several dozens of fractured thigh cases requiring extension were treated by means of stainless steel pins transfixing soft tissues and bone, attached by a stirrup to the traction cable, pulley and weight. In other cases Kirschner wire was used, with the appropriate design of stirrup for this variety. In no single case was there a sign of septic infection of the soft tissues or bone so transfixed, and the patients were invariably comfortable. The limbs were supported in flannel slings on Braun's cradles.

"The success of this treatment was evidenced (1) by the marked absence of pain, which would have been expected from inspection of the X-ray photographs taken before treatment was begun, and (2) by the perfect alignment of the limbs as result of treatment. Most of these cases had been put up under local anaesthesia.

"Further evidence of the success of this method will undoubtedly be forthcoming when solid union can be studied, and when the absence of stiffness in adjoining joints reveals itself. Patients can look forward to an earlier return to their occupations and to a greatly diminished final deformity.

"Many cases of fractured pelvis were treated by pin or wire traction applied to both lower limbs, which will save a large proportion from being badly crippled later on.

"The old-fashioned methods of treatment by padded splints were conspicuous by their absence.

"'Aeroplane' splinting combined with transfixion and spring traction was being used for fractures of the upper arm, with corresponding advantage, and allowing of helpful movements of surrounding joints with no disturbance of the alignments of the fractured area.

"Fixation by plaster-of-paris was of first-class quality, each plaster case bearing a tracing in ink of the X-ray picture, and all relative data written thereon.

"The cases of fractured spine had all been reduced on a special table and were being given the best possible chance of recovery.

"This counsel of perfection indicated that a host of workers had contributed to organize this surgical clinic, and to provide apparatus which, though improvised, bore none of the usual features of improvised equipment.

"It is agreed that this exceptional standard of treatment is the direct outcome of the vision, energy and skill of Lieut.-Col. V. R. Mirajkar, I.M.S., Professor of Operative Surgery, King Edward Medical College, and Superintendent of the Mayo Hospital, Lahore.

"Apart from the kindness which has surrounded these cases, there is no doubt that they have received collectively and individually a surgical service which could

not be bettered in any country in the world—a matter of comfort to all concerned in the Quetta catastrophe.

"Special mention of the arrangements at Lahore is made because of the extremely capable manner in which the medical staff there dealt with the heavy task of treating the most severe cases sent to them in large numbers."

Lieut.-Col. Mirajkar qualified from the Hospital in 1914.

A LETTER FROM THE ARCTIC.

THE "Quest", Sir Ernest Shackleton's old ship, returned on September 10th from Greenland with some members of the 1935-36 British Expedition on board.

The expedition, which was led by Mr. L. R. Wager, with Mr. A. Courtauld as second in command, consisted of two parties, the one just returned under Mr. Courtauld, and the other under Mr. Wager, which is remaining in Greenland during the winter for geological work.

Prof. Gask has given us the following interesting letter from Dr. Eadric Fountaine, a member of the winter party:

"S.S. 'Quest',
"KANGERDLUSUAK,
"E. GREENLAND:
"August 28th, 1935.

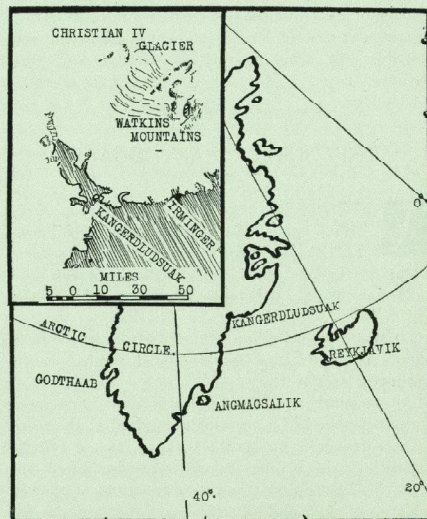
"DEAR PROFESSOR GASK,

"As it will be a year before you see me again, and as I am the only Bart.'s man up here, you may perhaps be glad to hear some account of the doings of a member of the St. Bartholomew's Alpine Club.

"We left Aberdeen in the 'Quest' on July 6th, and reached the Eskimo Settlement of Angmagssalik on July 17th, where we spent a couple of days getting together our dogs for the winter sledging journeys, and a couple of families of Eskimos who are to winter with us at Kangerdluvsuak and, we hope, be instrumental in procuring us fresh meat.

"We then steamed northwards, intending to anchor in Wiedernann Fjord, and then six of us comprising the summer party under the leadership of August Courtauld were to sledge inland up the Wiedernann Glacier to make an attempt to climb what is presumed to be the highest mountain in Greenland and the Arctic. Ice conditions, however, have been bad, and we were unable to reach the fjord in question and found ourselves eventually in Irminger Fjord, about ten miles north of Kangerdluvsuak, and 36 hours by ship from Wiedernann

Fjord. It was then suggested that the attack should be made from Irminger Fjord instead. After consulting maps and air photographs and a preliminary reconnaissance, it was decided that, although there were many 'ifs' in the route and that a number of unknown 'cols' and glaciers would have to be crossed, in fact, that the journey would be cross-country instead of direct, and longer, it afforded us the greatest chance of success. It was possible that we should never have reached Wiedernann Fjord.



"We accordingly set out on August 7th, six of us, with a supporting party of three, dragging two heavily laden sledges between us. The first few days were a terrible sweat, as the snow was very soft, the sledges were heavy, and we were not in the pink of condition after four weeks' slacking in the 'Quest'. At the end of five days, however, we left a food dump and sent the supporting party home; they had given us very valuable assistance over the worst part of the journey.

"From then on we made much better progress on a far better surface, and in fact were able to wear skis for practically the whole of the remaining part of the journey. We averaged about 15 miles a day now, as against our previous 5 miles a day. We arrived at the base of our peak on the ninth day, and climbed it on the

DIVERTICULA OF THE COLON.*

(Concluded from p. 211.)

RADIOGRAPHY.

Lord Horder has said, "The demonstration of diverticula is a striking instance of how dependent we have become upon radiology in the elucidation of a very important problem" (15). Without the aid of X-ray photography the diagnosis and treatment of the condition would be limited to those patients in whom definite symptoms were present. The large group, in which the diverticula have not yet made their presence felt, would continue to be in danger of developing any or all of the distressing symptoms of diverticulitis and its complications.

A barium meal, with buttermilk as the suspending medium, is that recommended to show the details without inhibitory spasm. The fully-formed diverticula are shown by rounded projections with a narrow stalk.

The opacity may be incomplete owing to the presence of stercolithe. The size varies, but the larger examples tend to have the wider orifices with more complete and rapid filling. The diverticula are best shown after evacuation of the barium, as, owing to their position in two rows, it is necessary to have the bowel in one profile to demonstrate them. They are then shown as rows of rounded residual opacities in the position of the colon. The new "double-contrast" enemata have been much vaunted, but at present their results are too variable to be relied upon.

It is when diverticulitis has supervened that the difficulties of accurate diagnosis become apparent. The subsequent œdema and fibrosis prevent the filling of the diverticula. Eventually the spasm and, even, organic stricture may impede the course of the barium if given in an enema. If seen, the projections are shown to have lost their smooth and rounded outline. The whole bowel shadow assumes an irregular "spiky" and serrate appearance, and the inflammation of the mucosal folds leads to extreme distortion of the lumen. In the final stage of advanced fibrosis it may be quite impossible to demonstrate anything more than an organic stenosis, only distinguishable from that due to malignant disease when the portion of intestine involved is a longer one than that usually associated with carcinomatous stricture.

A meal is generally held to be the more efficient in producing filling of the diverticula, whereas an enema, by its more fluid nature, would enter a sac containing, perhaps, a concretion, which might not fill with a meal, especially if constipation is present.

* An abstract of the Bentley Prize Essay, 1934, on "Diverticula of the Alimentary Tract".

tenth without meeting any very special difficulties. We did, in fact, ski for quite a long way up it. We pitched a camp about half-way up and continued to the summit, meeting about 40 ft. of ice near the top, up which steps had to be cut.

"On the summit I was forced to consider myself a scientist rather than a mountaineer, and spent a good hour trying to find the boiling-point of water. Finally I realized that the apparatus was losing heat faster than it was gaining it, and only when I put it in a rucksack did the mercury suddenly shoot up to 189° F. But shades of Leslie Stephen!

"We slept at our half-way camp that night and descended to the camp at the base the following day; and that evening we were amazed to see three ivory gulls circling round our camp. It was strange yet comfortable to see them so far from the sea in such a barren land. Perhaps a stranger thing, however, was to find a caterpillar on a nearby rocky outcrop.

"We made a slightly different run back, including a small peak which we ascended for observations, and arrived back at Irminger Fjord on the sixteenth day, having covered a distance of 200 miles and climbed a peak of over 12,000 ft. It was a very pleasant and interesting journey.

"We are now back at Kangerdluvsuak, and the winter party, of which I am a member, will say good-bye to the 'Quest' to-morrow and see only ourselves until next year.

"Medically I have not been very busy. The captain's nephew had toothache on the voyage and so I extracted his wisdom tooth. The cook got a septic leg from a mosquito bite, which I treated successfully with "hot fots" and an incision with my pen-knife. And a few tummy-aches, of course. And a large abscess in a dog's axilla which has now recovered.

"In the meantime I am going to have a grand experience, and also hope to complete a number of interesting sugar-tolerance curves.

"I wonder how Charles Warren* has progressed? I do hope that he is successful next year.

"Yours sincerely,
"EADRIC FOUNTAINE."

* Dr. Warren is a member of the expedition at present preparing for the ascent of Mt. Everest.

ETIOLOGY.

The facts that are known to be more or less constant in diverticulosis are not many, for it is only with the use of radiology that the earlier stages of diverticulum-formation can be observed.

A diverticulum that has not been inflamed is merely a protrusion of the mucosa through the circular fibres. Sections show that the body of the diverticulum is

At the apex of the sac there is very often a conspicuous blood-vessel, and it is interesting that the diverticulum tends to lie towards the mesentery, possibly having followed the line of least resistance of the vessel-sheath (Drummond).

The mucosa lining the diverticulum is thin and attenuated, with the glands almost absent. Gruner (8) states that lymphoid tissue is absent, but two nodes were seen to be present in a section from one of the cases in this series.

In 1,000 cases examined for alimentary disturbance some stage of diverticulosis was found in

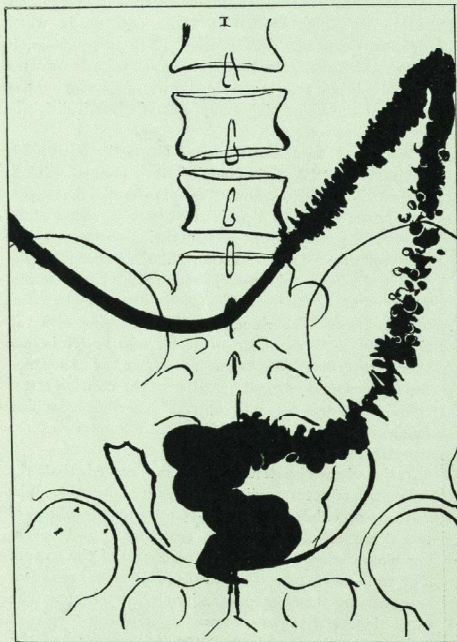


FIG. 6.—Case after colostomy, showing advanced diverticulosis.

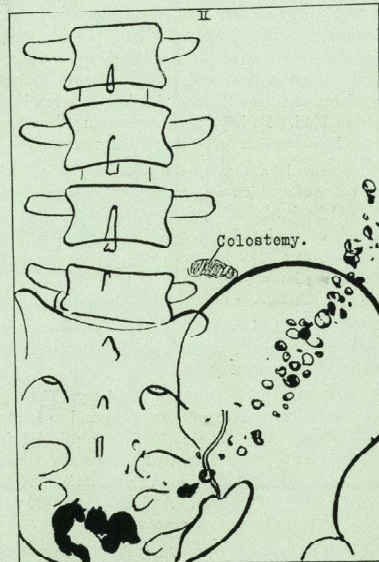


FIG. 7.—Residues after 24 hours, showing well-marked concretions.

composed only of the mucous membrane and the outer peritoneal serosa, with a little intervening areolar tissue. In the early stages of diverticula formation there seems to be an alternation of hypertrophy and atrophy of the circular muscle, the weak areas eventually giving way to the mucosa and the bands of hypertrophied fibres producing the crescentic transverse ridges that are so characteristic of many specimens of diverticulosis intestine. In many cases, however, this formation cannot be demonstrated and the mucous membrane surface seems normal, though, perhaps, unusually rugose.

100 (Spriggs). They occur more often in men than in women, in a proportion of about seven to three. In this series, however, there was a preponderance of women, because the series was collected from cases admitted to the wards. In the out-patient register the proportion was similar to that generally observed. The age is usually over 40, with an average age of onset, as far as can be ascertained from the history, of about 45. In one large series it was 58 at the time of observation. Cases have been recorded in young people, and one or two, not fully substantiated, in children. The subjects have been stated to be generally fat and

suffering from long-standing constipation, but Spriggs (16) has found, by comparing his cases with a group of a similar age and sex, that there was little difference between the groups in these particulars. He has, however, found foci of chronic infection to have a much

tribution along the large bowel 70% of the diverticula occur only in the sigmoid, and the frequency diminishes as the caecum is approached. Diverticula of the rectum are exceedingly rare.

The only constant factor in the structure is the relation to the tæniæ, appendices epiploicæ and blood-vessels. For the ætiology and pathology of the colonic diverticula to be understood it is necessary to remember the anatomy peculiar to that part of the intestine. The structure of the bowel is as elsewhere, there being two muscular coats, a submucous layer, the muscularis mucosæ and the mucous membrane itself.

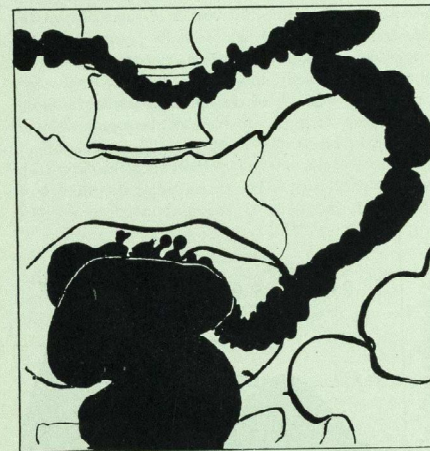


FIG. 8.—Simple diverticulosis.

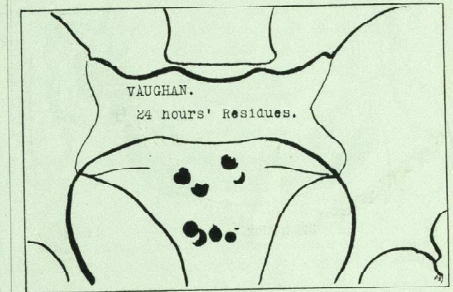


FIG. 9.—Residues in the same case.

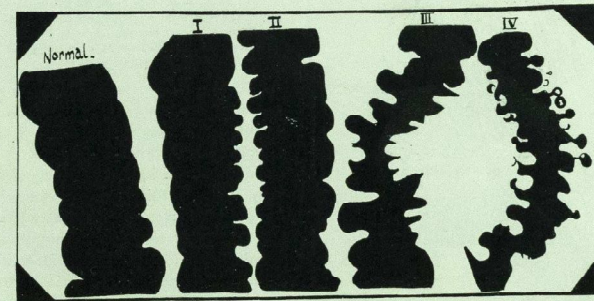


FIG. 10.—Direct tracings from X-ray photographs, contrasting the normal outline with I and II, early irregularity; III, the "saw-tooth" edge; IV, fully formed diverticula with several concretions. (One half natural size.)

higher incidence in the diverticular group than in the normal. Of his 100 cases, 65 had apical abscesses or septic granulomata of the teeth (38 in the control group). Gall-stones were present in equal numbers in the two groups. Spondylitis of the lumbar vertebrae was found in 72%, and only in 20% of the non-diverticular cases. Patients giving a history suggestive of colitis were fewer than in the normal. In their distri-

In the pelvic colon, where the diverticula are almost invariably present, whether any other part is involved or not, the three tæniæ are so arranged that one lies at the mesenteric attachment with the other two close together near the opposite border. On approaching the rectum the bands coalesce in a single sheet of longitudinal fibres.

The blood-supply of the distal colon is derived from

the sigmoid and left colic branches of the inferior mesenteric. At some distance from the bowel there is a series of arcades parallel to it from which smaller vessels pass to the wall between the leaves of the mesentery.

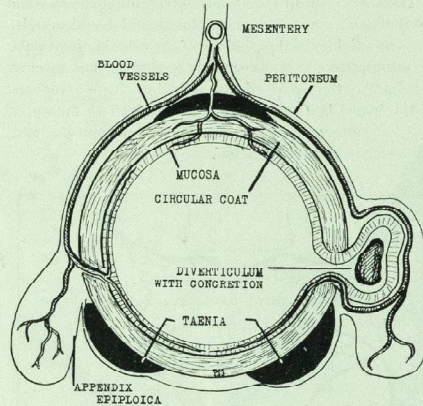


FIG. 11.—Diagram illustrating, on the left, the normal relations of blood-vessels to the intestinal wall and, on the right, the formation of a diverticulum.

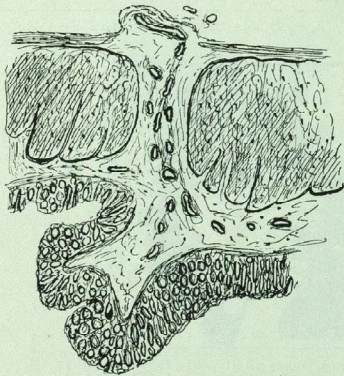


FIG. 12.—Sketch from a longitudinal section of the colon immediately above a diverticular area and just proximal to the lateral taenia. The penetration of the circular muscle by blood-vessels and early pounding of the mucosa are well shown. (From Case XII.)

These are of two kinds, one passing direct to the mesenteric band, piercing it and supplying the tissues; the other passes around the wall under the serosa until it reaches the antimesenteric tæniæ, under which it passes, piercing the circular coat and giving off a branch to

the appendix epiploica, to run in the submucosa. The anastomosis with a similar branch of the opposite side and that with parallel vessels is very poor. The vessels to opposite sides of the bowel alternate in their origin and the veins accompany the arteries.

There are three positions, therefore, at which the muscular coat is pierced by vessels of some size, at the mesenteric border and immediately proximal to the anti-mesenteric tæniæ. The former of these is guarded by the strong longitudinal fibres, thus leaving a row of points on each side of the bowel which are potential weak places. It is improbable that these points should naturally be weak and many theories have been advanced to account for the fact that when the diverticula occur, they always arise at these points, though in pronounced diverticulosis the antimesenteric interval

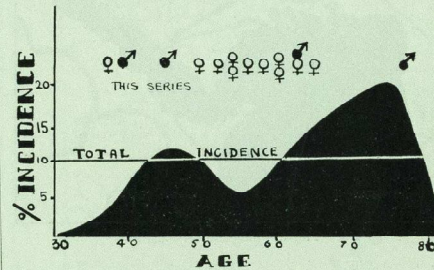


FIG. 13.—A graph showing the percentage incidence of cases in a series of 632 examinations of the lower bowel. The first peak represents the onset of simple diverticulosis and the second that of complications, such as diverticulitis. (After H. C. Edwards (10).)

may also be involved. Graser suggested chronic intermittent venous congestion, but this has not been substantiated by the researches of Sudsuki and of Drummond. Keith, however, suggests that, on assuming the upright position, the alternating pressure in the distensible veins exerts a "water-hammer" effect on the perivascular sheath, dilating it as in the case of femoral hernia. Klebs suggested traction by the vessels, and, more lately, arteriosclerosis and the angle at which the vessels penetrate have been blamed. None of these, however, is constant and another factor must be sought. It is probable that the vessels play no part other than the provision of weak spots, similar to those in other parts of the digestive tract, upon which the abnormal forces acting on the intestinal canal are brought to bear.

The intracolonic pressure depends on the contraction of the circular fibres and is influenced by the nature and consistency of the intestinal contents. The older surgeons of Lane's school of thought believed that the

colon was redundant and to be dispensed with. Keith first drew attention to its function as an active neuromuscular organ rather than a mere sewage pipe. He pointed out that the muscular tere alone would, in all, exceed the mass of the biceps of a good blacksmith.

The neurology of this part of the intestine is now becoming clear, and it probably has a part to play in the evolution of diverticulosis. The nervous supply, both of the bladder and of the distal colon have a common source, and, in part, a common pathway. "This arrangement is so purposive that one may look on it as that portion of the autonomic system which controls the body evacuation" (Learmonth and Markowitz (21)). The sympathetic (thoracico-lumbar) outflow inhibits expulsion and increases tonus of the sphincters, its function being that of storage. On the other hand, the sacral parasympathetic nerves, rather complementary than antagonistic, initiate expulsion by increasing tonus of the circular fibres. Some, however, believe that the tone and contraction of the muscular fibres are primarily intrinsic and that the autonomic system only exerts a controlling influence, with its function most pronounced in man. Keith has described "nodal tissue", similar to the auriculo-ventricular tissue in the bundle of His, as occurring in the sphincters of the intestinal tract. He believes that the cases classified vaguely as "stasis" are due to a hypertonicity rather than atony of the parts in normally tonic contraction, such as that between the midpoint of the transverse colon and the ileo-pelvic junction of the distal colon. He suggests over-stimulation rather than pathological change as a cause. Recent observations in the pathology of diverticulosis show that the condition is probably one of an inco-ordination of contraction in the circular fibres, thus setting up high internal pressures between contracting segments. This corresponds to the appearances in radiological studies.

The bowel in this part is not usually in action as was formerly believed. "Mass movements" take place only a few times a day, each transferring a large quantity of contents directly from the ascending colon to the sigmoid.

There are other factors which may play a part in the production of high internal pressures. The position of the sigmoid loop favours stasis and the bacterial nature of the contents add infection to any change that may take place. The modern tendency to neglect the calls of nature must be a factor to be considered, as the disease is primarily one of the civilized races. The rôle of focal sepsis has already been mentioned. Deficient mastication, which was regarded as a possible aetiological factor in pharyngeal pouch, might quite well prove to be one here, as often large remnants have

been discovered in stools and these would tend to produce spasm along the whole course of the intestinal tract. This would explain the age incidence and, possibly, the sex incidence. In women multiparity appears to be a factor of importance. This is particularly marked in the cases of this series. The disease has been noticed to be one of the "busy" classes, it often being remarked that doctors are particularly prone. (Moynihan believes that Hey, the founder of the Leeds Infirmary, met his death from this disease, and Cruveilhier's colleague, quoted in his first account, is another example.) That constipation is not an important factor is shown by the difference in sex incidence, diverticulosis being much commoner in men. The bowel stasis may be a manifestation of the irregular contraction of the bowel. In some cases the interference to the passage of contents must be extreme. In one specimen in the Museum of the Royal College of Surgeons, the transverse crescentic folds are so deep that parts from opposite walls overlap. That there is a congenital predisposition to diverticulosis is supported by reports of familial disease and also, very rarely, by its presence in young people. Telling's article is illustrated by a figure showing a piece of diverticular colon from a boy of six.

The incidence of malignant change in diverticula of the colon is uncertain. Estimates differ widely, from Mayo's of a third of cases of diverticulitis (22) to those of some who maintain that it is lower than that of the normal population of the same age.

TREATMENT.

The rule for treatment is conservatism. On account of the dangerous nature of the colon in general and the inflammatory changes accompanying diverticulitis in particular, infection is always imminent in operative manipulations.

In all cases, acute and chronic, in the absence of definite indication, such as peritonitis, abscess or fistula, medical treatment usually suffices to bring the patient into a quiescent stage. Robert Hutchison recommends a light diet with a low residue. Meals must be regular. During attacks high-residue materials such as wholemeal bread, fruit and vegetables are to be avoided, though stagnation is helped if a non-residue diet is given. Spriggs recommends *B. acidophilus* in sterile milk at meal-times.

Regular purges are to be shunned, but olive oil or liquid paraffin by mouth and also held rectally at night are usually sufficient to cause alleviation. Normal saline "washouts" on alternate days are very effective, but a greater pressure than 18 in. of water must not arise. Experiments show that saline is more effective in washing out the pouches filled with a barium emulsion

than is paraffin, but it is temporarily more painful. The local treatment of any patient with diverticula demonstrated in his colon has been tersely put: "oil from above, and washout from below."

All straining is to be avoided, and abdominal massage is absolutely contra-indicated.

If operation is indicated, the simplest that will give relief to the symptoms is colostomy. It is required in cases of vesico-colic and other fistula before any attempt can be made to treat the condition; in fact, the fistula often heals when this is performed.

It is rare to find sufficient healthy bowel below the diverticulous area to allow of short-circuiting, as was possible with one case in this series, producing complete relief.

In all cases where the diseased colon is to be left in the abdomen it is advisable to surround it with omentum. This is especially important in the cases where there is evidence of inflammation in the pelvic organs.

It is often possible, when a colostomy has been performed in a case where it is considered impossible or inadvisable to resect the bowel, for that to be done after an interval of time, when the inflammation and oedema has been relieved. In those cases where a subsequent resection is thought probable, Sir Charles Gordon-Watson recommends a temporary caecostomy or appendicostomy.

It is always desirable that these external fistula should be so constructed that an efficient valve prevents the passage of material into the distal limb. In one of the cases reported, an attempt to close a colostomy resulted in destruction of the spur and in recurrence of the old symptoms in a milder degree, and finally in the death of the patient from peritonitis.

SUMMARY OF CASES.

Diverticulosis of caecum, 2 cases.

Diverticulosis of colon, 15 cases.

- Without symptoms (discovered post-mortem with death from unrelated disease), 2 cases.
- With an acute attack.
 - Case XIII, female (reported here). Medical treatment. Improved.
- With recurrent attacks, 4 cases.
 - Case XIV, male. Colostomy. Death after operation for closure. Post-mortem.
 - Case XV, female. Medical treatment. Improved.
 - Case XVI, female. Medical treatment. Improved.
- With chronic "pelvic" symptoms.
 - Case XVII, female (reported here). Colostomy. Improved.
 - Case XVIII, female. Laparotomy. Medical treatment. Improved.
- With urinary symptoms.
 - Cystitis.
 - Case XIX, female (reported here). Laparotomy. Colostomy. Improved.
 - Case XX, female. Medical treatment. No change.
 - Case XXI, female. Medical treatment. Improved.
 - Vesico-colic fistula.
 - Case XXII, male. Colostomy. Carcinoma. Death. No post-mortem.

6. With mimicry of carcinoma.

- Case XXIII, female. Resection. Cured.
- Case XXIV, female (reported here). Resection. Cured.
- Case XXV, female. Colostomy. Abscess. Death. No post-mortem.

I. ACUTE DIVERTICULITIS (CASE XIII).

ABSTRACT.—*Woman, et. 57 (2-para). Admitted on third day of acute attack of abdominal pain. Pyrexia; leucocytosis; distension; tender in L.I.F.; subsidence. Laparotomy: no diverticula, but pelvic adhesions. Appendicectomy; improvement and discharge. Recurrence after 6 months. X-rays: diverticulosis. Medical treatment.*

A housewife, et. 57, was admitted first to Surgery Ward, and then to Paget, during an attack of severe abdominal pain.

The attack had commenced three days before with a gradual onset of general abdominal pain accompanied by nausea. She did not vomit, but was ill enough to go to bed. Her appetite was poor, but her bowels opened normally. On the morning of admission the pain passed to the right iliac fossa and was more severe. Later in the day it passed to the left and remained there constantly. She also had a severe headache. There was no frequency or pain on micturition.

She had had a similar attack three years before, otherwise she had never had any serious disease, though she had been constipated for a long time. She had two healthy children.

She was a flushed, ill-looking woman. Weight 8 st. 7 lb. T. 100°·4°; P. 96; R. 20. Her tongue was furred but moist. The heart and lungs were normal. The blood-pressure was 124/80. The abdomen moved poorly and the musculature was weak. Tenderness was general, but was most marked to the left of the umbilicus. Rectal and vaginal bimanual examination revealed no physical signs of disease.

Three blood-counts were done on succeeding days, and showed the white cells to number 5900, 5300 and 9400. Her temperature returned to normal, but there was abdominal distension for ten days. The tenderness was unchanged.

An operation for exploratory laparotomy was performed by Sir Charles Gordon-Watson, with avertin and G.O.E. anaesthesia.

The appendix was found to have evidences of past inflammation, being fibrotic and capped with fat. It was removed. The gall-bladder and kidneys were examined and found to be normal. The colon was examined expressly for signs of diverticula, but none was found. There was much fat, and the pelvic colon was adherent to the parietes and the left Fallopian tube. There were many adhesions in the pelvis which were broken down. The uterus contained several fibroids. The abdomen was closed without drainage.

The appendix was found to contain a fibrous stricture near the base, and its tip was enveloped in fat. There was evidence on section that there had been a previous attack in which the apex had become gangrenous.

The patient made a good recovery. She was discharged six weeks after the operation.

Six months later the patient was readmitted with a five days' history of an exactly similar attack—pain in the belly passing to the left iliac fossa, gradually increasing and accompanied by nausea. Her bowels opened and there was no micturition disturbance. She had a temperature of 99°·4°.

The abdomen showed distension on the left side, where it was very tender and rigid on palpation. The descending colon could be felt. Rectal and vaginal examination gave a sense of resistance on the left side where it was tender. An X-ray examination with a barium enema revealed marked diverticulosis.

The patient was discharged after a week, being treated with liquid paraffin and wash-outs with improvement.

The case illustrates the difficulty of differential diagnosis between the recurrent acute attacks of appendicitis and diverticulitis.

There were only three attacks in all, the first of which might have been the attack producing the changes noted in the appendix. The symptoms were vague and equivocal, there being an element of right-sided tenderness with most of the pain on the left. They were never very severe, and subsided spontaneously. The difficulty of observing the diverticula is demonstrated by their being looked for and noted as absent by a surgeon with a wide experience of the condition. The only evidence on laparotomy was the presence of pelvic adhesions.

II. "PELVIC" SYMPTOMS (CASE XVII).

ABSTRACT.—*Woman, et. 61 (2-para). Fifteen months, attacks of pain and constipation. Admitted as gynaecological case. Sausage-shaped tumour. X-ray: diverticula. Colostomy: improved.*

A married woman, et. 61, was admitted to Charity Ward complaining of pain in the lower abdomen, flatulence and difficulty with her motions.

She had been in normal health until fifteen months before, when she had had a sudden attack of severe "gripping" pains in the lower abdomen. The pains were worse after food and were accompanied by nausea, but she only vomited on one occasion. There was also severe pain when at stool. Her bowels were markedly constipated at the time, and the attack was relieved by aperients.

Similar attacks had returned whenever she allowed herself to become constipated. Between attacks there was a constant dull pain present in the lower abdomen. Her appetite was fair, but she avoided foods which tended to cause flatulence—a complaint which had troubled her for many years. It was accompanied by a sensation of distension and occurred shortly after meals. She had always been constipated. She also gave a history of recurrent attacks of bronchial asthma. She had had two normal pregnancies and the menopause had occurred normally eleven years before. She had no frequency or difficulty in micturition. She had not lost weight at all.

On examination she looked unwell, but no external evidences of disease could be found in the mouth, chest or abdomen. There was no tenderness, nor was a tumour palpable. A bimanual examination of the pelvis by Dr. Donaldson under general anaesthesia revealed a sausage-shaped tumour to the left of the uterus, and separated from it. It was firm, slightly nodular, and showed some mobility. The passage of a sigmoidoscope only showed a marked increase in the size of the transverse folds in the pelvic colon.

An X-ray examination was made with the aid of an opaque enema. It revealed a spastic and tortuous sigmoid colon. Several diverticula were seen in this region; these showed residues in films taken twenty-four hours later.

Sir Charles Gordon-Watson examined the patient and made a diagnosis of "diverticulitis of the iliac and pelvic colon with some stenosis of the iliac colon and a mass in the pelvis. A neoplasm in association with diverticulitis cannot be excluded without an exploratory operation."

The patient was transferred to Paget Ward and an exploratory laparotomy was performed by Sir Charles Gordon-Watson. The abdomen was opened through a left paramedian incision with the patient in the Trendelenburg position. In the sigmoid colon there was found to be a hard mass extending into the pelvis and adherent to the left ovary and Fallopian tube, which were inflamed. The bladder was free. The diagnosis of diverticulitis was confirmed, but on account of the hardness of the tumour malignant changes could not be excluded. The mass was surrounded by omentum. A left iliac colostomy was performed and the main incision closed.

The colostomy was opened on the sixth day. With the exception of the formation of a small stitch-abscess, the patient made a good recovery and was discharged four weeks after the operation. While she was still in the ward a second sigmoidoscopic examination was made, but nothing further was elucidated. A second X-ray photograph was also taken, barium emulsion being passed through the colostomy opening. It showed well-marked diverticula, with the typical ragged edge to the bowel shadow.

Since the operation the patient has been very well. Further X-ray examination showed the diverticula to be unaltered, but the bowel-shadows were quite smooth and regular.

III. URINARY SYMPTOMS (CASE XIX).

ABSTRACT.—*Woman, et. 53 (4-para). Admitted 1932. Six months, attacks of frequency and pain on micturition. Large tumour diagnosed as ovarian. Laparotomy: diverticulitis implicating the bladder. Colostomy: cured. Readmitted 1933 for closure of colostomy, but discharged without operation.*

A housewife, et. 53, was admitted to Colston Ward under Lord Horder in 1931, complaining of pain and frequency of micturition. Seven months before she hurt her abdomen in a fall, and this was followed by an attack of diarrhoea and the passage of blood and slime at stool. This soon cleared up. Two months later she had great frequency and a burning pain on micturition. The water was cloudy and of a dark colour. She had a temperature of 100° F., and was advised to go to bed by her doctor, who prescribed citrates. She improved in a week and got up, but she still had a dull continuous

dragging pain in the left lower abdomen, which remained ever since. She was never well when up, but she had had only two further attacks, the last a week before admission. She was treated with hexamine in addition to the citrates.

Her appetite and digestion were good, but she was constipated, though her stools were "watery", and suffered much from flatulence. The climacteric had occurred two years before.

There was nothing abnormal in her personal or family history. She had four grown-up children.

She was an obese woman (12 st. 3 lb.), and her general condition was good. T. 99°·5, P. 110, R. 24. Her blood-pressure was 154/94 and her arteries were healthy. The chest was normal but the abdomen was extremely obese. Arising out of the pelvis on the left side and reaching up to the umbilicus was a spherical hard swelling 6 in. in diameter. It was dull to percussion and was not affected by enemata. It appeared connected to the uterus on vaginal examination, but could not be felt from below.

Sir Charles Gordon-Watson was asked to see the case, and he diagnosed an abdominal tumour causing obstruction of the left ureter. The urine was cloudy. Albumen 75% (Aufrecht). Films showed 50 pus-cells per $\frac{1}{2}$ field and many non-mob. Gram-negative cocciform bacilli. In culture these grew in a dilution of 1 in 1000. They formed acid and gas in glucose, saccharose and mannite, but did not ferment lactose nor form indol in peptone water.

Blood-count: R.B.C. 4,600,000, W.B.C. 7600, Hb 80%, C.I. 0·9. X-rays: Plain, normal, except for what appeared to be a very large left kidney shadow.

The patient was transferred to Paget Ward, and an operation for exploratory laparotomy was performed by Sir Charles Gordon-Watson. A large mass was found in the pelvis, firmly bound down by adhesions and by a very vascular, thickened omentum to the left side of the pelvis. The colon, uterus and bladder were firmly incorporated in the mass, and interference was considered dangerous. A loop of transverse colon was delivered and fixed in the upper part of the abdomen through a small incision, to produce a colostomy, and the abdomen was closed with drainage. A diagnosis of diverticulitis was made on the operative findings.

There were no ill effects, and it was not found necessary to open the colostomy until the nineteenth day, the bowels being kept open with turpentine enemata.

A barium enema given on the fourteenth day could not extend above the distal part of the sigmoid.

A large abscess formed in the lower wound a month after operation and it was drained and treated by the Carrel-Dakin method. This healed slowly, and she was discharged two months after the laparotomy.

A second X-ray examination in September, 1931, showed that barium introduced through the colostomy could not be induced to meet that entering from below. A further X-ray in April, 1932, showed a spastic colon with a few diverticula and the typical appearance of diverticulosis.

The patient remained very well with the colostomy working regularly, without causing much inconvenience. She was readmitted to Paget Ward in May, 1933, for closure of the colostomy to be considered. Owing to the narrow and spastic condition of the colon this was not advised, and she was discharged.

X-ray photographs showed a condition similar to that of 1932, with the diverticula very well marked.

IV. ABDOMINAL TUMOUR (CASE XXIV).

ABSTRACT.—*Woman, et. 57 (3-para). 3 months' history. Tumour, pain, constipation, flatulence. Clinical diagnosis: diverticulitis. X-rays: new growth. Laparotomy: colo colostomy: disappearance of tumour and pain.*

A married woman, et. 57, was admitted to Waring Ward in May, 1933, on account of a pain and swelling in the left lower part of the abdomen.

She first noticed the lump two months before. It was tender and caused a "dragging" pain. She had been constipated for some years, but it had increased since the lump appeared, and she was very flatulent. The motions were small, with hard lumps, and often contained slime, but no blood. She had never had diarrhoea. There was pain and frequency of micturition during times when the abdominal pain was at its worst. The latter pain was constant and aching in character. It was greatly increased after meals, but relieved by defecation.

The symptoms were steadily getting worse, but the swelling had not increased in size. Though very obese she had lost 3½ st. in two years. She had had five children.

She was a grossly fat woman. Owing to linguistic difficulties a good history was difficult to obtain.

The temperature and pulse-rate were normal. Her mouth was edentulous and the tongue dry and furred. No abnormal signs could be discerned in the chest. The abdomen was pendulous with a very poor musculature. An indefinite irregular hard swelling, 4 in. by 3 in., was felt in the line of the descending and sigmoid colon. It was fixed and very tender. Nothing abnormal was palpated per rectum. The swelling was not affected by eumata.

Examination of the stools showed hard scybala, but no blood or mucus. Sigmoidoscopy was performed by Mr. Gilling Dall under general anaesthesia and nothing abnormal was seen up to 18 in. The swelling was more easily felt and the sigas were confined.

An X-ray examination with a barium enema showed a dilated pelvic colon with an area of constant narrowing in the lower part of the descending colon. The appearances strongly suggested a neoplasm. There were no residues after three days.

A clinical diagnosis of diverticulitis was made. An exploratory laparotomy was performed by Mr. Ball under a general anaesthetic. A transverse left cubumbilical incision was made. Involving the lower half of the descending colon and the upper half of the pelvic was a very hard swelling. It was fixed to the posterior abdominal wall and consisted of a matted mass of gut and omentum, with the appearance more of an inflammatory swelling than of a malignant. The other organs felt normal. The mass was considered irremovable and an anastomosis was made between the transverse and lower pelvic colon, which was abnormally mobile.

The patient made an uninterrupted recovery, and at her discharge a month after operation the lump had diminished to half its former size and there were no symptoms.

The interesting points in this case are the short history, the appearance of a lump as the first sign, the micturition symptoms, the negative X-ray result and the diagnosis of diverticulitis, made clinically. Points against malignancy were the pain (though the swelling preceded the symptom—a characteristic of carcinoma), the state of the motions, the general condition of the patient, and the length of bowel involved.

It was fortunate that a colo-colostomy could be performed, and that the relief followed so soon without the great inconvenience of an external colostomy as the price for her cure.

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(25) BAKGLAV, A. E.—"Mechanics of Digestive Tract", Lancet, 1934, i, p. 13.

D. W. MOYNAGH.

Grateful thanks are rendered to Sir Charles Gordon Watson and to Mr. Girling Ball for permission to publish cases, to Dr. Robb-Smith for his advice and his preparation of pathological specimens, and to the Staff of the X-ray Department for their generous help.

STUDENTS' UNION.

CRICKET.

ST. BARTHOLOMEW'S HOSPITAL v. MIDHURST. Played at Midhurst on June 25th, 1935. Lost by 116 runs.

Midhurst won the toss and batted. Mundy and Cochrane opened the bowling with fair success until the arrival of the seventh man (fifth wicket down)—one Knight—who scored 112 very creditable runs. Midhurst eventually dismissed themselves for 257. The Hospital opened badly, Johnstone and Brown rapidly following Harmer back to the pavilion. North and Gilbert produced a stand of some 60 runs, both batting easily and with confidence, but with the exception of Dolly and Maidlow, no one else reached double figures. Harker, brother, we are credibly informed, of Gordon Harker of film fame, took 8 wickets for 43 runs.

Table with 4 columns: Name, Runs, Wickets, Overs. Mdns. Runs. Wkts. Includes players like M. H. Harmer, D. J. A. Brown, J. S. Johnstone, etc.

Summary table for the match with columns: Name, Overs, Mdns, Runs, Wkts. Includes Cochrane, Mundy, Dolly, Harmer, Gilbert.

ST. BARTHOLOMEW'S HOSPITAL v. HORNSLEY.

Played on Wednesday, July 31st, at Hornsey. Won by 8 wickets. Hornsey won the toss and batted on a wicket which was taking a little, but insufficient, "bite". Hornsey started steadily, but lost their first wicket at 18. From then on scoring was rapid, in spite of some good bowling by Mundy, inadequately rewarded. At 208 for 5 Hornsey declared.

Masina and Howell opened for the Hospital, but at 16 the latter was bowled. Johnstone then joined Masina and played that delightful innings we have been expecting from him all the season, to score 50, including a finely effortless six to square leg. Gilbert and Masina then slayed together to carry the Hospital score past Hornsey's 208 without the loss of another wicket. Both played the most attractive cricket, Masina's cutting and shots square of and behind the wicket being of the best. It was a pity he did not reach a well-deserved century. Gilbert's cover-driving fully justified our opinion of him as the best off-side batsman in the Hospital. This was a most cheering win for the Club, whose batting throughout the season has not given the bowling support.

Summary table for the match with columns: Name, Runs, Wickets, Extras. Includes F. H. Masina, D. R. S. Howell, J. S. Johnstone.

R. C. Dolly, W. M. Maidlow, R. Mundy, S. Grossmark, J. McEwen, J. Cochrane and J. W. Perrott did not bat.

Summary table for the match with columns: Name, Overs, Mdns, Runs, Wkts. Includes Cochrane, Mundy, Perrott, Dolly, Gilbert.

COLLEGE APPEAL FUND.

Table of subscriptions to the College Appeal Fund, listing names and amounts in £ s. d. Includes Staff, Demonstrators, Students, and various counties.

* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

CORRESPONDENCE.

THE BRITISH AMBULANCE SERVICE IN ETHIOPIA.

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

DEAR SIR,—Mr. Melly is interested in a British Ambulance Service "for Ethiopia". One does not quite know whether this is for the benefit of the Ethiopians or the Italians, or both, and, while desirous that the Medical Profession keep apart from politics, one hopes that there is no thought of this organization "taking sides" in this international dispute. Even if there is to be no differentiation between white and black, may I suggest that the time, the money, the organization and the medical skill could be put to better use in our own country, for the benefit of our own people. Let Mr. Melly's "twelve doctors, ten transport officers and one hundred medical orderlies" be put at the disposal of Mr. Hore-Belisha, instead of the Emperor of Abyssinia or Signor Mussolini. Charity begins at home!

I remain, Yours, etc., W. A. BELLAMY.

[We are informed that the organization referred to is named "The British Ambulance Service in Ethiopia". We are assured that "the object in view is purely humanitarian, with no political bias, and medical aid would of course be given to any Italians wounded who were in need of it."—Ed.]

EXAMINATIONS, ETC.

University of Oxford.

The following degrees have been conferred:

- D.M.—Hunt, J. H.
B.M.—Hunt, A. H., Turner, J. W. A.

University of London.

M.D. Examination, July, 1935.

Branch I (Medicine).—Caplan, A., Francis, A. E., Risk, R. S.

First Examination for Medical Degrees, July, 1935.

Pass.—Birch, R. G., Bone, D. H., Boomla, R. F., Boyle, D., Butterworth, R. F., Chisholm, J. K., Cocks, D., Coupland, H. G., Cronin, J. D., Davies, T. M., Ellis, R. E., Griffiths, E., Harold, I. V. T., Hinds, S. J., Johnson, P. F., Liberthson, A., Maconochie, A. D. A., Macpherson, R., Manning, J. D., Meade, F. B., Miller, J. E., Morris, O. D., Nicoll, E. D. V., O'Callaghan, M. D. M., Pablot, P. J., Pitt, N. M. F. P., Post, F., Rasooli, J., Sealiff, J. N. R., Simpson, R. A. H., Stone, P. H. D., Sullivan, B., Sutton, M. G., White, M. W. L.

Second Examination for Medical Degrees, July, 1935.

Part I.—Ambrose, A. B., Anthony, R. H., Arango, R. E., Bassett, T. H., Bintlcliffe, C. J., Bowen, R. A., Carroll, C. R. K., Coupland, H. G., Cronin, J. D., Finnegan, J. D., Goodman, P., Hart, J. R., Hayes, S. T., House, R. A., Kingston, R. F., Liebmann, F. M., Lillierap, J. S., Mackay, G. C., Messent, J. J., Morgenstein, A., Mullan, J. F., North, J., Pettit, D. R. L., Pezesghi, H., Playfair, A. S. S., Post, F., Potter, F. L., Reinold, D. G., Rochford, J. D., Silcock, A. R., Smith B. J. D., Snelling, M. K. J., Syred, D. K., Thams, M., Thompson, F. A., Ware, M., Warwick, C. K., White, M. W. L.

Part II.—Allen, W. H. E., Arden, L. D., Banaji, P. B., Boatman, D. W., Brown, D. J. A., Burnett, J. A., Burnham-Slipper, C. N., Butler, K. A., Cooray, M. P. M., Craig, C. M., Curtin, A. P., de Senneville, R., Dunn, D. M., Evans, E. O., Garrod, O., Hackett, J. T. A., Halberstaedter, M., Hudson, E. G., Krutarchue, G., Little, A. W., McEwen, P. D. R., McKenzie, J. K., Morley, I. K., Nicholson, C. G., Peyton, H. N., Phillips, B. M., Porter, A. S., Ramsay, R., Rees, H. N., Staley, G. R., Terry, R. B.

Conjoint Examination Board.

Pre-Medical Examination, June, 1935.

Chemistry.—Haga, P. J., McLean, T. M. M., Stratton, H. J. M.
Physics.—Haga, P. J., Harvey, T. E., Perkins, C. P., Williams, G. T. S.

First Examination, June, 1935.

Anatomy.—Clunies-Ross, W. G. F., Dunn, J. R., Grant, D. S., Hartill, G. G., Moynagh, K. D., Fallot, K. R., Kikovsky, T. P., Weston, J. W., Wheelwright, J. B.

Physiology.—Dunn, J. R., Hartill, G. G., Way, G. L., Wheelwright, J. B.

Pharmacology.—Jones, D. W. G., Khair, A. H., Thompson, J. R. O.

Final Examination, July, 1935.

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.

Avery Jones S., Ball, P. H., Black, K. O., Bloom, N. H., Braithwaite, F. Brown, K. P., Buckland, L. H., Burstal, E. W., Cereseto, H. G., Cooke, A. H., Craig, D., Dalley, G., Dolly, R. C., Dorrell, E. W., Epstein, M., Fisher, E. L., Hewlings, N. J. P., Jewesbury, E. C. O., Joseph, H. S., Kelsall, A. R., Kennedy, A. R., Mason, J. I. C., Morison, C. R., Nairac, M. L., Owston, A. J., Park, W. D., Phillips, E. H. D., Pole, R. M., Graham, Pope, A. R., Premdas, I. H., Prothero, D. A., Ringdahl, K. E. O., Samuel, R. G., Saxton, R. S., Sen, G. N., Stewart, J. M., Wilson, J. S. H., Yarrow, H.

L.M.S.S.A.**Primary Examination, July, 1935.**

Anatomy.—Webb, C.

Final Examination, July, 1935.

Medicine.—Davis, H. N., Garthwaite, E. T.

Forensic Medicine.—Davis, H. N.

The Diploma of the Society has been granted to Garthwaite, E. T.

Royal College of Physicians.

The following have been admitted **Members** :

Chopra, R. N., Sen, S. K.

Royal College of Surgeons.

The Diploma of **Fellow** has been conferred on the following :

Agar, H., Beattie, D. A., Buttsworth, B. W., Cholmeley, J. A., Ghey, P. H. R., Hindenach, J. C. R., Howard, R. N., Lambert, C. R., McEachern, A. C., Madan, J. N., Murphy, F. D., Murray, R. W. C., Rawle, R. M., Scholes, J. L., Sen, A. K., Spencer, S. L., Swinburne, T. G., Watson, H. A. W., Wyndham, N. R.

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

Bateman, A. D., Capper, W. M., Chandra, S. R., Gilbert, R. G., Harmer, M. H., Ives, L. A., Lumsden, K., Messent, A. D., Morel, M. P., Morse, D. V., Treisman, H.

Royal Colleges of Physicians and Surgeons.

The following Diplomas have been conferred :

D.P.H.—Greenwood, W. P.

D.T.M. & H.—Clark, E. M., Hindley, G. T.

D.P.M.—Maclay, W. S.

D.A.—Boyle, H. E. G., Evans, F. T., Hadfield, C. F., Hewer, C. Langton, Sykes, W. S.

CHANGES OF ADDRESS.

CONNOR, Maj.-Gen. Sir FRANK, D.S.O., I.M.S., 81, Mount Road, Madras, S. India.

FOOKS, Lt.-Col. G. E., I.M.S., Hawthorn's Hotel, West Cliff, Bournemouth.

BIRTHS.

CORFE.—On July 19th, 1935, to Dorothy, wife of Dr. F. R. Corfe, of Brentwood, Essex—a daughter.

HOLDEN TINCCKER.—On July 30th, 1935, at Painswick, to Kathleen (née Bates), wife of Surg.-Lieut. Cudr. R. W. Holden Tinccker, R.N.V.R. a third daughter.

POFFE.—On July 6th, 1935, at 20, Wilton Road, Salisbury, to Nancy (née Hepworth), wife of Dr. J. L. Potts—a daughter.

RIDSDELL SMITH.—On July 27th, 1935, to Mary (née Latham), wife of Thomas Ridsdell Smith, of Bevys House, Newmarket—a daughter.

ROBERTSON.—On July 20th, 1935, at Mardale, Watford, Herts, to Mary, wife of Dr. Ivor M. Robertson—a daughter.

WAYLEN.—On July 12th, 1935, at 41, Long Street, Devizes, to Betty, wife of Mr. G. H. H. Waylen—a daughter.

MARRIAGES.

CUTLACK—BOWEN.—On July 17th, 1935, at St. Andrew's Church, Cardiff, Dr. A. Russell Cutlack, younger son of Mr. and Mrs. N. R. Cutlack, to Gwendoline Ellen, daughter of Mr. and Mrs. W. Bowen, Trecharis.

MAGNUS—AIKEN.—On July 13th, 1935, at St. Andrew's Church, Hampstead, Dr. H. A. Magnus, of St. Bartholomew's Hospital, London, to Kathleen Aiken, of Belfast, N. Ireland.

SILVER WEDDING.

BALME—CARR.—On July 8th, 1910, at Holy Trinity Cathedral, Shanghai, by the Very Rev. the Dean, Harold Balme, F.R.C.S., younger son of Mr. Paul Balme, London, to Hilda Elizabeth Carr, daughter of the late Mr. T. W. Carr, Carlisle. Present address: Dormansland, Surrey.

GOLDEN WEDDING.

SANDERS—BARLETT.—On July 13th, 1885, at Holy Trinity, Cloudesley Square, by the Rev. C. W. R. Higham, M.A., Charles Sanders, M.B., of Cheshunt, to Mary (Polly) Bartlett, of Stoke Newington.

DEATHS.

BENNETT.—On June 28th, 1935, at Gerrinong, New South Wales, George Herbert Bennett, M.R.C.S., son of the late John Nicholas Bennett, of Plymouth, aged 75.

GRACE.—On July 5th, 1935, suddenly, Nathaniel Grace, M.D., of Tunbridge Wells, aged 65.

HAYNES.—On August 6th, 1935, at 17, Sherbourne Terrace, Leamington Spa, Frederic Harry Haynes, M.D., F.R.C.P.(Lond.), M.R.C.S. (Eng.), aged 90.

HAYNES.—On July 16th, 1935, at Royal Naval Hospital, Chatham, Surg.-Comdr. John Frederic Haynes, elder son of Dr. and Mrs. Haynes, 17, Sherbourne Terrace, Leamington Spa, aged 44.

HOWARD JONES.—On July 26th, 1935, suddenly, at 43, Cambridge Street, W. 2, William Howard Jones, M.B., M.K.C.S., L.R.C.P.

HUGHES.—On July 7th, 1935, after a long illness, at Sydney, Samuel Henry Hughes, F.R.C.S., formerly Ophthalmic Surgeon at 173, Macquarie Street, Sydney, aged 71.

NASH.—On August 2nd, 1935, suddenly, at Clavering House, Bedford, Walter Gifford Nash, F.R.C.S., aged 72.

SPICER.—On August 8th, 1935, at Elmley House, Wimbledon Common, William Thomas Holmes Spicer, F.R.C.S., aged 74.

TREDENICK.—On August 19th, 1935, suddenly at his residence, Castle Donington, near Derby, Albert Stephen Tredenick, M.R.C.S., L.R.C.P.

WRIGHT. Passed away, after a brief illness, at his residence, Boulderwood, Woking, Alfred Wright, Brevet Lieut.-Col., C.B.E., late R.A.M.C.

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.

