

	PAGE
Reviews—continued.	
His Life and Works; by Sir Percival Hartley and H. R. Aldridge, 179. Minor Surgery and the Treatment of Fractures; by G. Williams, 190. Nasal Sinusitis and Mental Disorders; by F. A. Pickworth, 118. Post-Graduate Surgery; edited by R. Mainot, 117. Practical Biology for Medical Students; by C. J. Wallis, 118. Practical Points in Anaesthesia: A Clinical Handbook for Students and General Practitioners; by H. K. Ashworth, 199. Private Nursing; by M. Wenden, 136. Problems of Anaesthesia in General Practice; by D. H. Lukis, 1935-47. Sex and a Changing Civilization; by Kenneth Walker, 19. Surgical Diseases and Injuries of the Genito-Urinary Organs; by Sir John Thomson-Walker, 152. Symptoms and Signs in Clinical Medicine: An Introduction to Medical Diagnosis; by E. N. Chamberlain, 198. Synopsis of Surgical Anatomy; by A. L. MacGregor, 135. Text-book for Nurses; by F. W. Hey Groves and J. A. Nixon, 119. Text-book of Gynaecology; by W. Shaw, 152. Text-book of Pathology; by Sir Robert Muir, F.R.S., 234. The Chemical Control of Conception; by J. R. Baker, 199. The Dissection of the Dogfish; by R. H. Whitehouse and A. J. Grove, 153. The Early Diagnosis of Malignant Disease: for the Use of General Practitioners; by Donaldson, Cade, Harmer, Ogier Ward and Tudor Edwards, 135. The Expectation of Survival in Pulmonary Tuberculosis; by Sir Percival Hartley, R. C. Wingfield and V. A. Burrows, 152. The Life and Works of Charles Barrett Lockwood; by E. C. O. Jewsbury, 135. The Osteopathic Lesion; by G. Macdonald and W. Hargreave-Wilson, 67. The Story of the Middlesex Hospital Medical School; by H. Campbell Thomson, 135. The Treatment of Rheumatism in General Practice; by W. S. C. Copeman, 19. Treatment in General Practice: The Management of some Major Medical Disorders, 152.	
Rheumatic diseases, gold in the treatment of the; by F. J. Bach	206
Rodgers, H. W.; gastroscopy	122
Ross, J. Paterson; advice to a dresser	187
Ross, J. Paterson; head injuries	218
Roualle, H. L. M.; Molière and medicine	96
Rumball, C. F.; obituary notice	24
Schenker, A. W.; a fracture traction pin inserter	147
Shadwell, A.; obituary notice	140
Shruball, F. C.; obituary notice	4
Sklifasovski Hospital, Moscow; by G. E. Loxton	112
Some remarks about the St. Bartholomew's Collegiate Chambers and the office of Warden; by Reginald M. Vick	176
Special Departments, times for attendances in the Out-Patients' and	154
Spence, A. W.; pitfalls in the diagnosis of toxic goitre	189
Students' Union .. 16, 43, 65, 101, 116, 133, 151, 178, 196, 214, 232	
The apex-beat; by Geoffrey Bourne	58
The attack on cancer; by Sir Charles Gordon-Watson	162
The beginnings of the New Medical College; by W. Girling Ball	25
The doctor of the future; by Somerville Hastings	171
The influence of war on the development of medicine; by Max Page	5
The new laboratories and their relation to medical education; by Lord Horder	24
The origin and growth of the Dental Department of St. Bartholomew's Hospital; by F. Coleman	90
The printed word; by J. E. Adlard	93
The students; by P. B.	42
Times for attendances in the Out-Patients' and Special Departments	154
Times of attendance in X-ray Department: a corrected list	198
Torsion of the omentum, a case of; by G. Herbert	15
Townshend-Stephens, R.; John Moly: or the British Ambulance Service in Ethiopia	223
Toxic goitre, pitfalls in the diagnosis of; by A. W. Spence	189
Twenty years!	114
Verse:	
Appendicitis	113
Hush!; by N. E. S.	52
Lament; by N. E. S.	20
Milk	114
St. B.H.P.	150
The Old Order Changeth; by P. B.	63
The Ramsbottoms at Dart's	90
Trilogy	150
Vick, Reginald M.; some remarks about the St. Bartholomew's Collegiate Chambers and the office of Warden	176
Walker, Kenneth; memories of Mackenzie's	126
Williams, W. R.; obituary notice	140
Witts, L. J.; gastric secretion in health and disease	167, 182
Wood, S.; Cromwell's head: a scientific investigation	142
Woollard, H. H.; Anatomy Department	37
Worboys, T. S.; obituary notice	53
X-ray Department, times of attendance in: a corrected list	198

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XLIII.—No. 1.]

OCTOBER 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

EDITORIAL.

Mon., Oct. 14.—Special Subjects: Lecture by Mr. Redford Russell	
Tues., „ 15.—Lord Horder and Sir Charles Gordon-Watson on duty.	
Wed., „ 16.—Surgery: Clinical Lecture by Mr. Wilson. Rugby Match v. King's College Hospital. Home.	
Fri., „ 18.—Medicine: Clinical Lecture by Dr. Graham. Dr. Hinds Howell and Mr. Wilson on duty.	
Sat., „ 19.—Rugby Match v. Bedford. Away. Hockey Match v. Nore Command. Away. Association Match v. Downing College. Away.	
Last day for receiving matter for the November issue of the Journal.	
Mon., „ 21.—Special Subjects: Lecture by Mr. Elmslie.	
Tues., „ 22.—Dr. Gow and Mr. Girling Ball on duty.	
Wed., „ 23.—Surgery: Clinical Lecture by Mr. Girling Ball. Rugby Match v. Cambridge University. Home. Hockey Match v. Staff College, Camberley. Away.	
Fri., „ 25.—Medicine: Clinical Lecture by Dr. Hinds Howell. Dr. Graham and Mr. Roberts on duty.	
Sat., „ 26.—Rugby Match v. Old Haileyburians. Away.	
Mon., „ 28.—Special Subjects: Lecture by Mr. Bedford Russell.	
Tues., „ 29.—Prof. Witts and Prof. Paterson Ross on duty.	
Wed., „ 30.—Surgery: Clinical Lecture by Mr. Wilson. Hockey Match v. London University. Home.	
Fri., Nov. 1.—Medicine: Clinical Lecture by Dr. Gow. Lord Horder and Sir Charles Gordon-Watson on duty.	
Sat., „ 2.—Hockey Match v. University College. Away. Association Match v. Northampton College. Home.	
Mon., „ 4.—Special Subjects: Lecture by Mr. Sydney Scott.	
Tues., „ 5.— Old Students' Dinner, Charterhouse Square. Guest of Honour: H.R.H. The Prince of Wales. Dr. Hinds Howell and Mr. Wilson on duty.	
Wed., „ 6.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson. Rugby Match v. Army Trial XV. Home.	
Fri., „ 8.—Dr. Gow and Mr. Girling Ball on duty.	
Sat., „ 9.—Rugby Match v. London Irish. Away. Hockey Match v. Worcester College, Oxford. Home. Association Match v. Balliol College. Away.	

NEVER in the history of the JOURNAL can the duty of welcoming the new Bartholomew's men have been so pleasant. Year after year it has been a matter of increasing difficulty to be original in expression if not in sentiment because, in the main, the conditions have changed very little. We could always congratulate you upon your wise discrimination or good fortune in your choice of an *Alma Mater* with such ancient traditions and such a glorious history. We could always point out those of your ancestors whose path you will aspire to follow—Harvey, Pott, Abernethy, Paget and the rest, who have made the name of St. Bartholomew's a symbol of the highest in the Art not so much by their personal attainments as by their bequests to posterity. We could even take it upon ourselves to offer you sage and avuncular advice as to your future conduct, your temptations, your scope and your responsibilities.

Never before, however, has there been as excellent an opportunity of saying nothing, of leaving you to look and see for yourselves, to realize what a privilege is yours. The spirit of learning for a time forsook the Charterhouse. The house has been swept and garnished, and we hope that there will return seven other spirits as excellent as the first, and that the last state shall be far better than the first. What you have seen is but the first-fruits of the self-sacrificing toil and energy of the authorities, the extent of which can be but dimly understood when we look upon the finished work. These results we will not attempt to describe at present for fear of repetition in the next issue, which will be concerned mainly with the new College.

* * *

When the scalpel is laid aside for the last time and the final bedside left behind, there must always be a profound wrench. How much greater must this be to one whose whole service and devotion has been given to the Hospital, and who has, by his personal endeavour, produced a system which cannot fail to hasten the march of surgery.

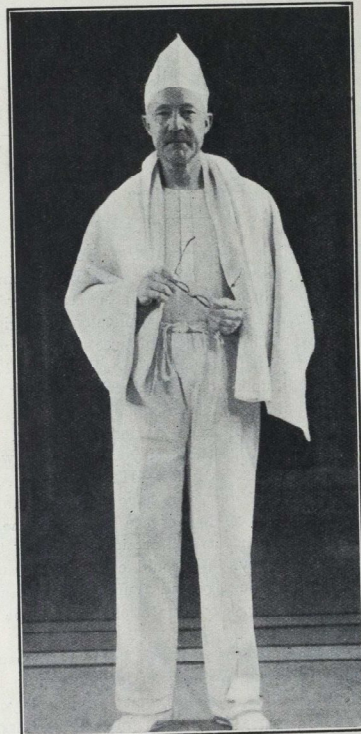


Photo: Miss M. Vaughan.

Prof. Gask held his last round in the Hospital on September 26th, and it was attended by some 150 men, including his present and past dressers and house surgeons, and members of the Senior Staff. The round was an epitome of the aims and methods of the Surgical Professorial Unit. Its founder, after showing typical cases illustrating the scope for research, said that the great object of the Unit was that, whatever might be the changes and nature of its personnel, its work would always be consecutive and progressive. The round was

a fitting tribute in itself to a work that will endure, and we know that in expressing our regret at his loss and our gratitude for his help, we speak for all St. Bartholomew's.

One old friend of his, acting as spokesman for the countless others, writes:

"To the modern generations of Bart.'s men I suppose the Surgical Unit appears something like an Egyptian Pyramid, a portion of the established order, and a polished marble in the Temple of Medical Education, with George Gask as an officiating High Priest. In fact it is a comparatively modern creation, and he is its first Director, the first to wear its Urim and Thummim. After the war, when men began to try to apply some of the lessons which that great interference with established order had taught us, George Gask, who was always perhaps more of an idealist and a rebel to establishment than he himself supposed, was eager to avail himself of the opportunity which offered itself for the undivided prosecution of the study of the science and art of surgery. He had always



Photo: Miss M. Vaughan.

endured rather than enjoyed the pains and pleasures of private practice, and had realized how difficult it is to carry on research when at the back of an exigent public. And so, though in all probability he gave up the opportunity of making a large income from practice, he has been able to devote himself to that which he preferred—the advancement of surgery and surgical education. Since he was, before the war, Warden of the College and lived for several years in the Hospital, and has now for so many years held a post which involves longer hours at St. Bartholomew's than most of us spend, it is probable that no member of the Staff, at least in modern times, has lived more of his working life within the actual precincts. He has, in a more literal sense than most of his colleagues, been a portion of the Hospital, and the parting is almost as much a wrench to St. Bartholomew's as it must certainly be to him."

Simultaneous with Prof. Gask's, the retirement of Sir Thomas Dunhill, Associate Surgeon to the Surgical Professorial Unit, adds considerably to the sense of loss of the Unit, the Staff and the Hospital. Formerly Assistant Director of the Unit, his activity and help were invaluable in its formation.

He came to the Hospital after he had been established in Australia in the front rank of his profession. Recognized by Prof. Gask in France as a great technician, he

was invited to assist in the formation of the new Unit. During his stay at St. Bartholomew's he made a great contribution to the reputation of the Hospital, not only by that in which he was pre-eminent, the operative treatment of toxic goitre, but also by his training of the young men under him in the best methods of general surgical technique, for he excelled in the three fundamental principles of modern surgery—asepsis, gentleness and haemostasis.

It was a great source of pride to his associates as well as to himself when he was appointed Surgeon to the Royal Household and, later, to His Majesty the King.

The great charm of his personality and his loyalty to his colleagues were warmly appreciated and will be greatly missed at St. Bartholomew's, but we hope that the absence of the usual formalities on his retirement is a sign that he will still continue to regard the Hospital as his own and that we shall be privileged to know him for many years to come.

Our best wishes are extended to Prof. Paterson Ross as Director of the Surgical Professorial Unit, and sincere congratulations to Mr. J. P. Hosford on his appointment as Assistant Director.

The following have been elected to House Appointments from November 1st, 1935:

Junior House Physicians—

Lord Horder	Haynes, W. S.
Dr. Hinds Howell	Martin, C. J.
Dr. A. E. Gow	Kelsall, A. R.
Dr. George Graham	Barber, D. S. O.
Prof. Witts	Hayward, G. W.

Casualty House Physicians—

Lord Horder	Cooke, A. Hunt (Nov.).
Dr. Hinds Howell	Jewesbury, E. C. O. (Feb.).
Dr. A. E. Gow	Turner, J. W. A. (Nov.).
Dr. George Graham	Saxton, R. S. (Feb.).
Prof. Witts	Warren, W. (Nov.).
	Levine, D. (Feb.).
	Black, K. O. (Nov.).
	Bangay, E. B. D. (Feb.).
	Debenham, G. R. (Nov.).
	Paterson, J. F. (Feb.).

Junior House Surgeons—

Sir C. Gordon-Watson	Hewlings, N. J. P.
Mr. Harold Wilson	Nash, D. F. E.
Mr. Girling Ball	Hunt, A. H.
Mr. J. E. H. Roberts	Blackburn, G.
Prof. J. Paterson Ross	Bohn, G. L.

Casualty House Surgeons—

Sir C. Gordon Watson	Owston, A. J. (Nov.).
Mr. Harold Wilson	Dally, G. (Feb.).
Mr. Girling Ball	Gabb, R. T. (Nov.).
Mr. J. E. H. Roberts	Braithwaite, F. (Feb.).
Prof. J. Paterson Ross	Pope, A. R. (Nov.).
	Moyneagh, D. W. (Feb.).
	Morel, M. P. (Nov.).
	Dowell, E. W. (Feb.).
	Park, W. D. (Nov.).
	Baynes, T. L. S. (Feb.).

§

Intern Midwifery Assistant (Resident)	Masina, F. H.
Intern Midwifery Assistant (Non-Resident)	Morison, C. R.
Extern Midwifery Assistant	Farquhar, J. V. L. (Nov.).
H.S. to Throat and Ear Department	Ward, F. G. (Feb.).
Junior H.S. to Throat and Ear Department	John, C. W.
H.S. to Ophthalmic Department	Meuniau, B. M. (Nov.).
H.S. to Skin and Venereal Departments (Non-Resident)	Savage, O. A. (Feb.).
H.S. to Orthopaedic Department	Martin-Jones, J. D.
H.P. to Children's Department	Duckland, L. H. (Nov.).
Senior Resident Anaesthetist	Black, K. O. (Feb.).
Junior Resident Anaesthetists	Tanes, A.
Non-Resident Anaesthetist	MacCarthy, D.
	West, J. H.
	Curtiss, L. M.
	Prothero, D. A.
	Kennedy, A. R.

* * *

THE ST. BARTHOLOMEWS HOSPITAL GOLFING SOCIETY.

The Eighth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was played at Fulwell Golf Club, Hampton Hill, Middlesex, on Wednesday, September 18th. The weather was good except for an occasional shower, and the course played very well. Twenty-six players competed in the Singles, and W. A. Barnes did an exceptionally good round, winning the Milsom Rees Cup with a return of "six up" on Bogey. Five matches were arranged in the Foursomes, and eighteen members stayed on for supper. The Secretary of the Club was most helpful, and the arrangements carried out by the Steward were excellent.

The following are the results of the competitions:

Singles.	
Winner	W. A. Barnes (6 up).
Runner-up	L. W. Bathurst (1 up).
Last nine holes	W. A. Barnes (2 up).
Sealed holes	L. P. Garrod and E. M. Darmady (1 up).
	E. M. Darmady and J. G. Youngman (2 up).
Foursomes.	
Winners	T. H. Just and W. A. Barnes (2 up).
Runners-up	E. M. Darmady and J. G. Youngman (all square).
First nine holes	E. M. Darmady and J. G. Youngman (2 up).
Sealed holes	F. L. Hopwood and R. S. Corbett } All G. T. Hankey and T. Meyrick Thomas } square.
	T. H. Just and W. A. Barnes (2 up).
	E. M. Darmady and J. G. Youngman } (1 up).
	W. S. MacLay and L. P. Garrod }

* * *

The *St. Bartholomew's Hospital Reports* for 1935 (Vol. LXVIII, John Murray, 21s. net) have just been published. The book will be reviewed in a future issue, but we see already that the high standard of past years is more than maintained.

* * *

The Prince of Wales will be the Guest of Honour at the Old Students' Dinner on November 5th, to be held for the first time in the Hall of the New Medical College, Charterhouse Square.

The Victor Horsley Memorial Lecture will be given on Tuesday, November 19th by Sir Walter Langdon Brown at 5 p.m. in the University College Hospital Medical School. The subject will be "The Integration of the Endocrine System".

We congratulate Mr. Kenneth Latter on the award of a Fellowship at the Mayo Clinic.

Mr. R. A. FitzAucher will continue his course in Medical German at 5.30 p.m. on October 22nd and weekly throughout the term. The value of this course needs no emphasis and the attention of all students is drawn to it, whether their knowledge of the language is absent or elementary. There is no fee for the course, which is given by the generosity of the lecturer.

OBITUARY.

FRANK CHARLES SHRUBSALL, M.D.CAMB.,
F.R.C.P.LOND.

FR. Shruballs died at his home in Hampstead on September 25th, at the age of 61.

He will be remembered with the most kindly recollections by the older generation of Bart.'s men, for he was a most popular figure while at the Hospital, as indeed he was in every sphere in which he worked throughout his busy and active life.

His health has always given concern, as he suffered from childhood with recurrent attacks of bronchial asthma. None the less his death came as a shock to his friends and colleagues, as he remained in active work until two or three days before his death, which was due to heart failure.

He was early interested in anthropology as a result of meeting various types of man when taken on long voyages in childhood for the benefit of his health.

He studied the subject at Cambridge and at Zurich. From the Merchant Taylors' School he entered Clare College, Cambridge, in 1892, with an entrance scholarship. He took his B.A. in 1895, obtaining a first in both parts of the Natural Science Tripos. He then came to Bart.'s, where he gained the Shuter Scholarship in 1898 and the Brackenbury Medical Scholarship in 1901. After qualifying in 1900 he became House Physician to Sir Dyce Duckworth. He contributed an article on "Physical Characters and Morbid Proclivities" to the *St. Bartholomew's Hospital Reports*, vol. xxxix. His clinical gifts were early recognized, and he was appointed in 1908 to a Hunterian Professorship at the Royal

College of Surgeons, and was elected to the Fellowship of the Royal College of Physicians in 1912.

His long connection with the anthropological work of the British Association commenced in 1904, when at the Cambridge meeting he read a paper on "A Comparison of the Physical Characters of Hospital Patients with those of Healthy Individuals from the same Areas, with Suggestions as to the Influence of Selection by Disease on the Constitution of City Populations", and at once established his place amongst British anthropologists. He became secretary of Section H, a post which he held for eighteen years, during which he contributed many papers containing the results of much original research. At the Toronto meeting of the Association he was President of Section H, and took for the title of his Presidential Address, "Health and Physique throughout the Centuries". Subsequently he acted as a member of the Council of the Association.

In 1909 he joined the medical staff of the London County Council, attracted by the field of research in anthropometry which the rapidly expanding school medical service held out.

In December, 1910, the school medical staff was joined by Dr. Jane Gilmour, a Glasgow graduate. In collaboration with her Shruballs undertook an investigation into the aetiology of rheumatism. This investigation not only threw new light on the distribution and character of juvenile rheumatism, but led to a life-long companionship of the investigators, as they were shortly afterwards united by marriage.

The growing activities of the school medical service under the spate of social legislation led to specialization, and Shruballs in 1912 found himself Medical Director of the special schools for the mentally and physically defective, the blind, the deaf, the partially sighted and the hard of hearing.

So began Shruballs' association with the problems of mental deficiency and of juvenile delinquency, upon whose administration he was to become acknowledged as the foremost expert in the country.

At the time of his death he was a Senior Medical Officer of the Council and had in his charge a large volume of public health work of the most responsible kind, including special schools, mental deficiency, care of the blind, and medical examinership of employees.

The value of his services to British anthropology and of his pioneer work in public health cannot be too highly estimated.

He was a most lovable and charming man, whose loyalty to his friends knew no bounds. No one had a deeper insight into the springs of human action, and his kindly tolerance, his generosity and his ready help in every kind of trouble will be sorely missed.

THE INFLUENCE OF WAR ON THE DEVELOPMENT OF MEDICINE.*

AT the present time the horror and futility of war is much emphasized, particularly in political circles. Without underestimating its evil features I think we must accept the evidence of history, which shows that cyclical outbreaks of wars are inevitable under our present social organization, and it is of some interest to note that the repercussions of warfare are not all evil. In relation to medicine, indeed, war experience has originated many substantial advances both in the science and art, and has so conferred great benefits on following generations.

A national war tends to provide many of the factors productive of medical progress. In the first place the services of enterprising and able men are sought out; secondly, it should be noted that the outbreak of a national war is in some degree a reaction to a peculiarly active mass psychology. This state tends to induce a mental stimulus among the participants stronger than or equal to that of an active religious movement. The activity of selfish individualism is reduced, and old conventions are scrapped in the common aim of the successful prosecution of a national struggle. Further, an army organization in war-time is ideal for controlled experiment on the bodies of men. It converts the occasional surgical accident into an everyday experience, and forces invention and resource to adjust methods to the occasion. Medical problems under war conditions are realistic, and cannot be solved by dependence on magic or charlatanry. No doubt it is true that a war atmosphere is, in some degree, antagonistic to deliberate deductive methods. It demands essentially immediate action, which must be based on intuition or previously acquired knowledge. Thus, in the early history of the subject it may be observed that war produced many advances in surgical craft, but benefited little scientific medicine.

In classical times there is little evidence of any organized medical service with the armies, though both Egyptian and Greek practitioners clearly derived most of their surgical experience from the treatment of injuries sustained in fighting. In the period of the Roman Empire we have the first record of an established legionary medical service. Its officers appear to have been of poor social status, not far above that of slaves, and they were certainly seldom scholars. They have transmitted no records of their work, although it would

* The Summer Sessional Address to the Abernethian Society.

appear that they must have had considerable technical ability if we judge by the many surgical instruments which they employed. They also originated the all-metal limb, a good bronze specimen is to be seen in the Royal College of Surgeons Museum.

In the middle period of the Empire the Romans were responsible for the early organization of hospitals. Their valetudinaria were primarily established for the legions on garrison in foreign parts, but were subsequently used for the civil service. The development of Christian humanitarianism subsequently led to the foundation of similar institutions for the poor.

In the Middle Ages and up to the Stuart period it is noticeable that most of the surgical writers have war experience, and to this can be traced many of the advances in the craft, such as they were.

Until the thirteenth century little record of surgery was made. In those days it was essentially a practical art, and though there were no doubt many sound practitioners among them, there were few of literary ability. Of the writers of this period *Henry de Mondeville* (1260-1320) had a surprisingly modern outlook. He gave sage advice as to the conduct of the surgeon and the management of his patients; moreover, he blamed the surgeon if suppuration occurred. It was his practice to leave his dressings in place for days on end if no inflammation was present. His definition of the ideal surgeon merits quotation once again: "A surgeon ought to be fairly bold. He should not quarrel before the laity and although he should operate wisely and prudently he should not undertake any dangerous operation unless he is sure that it is the only way to avoid a greater danger. His limbs, and especially his hands, should be well-shaped with long, delicate and supple fingers which must not be tremulous. He ought to promise a cure to every patient but should tell the parents or friends if there is any danger. He should refuse as far as possible all difficult cases and never interfere with desperate ones. He may give advice to the poor for the love of God only, but the rich should be made to pay well. He should neither praise himself nor blame others and he should not hate any of his colleagues. He ought to sympathise with his patients in their distress and fall in with their lawful requests so far as they do not interfere with the treatment. Patients, on the other hand, should obey their surgeon implicitly in everything appertaining to their cure. The surgeon's assistants must be loyal to their master and friendly to his patients. They ought not to tell the patient what the surgeon says unless the news is pleasant and they should always appear cheerful. They should not be constantly grumbling, because this inspires fear and doubt in the patient."

Guy de Chauliac, who wrote a comprehensive text-book of surgery a little later, had the distinction of using a narcotic inhalation. He, however, employed ointment dressings for wounds, and assumed that supuration was a normal and necessary progress of healing. In 1300 *Lanfranc* in Paris, who was a pupil of *William Salicet* of Salerno, recognized the possibility of healing by first intention.

John Arderne (1307-1380), was a pupil of his and followed his methods of wound treatment. He is noteworthy as the first English surgeon of whom we have first-hand knowledge. He had an extensive experience in the French wars, and on his return to England after the battle of Crécy, settled down at Newark, where he practised. He contributed some noteworthy surgical text-books, and introduced an operation for fistula much as it is practised to-day.

John Mirfield was a contemporary of Arderne's. He was a canon of the Priory of St. Bartholomew, and though he had apparently no direct war experience, he had to treat many wounds and injuries brought in from the tournament ground which then existed at Smithfield. He had very precise ideas about the union of fractures, and states in his *Breviarium Bartolomei* that fractures of the humerus and femur united in 40 days.

With the introduction of gunpowder, traumatic surgery seemed to have had a setback. No doubt the injuries inflicted by the low velocity missiles of those times were all badly infected, and the belief that gunshot wounds were poisoned was circulated by Italian surgeons and became a generally accepted doctrine. Treatment meted out was correspondingly vigorous, and consisted generally in cauterizing the part or pouring boiling oil into the wound of entry.

The great French surgeon, *Ambrose Paré* (1510-1590), was the first to correct this error. After an apprenticeship at the Hotel Dieu in Paris he entered the French army service at the age of nineteen, and subsequently became Army Surgeon in succession to Henry II, Francis II and Charles IV.

His account of his experience of the treatment of gunshot wounds when he was serving under Montejan at the age of twenty-six will bear repetition:

"In the year of our Lord (1530) I was in the King's army, the surgeon of Monsieur Montejan, General of the Foot. I will tell the truth: I was not very expert at that time in matters of Surgery [he was 26 or 27 years old], nor was I used to dress wounds made by Gunshot. Now I had read in John of Vigo that wounds made by Gunshot were venenate or poisoned, and that by reason of the gunshot were venenate or poisoned, and that by reason of the gunshot Wherefore for their cure it was expedient to burn or cauterize them with oil of Elders scalding hot with a little treacle mixed therewith. It chanced on a time that by reason of the multitude that were hurt I wanted this oil. Now because there were some few left to be dressed I was forced, that I might seem to want nothing and that I might not leave them undressed, to apply a digestive made of the yolk of an egg, oil of Roses and turpentine.

I could not sleep all that night for I was troubled in mind, and the dressing of the preceding day (which I judged unfit) troubled my thoughts, and I feared that the next day I should find them dead or at the point of death by the poison of the wound whom I had not dressed with the scalding oil. Therefore I rose early in the morning, I visited my patients and beyond expectation I found such as I had dressed with a digestive only, free from vehemence of pain, to have had a good rest and that the wounds were not inflamed nor tumified. But on the contrary, the others that were burnt with the scalding oil were feverish, tormented with much pain, and the parts about their wounds were swollen. When I had many times tried this in divers others I thought this much, that neither I nor any other should ever cauterize any wounded with gunshot."

Further, he employed ligature to check bleeding from amputation stumps instead of applying the cautery, which was still considered essential. Here is his own account of the experience which led him to this change:

"The ends of the vessels lying hid in the flesh must be taken hold of and drawn forth of the muscles where after amputation they presently withdraw themselves, and when you have so drawn them forth bind them with a strong double thread. Verily, I confess I formerly have used to staunch the bleeding of members after amputation in another manner, whereof I am ashamed and aggrieved. But what should I do? I had observed my masters, whose methods I intended to follow, always to do the like; who thought themselves singularly well appointed to staunch a flux of blood when they were furnished with various store of hot irons and caustic medicines which they would use to the dismembered part, now one, then another, as they themselves thought meet. Which thing cannot be spoken of or even thought upon without great horror, much less acted. For this kind of remedy could not but bring great and tormenting pain to the patient, seeing such fresh wounds made in the quick and sound flesh are endowed with exquisite sense. Neither can any caustic be applied to nervous bodies, but that this horrid impression of the fire will be presently communicated to the inward parts, whence horrid symptoms ensue and oftentimes death itself. And verily of such as were burnt the third part scarce ever recovered and that with much cicatrization; for by the burnings are caused cruel pains whence a fever, convulsion, and oftentimes other accidents worse than these. Add, hereunto, that when the eschar fell away, oftentimes a new hemorrhage ensued for staunching whereof they were forced to use other caustic and burning instruments. Neither did these good men know other course, so by this repetition there was the great loss and waste made of the fleshy and nervous substance of the part. Wherefore I most earnestly entreat all surgeons that, leaving this old and too cruel way of healing, they would embrace this new, which I think was taught men by the special favour of the sacred Deity, for I learnt it not of my masters nor of any other, neither have at any time found it used by any."

Paré was also responsible for the introduction of massage into European practice. He wrote widely on all branches of medicine. His surgical work was translated into English by Johnson, and appeared in 1634. This became the English text-book of surgery until the Civil War. A complete edition of all his works was produced by Malgaigne in 1841.

John Woodall (1556-1643) was appointed Surgeon-General to the East India Company after some war service in France in Elizabeth's reign. He appears to have introduced several new technical methods about this period. He published *The Surgeon's Mate* in 1617, a work which was the standard text-book for naval surgeons for several generations. He was appointed Surgeon to St. Bartholomew's Hospital in 1616.

Richard Wiseman (1627-1676) served in the Dutch

naval service, and subsequently under Charles I during the Civil War. He wrote most interesting clinical records of the surgical practice of his time, though the details of these are, perhaps, rather revealing of the poor standard of British surgery of that period.

The next outstanding military surgeon to appear in Europe was *Larry* (died 1842.) He served in the French army during practically the whole period of the Napoleonic Wars. Two useful technical surgical advances are to his credit, viz. the introduction of plaster-of-paris for splintage purposes and the many-tailed bandage. For his war services he was created a baron by Napoleon. A near contemporary of his, *Thomas Gulbrie*, served in North America and the Peninsular War, and wrote a treatise on gunshot wounds. He subsequently became a prominent ophthalmic surgeon.

I have so far recorded little but advances in surgical technique. The age of the scientific era of medicine dates from the discovery of the circulation of the blood by *William Harvey*, that great son of St. Bartholomew's Hospital, and till then progress in the true understanding of disease processes was necessarily small. Advances in the control of public health were certainly initiated by army doctors. Outstanding in this respect was *John Pringle* (1707-82), whose observations led to a better understanding of the control of enteric diseases. He formulated regulations for the placing of camps. He also made similar recommendations in regard to gaols and hospitals.

James Lind (1716-1794), a naval surgeon, rediscovered the use of lime-juice in the control of scurvy, which, though prevalent among seafarers, was by no means unknown among landmen. He wrote an important book entitled *On the Most Effective Method of Preserving the Health of Seamen*; the principles he set out were adopted by Capt. Cook (1728-9) in his Pacific voyages. It is worthy of note that in a three and a half years' voyage by the latter in the South Seas there was only one death among the crew of 118 men.

We now come to wars in which medical practice was more in line with our present conceptions. The Crimea may first be mentioned. In this campaign the humanitarianism of the Victorian period led to much criticism of the English medical service as a whole. There was certainly some justification for the attitude as far as the regular service was concerned, but it may be noted that important advances in surgical technique were made during this war. *Spencer Wells*, working in Smyrna, introduced the modern type of artery forceps. *Gamgee*, at Malta, where he was attached to the Italian army, substituted an absorbent dressing for the common poultice-like applications which were

then in common use. The outstanding feature, however, on the medical side of this campaign was the work of *Florence Nightingale*. The position she gained in the Crimea enabled her to found the present system of nursing of which we are justly proud. This achievement has certainly done more to alleviate suffering in the last seventy-five years than any medical discovery except Pasteur's and Lord Lister's discoveries.

Florence Nightingale had visited the deaconesses of Kaiserswerth before the war. The example of this foundation had inspired her to introduce women of good education and social standing to the nursing profession. The Crimean war gave her the opportunity for personal service, and established her in such a position of authority that she was able subsequently to found the nursing school at St. Thomas's Hospital in 1860. With this institution largely as its model, modern nursing has rapidly developed to its present high standard.

The Franco-Prussian campaign was perhaps too short to give much opportunity for medical developments, but it may be recalled that during its course Lister published his first article on antiseptics and some German surgeons gave a trial to his method. It is of interest to observe that Pasteur, during the same period, studied the fungi associated with the production of beer; up to this time palatable beer seems to have been produced only in Germany and Bohemia.

During the relatively prolonged Boer War no material surgical advance was registered. The surgery tended essentially to be conservative. This was because the average wound was caused by rifle bullets and infection of wound tracks was accordingly rare; moreover, the campaign was not on cultivated ground, and so contamination from the soil was relatively rare. On the medical side, however, this campaign provided a remarkable opening for the study of enteric fever. To give an idea of the problem I will quote from the official medical history: The admission to hospital per 1000 troops employed was for enteric diseases 130, for wounds 48. The corresponding death-rates were 18.1 and 2.9. Such appalling wastage from enteric diseases was by no means unknown in previous campaigns. It was controlled towards the end of the Boer War by the introduction, based on the work of *Sir Almroth Wright*, of anti-typhoid inoculation. The value of this procedure was firmly established by the work of R.A.M.C. officers, such as Manson, Ross and Leishman.

The Balkan War was not supported perhaps by very efficient medical services, but it saw the introduction of the suspension treatment of fractures of the lower extremity, with the help of what is still known in this country as the Balkan beam. This technical advance was considerably used and elaborated during the Great

War, and has extended its value to the peace-time casualties of the motor-ways.

I may properly terminate my argument by some reference to the Great War. It is perhaps too soon for us to assess the full effects of this prolonged struggle on our profession. It will be admitted, I think, that great technical advance in wound treatment and traumatic surgery in general were made, and have been of no little benefit to the following generation. I am not in a position to express an opinion on the purely medical advances associated with the experiences of this campaign. To the ordinary observer medicine has made great strides forward in the last fifteen years, and no doubt something of this new vigour was introduced by war experience.

I think the great benefit that has come to our profession from this upheaval has been its effect on the spirit of medicine as a whole. It has broken down insularity between individuals, institutions and countries, and has proved a great stimulus in this way to the advance and generalization of medical and surgical knowledge. It has established in medical schools and institutions a better measure of co-operative effort to a common end which, though recognized as an ideal, has certainly never before been so effectively put into action.

MAX PAGE.

EARLY RECOGNITION OF PULMONARY TUBERCULOSIS.

It does not necessarily follow that, by the title, "Early Recognition of Pulmonary Tuberculosis", one implies the recognition of the disease in its earliest stages, for in the majority of cases the initial pulmonary changes may produce no symptoms whatever. As a rule the diagnosis is not made until the patient presents himself for examination as the result of the development of symptoms; it is comparatively rarely that a routine examination, such as that of a contact case, discloses the presence of an early lesion.

It follows, therefore, that the diagnosis depends, as a rule, upon the recognition of certain symptoms, and these must necessarily be considered first. The early symptoms may be clearly related to the respiratory tract, or they may at times appear to indicate disease elsewhere of the body. In the former group the following are the most important:

Cough.—This is perhaps the commonest of early

symptoms. In every patient whose cough does not readily respond to simple routine measures, further investigations to exclude the presence of tuberculosis should be carried out.

Sputum.—In the early stages the sputum may be scanty, clear and mucoid, but a little later the sputum is characteristically yellow and mucopurulent. It is an axiom that whenever sputum is present for any length of time it should be carefully searched for tubercle bacilli.

Hæmoptysis.—It must be remembered that specific inquiry should always be made on this point. Most patients with early phthisis are unduly reticent about blood-spitting, and they are usually ready with some explanation for its occurrence. The significance of a hæmoptysis must never be under-estimated, and the fullest possible measures must always be taken to discover the source. Hæmorrhage from veins at the back of the nose and throat is in reality a comparatively rare event.

Pain.—This is not a common early symptom of pulmonary tuberculosis, unless there be concurrent dry pleurisy. Pain may also result from muscle strain of excessive coughing, and in these cases the severity of the cough will usually indicate the origin of this symptom.

Dyspnœa.—Although sometimes present, this is not a marked symptom in the early stages of the disease.

Catarrh.—Repeated attacks of upper respiratory catarrh are not infrequently reported in the early stages of the disease. A history of recurrent loss of voice or laryngitis in a young individual is often suggestive, and should indicate full investigation in all cases.

In a smaller group of cases the initial symptoms do not appear to have any direct connection with the respiratory tract. Digestive troubles of any variety may be the very first symptom of pulmonary tuberculosis, and it is not uncommon for a patient with this complaint to be treated for months with an alkaline powder without the chest ever being examined at all. Diarrhoea is unusual in the early stages, and is much commoner as an indication of advanced disease. Amenorrhœa in young girls is not uncommonly an early symptom, and the state of the respiratory tract should always be investigated in such cases.

It is almost unnecessary to add that *loss of weight* is very commonly due to pulmonary tuberculosis, and that this may be the most prominent symptom on occasion, although naturally many other possibilities are brought to mind by this symptom.

Consideration of the past history may yield important evidence. A previous history of pleurisy, either with or without effusion, is so frequently met with that it is of almost diagnostic significance when the present

symptoms are at all suspicious. A history of recurrent febrile attacks, frequently termed "influenza", is often an indication of a mild tuberculous infection, and merits correspondingly close attention.

The family history may be of the greatest importance if positive. It is not even necessary that the patient should have been in close contact with the affected relations, for there would appear to be no doubt that certain families are predisposed to the disease. The real importance of a positive family history is that it indicates the necessity for extreme caution before accepting any other explanation than tuberculosis for suspicious symptoms.

The physical examination of the chest is of comparatively little help in the early recognition of the disease, and the presence of obvious physical signs usually means that the lesion is fairly advanced. The absence of physical signs in the chest is no guarantee of the absence of pulmonary tuberculosis, and it is not of itself an adequate cause for failure to recognize the presence of the disease. No patient whose symptoms are at all suspicious should ever be dismissed on account of the absence of physical signs without the necessary special investigations being undertaken.

The special investigations which are of value in making diagnosis are on the whole simple to perform, and easily obtainable in the great majority of cases. The examination of the sputum for tubercle bacilli must never be omitted, for it is only on the demonstration of the organisms that an absolute diagnosis can be made. It may be necessary to examine the sputum repeatedly, possibly on a dozen or more occasions. Should there be no sputum available a swab may be applied to the larynx and a direct film made of the secretion obtained. Alternatively, bacilli may be demonstrated in the stomach washings or in the faeces in cases where sputum is genuinely not obtainable.

The temperature record may be helpful, and should always be kept in suspicious cases. The patient should be instructed to take his temperature between the hours of 4 and 6 p.m. every day for a fortnight, and the presence of any degree of pyrexia must be regarded as a clinical point in favour of tuberculosis. The reverse does not hold good, however, for in many of the earlier cases the patient may be quite afebrile, and the absence of pyrexia must not be accepted as evidence exclusive of the disease.

The X-ray examination of the chest ranks perhaps second in importance to the examination of the sputum for tubercle bacilli. Even quite early lesions are readily demonstrated as a rule, and the routine chest skiagram has to a large extent supplanted the physical examination of the chest in achieving an early diagnosis in

tuberculosis. It very rarely happens that the X-ray may be apparently entirely negative, and that tubercle bacilli may be present in the sputum, and it follows that these two investigations should be used together in all cases and not as alternatives. It must also be remembered that the shadow cast in the X-ray only indicates a lesion in the chest, and does not provide absolute proof of the nature of the lesion, so that although in practice the skilled radiologist can nearly always deduce from the skiagram that the lesion is tuberculous, yet cases of doubt occasionally arise, and in such the sputum examination may afford the conclusive evidence.

The sedimentation rate of the blood-cells has recently been extensively studied in many conditions, amongst them pulmonary tuberculosis, but as a general rule, it may be stated that the sedimentation rate tends to increase in proportion to the activity of the disease, and it is therefore of some prognostic value. It is unwise, however, to use this test in diagnosis, for many different clinical conditions may cause increase in the sedimentation-rate, and occasionally cases of proved active pulmonary tuberculosis have been encountered in which the sedimentation rate has been normal.

It can be seen, therefore, that the early recognition of pulmonary tuberculosis must depend upon the clinical suspicion engendered by the symptoms presented by the patient, possibly reinforced by consideration of the past history and the family history. In really early cases conclusive proof may only be obtained by having recourse to the special investigations of which the examination of the sputum for tubercle bacilli and the chest skiagram are complementary. It may not be possible to make a diagnosis at once, and it may be necessary to keep the patient under close observation for some weeks or even months before it is possible to be at all confident in excluding the presence of phthisis. The majority of cases which are overlooked occur because the significance of the symptoms has not been properly appreciated, and therefore the possibility of tuberculosis has not been properly considered. It is always better to be suspicious and eventually to be able to exclude the presence of the disease than to overlook a lesion in its early and most treatable stage.

JAMES MAXWELL.

POTT'S PARAPLEGIA IN CHILDHOOD: THE RESULTS OF CONSERVATIVE TREATMENT.

"THE disease of which I mean to speak," said Percival Pott, writing in 1779 of the condition which now bears his name, "is generally called a palsy, as it consists in a total or partial abolition of the power of using and sometimes of even moving the lower limbs; in consequence as is generally supposed of a curvature of some part of the spine." In 1816 the cause of this curvature was stated by Dechert to be tuberculous disease (1).

The following study of 134 cases of paraplegia with spinal caries has been undertaken from the point of view of the prognosis. The series consists of children treated at the Treloar Cripples' Hospital, Alton.

Pathology.—The prospect of cure must vary with the nature of the compressing agent. Tuberculous disease of the spine commences, as is well known, most commonly either on the anterior surface of the vertebral body or centrally; it is the latter form which may give rise to paraplegia. As the disease progresses a mass of caseous material forms in the interior of the bone, and this may become converted into a tuberculous or "cold" abscess. When the abscess has developed it has a tendency to extend. If it travels anteriorly it raises the anterior common ligament, and may spread upwards and downwards beneath it as a prevertebral abscess; or it may ulcerate through the ligament to become a cervical, mediastinal, lumbar or psoas abscess. If, on the other hand, it extends backwards from the vertebral body, it will form an abscess beneath the posterior vertebral ligament, and if this ligament ruptures; the abscess enters the spinal canal. Either beneath the ligament or in the extradural space the abscess may grow large enough to compress the cord and the vessels lying in the spinal meninges (2). From a subligamentary abscess the pressure is exerted on the anterior surface of the cord only, but from an extradural abscess the entire circumference may be constricted. There is the further danger of the dura mater being involved in the tuberculous process by direct spread of the infection.

Watson Cheyne (1) distinguished between a simple inflammatory pachymeningitis, which is present at an earlier stage, and this true tuberculous inflammation of the meninges. Soon after the establishment of the osseous focus a reflex congestion occurs in the vessels of the dura mater, giving rise to œdema and swelling of the membrane. This swelling may itself compress the cord, but with suitable treatment it will usually subside.

The later (tuberculous) pachymeningitis consists in an infiltration with endothelial cells and the formation of tubercles, and it cannot regress without the appearance of fibrous tissue. This tends to contract, and as it does so to compress the spinal cord.

The following cases treated at Alton will illustrate three stages of the disease:

CASE 1.—Jean F., born September 7th, 1930, was admitted with tuberculous disease of the left tarsal scaphoid, and for a time appeared to do well. In October, 1934, she became pale and apathetic, complaining of pain in the abdomen and back; the dorso-lumbar spine was stiff. Shortly afterwards she developed meningitis, and she died two months after the appearance of spinal symptoms. Post-mortem the body of L2 was found to contain a cavity filled with caseous matter. This extended laterally to form a small abscess in the left psoas muscle. There was also an anterior extension into the spinal canal, eroding the posterior vertebral ligament and forming a small extradural abscess. The dura mater was smooth, glistening and swollen; its vessels were congested.

CASE 2.—Joan S., born August 5th, 1930. Onset of spinal symptoms in November, 1932. In April, 1934, she developed a spastic paralysis of her lower limbs, but by November of the same year she was moving her legs well. In February, 1935, she died of intestinal obstruction, due to adhesions around tuberculous abdominal glands. Post-mortem the bodies of D4, D5 and D6 were seen to be partially destroyed and collapsed. There was a semi-calcified extradural abscess entirely surrounding the cord and slightly constricting it; the dura mater was swollen.

CASE 3.—Albert J., born in May, 1928. Developed signs of spinal disease in January, 1931; in June, 1931, his legs became paralysed. He recovered from the paraplegia during the next eighteen months, but relapsed and also developed pulmonary disease; after another partial recovery he died in April, 1934. Post-mortem the remains of an abscess were found, surrounding the cord external to the dura mater. The dura was diseased and scarred, and the cord was compressed to a third of its normal width. Microscopically, endothelial cell systems were seen in the dura mater, and the tracts of the cord were largely disorganized and unrecognizable.

Three causes of the paraplegia of spinal caries have now been considered, namely abscess-formation, simple œdema of the meninges, and tuberculous pachymeningitis. Although in the majority of cases one or other of these is responsible, they cannot be regarded as being always distinct; an œdema precedes the formation of an abscess, and an abscess may give rise to a pachymeningitis. At a late stage in an unfavourable case there may be a tuberculous myelitis of the cord, the meninges outside this being extensively involved by infection from an abscess, and the abscess possibly containing fragments of vertebral bodies as sequestra. Even in cases where the active disease has ceased, if there has been much destruction of the bodies and much deformity, a paraplegia may result many years later from the cord being stretched at the point of angulation. The following is an example:

CASE 4.—Gordon E., born in September, 1915. Developed spinal disease at 5 years, and recovered with considerable deformity. He was well and active until he was 17, when his legs became weak, he dragged his right foot and was inclined to lose his balance. He improved, but had two further relapses in the next eighteen months. His spinal canal was explored by Mr. H. A. T. Fairbank: the cord

was found to be flattened and white at the angulation, and it was not pulsating.

The patient was 19 at the time of operation. This type of case occurs as a rule in patients who are older than the children at Alton, and there will be no need to refer to it again in this paper. It was well described by H. J. Seddon in a recent Hunterian Lecture.

The effects of compression.—The immediate result of compression is an interference with the circulation of the blood, the lymph and the cerebro-spinal fluid. The veins, and later the arteries, become engorged, and there is an exudation of fluid into the meninges and into the cord itself. The nutrition of the nerve-cells and nerve-tracts is disturbed, their degeneration being secondary to the vascular effects. The protein-content of the cerebro-spinal fluid is increased and lymphocytes may accumulate in it. In one case lumbar puncture found the cerebro-spinal fluid under considerable pressure, and the fluid contained 955 small lymphocytes per c.mm., but this is exceptional.

In three post-mortem examinations of patients who died with paraplegia and with a collection of caseous material in the spinal canal, Gordon Holmes (3) found microscopically that the vessels were congested, there was some perivascular round-celled infiltration and glial sclerosis, and the myelin sheaths were disorganized. There was no ascending or descending degeneration of the nerve-fibres. In these cases the paraplegia had existed for periods between six months and one year before death. Since there is no regeneration of the tracts of the central nervous system, the prolonged resistance of the neuronic fibres to the effects of compression must be emphasized.

It is unusual to have the opportunity of examining the spinal cord after a recovery from paraplegia. In Case 2, however, of those already described, this was possible. The child died three months after recovery from a paralysis of six months' duration. Sections stained by the Weigert-Pal method showed no abnormality.

Mme. Sorel (4), on the other hand, in two cases found degeneration of the axis cylinders and alterations in the cells of the anterior cornua, as well as fragmentation of the myelin sheaths. In a further case she found tuberculous infiltration of the meninges with typical ascending and descending degeneration; and in another where there was a deposit of tubercles actually in the cord, the microscope revealed a true tuberculous myelitis. Other writers have found thrombosis of the vessels and ischaemic softening of the substance of the spinal cord (5).

The motor phenomena of paraplegia.—The manifestations of compression in the motor system are of two

kinds—the segmental motor signs, and the pyramidal signs. The segmental signs (which are not common) are due to injury of the anterior cornua or the anterior roots at the level of the constriction; as well as the paralysis below that level there is a muscular atrophy localized to the level concerned. The pyramidal signs depend on injury to the antero-lateral columns of the cord, and are those of an upper motor neurone paralysis. The following is an example:

CASE 5.—Vera B., born August, 1929. Spinal disease diagnosed in March, 1932. In September, 1932, she developed a spastic paresis of the lower limbs; sensation was normal, the abdominal reflexes were lost, the knee-jerks and ankle-jerks were exaggerated, the plantar response was extensor; she had incontinence of urine and faeces. X-rays showed caries of D8, with a small abscess. In April, 1933, she recovered from the incontinence; in September, 1933, her muscle power had returned, but her knee-jerks were still brisk. By September, 1934, she was walking strongly.

This is the common type of Pott's paraplegia. In a typical case the muscles of the lower limbs are all implicated to an equal degree; there is a spastic paralysis with the limbs in an extended position. A flexor type of spastic paralysis occurs only in diffuse lesions, in which not only the pyramidal motor paths but also the extrapyramidal are injured (6); the lower limbs are strongly flexed at the hips and knees, and dorsiflexed at the ankles, in the fetal position. In one case at Alton involuntary flexor movements were strong enough to cause spontaneous fracture of both femora, and in another both hips became dislocated. In this type the knee-jerks and ankle-jerks are weak or absent, owing to comparative loss of tone in the extensor muscles, and ankle clonus cannot be obtained. The infrequency of tonic contractions of the flexor groups would appear to indicate that the extrapyramidal tracts, which in the course of development are the earlier formed (7), are more resistant to the effects of pressure than the later-developed and more specialized pyramidal fibres. These flexor contractions, and other involuntary movements, suggest a bad prognosis, although some such cases do recover.

The next case, an adult treated at St. Mary's Hospital, Portsmouth, is quoted to illustrate a number of atypical manifestations; she had early sensory symptoms, a segmental lesion and a flexor-spasm type of paraplegia.

CASE 6.—Phyllis D., æt. 21, who had previously been operated on for tuberculous salpingitis, noticed a prominence at the back of her neck, in which she felt a constant ache. A week later her lower limbs became numb, and within a few days she was totally unable to move them. She noticed no weakness of her upper limbs, but examination demonstrated a paresis of the adductors at the shoulders, of both triceps muscles, and of the flexors and extensors of the wrists, especially on the right side; all finger movements were weak. She quickly developed a wasting of the thenar and hypothenar eminences, and of the interossei, with a "main en griffe" deformity. The intercostal and abdominal muscles were paralysed; the lower limbs were paralysed and had involuntary flexor spasmus. She had loss of sensation to light touch, pin-prick and temperature below the

level of the second rib, as well as of the ulnar side of the palm and little finger of the right hand; joint sense in the lower limbs was lost. The pupils reacted normally; the pilo-motor reflex was disturbed at the level of the second rib; the upper limbs were flaccid, the lower limbs spastic. She had control over her bladder and rectum for the first two months of the disease, but later they became affected. Her menstruation ceased. Her skin was dry and rough below the level of the fifth rib. X-rays showed rarefaction of the bodies of the fifth, sixth and seventh cervical vertebrae. Her condition was a paraplegia with signs of root-pressure superimposed.

Rarely (in 1 case out of 32 under personal observation) there is a widespread "hyperspasmic" contraction of all the muscles involved below the level of the lesion; the patient lies with the lower limbs extended, quite rigid and strongly pressed together, and with the lumbo-sacral and abdominal muscles taut. Any attempt at interference throws them into an even more intense state of spasm. Another unusual paralysis is a completely flaccid type (also 1 case in 32). Both of these forms indicate a bad prognosis.

Other phenomena.—The sensory phenomena vary widely in degree and in the manner of their appearance. A transient spastic paresis may be unaccompanied by sensory symptoms, but in most cases of true paraplegia a disturbance of the sensory function may be detected at one time or another. It is seldom an early sign, and the loss of sensation is seldom complete. At first there may be cramp-like pains in the affected limbs, and later there is impairment of recognition for touch, pain and temperature, and loss of joint-sense. Hyperæsthesia is uncommon. A severe or prolonged sensory loss indicates a considerable degree of compression.

Abnormalities of the reflexes are not uncommon during the course of spinal disease, and a temporary exaggeration of knee-jerks and ankle-jerks need have little significance. It may, on the other hand, be the first sign of an incipient paralysis. A plantar response which is consistently extensor must be taken as evidence of an organic lesion of the pyramidal system. As a paraplegia resolves, the signs in the tendon and cutaneous reflexes are usually the last to disappear. The visceral reflexes may also be involved. Normally the bladder reacts to filling and distension by means of a local contractile mechanism, which is related to co-ordinating neurones in the lumbo-sacral cord. Voluntary control of micturition may be considered as a facilitation or inhibition of this mechanism, and its development in an infant probably consists in the building-up of the inhibitory impulse (8). On the removal of higher control, as in paraplegia, micturition becomes once more a primitive reflex act; the urine, and in a similar way the fæces, are passed involuntarily. If the reflex is imperfect there are periods of retention (occurring in 3 out of the 32 personal cases). Constipation is usual, and a form of paralytic ileus may supervene (1 case).

The innervation of the hairs, sweat-glands and grease-glands of the skin from the vegetative system is also disordered. Urinary incontinence is not of itself an indication of a serious paraplegia; it is present in nearly half of the cases, and passes off, but it may predispose to a troublesome and intractable urinary infection.

Secondary to a long-standing paraplegia in childhood there is a failure of development on the part of the skeleton, giving rise to a characteristic appearance. The pelvis remains infantile; in contrast the thorax is wide, and the ribs are splayed owing to impaired action of the internal and external oblique muscles. The long bones of the thigh and leg do not grow at the normal rate. In 4 cases at Alton, X-rays showed that the appearance of the secondary centre of ossification of the os calcis (normally present at nine years) was delayed, and it is probable that in older children the later secondary centres are similarly retarded. An equinus or equino-varus deformity of the feet may arise, and although it is usually attributed to mechanical factors, it is tempting to relate it to Keith's theory for the causation of congenital talipes.

Results of treatment.—Of 1642 cases of spinal caries admitted to the Treloar Hospital, 134, or 8.2%, were paraplegic at some stage of the disease. The age at the time of onset was as follows:

Two years and under	35 cases.
Between 3 and 5 (inclusive)	55 "
" 6 and 10 " 	29 "
11 and over	9 "
History indefinite	6 "

The mid-dorsal and upper dorsal regions were the commonest sites of the vertebral disease. In only 15 cases with paraplegia was there a palpable abscess; and aspiration or sinus-formation in these was usually followed by improvement in the paraplegic symptoms. Mediastinal abscesses, shown by X-rays, were not uncommon. Ambulant treatment of the spinal disease at the initial stage and late diagnosis were predisposing causes for paraplegia. The degree of deformity was not a relevant factor in these children.

From a detailed analysis of 40 cases, 7 of whom were examined post-mortem, Mme. Sorel (4) has attempted a correlation of the clinical findings and the pathology. She reaffirms that Pott's paraplegia is most often due to abscess-formation and pachymeningitis, and states further that each of these conditions can be recognized by its characteristic symptoms. The typical tuberculous abscess, in any position, forms slowly, requiring some weeks or months for its development; it persists for a similar period, and then tends, under treatment, to

become absorbed. In the spine an abscess typically causes a paraplegia six months to a year after the commencement of the disease, and its symptoms follow each other fairly rapidly as the abscess enlarges; they persist for a while, and then resolve as the abscess diminishes (*cf.* Case 5). Of the two forms of pachymeningitis, the simple œdema gives rise to symptoms of compression which are transient, unless an abscess forms in addition; the paralysis is seldom complete. The true tubercular pachymeningitis is a later complication of spinal disease, and it is a slow and gradual process. Paraplegia from this cause is therefore a late manifestation; its onset is insidious, and it tends to progress rather than to resolve (*cf.* Case 3). Calvé agrees with Mme. Sorel that abscess-formation is the commonest cause of paraplegia (9).

Every case of paraplegia is not so clear-cut as Mme. Sorel suggests, and other factors may be concerned (10), but her assumptions do in many cases give a valuable indication of the prognosis. Grouped by this classification the 134 cases may be tabulated as follows:

Early paraplegia with definite course	55 cases.
Late paraplegia with indefinite course	31 "
Transient paraplegia	17 "
Other cases, including paraplegia at a recurrence of spinal disease	31 "

The whole series was treated by conservative methods (11), although 5 cases later underwent operations for decompression. The results were as follows:

Of 48 cases in which the paraplegia was of comparatively early onset and followed a more or less definite course, 35 recovered and were discharged walking; 4 were removed by their parents before the completion of treatment, and 3 died; 6 were unimproved and were discharged paraplegic.

Of 26 cases of paraplegia with a later onset and following an indefinite course, 12 recovered, 2 were removed by their parents, 11 were discharged without improvement, and 1 died. Most of the unimproved cases were complicated by some intervening condition, such as urinary infection, calculus-formation or pulmonary disease, so that their general state was poor.

Of 16 cases of paraplegia at a recurrence of spinal disease, 12 recovered, 3 were discharged without improvement, and 1 died. This group cannot be subdivided according to the probable cause of compression.

There were 17 cases of transient or "threatened" paraplegia presumably due to œdema, and as the œdema subsided the paraplegia passed off.

Of 13 cases with indefinite histories, who cannot be included in the foregoing groups, 9 recovered and 4 were discharged without improvement.

The remaining cases are still under treatment.

These results may be summarized in the following form:

Type of case.	Recovered.	Unimproved.	Removed.	Died.	Total.
"Early cases"	35	6	4	3	48
"Late cases"	12	11	2	1	26
Transient cases	17	17
Paraplegia at recurrence	12	3	...	1	16
Indefinite	9	4	13

It is worth noting that whereas the first two groups were at one time equally frequent, the more favourable class of case is now the commoner. This represents an improvement in the prognosis, which is no doubt due to earlier diagnosis than formerly, and to the earlier institution of treatment. It must be admitted that a certain number of recurrences take place after discharge, but the children from Alton go to poor homes, and it is possible that some of the recurrences might be prevented.

To resume, of 134 cases of Pott's paraplegia, 14 are still under treatment; of the remaining 120 cases, 85 were discharged walking after conservative treatment and 35 were unsuccessful.

Conclusion.—There are grounds for a reasoned optimism as to the result of treating children by conservative methods. Owen Thomas (12) went so far as to say that he welcomed a paraplegia, since it ensured the immobilization of the patient. The non-operative treatment is based on two considerations:

1. The spinal cord is able to withstand the effects of compression for a considerable time.
 2. A tuberculous abscess tends to become absorbed if the spine is effectually immobilized.
- A prognosis may be based upon the following points:
1. If the paraplegia supervenes during the first year of the spinal disease and if it is fairly rapid in its onset, the prospects of recovery are good.
 2. If it comes on late, and its onset is gradual, if there are severe flexor spasms, and if there is profound sensory loss, the chances of recovery are reduced.

Note.—The cases treated at the Treloar Hospital, Alton, are quoted by permission of Sir Henry Gauvain; Case 6 by permission of Dr. Macpherson, of St. Mary's Hospital, Portsmouth. Reports on post-mortem material and cerebro-spinal fluids have been furnished by Dr. R. L. Vulliamy, of the Dunn Laboratory, Oxford.

REFERENCES.

- (1) WATSON-CHEYNE, W.—*Tuberculous Disease of Bones and Joints*, 1895.
- (2) GIRDLESTONE, G. R.—"Operative Treatment of Pott's Paraplegia in Adults," *Brit. Journ. of Surg.*, 1931.

- (3) HOLMES, GORDON—"Focal Lesions of the Central Nervous System," *Brain*, 1906.
- (4) SOREL-DEJERINE—"Contributions à l'Etude de Paraplégies Potiques," 1925.
- (5) BUZZARD and GREENFIELD—"Pathology of the Nervous System," 1926.
- (6) STEWART, PURVES—"Diagnosis of Nervous Diseases," 1932.
- (7) KEITH, ARTHUR—"Human Embryology," 1933.
- (8) DENNY-BROWN, D. E., and GRAEME-ROBERTSON, E.—"Physiology of Micturition," *Brain*, 1933.
- (9) CALVÉ, J.—"Un Nouveau Traitement de Paraplégies Potiques," 1918.
- (10) SEDDON, H. J.—*Brit. Journ. of Surg.*, 1935.
- (11) GAUVAIN, H. J.—"Tuberculous Disease of the Spine," *Brit. Med. Journ.*, 1925; "Treatment of Tuberculous Disease of the Spine," *Lancet*, 1926.
- (12) WALLACE, CHARLTON (quoted by).—"The Occurrence of Compression Paraplegia in Pott's Disease," *Journ. of Bone and Joint Surgery*, 1924.

M. H. CHURCHILL.

A TEXT-BOOK TRANCE.

PERHAPS a preliminary excuse is necessary for what is about to follow. It came in a dream, and thus I put the blame on my subconscious, exonerating my conscious self, too innocent to think of such things unaided.

After a week-end's work in preparation for the much-dreaded "final brain" viva I crawled into bed and dreamt. I dreamt of cinguli curling around each other, I saw ventricles turning inside out and displacing all their relations, I watched Willis's circle trying to adapt itself to circumstances and squeeze itself away from the classic heptagon to the more æsthetic full-bodied circle. Finally there came the horrible part: I dreamt that the *Daily Mail* had chosen its new "Book of the Month". Clear as crystal came the vision; it was *Cunningham's Manual of Practical Anatomy*, Volume III.

This was enough. I awoke and lay in feverish stupor, letting my thoughts run their free course. What if such a thing did come to pass? Could our literary reviewers make such mistakes? Would this be a precedent, and would the second- and third-year students find their text-books promoted to the pages of the *Sunday Times* and *Observer*? Sketchily I saw a few paragraphs, extracts from the new book criticisms:

Gray's Anatomy, Descriptive and Applied.

" . . . So thrilling that it kept me tense up till long past bed-time. The author of this magnificent book has a masterful style which ranks him at once among the best of contemporary writers. Here will be found truth and stark realism. . . . Not a book for the squeamish; the facts are faced as never before."

Fraser: Anatomy of the Human Skeleton.

" . . . An able and witty book. . . . Enjoyable situations. Good, clean fun."

Hartridge and Haynes: Histology for Medical Students.

"The poetry of this slim little volume comes as a refreshing intruder in these days of sordid outpourings from neurotic minds. Here we have delicate imagination in happy combination with high artistry. The number of colour plates which accompany the text give a pleasing effect not often to be found in such volumes. . . . A beauty all its own."

Rawling's Surface Markings of the Human Body.

" . . . Sets out to contradict its contemporaries in riotous and fearless fashion. . . . Highly controversial. A new viewpoint not without interest."

Samson Wright: Applied Physiology.

"This book will appeal only to a limited few. The school of naturalism in which all the details of life are pitilessly put forward is well represented here in the best traditions of Zola. Take this extract in which the hero is on the point of being sick (p. 495):

"Nausea was first experienced, secretion of saliva was increased and breathing became deep, rapid and irregular. The flaccid stomach was compressed and the gastric contents were therefore driven into the dilated œsophagus. Some of this material was at once expelled from the mouth; some was moved up and down the œsophagus. Towards the end of the act of vomiting the diaphragm relaxed."

Cunningham's Manual of Practical Anatomy.

"The three volumes of this solidly-bound work will be welcomed by all in search of a hobby. The clear instructions given and the pains taken in all details will provide hours of enjoyable occupation. . . . An ideal gift for the handyman."

Arey: Developmental Anatomy.

"Lovers of mystery stories are used to find action in their books revolving around death. Here the situation is reversed and the reader follows

breathlessly the steps in the building-up of life. There is much that is gruesome, but much, too, in a lighter vein, with a very comical effect brought about by a new style in orthography and use of adverbs. This is splendid holiday reading."

At this point I could bear it no longer; some ideas are too great a strain for even the strongest man. With a tremendous effort I pulled myself together, dressed slowly and went out deep in thought and melancholy—out to my viva.

A. S. PLAYFAIR.

A CASE OF TORSION OF THE OMENTUM.

ALTHOUGH statistics show that an increasing number of cases of torsion of the omentum have been seen lately, it still remains a rare abdominal emergency, and one which is seldom diagnosed correctly before operation.

The signs and symptoms generally lead to a diagnosis of—

- (1) Acute appendicitis. Morris, who has collected 217 cases, finds that 60% have been diagnosed as such.
- (2) Acute cholecystitis.
- (3) Strangulated hernia. A number of cases have been associated with an existing hernia, and in these the torsion has occurred within the hernial sac.

Although the following case was not definitely diagnosed as any of the above, the actual condition found at operation had not been previously suggested.

Mrs. Rosina B—, æt. 63, a housewife, was admitted to Heath-Harrison Ward on July 7th, 1935, under the care of Mr. Harold Wilson.

She was complaining of pain in the right side of her abdomen. The history of the condition was that apart from chronic dyspepsia, from which she had suffered for years, she had been quite well until two days before admission, when there was a sudden onset of pain in the right upper quadrant of the abdomen. The pain, which was of a severe stabbing nature, did not radiate anywhere. Her abdomen was so tender that she could not bear even the lightest pressure upon it.

She did not think that the pain was in any way related to the taking of a normal meal some four hours before the pain began. Just prior to the onset of the pain she had had a severe attack of sneezing.

She had nausea, but did not vomit. Her bowels had previously not been opened for two days, but this was nothing unusual. The pain persisted and was not relieved by taking medicine, and her doctor sent her up to St. Bartholomew's Hospital, where she was admitted in the evening.

On admission she was seen to be an ill-looking woman, obviously in considerable pain, which she localized to the right upper abdomen. Her temperature was 100.8° F., her pulse 108. Her tongue was furred.

On examining her chest râles were heard at both bases, and a systolic murmur was heard at the apex, while there was accentuation of the second sound at the aortic base.

Examination of the abdomen.—The abdomen, which was well curved, was seen to be fuller on the right side than on the left. It was not moving well on respiration.

She was very tender on the right side, where a large tumour could be palpated.

The tumour, which was roughly circular in shape, occupied the greater part of the right upper quadrant and part of the right lower quadrant, while it also extended slightly to the left of the umbilicus. Its upper limit lay about 1½ in. below the right costal margin. Its surface was smooth; and although it was so tender, the abdominal muscles were not rigid. It was soft in consistency and moved with respiration. On percussion it was dull.

The liver was just palpable; but there was a 1-in. band of resonance between the costal margin and the upper limit of the tumour.

A vaginal examination did not suggest that the tumour was arising from the pelvis.

Her urine showed no abnormality. An enema gave a good result, the motions appearing normal.

The patient was given ½ gr. of morphia and spent a fairly comfortable night.

The next day the swelling appeared perhaps a little larger and firmer in consistency, but the symptoms were unaltered.

Tentative diagnoses of (1) ? mucocœle of the gall-bladder, (2) ? twisted ovarian cyst had been put forward.

Operation.—An exploratory laparotomy was performed in Theatre D on July 8th, 1935, by Mr. Harold Wilson. G.O.E. anaesthesia was used.

The abdomen was examined under anaesthesia and it was decided that the swelling was not a gall-bladder, because it was easy to get above it and thus had no connection with the liver. It was also possible to get below it, and was, therefore, unlikely to be arising from the pelvis.

A right paramedian incision was made. The posterior layer of rectus sheath and peritoneum was seen to be oedematous, and on carefully opening it up, a blood-stained fluid exuded from the peritoneal cavity.

On enlarging the peritoneal opening a large purple mass was seen, which on examination was found to be a large part of the great omentum, which had undergone torsion. The pedicle of the torsion was situated near the pylorus. Several adhesions were present between the twisted omentum and the transverse colon. These were separated, and the whole mass, which was roughly the size of two fists, was removed by ligaturing and dividing the great omentum above the torsion. (The gall-bladder was normal.)

The patient was feeling quite free from pain on the day after operation and made an uninterrupted and speedy recovery.

CAUSE.

The cause of the condition is unknown.

Torsion of a piece of omentum contained in a hernial sac is an occurrence which is fairly easy to visualize. Especially is this so when we consider the many and varied positions which the structure takes up when meeting with all types of abdominal emergency.

In the above case it is not so simple to envisage the cause. John Homans states that instances have been recorded in which a violent attack of coughing or sudden abdominal movement has immediately preceded the onset of the pain. It will be remembered that in this case the patient remembers having had a severe attack of sneezing soon before the onset of her symptoms. Whether this can really be associated with the cause remains a debatable point.

I wish to thank Mr. Wilson for his permission to publish this case.

REFERENCES.

- SALUSBURY, C. R.—*Brit. Journ. Surg.*, July, 1935.
HOMANS, J.—*Textbook of Surgery*.

G. HERBERT.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,161	10	10	(71)
Demonstrators	1,758	2	0	(70)
Old Bart.'s men:	1,441	10	3	(315)
†Bedfordshire	40	13	6	(8)
‡Berkshire	123	3	0	(16)
†Buckinghamshire	82	4	0	(15)
†Cambridgeshire	194	6	0	(18)
†Cheshire	6	16	6	(3)
†Cornwall	32	12	0	(9)
†Cumberland	3	0	0	(4)
†Derbyshire	19	14	0	(5)
†Devonshire	574	0	0	(53)
†Dorset	52	11	6	(14)
†Durham	17	7	0	(4)
†Essex	264	3	6	(22)
†Gloucestershire	238	7	6	(27)
†Hampshire	477	7	0	(49)
†Herefordshire	17	12	0	(4)
†Hertfordshire	86	13	0	(18)
†Huntingdonshire	5	3	0	(1)
Isle of Wight	191	13	0	(13)
†Kent	587	4	0	(72)
†Lancashire	117	4	6	(15)
†Leicestershire	136	15	0	(7)
†Lincolnshire	60	8	0	(8)
†Middlesex	463	5	0	(33)
†Norfolk	178	0	6	(21)
†Northamptonshire	59	14	6	(6)
†Northumberland	101	1	0	(2)
†Nottinghamshire	24	3	0	(5)
†Oxfordshire	231	15	0	(22)
†Rutland	1	1	0	(1)
†Shropshire	38	1	0	(10)
†Somersetshire	1,782	6	4	(28)
†Staffordshire	194	18	0	(6)
†Suffolk	325	5	0	(26)
†Surrey	519	14	0	(60)
†Sussex	643	12	0	(60)
†Warwickshire	209	14	0	(23)
†Westmorland	2	10	0	(1)
†Wiltshire	1010	11	0	(12)
†Worcestershire	161	1	0	(25)
†Yorkshire	348	1	6	(28)
Wales	69	12	0	(20)
London	7,652	9	8	(205)
Channel Islands	20	0	0	(2)
Scotland	15	5	0	(5)
Abroad	119	1	0	(13)
South Africa	376	15	6	(20)
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	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	644	14	6	(47)
Services	66,075	10	5	(545)
Others	17,990	16	0	
Lord Mayor's Appeal	8,000	0	0	
Funds of College	20,000	0	0	
Value of Building	20,000	0	0	

£148,456 13 10

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

STUDENTS' UNION.

CRICKET.

AVERAGES, SEASON 1935.

Played 20: Won 5, lost 8, drawn 6, tied 1.

	Batting Averages.				Average.
	Runs.	Innings.	Times not out.	Highest score.	
J. North	103	4		52	26.25
J. S. Johnstone	209	10		50	20.9
F. E. Wheeler	69	4		41	18.25
D. J. A. Brown	174	10		50	17.4
M. H. Harmer	156	11		31	13.9
W. M. Maidlow	150	11		39	13.5
C. R. Morison	109	8		46	12.5
K. Mundy	163	14	1	50	12.5
R. Dolly	143	10		23*	12.5
J. Craig Cochrane	75	11	5	20	12.4
S. Heyland	62	5		20	8.5
C. M. Dransfield	70	8		13	7.0
J. Simpson	35	12	7	18	6.1
C. G. Nicholson	37	6		12	5.4
J. J. Slowe	27	7	2	12	

	Bowling Averages.				Average per wkt.
	Overs.	Mdnns.	Wkts.	Runs.	
R. G. Gilbert	102	2	1	69*	102.0
F. Masina	94	1		94	94.0
J. Craig Cochrane	160	31	440	40	11.0
M. H. Harmer	41	4	260	15	17.3
R. Mundy	115	21	565	30	18.8
J. Simpson	93	15	378	14	27.0
R. Dolly	57	8	242	8	30.25

B— COLONIALS v. THE WHITE MEN.

There has long been an undercurrent of feeling amongst a certain section of the Hospital that, but for the Colonials, sport at this Hospital would be at an even lower level than it is, if possible. The last match of the season took the form of a challenge with this as its basis, and while conforming to most of the rules that some of the players knew, it was at no time taken too seriously, providing a close finish and a most amusing match throughout.

Mr. Cochrane, speaker of the greatest number of languages, captained the Colonials, but losing the toss was put in to bat. Mr. Masina and Mr. Dolly opened for the Empire, but with 13 runs on the board Mr. Whitteridge, a former dental H.S., extracted the off ball, to send "Ghandi" back. Dolly was now joined by Mr. Blusger, who, whenever his partner failed to find the boundary, ran very fast between the stumps, until Mr. Capper, who, judging by his action, was bowling very tricky stuff indeed, happened to hit the stumps to send Blusger back, and later had Dolly caught. Mr. Williams came in and began to hit well and truly, but seemed to take the game a little more seriously than most, and was later run out.

42 for 4 was hardly giving the men a knock, and in a generous gesture Mr. Gilbert was thrown the ball. His bowling is better known as the "scourge of Honor Oak", since on the last occasion Bart.'s played this Club he was hit so far out of the ground that they had to leave and have never been able to play since—well, not lost their ball and have never been able to play since—well, not against Hart's anyway. Mr. George Ellis had now reached the wicket from Polynesia, but whether it was the grass wickets that unsettled him, he misjudged a delivery and had his off stump knocked back.

There was some difficulty in persuading Mr. Ellis that a ball, even if bowled by Mr. Gilbert, hitting the wicket and removing the balls counted out—anyhow after claims to both umpires and shouts from the whole field, which was getting definitely ugly, he left slowly for the pavilion.

Mr. Mundy then came to the wicket and immediately attacked the bowling confidently until deceived by one of Mr. Gilbert's deliveries actually boncing—he was "yorked". Mr. Cochrane then gave a lively display of hitting, receiving considerable support

from Mr. Littlepage, and putting runs on fast. Mr. "Alf" Evans came on to bowl at this stage, heavily disguised as J. C. Clay, of Glamorgan, deceiving even the scorer, Mr. Percy Armstrong, who had to ask the bowler's name. Other bowlers, too, were tied, of whom Mr. Kingdon had the smoothest delivery, while Mr. Hadfield's left hand disappeared behind his back in a most deceptive manner. We can't help feeling that if the ball had bounced nearer the wicket in some cases the batsman would have stood a better chance of hitting it. Mr. Cochrane continued to hit in most directions, mainly intentional, until eventually stumped by Mr. Swinstead, who "kept" very well throughout, and the innings closed for 170 runs.

The White Men opened rather shakily, Mr. Maidlow being caught with only 2 runs on the board, but this enabled Mr. Latter to bring his own bat, of venerable vintage, to the wicket. He seemed to remember playing left-handed at school, and some deft sweeps to leg made Mr. Blusger retire to a safer distance in the field. Wickets began to fall rather rapidly until Mr. Wilson stemmed the tide with some very stylish batting; runs came quickly till approaching his 50 he began to remember that after all he had been born in India, and it was hardly fair, so he ran Mr. Gilbert out and did his bit by the Colonials.

Mr. Capper, endeavouring to play a captain's innings—whatever that may mean—overheard comments in the slips concerning stone-walling, and at once began to open his shoulders, and after finding the boundary twice was well caught by Williams off a good hit going well for the tennis courts. Mr. Whitteridge stayed for a short while, and Mr. Evans for an even shorter period—no doubt the light was getting bad, but sporting instincts over-ruled a claim—and eventually Mr. Wilson was caught at the wicket by Mr. Butt with only 15 runs to win.

Although a victory for the Colonies, we hardly consider it decisive enough to assume any superiority over those representing the Motherland.

We are indebted to Mr. Armstrong for scoring and taking the team photo with his finger over the lens.

B— COLONIALS.

F. H. Masina, b Whitteridge	4	Littlepage, c Kingdon, b Howard Evans	19
R. C. Dolly, c Wilson, b Capper	18	L. Grossmark, not out	14
I. N. Blusger, b Capper	7	A. Z. Butt, st Swinstead, b C. Williams, run out	22
C. Williams, run out	22	Perrott	4
A. H. Ellis, b Gilbert	0	Saltman, st Swinstead, b Kingdon	10
R. Mundy, b Gilbert	14	Extras	6
J. Cochrane, st Swinstead, b Perrott	49	Total	170
C. G. Nicholson, c Swinstead, b Whitteridge	3		

Bowling: The whole team—very badly.

THE WHITE MEN.

R. G. Gilbert, run out	28	W. M. Capper, c Williams, b Littlepage	17
W. M. Maidlow, c Cochrane, b Mundy	0	M. Whitteridge, c Williams, b Cochrane	11
K. Latter, c Williams, b Masina	9	S. Hadfield, c Littlepage, b Mundy	1
J. C. Newbold, c Cochrane, b Mundy	3	A. Evans, b Cochrane	1
J. Kingdon, c Mundy, b Ellis	3	J. Perrott, not out	6
P. O. Swinstead, b Dolly	0	Extras	16
J. D. Wilson (India), c Butt, b Mundy	61	Total	156

Bowling: Mundy 4 for 25.

INTER-UNIVERSITY SAILING.

For the Inter-University Sailing Matches held on the Clyde in August, London University was represented by the United Hospitals Sailing Club and all members of the team came from Bart's.

The races were sailed in boats of the International 0-Metre Class which had kindly been lent for the week by their owners, one paid hand being carried, who was not, however, allowed to do anything except in emergency.

There were eleven entrants, and as only six boats were available two heats were arranged of four races each to decide the six finalists. We managed to survive these, getting second place to Cambridge in our heat, and acquired valuable experience in the handling of the boats and their gear.

In the final six races were sailed, one in each of the boats, and luck came in to the extent that two of them were definitely better than the rest in light weather, and two others only started to move when it blew hard, so that the somewhat variable weather we had may have had some slight effect on the final result.

In the first race we managed to get the best of the start, which was a leeward one, and managed to lead the whole way, with R.N.E.S. Keyham sitting on our tail. However, we kept them in the right place, finally beating them by 8 seconds.

The second race was perhaps the most satisfactory of the series from our point of view, as we got away with a port tack start, just managed to cross the rest of the fleet, and then sailed round, gradually working out a lead of some 10 minutes. The race wasn't devoid of all excitement, however, as it was blowing hard, and in one vicious rain-squall our parachute spinnaker took charge while being doused, giving us two or three minutes of hectic work before it was got out of harm's way into the cockpit.

The wind had eased off for the third race, and a sudden lull and change in direction left us a bad last at the start where we had intended to try the port tack game once more. However, luck served us well, and we ran up on the fleet during a period of almost complete calm, and managed to break through to weather into second place, but were unable to catch Oxford, who won quite comfortably.

The fourth race developed into a drifting match, which was particularly unfortunate for us as we were in "Maida", who likes a good heary breeze, and we gradually dropped back after a good start and finished no better than fifth, Keyham just beating Oxford into second place.

The fifth race started quite favourably for us, and at the leeward mark on the first round we were lying well up and within striking distance of Oxford, who were leading. Cambridge, however, were sitting on our weather and carried us on behind a laid-up steamer, whereby we both overtook the mark by a long way and let the rest of the class through, while to add to our troubles it started to blow, and "Sabina" lay down with her lee deck awash and wallowed, so that we finished a not very dignified last, Oxford once more getting a second, being beaten by Edinburgh.

At the start of the last race Oxford were leading by 14 points, while we were 4 point ahead of Keyham. The wind was moderate but gusty and none too reliable. Oxford got a poor start and were last round the leeward mark, Cambridge in the lead followed by ourselves and Keyham. We all started the beat to windward on the port tack save Oxford, who stayed sharp round and, sailing extremely well, and helped by the wind veering some 2 points, fetched the weather mark with a short lead over Edinburgh and Cambridge, with Keyham still just astern of us. On the short run that followed, however, Keyham ran up and got the inside berth at the next mark, which put her ahead. The next leg was a reach and we tempted her into a luffing match, but could not get through and started the final beat to the finish with her still ahead. However, we managed to get past after a fierce bout of short tacking, and finished fourth, Oxford just winning from Cambridge, with Edinburgh Third.

Oxford thus won comfortably by 5 points and we just scraped home as runners-up, but the whole week was extremely good fun and the issue was in doubt right up to the last minute, while the kindness and hospitality we received remains one of the pleasantest memories of our visit.

The final placings and score were:

1. Oxford	28½ points.
2. London	23½ "
3. Keyham	22½ "
4. Cambridge	20 "
5. College of Domestic Science	16 "
6. Edinburgh	15½ "

Crew: M. W. L. White (helmsman), G. A. Fairlie-Clarke, I. R. Hart and D. Boyle.

pages a clear and conscientious account of rheumatic fever and chorea, and an analysis of other conditions—arthritis, fibrositis and kindred ailments—which are commonly and unfortunately grouped together as "rheumatism" in the practitioner's and lay mind.

Several chapters are devoted entirely to methods of treatment of the various conditions, some of which are not perhaps within the scope of the average practitioner, and modern treatments have been included in the second edition, notably gold-salt therapy, bee venom and histamine.

The relative value of spa treatment in general and English resorts in particular is stressed, and the progress of British spas since the war has made them superior to others on the Continent.

"Rheumatism" causes more unemployment than any other disease in this country; in this book will be found a clear account and a most helpful system of diagnosis and treatment of the associated complaints, and no one can read it without interest and pleasure.

LAMENT.

[On an impecunious graduate who, having neglected an essential part of the medical curriculum, lost thereby a lucrative "locum" job.]

Ah, what avails M.R.C.S. !
Ah, what M.R.C.P. !
What D.P.M. or D.P.H.,
Or F.R.C.S.E. !

Joe Saylmer, had you all these five,
They were not worth a D—,
For one must add (since you can't drive)
Another . . . N.B.G. !

N. E. S.

CHANGES OF ADDRESS.

AINSWORTH-DAVIS, J. C., 69, Harley Street, W. 1. (Tel. Welbeck 8825.)

AUSTEN, H. W. C., "Dormy Pool", Aldeburgh, Suffolk.

BARNLEY, A., Brown Eaves, Tangier Road, Guildford.

BROOKE, C. O. S. B., 99, The Avenue, Muswell Hill, N. 10.

GASK, G. E., Hatchmans, Hambleden, Henley-on-Thames.

ROBERTS, J. E. H., 19, Cavendish Square, W. 1. (Tel. Langham 3110.)

WILSON, W. ETHERINGTON, Cumberland House, Warren Road, Torquay.

APPOINTMENT.

WILSON, W. ETHERINGTON, F.R.C.S., appointed Honorary Surgeon to the Torbay Hospital, Torquay.

BIRTHS.

DARMADY.—On September 28th, 1935, at 20, Devonshire Place, W. 1, to Mary, wife of Dr. E. M. Darmady—a daughter.

GREEN.—On September 20th, 1935, to Evelyn (*née* Ross), wife of Dr. Ralph Green, of Borough Green, Kent—a son.

HUTCHINSON.—On September 4th, 1935, at The Hollies, Haywards Heath, to Dolores Mary (*née* Durnford), wife of H. Procter Hutchinson, M.B., M.R.C.P.—a son.

LEHMANN.—On September 24th, 1935, at Lynn House, Wickham Market, Suffolk, to Margaret (*née* Elford), wife of Harold Paul Lehmann, M.R.C.S., L.R.C.P.—a son.

LOYD.—On September 23rd, 1935, at East Hill, Aldeburgh, to Hazel, wife of Dr. W. Jeaffreson Lloyd—a daughter.

MCMASTER.—On August 27th, 1935, at Lorna Lodge, Manchester, to Dorothy, wife of Dr. A. M. McMaster, of Hurst Hill, Rochdale—a daughter.

ROBINSON.—On September 9th, 1935, at Kingston-on-Thames, to Freeda, wife of R. D. Robinson, M.B., B.S.—a son.

MARRIAGE.

DURN—CAPE. On September 23rd, 1935, Dr. Ronald Burn, of 76, Richmond Hill, Richmond, Surrey, son of the Rev. J. H. Burn, to Evelyn Margaret Cape, younger daughter of Jonathan Cape, of Richmond.

DEATHS.

SHELLY.—On September 28th, 1935, at Hadleigh, Suffolk, Charles Edward Shelly, M.A., M.D., M.R.C.P., late of Hertford, eldest son and last surviving child of the late Edward Henry Shelly, of Leamington Priors, aged 81.

SHRUBSALL.—On September 25th, 1935, suddenly, at 15, Well Walk, Hampstead. Frank Charles Shruballs, M.D., F.R.C.P.

NOTICE.

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

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.

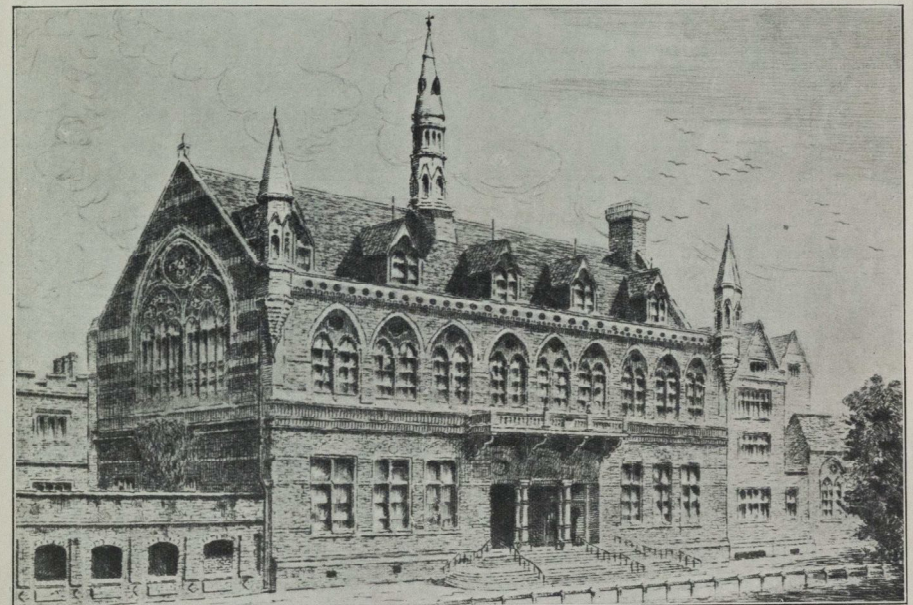
All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone : National 4444.

St. Bartholomew's Hospital



JOURNAL.

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



By kind permission of H. Humphrys,
Fine Art Publisher, Streatham.

THE COLLEGE HALL.

[Copyright.]

St. Bartholomew's Hospital Journal.

VOL. XLIII.—No. 2.]

NOVEMBER 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

Mon.,	Nov. 11.	—Special Subjects : Lecture by Mr. Higgs.
Tues.,	" 12.	—Dr. Graham and Mr. Roberts on duty.
Wed.,	" 13.	—Surgery : Clinical Lecture by Mr. Roberts. Rugby Match v. Guy's Hospital. Home. Hockey Match v. U.C.H. Away.
Thurs.,	" 14.	— Abernethian Society : Inaugural Address by Dr. Crichton-Miller on "The Doctor, The Nurse and the Vet". 8.30 p.m.
Fri.,	" 15.	—Prof. Witts and Prof. Paterson Ross on duty. Medicine : Clinical Lecture by Dr. Hinds Howell.
Sat.,	" 16.	—Rugby Match v. Moseley. Away. Hockey Match v. Tulse Hill II. Home. Association Match v. Lancing Old Boys. Home.
Mon.,	" 18.	—Special Subjects : Lecture by Mr. Sydney Scott.
Tues.,	" 19.	—Lord Horder and Sir Charles Gordon-Watson on duty.
Wed.,	" 20.	—Surgery : Clinical Lecture by Mr. Girling Ball. Rugby Match v. R.M.A. Away. Last day for receiving matter for the December issue of the Journal.
Thurs.,	" 21.	— Annual Dance of the Students' Union.
Fri.,	" 22.	—Dr. Hinds Howell and Mr. Wilson on duty. Medicine : Clinical Lecture by Dr. Gow.
Sat.,	" 23.	—Rugby Match v. Devonport Services. Away. Hockey Match v. Emmanuel College. Away. Association Match v. St. John's Hall. Away.
Mon.,	" 25.	—Special Subjects : Lecture by Dr. Cumberbatch. Rugby Match v. R.N.E.C. Keyham. Away.
Tues.,	" 26.	—Dr. Gow and Mr. Girling Ball on duty.
Wed.,	" 27.	—Surgery : Clinical Lecture by Mr. Roberts.
Fri.,	" 29.	—Dr. Graham and Mr. Roberts on duty.
Sat.,	" 30.	—Rugby Match v. Redruth. Home. Hockey Match v. Bexley. Away.
Mon.,	Dec. 2.	—Special Subjects : Lecture by Mr. Elmslie.
Tues.,	" 3.	—Prof. Witts and Prof. Paterson Ross on duty.
Wed.,	" 4.	—Hockey Match v. Aldershot Command R.A. Away.
Fri.,	" 6.	—Lord Horder and Sir Charles Gordon-Watson on duty.
Sat.,	" 7.	—Rugby Match v. Otley. Home. Hockey Match v. Surbiton II. Away. Association Match v. Richmond College. Home.

EDITORIAL.

THIS issue of the JOURNAL celebrates the inauguration of the New Medical College in the Charterhouse. It has been a feature of the whole project that no energy or money should needlessly be wasted in extravagant advertisement or costly ceremonial, and it was an expression of this aim that there was no ostentatious formal opening of the College. The Charterhouse was quietly invaded with little more than the usual excitement of a new term, a new year or, for some, a new life.

It would have been unnatural, however, had the admiration and rejoicing, so warmly felt by all, not been manifest on a few occasions. Outstanding among these were the first lectures in the new premises; the first

luncheon served in the great Refectory, in which the Staff and students from both sides of Smithfield took part; the tea given by the Students' Union in that same hall, to emphasize the resolve that the inevitable geographic and academic frontiers between the Pre-clinical and Clinical Groups should not exist in the social intercourse of the students; and, greatest of all, that joyful festival of the men that have gone from the College, the Old Students' Dinner, honoured by the presence not only of the Perpetual Student of the College and President of the Hospital, but also of leaders in the medical, academic and civic worlds.

He to whom the chief praise for the organization and success of the scheme must be given, the Dean of the Medical College, has described four main features of the new site. There is the now easily maintained university tradition and atmosphere of a College in such a position; the excellent facilities for the students in study and in sport; the freedom of movement and scope for the teachers; and the accommodation for workers in special research. The Dean's reward will come when he himself shall partake of the fruits of his foresight and energy, when he shall be satisfied and say that it is good, that it was worth all the toil and cost.

There is a tendency to-day to disparage the fundamental sciences, in spite of the invasion by their ideas and methods of every domain of medicine. Their value lies not only in the education of a scientific outlook but in the present rapid exploration of the still vast unknown, for, as someone has said, the formation of a medical school is not only to teach knowledge but to make it.

The divorce between clinical medicine and the basic sciences in the last two centuries has been repaired. The latter has become more medical and medicine more scientific in its purpose. Harvey's precept has at last been remembered—that learning should come "not from books, not from dissections, not from the positions of philosophers, but from the fabric of nature".

Another Bart.'s man, in this case of our own generation, Sir George Newman, has lately expressed the aims of medicine and therefore of medical education: "We must become more communal in outlook; we must become more preventive in purpose and intention; and we must address ourselves to a positive and constructive interpretation of health and wholeness of body and mind."

That the foundation of the New College is but part of a greater vision is made clear in the following pages, and the position of St. Bartholomew's in the vanguard

of academic and medical advance is assured for many years. Again, to quote Sir George Newman: "This splendid tapestry of scientific truth, well woven in warp and woof, is our inheritance and the opportunity of every happy medical warrior, as Wordsworth said, 'To turn his necessity to glorious gain'."

* * *

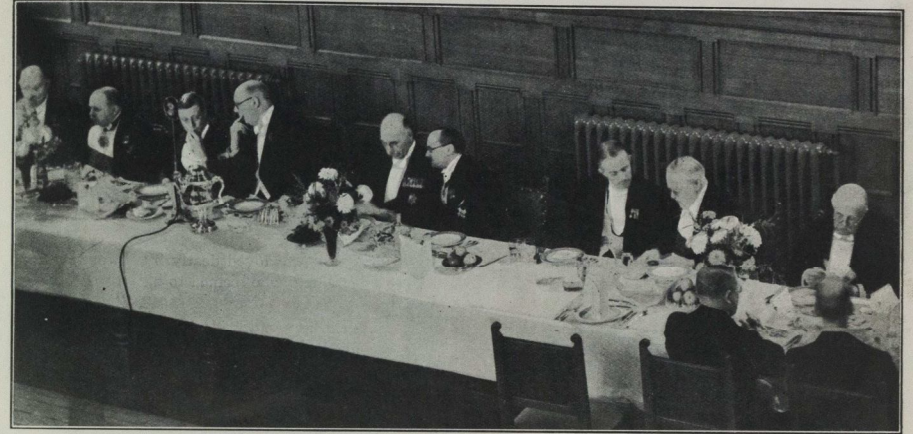
We offer our hearty congratulations to Sir D'Arcy Power on the celebration of his eightieth birthday, and we wish him continued health and long years.

* * *

We extend our deepest sympathy to Mr. Philip Franklin and Dr. A. W. Franklin in their recent tragic bereavement.

* * *

At the annual meeting of Old Bedfordians, held in July at the School in Bedford, an Old Bart.'s and Bedford student offered an extra prize to any Bedford boy who might be entering St. Bartholomew's this October. As no such boy was available, Sir Walter Langdon Brown (also an Old Bedfordian, as well as a former Bart.'s student) was consulted, and he asked leave to nominate a Bedford boy who was the son of



Photopress.

THE OLD STUDENTS' DINNER.

LORD STANMORE, THE LORD MAYOR, H.R.H. THE PRINCE OF WALES, MR. W. GIRLING BALL, THE EARL OF ATHLONE, LORD HORDER, SIR EDWIN DELLER, LORD PLENDER, THE EARL OF STRAFFORD.

The following Bart.'s men were candidates in the General Election: The Rt. Hon. Christopher Addison, Swindon (Lab.); Dr. C. W. Brook, Smethwick (Lab.); Sir Francis Fremantle, St. Albans (Con.); Dr. D. MacIntosh Johnson, Bury (Lib.); and Dr. R. A. Lyster, Preston (Lab.).

* * *

The illustration of the Hall of the New Medical College on the first page of this issue is from an etching by W. A. Donald, kindly lent by the proprietor of the copyright and publisher, H. J. Humphrys, Esq., The Thrale Galleries, 326/328, High Road, Streatham, London, S.W. 16. Signed Artist's Proofs of this original etching (size of work 9½" x 6½" enclosed in etching mount 16½" x 15½") may be obtained from the latter at 10/6 each.

The other illustrations of the New College are by courtesy of Photopress, Johnson's Court, Fleet Street, and, with many other similar photographs, copies may be ordered priced 1/6 for 8" x 6", and 2/6 for 10" x 8".

* * *

an old Bart.'s man and was then an undergraduate of St. John's College, Cambridge. The value of the prize is ten pounds and is to be expended on the purchase of necessary books or small instruments, or to be used in payment of fees, entirely as the student prefers.

Bedford School is supported by the "Harpur Trust" from property in the neighbourhood of Holborn, and therefore a near neighbour of St. Bartholomew's itself. So there is a common bond between the two great educational centres. The same donor also presented to the Medical School a sum of sixty pounds to allow of a course of Clinical Lectures, to be given on the subjects embraced in the term "Urology", spread over the next year or so, the choice of actual subjects and of the lecturers being left to the discretion of the College Council. He also gave early this year a sum of £5000 Consols as a free gift to the Medical College to be put

to whatever use the Committee of the School thought best for the benefit of the new buildings now arising. The donor preferred to make this gift whilst he was still alive instead of keeping the College waiting for his departure from this world. It would be excellent if a few more Bart.'s men would follow his generous example.

* * *

The Old Students' Dinner, which took place on November 5th, proved worthy of the occasion which it marked and was without precedent in the history of the College. A full account will appear in the next issue; in this we include a photograph of some of the principal guests

* * *

The Annual Dance of the Students' Union will take place on Thursday, November 21st, at the Grosvenor Hotel, Park Lane. Miss Ena Grossmith will be *com-mère*, and the following artists have been engaged: Arthur Rosebery and his band, Vic and Oliver, Cornalla and Eddy, and the Austin 7. Tickets (35s. double, 21s. single) may be obtained from the Secretaries.

* * *

The Amateur Dramatic Society will present *Libel*, by Edward Wooll, in the Great Hall of the Hospital on January 14th-17th.

* * *

The Bart.'s "Busy Bees" are giving their Children's Party this year at the Langham Hotel on Saturday, December 28th, from 3.30 to 6.30 p.m. Tickets 4s. 6d. each, or three for 12s., from Mrs. Geoffrey Evans, 7, Mansfield Street.

It is hoped that many Bart.'s men and their friends will make this the Christmas Party for their children.

OBITUARY.

CHARLES FREDERICK RUMBOLL.

R. RUMBOLL died at Lowbourn House, Melksham, on October 23rd, aged 75. As doctor, soldier, lawyer and churchman he will be missed not only in Melksham, but throughout Wiltshire.

He was educated at Epsom College, St. Bartholomew's Hospital and Durham University, where he took the degrees of M.B., B.S. Durham and M.D. (with honours). In the year 1897 he became a Barrister-at-Law, being called to the Bar by the Honourable Society of the Inner Temple. It was his study of the law which stood him in such great stead in later years, when, as Chairman of the Melksham Bench, he was noted for his legal

acumen and his just and courteous dealings with the cases brought before him. He was Deputy Lieutenant for Wiltshire.

As Senior Medical Officer to the Melksham Cottage Hospital he was enthusiastic for the well-being of that institution, and as Chairman of the Building Committee for the New Hospital, rendered possible by a considerable legacy recently bequeathed, he rendered most valuable assistance in the formulation of the proposed plans. The Church of St. Michael and All Angels was very dear to him, and he had worshipped there all his life. He was a church counsellor, and for a great number of years he was churchwarden. Both he and his wife gave many gifts to the church, including a number of vestments, and, what is perhaps a more permanent memorial, the rood screen so often admired by visitors. He was an authority on all matters pertaining to the church, and also to the history of the town and district.

In his younger days he was connected with the local volunteers, and rose to the rank of Lieutenant-Colonel. He was awarded the Volunteer Officer's Decoration. During the war he was President of the Melksham Tribunal.

As a doctor he was loved dearly by his patients and notably by children, who seemed to have a special place in his heart.

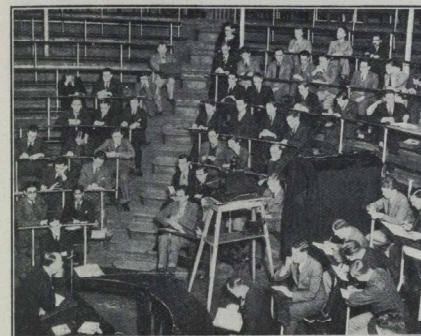
Dr. Rumboll leaves a widow, formerly Miss Edith Cross, second daughter of the late Mr. William Henry Cross, B.A., J.P., who was for many years Clerk to the Governors of St. Bartholomew's Hospital.

D. L. S.

THE NEW LABORATORIES AND THEIR RELATION TO MEDICAL EDUCATION.

THE Editor has asked me for a short contribution to this number of the JOURNAL, which deals specially with the opening of the new buildings on the Charterhouse site. Without being sententious I should like to say that I accepted the invitation gladly, because it affords me an opportunity of expressing the pleasure I feel in seeing the Laboratories open before I leave the active teaching staff of St. Bartholomew's. That, of course, is merely a personal detail. But when I think of the housing of the pre-clinical subjects when I worked for the "pre sci" at Bart.'s in the early nineties, and compare it with the new buildings, the advance made in this part of medical education in one man's lifetime is seen to be immense. Forty years ago it was not possible to hold Chemistry and Physics lectures or demonstrations at the same

time because the Theatre and Laboratory were common to both; the same remark applies to Biology and Physiology. The Anatomy Department shared its single room with the demonstrators of operative surgery. The changes by which this state of affairs has been altered, though they have been gradual, have been striking. Even so, they have entailed a good deal of give and take until fairly recent years. But this new move to spacious and up-to-date buildings, with modern equipment and almost unlimited accommodation for research, marks a new epoch, not only in the history of the College, but also in the integration of medical education in general. For it must be obvious to most of us that the scheme which the Dean has evolved, and



Photopress.

THE MEDICAL AND SURGICAL LECTURE THEATRE.

which has now, very largely as the result of his own foresight and courage, come to fruition, is but a part of a larger vision that has been for a long time in his mind. The great achievement which is just now seeing its completion, and which is such a triumph to Mr. Girling Ball's perspicacity and personal driving power, is also significant in that it places at the disposal of the University of London, of which body the College is a constituent part within the Faculty of Medicine, a complete unit for the teaching of the whole of the pre-clinical medical subjects. Given two or three other units of similar efficiency in London and the University will find itself admirably served in respect of this important part of the curriculum.

The complicated system—or lack of system—by which medical men are trained and qualified in this country has hitherto contrasted very unfavourably with other countries, and also with other parts of the British Empire. The portals of entry into medicine in England have always been difficult to explain to

outsiders, and even to the British public. The anomaly of one man being a university graduate, and another, it may be equally well educated and certainly equally well trained in medicine and surgery, not being a graduate, has tended to disparage the status of the latter in the eyes of his patients. London remains almost the only place in the United Kingdom, and certainly the only place in England, where this anomaly persists. When the University takes over the whole of the training of the medical student, from matriculation to qualification, the anomaly will cease. The provision which St. Bartholomew's Hospital Medical College has now made for the teaching of the pre-clinical subjects will prove an important step in the removal of this anomaly and it is hoped very soon the sole avenue of entry into the profession in England will be through this University, or one of the other universities in Great Britain—a most desirable development.

But the full integration of medical education in London must, sooner or later, deal also with clinical and pathological teaching at the various medical schools. It must also bring the Royal Colleges into much closer touch with the University. (Why not an Academy of Medicine—composed of the three Colleges—in close alliance with the University?) But these references are not directly relevant to the particular subject of these remarks. I only mention them because, even if such a vision exceeds the Dean's in magnitude or in distance, the present magnificent result of his labours brings us definitely nearer to what we must all consider the ultimate goal in this matter.

HORDER.

THE BEGINNINGS OF THE NEW MEDICAL COLLEGE.

THE labours of past generations have raised the reputation of our Medical College to the highest level, and its history has been one of almost continuous progress. Of recent years especially it has been the policy of our College to ensure that the various departments are adequately and efficiently staffed. The time has now come to make certain that the Staff is provided with the latest and most complete equipment, for the requirements of the medical curriculum become each year more exacting.

The Governors of the Hospital, who at all times appreciate the needs of the College, have been gradually rebuilding the Clinical Departments. Since 1903 they have rebuilt the Out-Patient Department, the Pathological Block, the Surgical Block and the Nurses'

Home; and a new Medical Block is now being erected. When this is completed, the next move will no doubt be the provision of more adequate accommodation for the Special Departments and the erection of a Paying-patients' Block. This last will, it is hoped, receive their early attention.

The College is most grateful to the Governors for the provision of these up-to-date buildings, which afford magnificent facilities for the clinical training of the students.

The erection of buildings for the teaching of the pre-clinical sciences is, however, no part of the Governors' duties. It is true that in years gone by they made such provision, their last contribution having been the erection of the existing school buildings on the Hospital site in 1881. Since that date the Charity Commissioners and the King's Hospital Fund have vetoed the use of hospital capital for school purposes. Moreover, the College has now a Charter of its own, acquired in 1927, and it is now entirely dependent on its friends for any capital that may be necessary for new equipment.

In December, 1930, at the Staff Dinner, the Dean of the Medical College, who had only recently assumed office, announced his intention to make a great effort to re-house the pre-clinical departments. There appeared, he said, to be three reasons which made this necessary. First, the departments, although for the most part adequate, were not well housed, and were too small to carry on the proper functions of a College of the University of London. Secondly, the various departments were scattered, part having been transferred to a warehouse in Giltspur Street, and part remaining within the Hospital walls and occupying an area which, it was clear, would shortly be needed by the Hospital and their rebuilding scheme. Thirdly, the plans devised for rebuilding within the Hospital area did not give the accommodation required.

An effort was therefore made to discover another site in the neighbourhood of the Hospital. The first was in Cock Lane, purchased some years previously, behind the building in Giltspur Street. It was found that the erection of a College on this area would not be satisfactory. The second was a site belonging to the Governors of the Hospital on the east side of the Hospital in Little Britain. Plans were drawn up to show that an adequate medical college could be erected here and, as no other site was available at the time, it was decided to approach the Governors with a view of acquiring it, despite the fact that the scheme had certain defects. The site was expensive and rather cramped, and it would not allow of future expansion; moreover, it would not be possible to erect a Residential College

upon it. However, in the circumstances it was decided to proceed, if the Governors could be persuaded to give up the land. Unless it was found impossible to put the College elsewhere, they opposed the scheme in view of the probability that the site would be required in the future for their own purposes.

About this time, namely, in 1932, the Governors of the Hospital learned that the Merchant Taylors' School in Charterhouse Square was being moved into the country. As evidence of their willingness to help the College as far as possible, they deputed certain members of their Reconstruction Committee, to wit, Sir Holburt Waring and Mr. Harry Spicer, to make a report on this site. They reported that the site was certainly worthy of consideration, and in their opinion should be acquired for the purpose in hand if financial arrangements would permit. This information the Governors handed on to the College authorities.

At first the College Committee regarded the new scheme with disfavour, owing to the distance of the site from the Hospital. It was felt to be unwise to divorce the pre-clinical studies from the region of the Hospital, even by this short distance. After fuller consideration, however, of the remarkable amenities of the site, the buildings readily convertible to meet our needs, ample room for future expansion; a large recreation field, five courts, gymnasium, etc., and the large area available for the erection of new buildings and a Residential College, the Committee was eventually persuaded to make an effort to obtain it. The step was taken with the full approval of the authorities of the University of London, of which ours is a constituent College, although they expressed some doubt as to our ability to raise the necessary funds.

Mr. T. A. Lodge, of Messrs. Lanchester & Lodge, who had supplied preliminary plans, was selected as Architect, and he was asked to produce a plan of the whole scheme, incorporating the existing buildings, and making suggestions for such additions as were needed to meet the requirements of the heads of the various departments, and to give an approximate estimate of the cost. He was instructed that provision should be made only for the number of students now in attendance; it was not intended to increase that number, it being limited by the accommodation provided in the wards of the Hospital.

The alterations and additions to the buildings, after critical examination by everybody concerned, were to cost (exclusive of a Residential College) approximately £70,000. This, with the purchase price for the site and the buildings on it (£130,000) asked by the Merchant Taylors' Company, brought the total to be collected up to £200,000. Against this, the only assets of the

College were the building in Giltspur Street, valued at £22,000, the internal equipment of all the departments, much of it out of date, and a small available sum in the College funds.

The task of collecting so large an amount appeared quite hopeless, if not impossible, for this was in July, 1932, when financial depression was widespread. The Merchant Taylors' Company, whose Master was Mr. George Aylwen, now an Almoner of the Hospital, was approached by Sir Holburt Waring and the Dean. It was agreed that the College should be given an option of three months, subsequently lengthened to nine months, in which to ascertain if by any means it were possible to obtain enough money to purchase the site.

The College Committee then embarked upon this tremendous task. It was quite clear that the Staff had to show some practical effort of its desire to obtain the site. It did so by putting up £13,000. Such a beginning was encouraging. It was, in fact, so encouraging that it seemed to justify an appeal to old Bart's men to support their old School, and thereby show their gratitude for the start in life given to them within its walls. Although at the present time under 50% of Bart's men have subscribed, this minority has done so to the magnificent tune of nearly £40,000 (including the figure mentioned above). The present members of the Staff will never forget this effort, and will see to it that the fact is in some way commemorated in the new buildings as an inspiration for the future. It is still hoped that these numbers will be raised, however small the donation, as it would be a great incentive to others to help us.

Personal efforts of the Staff were made to collect further sums of money from their friends, with such result that when the Merchant Taylors' Company asked us at the end of the nine months what we proposed to do, it was possible to put down the deposit of £35,000 required.

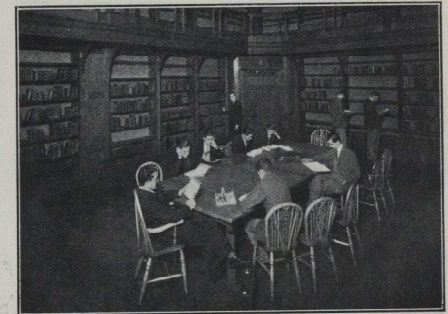
The Merchant Taylors' Company stipulated for certain terms, with which we were able to comply. Two of them influenced the subsequent policy of the College Committee. The first was that a public appeal should be made, and the second that we should vacate the building in Giltspur Street by the end of 1934, so that it could be sold. An appeal Committee was therefore formed, with Lord Horder as its Chairman and the following as members: Lord Plender, Lord Hirst, Sir George Wilkinson, Major A. Pam, Mr. W. E. Mortimer, Mr. G. R. Stamp, Mr. George Aylwen, Mr. H. E. Spicer, Mr. F. O. Salisbury, Mr. McAdam Eccles, Prof. George Gask, Mr. W. F. Bonsor, Sir Gordon Campbell, Mr. Stanley Christopherson, Lord

§§

Essenden, Mr. J. H. Millar, Mr. R. M. Vick, Prof. Woollard and Prof. Hopwood.

In December, 1933, H.R.H. the Prince of Wales, President of the Hospital and a "perpetual student" of the College, expressed a desire to visit the premises in Charterhouse Square. This he did, and he was greeted by the whole of the student body and a large gathering of friends who had congregated at a tea party in the Great Hall of the old School. The Prince expressed his appreciation of the efforts which were being made.

The Lord Mayor, Sir Charles Collett, was also very sympathetic to our scheme. He attended with his Sheriffs to greet the Prince on this occasion, and subsequently agreed to make an appeal for us in the City



Photopress.
THE LIBRARY AND COMMON ROOM. THE NEW MEDICAL COLLEGE.

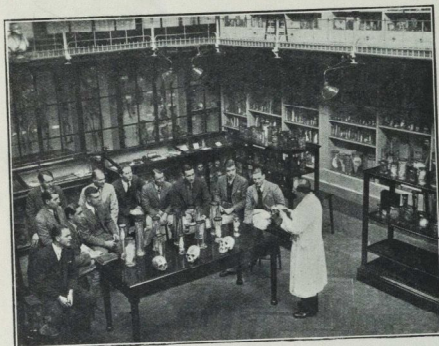
in September, 1934. Unfortunately, just after it was launched, a great national calamity took place, namely, the Gresford Mining Disaster, so that our appeal was interfered with and only £17,000 was collected. However, this bad luck brought friends to our aid. It was clearly impossible to move from the building in Giltspur Street in December, 1934. The first kindly act was on the part of the Merchant Taylors' Company, who allowed us to postpone our removal until October, 1935. The second was a gift of £20,000 from Mr. J. H. Millar, who had recently joined the Appeal Committee. The third was a loan of £20,000 by a member of the College Council, provided that we could raise sufficient money to pay the interest, and would agree to pay back the capital in ten years. Moreover, the interest for the first year was to be remitted. The Staff of the Hospital again came to our aid by providing from its Staff Fund the money necessary to pay the interest on the suggested loan, and by guaranteeing repayment

of the capital. The Staff thereby raised its contribution to £33,000, and the total sum supplied by Bart.'s men to £55,000. An old Bart.'s man, Dr. J. Kingston Barton, gave £5000 2½% Consols to the College's general funds.

The sum of money available was thus raised to £150,000, which made it possible for us to begin the work of providing at Charterhouse Square new accommodation for the departments hitherto housed in Giltspur Street.

The decision was thus taken in January, 1935, to proceed with the rebuilding of the Chemistry, Physics, Pharmacology and Physiology Departments.

At this critical juncture the University of London, which had already given us £5000, allocated to the



Photograph.

THE PATHOLOGICAL MUSEUM.

general College funds a capital grant of £10,000, which made it possible to proceed also with the buildings to house the Anatomy and Biology Departments.

Fortunately, in the latter part of 1934 the plans had been put out to tender, and the builders, Messrs. Wilson, Lovatt & Co., had been chosen. This risk had been taken. Luck was again with us, so that it was possible to start right away, our objective being to have the first section of the buildings erected in time for the opening of the Winter Session of 1935, and the remaining section in the early part of 1936.

It is a great thing to be able to record that on October 1st, 1935, the new College was opened. The achievement reflects the greatest credit on the College, and is one which will, no doubt, be deeply appreciated by the generations to come.

That the College is now housed on this site is all the more interesting, for the land in the reign of William the Conqueror was known as Nameman's (No Man's)

Land, and in the *Doomsday Book* was valued at 5s. Moreover, for use as a plague pit in 1348 it was rented from St. Bartholomew's Hospital by Sir Walter de Manny at 12 marks (£8) per annum. Thus, it is a return to land once owned by the Hospital; and at what a price!

The site subsequently formed part of the Carthusian Monastery, the cloister cells of which were arranged around our grounds. The entrance to one of these will remain in perpetuity, enclosed on the north wall of the new Anatomical Department.

After the suppression of the monastery in Henry VIII's reign it passed into the hands of the Howard family, whose residence, at that time known as Howard House, is now represented by the main buildings of the Charterhouse. Subsequently it was purchased by Sir William Sutton, who on part built the quarters, still standing, occupied by the old "Brethren", and on the rest founded the Charterhouse School. In 1876 the Charterhouse School went into the country, and the site passed into the ownership of the Merchant Taylors' Company. Thus, it has remained a seat of learning, with only a slight interruption, for some five hundred years. Surely it is appropriate that our College should now have acquired it.

These historical premises, still surrounded by the Charterhouse, will in future house the Departments of Chemistry, Physics and Biology, Anatomy, Physiology and Pharmacology. At this present moment the Departments of Chemistry, Physics and Physiology are complete, equipped and in use. The Departments of Anatomy and Biology will have to remain within the Hospital walls until January, 1936, for the alterations and additions to the buildings which are to accommodate them, although well advanced, will not be completed until then.

The entrance to the new College is by a narrow roadway leading out of the north-east corner of Charterhouse Square and called Rutland Place, after the Dukes of Rutland, who used to reside there. As the lodge gate is entered it is at once apparent that the premises are admirably situated and free from noise, behind the old Charterhouse and its Square. The precincts are altogether delightful. In the centre is a large grass area which, with the exception of a small slice necessarily cut off to accommodate new buildings, is being retained. This has been handed over to the Students' Union. Already new grass tennis-courts are being prepared, and they should be in excellent condition next year. There is also ample room for cricket nets, and in the winter months football practice can take place on another area of the grass.

To the left of the entrance gate, the southern and

part of the western side of the Square are flanked by the Chapel, the Great Hall, the Residential Quarters and the remaining Cloisters of the old Charterhouse. These buildings make an especially attractive background to the College.

The main building of the old Merchant Taylors' School completes the western aspect. It will come to be regarded as our main building, for in one half are housed the College Hall (the old School Hall) and kitchens, the students' cloakrooms and common rooms, the administrative quarters and the Library. The rest of this building is allocated to the Physiology and Pharmacology Departments.

The College Hall is an excellent example of the architecture of the period in which it was built, namely, about 1876. It is capable of holding over five hundred people. At one end is a great window, and at the other a big fireplace. The walls are panelled in oak to about ten feet, with painted panels above, and a large domed roof. Its proportions are magnificent. It will be used as a dining-hall for the students, and for such other functions as may require a large room. The beauties of the Hall have been enhanced by oak College tables and benches of the appropriate period, a generous gift by the St. Bartholomew's Hospital Catering Company. The College authorities, and no doubt the students also, much appreciate this practical generosity and good-will for the welfare of our institution.

It is fortunate that an adjacent portion of this building lent itself admirably for conversion into kitchens and quarters for the staff of the Catering Company, who will still render service to the College. There will be every reason for the students to continue to support the Company, especially as it will now be possible to provide plenty of room for all of them to take their lunch at one time.

The students' cloakrooms are in the half-basement of this building, and are approached from the Square by a special entrance to the north of the main entrance. A new departure has been taken in the cloakroom arrangements. Each student has his own numbered and locked steel cupboard in which to place his hat, coat and umbrella. Separate provision is made for bags in a specially equipped portion of the cloakroom, under the care of an attendant. It is hoped, therefore, that in future there will be no complaints of losses. A student who fails to lock his cupboard will have no one but himself to blame if loss occurs. Excellent lavatory accommodation is also provided, adjacent to the cloakroom. This at first may not be quite sufficient; it will, however, be shortly remedied by the provision of more lavatories in the Anatomical Block soon to be

completed. Post office telephones and letter-racks for the use of students are also provided.

Leading from the cloakroom there is a short staircase to the floor above, at the head of which are two common rooms for the students, one to be used as a lounge and the other as a writing-room. These quarters will be eventually housed in the Residential College when it is built, and thus no very serious attention has been paid to them, but they are large, adequate, airy rooms with a pleasant outlook onto the mulberry garden of the Charterhouse, and for the time being are admirably suited to the purpose. The furniture for the rooms, as well as for the Abernethian Room of the Hospital, recently supplied, has been provided by the Students' Union, to whom the College authorities take this opportunity of offering their thanks for helping in this time of serious expenditure.

While dealing with the students' activities it should be mentioned that at the north-east corner of the site are two fives courts, two racquets courts, a rifle range and a gymnasium.

The two rooms mentioned above will eventually be converted into the College Library. In the meantime, two other adjacent rooms will be used for reading. One is already fitted as a library, and will house the books and also serve as the Staff Common Room. Next to it is another room fitted as a students' reading room.

The Pharmacology Department, not yet completed, will also be housed on this floor, and will comprise a specially constructed theatre so that everybody present can witness with ease demonstrations which are being conducted by the lecturer. There will also be a large preparation and experimental room for the use of the lecturer and his demonstrator.

On passing from this department to the other side of the main entrance to the building, next to which it is placed, is a lecture theatre capable of holding two hundred students. The room is large, with admirable oak seating; it is specially ventilated and lit and provided with a screen, with back projection for lantern or cinematograph apparatus, special chambers for which have been built. This will serve as the main theatre of the College, to be used for general purposes as well as for the lectures in physiology, for which it is chiefly designed. The Dean's offices and the Lecture Attendant's room complete the accommodation on this floor.

Behind and at a lower level has been added a new building for teaching experimental physiology and histology, with preparation and demonstrators' rooms, etc., attached. The space which it occupies was previously a vacant area, and exemplifies the ingenuity

of the architects in converting an hitherto unused, out-of-the-way space to a useful purpose. Had it not been possible to do this, a large portion of the main building would have had to be pulled down and re-erected at very considerably greater expense in order to find accommodation for this large laboratory.

The upper stories of the building are fitted up for research work. One floor is set apart for the use of the Professor of Physiology, another for his Demonstrators, and a third floor for general research, which it is hoped will be used for the excellent purposes which the accommodation provides. In addition, a complete suite is given over to an experimental theatre with sterilizing rooms, etc., and large, airy, convenient animal rooms. Although primarily devised and intended for the use of the Physiology Department, it is hoped that collaboration between other workers in the Hospital and the Staff of the Physiological Department will render these laboratories a specially useful equipment in the investigation of physiological problems.

It seemed almost impossible when the building was handed over to the College that such excellent quarters could have been evolved from the multitude of previously existing other rooms, largely brought about by the insertion of a new staircase around which all the rooms are now arranged.

On the immediate north side of the grassed area two new large laboratories have been built for the teaching of physiological and organic chemistry; one laboratory is to be used for second- and the other for third-year students. These laboratories are absolutely up to date and are as good as can be provided. Every article of equipment, including the paint, has been acid-proofed, and should resist the attacks of the noxious vapours likely to be produced. In addition, there are commodious demonstrators' quarters, balance rooms, etc.

It seems a pity that some generous donor cannot be found to date these laboratories by adding his name to them. Perhaps he will be forthcoming when they come under observation.

Still on the north side of the Square, behind these laboratories, are the Physics and Chemistry Departments standing side by side. With some additions, these have been converted from previous buildings belonging to the School. As they stood they required but little alteration.

The Lecture Theatre in the Physics Department, for instance, remains as it was, except that a sound-proof ceiling has been added. On the floor above, a number of small rooms have been amalgamated and added to in order to provide a very fine practical laboratory, with dark-rooms and optical rooms, etc., attached. New quarters have been added for the Professor and his

Demonstrator. Above this again is a group of rooms which will be used for research purposes, for the conduct of special demonstrations and for examinations.

In the Chemistry building a new lecture theatre has been added, adapted from a previously existing group of class-rooms. Above it the whole floor has been cleared and converted into one large chemistry laboratory with separate balance room attached. Above this again is the Demonstrator's room. The Lecturer has a laboratory on the ground floor, conveniently situated next to the lecture theatre and also close to the entrance to the laboratories for Chemical Physiology, in the teaching of which the Lecturer will in future take part.

Although these buildings are advantageously separate from one another, they are so closely arranged without cramping as to make them usable to the greatest degree.

It is unfortunate that it is not possible to open the Anatomy and Biology Departments at this date, but there has been so much to do, and the detail required has been so intricate, that this was not possible without incurring serious additional expense. However, the building and alterations to house these departments are well advanced. A new dissecting room and lecture theatre has to be built and the outlines of both can already be seen. The rest of the Department will be formed from the headmaster's old house and the old refectory, which are being adapted to accommodate a spacious histology laboratory, museum, X-ray room, photographic room, reading room, etc.

On the top floor will be housed the Department of Biology, in close relation to its brother, Anatomy, where it ought to be. A large laboratory and adjacent rooms will cover the space.

In addition, a flat is shut off from the rest of this building to accommodate the Warden of the College, who will once again after many years be a resident officer.

There will still be left a space on the eastern side of the area between this block and the Physiological-Chemistry Laboratories. This will be reserved for the future Residential College. No plans have been made for it up to the present, but it is visualized that it will contain the students' common rooms and a swimming-bath, with rooms above to accommodate about seventy students. It is hoped that funds (approximately £30,000) will soon be available to bring this into being. The Square will then be completed and worthy of the University of London, of which our College is a constituent body.

There can be no doubt that far better use has been made of the existing buildings than was originally

anticipated. As already stated, it seemed almost impossible at one time to put the main building to any useful purpose. Our architects have done magnificently, and we owe them a great debt of gratitude for their efforts. Also for the care of detail given to the individual departments, the Professors and Lecturers of the College must be thanked most heartily.

May Bart.'s, under the influence of its new College, live long and prosper!

There is just one danger. For the first time in the history of the College the students will be separated in their social life into two sections—those doing pre-clinical work and those within the Hospital walls. The tendency may be for students in one section to lack interest in the doings of the other, obviously to the disadvantage of both. It is the desire of the College authorities that the Students' Union will do everything in its power to ensure that the social side, which is a very important part of collegiate life, shall be as little interfered with as possible, and that the students shall remain a united body. There are many ways in which this ideal can be stimulated. For example, there is no reason why the College Hall should not be the centre of the students' life; it is large enough to accommodate all of them at their lunch. There is every reason why students' meetings, general lectures, etc., should be held in the large main lecture theatre. Now that we have a College Hall of our own, why should not a College Dinner be held once a term or once a year, as thought fit, which members of the Staff should attend?

The Students' Union will require re-organization to deal with these matters, and to see that the welfare of the whole body is looked after. As a beginning, it may be suggested that a fuller representation of the pre-clinical students on the Council of the Union should be a first consideration. This may require a reconstitution of the Rules and Regulations governing the Union. These regulations were made many years ago, and the new conditions afford a good opportunity for reconsidering the whole question.

The cares of the Dean are many, but none concerns him more than the well-being of the student body. It is a great encouragement for him to know that he can in this transition period rely on the present students to do their best for the welfare of their successors.

We have now a wonderful equipment through which to teach our students, the Governors of the Hospital are building wards and departments on the most up-to-date lines, and the College authorities have provided this new collection of buildings arranged on an efficient and economic basis.

There remain two things to be done. The first is to discharge our debts. Hitherto the collection of

money has been hard. Perhaps, now that these magnificent premises are completed and we have something to show, it will be easier. The Dean hopes that every Bart.'s man will now help him to wipe out the deficit, which at the present moment stands at approximately £30,000. So that there shall be no doubt in the mind of anybody as to how the position stands, here are the main figures:

<i>Money Required.</i>	
Purchase price	£130,000
Alterations and additions to build- ings	70,000 approx.
	£200,000
<i>Money Collected.</i>	
Staff	£13,161
Demonstrators	1,758
Students	1,141
Other Bart.'s men	19,431
	£35,491
Other subscribers	84,905
College funds	8,000
*Loan	20,000
Value of building	20,000
	£168,456

* Interest and capital guaranteed by the Staff, bringing their contribution up to £33,161 and the contribution of Bart.'s men to £55,491.

The second duty is to see that the work carried on within the buildings is of the highest efficiency, to the advantage both of the teachers and of the students whom it will be their privilege to educate. In this way those wonderful traditions which have been handed down from generation to generation will be maintained.

W. GIRLING BALL.

A HUNDRED YEARS.



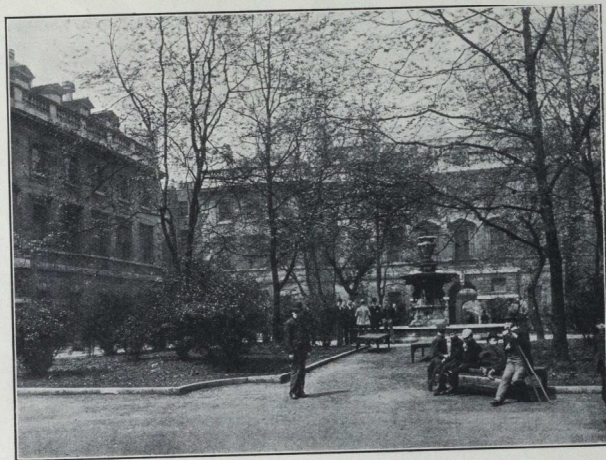
IN 1885 Sir James Paget gave an address to the Abernethian Society called "St. Bartholomew's Hospital and School Fifty Years ago".*

On this occasion Paget spoke of the time when he was a student—that is, about 1835—and compared the condition of the Hospital and School with that existing

* Printed at the request of many of those who heard it but not published. Reports of the address appeared in the *British Medical Journal* and the *Lancet* of the time.

fifty years later when his activities were drawing to a close. The address makes very interesting reading, and much of what he says is worth repeating at this moment, when so many changes are imminent.

Paget says that the main features of the Hospital in 1835 were nearly as they were fifty years later, with the exception that the stone facing of the ward blocks, soft and flaking as in some of the Oxford colleges, had been replaced by hard stone, and also that the gateways connecting the corners of the four wings had been removed. The Square was bare and had neither trees nor flowers, while in the centre was an extremely ugly



THE SQUARE IN THE 'SEVENTIES.

pump which was replaced when water was laid on to the wards by the Fountain as we know it. "The interior of the wards was bare of all look of gladness or decoration, not a picture, not a flower, not a text. . . . London was almost without flowers."

The School buildings in 1835 consisted of two theatres for lectures, the Anatomical Theatre, the original built for Abernethy and the Chemical Theatre, which as far as I can make out is the one that has just been evacuated. The Library was a small room in one end of a ward in the East Wing. The medical curriculum then lasted only eighteen months and the teaching consisted almost entirely of lectures, some good and some not so good, and very little beside. The medical staff consisted of three physicians and three assistant physicians, three surgeons and three

assistant surgeons. There were two house surgeons who lived in the little rooms above Henry the Eighth's gateway and one resident Apothecary. There were no house physicians—the Apothecary did their work—and the whole staff numbered fifteen.

The type of medical work done in 1835 is also contrasted by Paget with that done fifty years later. In the earlier time bleeding was the commonplace remedy for everything. There were no anaesthetics and very little surgery. There were no excisions of joints, no osteotomies and no intra-abdominal surgery of any kind. "Think," said Paget in 1885; "if the

past be ludicrous to you, so will your work be to the students of the future".

I cannot go back quite to 1885, but as I joined the Hospital in 1893 it may be interesting at this time of rapid change to record the state of the Hospital and School as it was then.

So many changes have taken place that it is difficult to know where to begin, so we will make a start with the Square, which seems to be the centre or soul of the Hospital. The Fountain was as we know it to-day, but round it were four garden plots in the form of a cross filled with dingy leggy shrubs the haunt of cats. Later these were done away with and replaced by the four shelters given by a Governor, Mr. Marsden, and at the same time the dusty gravel surface of the Square was tarred over and made the pleasant place it is

now. The Blue Coat School still existed in those days, standing on the site now occupied by the Post Office and the new Surgical block.

The Casualty Department was on the north-east corner of the site facing Smithfield—the building which the nurses use now as a dining-room. In this small building all the casualties and all the morning sick had to be seen. It was a most inadequate building, not meeting the demands of the rapidly growing Hospital. It was replaced by the present Casualty block in Giltspur Street, when at the same time a proper Resident Medical Officers' Quarters was built. Previously the Residents lived in the row of shabby little houses facing on Little Britain with the College and the Warden's house alongside. The house that the Matron now occupies was where all the wardens lived, and is the original house occupied by Paget.

Of course there were no telephones in those days, and residents had to be fetched by porters, or in great emergencies by the night sister. I well remember being called from sleep to do an urgent tracheotomy, and arriving breathless in Radcliffe, then the diphtheria ward, having run at top speed across the Square and up the stairs to the top of the block.

There was only one Operation Theatre, the one on the ground floor of the Abernethy block, the one mentioned by Stephen Paget in the life of his Father—a book which should be read by every Bart.'s man. This theatre had a wooden floor, tiers of seats as in an amphitheatre and a wooden operating table, covered with stuffed cushions stained with the blood of countless patients. Ring bolts could still be seen in the floor for the reduction of dislocations by rope traction, and a cupboard still existed with the names of the surgeons under their respective hooks—Mr. Savory, Mr. Paget, Mr. Smith—on which they used to hang their old operating frock-coats, which according to tradition became so stiff with blood that they could stand by themselves.

At this time antiseptics had not given way to asepsis. Instruments and sponges, turkey sponges, not swabs, were placed in trays containing 1 in 20 carbolic, and all dressings were impregnated with cyanide of mercury or other chemical. The surgeons took off their coats and rolled up their sleeves and put on a little linen apron; gowns came later. They scrubbed their hands in soap and water, and then soaked them in a bowl containing 1 in 20 carbolic or in a mixture of carbolic and perchloride of mercury. This was very hard on the skin and one's hands got sore and cracked, so that the effort towards cleanliness actually tended to defeat its own object. There were no gloves of course; rubber gloves came much later, with a short intervening period in which white cotton gloves were used.

There were not nearly so many operations done in those days, and the type of operation done was also different.

Enucleation of tuberculous glands in the neck figured very commonly in the lists. Then there were operations on bones, excisions of joints and osteotomies, operations for varicocele, varicose veins and hernia, and a fair number of aneurysms, which now seem to have disappeared entirely. Abdominal surgery was in its infancy. Appendicectomy was just coming in, and very occasionally a gastro-enterostomy was done with the help of a Murphy's button.

The safety in operating and the freedom from suppuration gained by antiseptics and the aseptic methods which soon followed called for the provision of increased operating facilities. The New Theatre, as it was then called, was built on the top of the East Wing, and Martha Ward had a theatre for itself lined with alabaster where Harrison Cripps did ovariectomies and hysterectomies. After a time these were not sufficient and two "temporary theatres" (which lasted for some twenty years) were built on the east end of the Great Hall, thus depriving the Resident Staff of "the wall game"—a sort of fives played with a tennis racket. The main impression left in my mind of the surgery of forty years ago is the fear of suppuration which obsessed us. We never felt sure that an operation would not go wrong, and many did. Better knowledge, better technique, sterilization by heat, instead of by chemicals, and the use of rubber gloves have at last removed that bugbear.

The next block to be built was the Pathological block, for which purpose some little old houses between the main Gateway and the Library were cleared away—Ferguson's the instrument maker, Evans & Witt the stationers, and a bun shop. These were the last of the houses on the Smithfield front that used to be let out on lease. They can be seen in the engraving of the Hospital in 1720. One might say that in the early nineties, pathology, with the exception of morbid anatomy, did not exist. Post-mortems were conducted in a shabby little outhouse somewhere about where the southern end of the Dispensary now stands. "Round the corner" we used euphemistically to call the post-mortem room instead of "the upper chamber". Then a small room was set apart in the School as a pathological laboratory, the one now used for Practical Surgery, and here Kanthack, our first teacher in Pathology, did his work, and later also Andrewes before he moved into the new block.

The wards were much the same as they are now, in the East and West Wings, except that they have been renovated and modernized from time to time. The

floors, though, were then made of rough deal and had to be scrubbed. Heating was entirely by coal fires in big open grates, and very comfortable and cosy they looked and felt on a winter's night. I think the next building to be put up was the Nurses' Home on Little Britain. There is a picture in the Office showing the Little Britain Gate, and the row of tumble-down little houses to the south which used to be occupied by the masters of the Blue Coat School. Mention of the Little Britain Gate reminds one that there used to be a right-of-way from Little Britain into Smithfield—a great nuisance in the early days.

The medical staff seemed to us students to be very exalted creatures endowed with supernatural powers. Tom Smith was the senior surgeon, and then came



1904.
MRS. BRUCE CLARK, HARRISON CRIPPS AND
HOLBURN WARING.

Willett, Langton, Howard Marsh and Butlin, while the assistant surgeons were Walsham, Bowlby, Harrison Cripps, Bruce Clarke and Lockwood. Innumerable stories come to one's mind about them all, but this is not the time or place to recount them. They all had their loveable little peculiarities, and they all made their contribution to the Surgery of England.

The physicians were all most dignified, some called them pompous, but they added prestige to our School. Sir William Church, Samuel Gee, Sir Dyce Duckworth, Sir Lauder Brunton—they were names well known through the length and breadth of the country.

When I entered, the length of the medical course had just been extended from four to five years. Most of the students took the Colleges and only a few the London degree.

As regards the standard of the men, I have no hesitation in saying that it was not so high as it is now. At

present the men are better educated, better dressed and better mannered, but then it must be remembered that there was no JOURNAL then to set the standard.

Perhaps it may be as well to end on this note, merely repeating Paget's warning that if the past now appears ludicrous and medieval, yet the state of affairs to-day will inevitably be outdated before many years are past.

G. E. GASK.

THE DEPARTMENTS.

BIOLOGY AND COMPARATIVE ANATOMY.

THE teaching of Biology and Comparative Anatomy at St. Bartholomew's goes back to the year 1829, when lectures were first given by Richard Owen, a former pupil of Abernethy, who was destined to become one of the most noted exponents of the subject.

For very many years no special accommodation was thought necessary, and it was not until 1891, during the period when T. W. Shore was Lecturer, that a Biological Laboratory was provided. Shore, who had studied under Huxley, had for some years conducted his practical classes in the former Physiological Laboratory (now the Morbid Histology Laboratory), and it was from that Department that the biological equipment was transferred when the present Laboratory was ready to receive it. The organizing in our College of biological teaching in its modern form was, in large measure, the work of Shore, to whom we owe it that a sound tradition was early established.

It is a tribute to the care given to the planning of the Department that after more than forty years it remains in a thoroughly usable condition, although some of the equipment is naturally of antiquated design. While changes and improvements in the other laboratories devoted to first-year subjects have been effected from time to time, the Biological Department still occupies its old home.

The accommodation consists of two rooms—a large room, well lighted from above, and a smaller room, on a higher level, reached by three or four stairs. The two rooms, when fully occupied, will accommodate some 50 students, but during recent years they have often been seriously overcrowded. It is an inconvenience from the teaching point of view that the laboratories are on a different level, since it involves a constant mounting and descending of stairs. No doubt it was not originally contemplated that the two rooms would be in use at the same time. To the laboratories, and

the two adjacent small preparation rooms, there has recently been added a private room for the lecturer on another floor of the building.

The accommodation which is being provided in Charterhouse Square will, in the first place, be much more ample. Thus it will be possible not only to find room for the greatly increased number of students, but facilities will exist for conducting the University Examinations, which are now held twice yearly in the College. A main laboratory is planned, with places for nearly 80 students, and adjoining this will be a smaller laboratory to hold 20. Both will have good overhead lighting, provided by north light or factory windows. The advantage of a smaller room for use under special circumstances does not need stressing.

The preparation and store rooms will be within easy reach of the laboratories, and the space available will be greatly in excess of that devoted to this purpose in the old quarters. Private rooms and a Research Laboratory for the Teaching Staff will be situated close by, and will be suitably fitted up. The general equipment of the laboratories has received very careful attention, and various labour-saving devices are being incorporated. As a considerable amount of modern apparatus is also to be provided, it will be seen that in the future our Biology Department need not fear comparison with those of any sister institutions.

The Department is to occupy the whole of the second floor of what was formerly the Merchant Taylors' School refectory and the adjoining floor of the Head Master's house. It will thus be entirely self-contained—a feature which will be much appreciated by the Staff. Lectures will be delivered, as for many years past, in the Anatomical Theatre. This will be a new building, which has been specially designed and incorporates a number of modern features.

From this brief account it will be recognized that the new building should worthily house the Biology Department for many years to come.

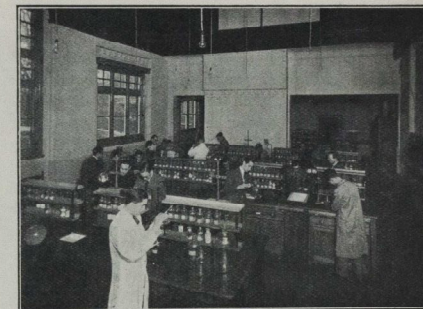
W. A. CUNNINGTON.

CHEMISTRY.

WE regret leaving the old place, but it was inevitable. Cessation of growth in an organism is the prelude to its decline. It is because both Hospital and College continue to grow that a place "outside the walls" had to be found for all pre-clinical subjects. Near or far, what site more appropriate than the Charterhouse site could have been found for our Medical College? Readers of this Journal have been kept well informed as to the history of the site and the points of contact between the Hospital and various

occupiers of the site. The distance which divides Hospital and College is not great: from the door of the old Chemical Department to the west door of the new one, as the crow flies, is 651 yards, and therefore a little more by road. It is worth remark that the Chemical Department of the College has now occupied parts of the sites of three great public schools; for while the new Out-Patient Block was being built the Laboratory was moved to the dormitory of the old Christ's Hospital.

Does the Department gain by the change? There can be no doubt about that. Consider the spaciousness of the new Department. It gives us 75 working places for first-year students, a fine balance room, and a well-lighted store room on one floor. For the new Bio-



Photograph.
CHEMISTRY LABORATORY. THE NEW MEDICAL COLLEGE.

chemical Laboratory the eastern half has 114 working places to accommodate the second-year chemistry and the small number of students who take the first-year biochemistry without doing the university course in chemistry. The old site gave us 83 working places to accommodate both first- and second-year men, no balance room, and a store room without daylight.

On the ground floor of the Chemistry Building are: (1) The Lecture Preparation Room; (2) the Lecture Room, which is rather larger than the old one, has definitely more comfortable seats, and the slope of the rows of seats is much less than it was in the old theatre; (3) the Lecturer's Research Laboratory (quite new); (4) the Lecturer's Room.

On the third floor are: (1) A good laboratory for the demonstrators' use; (2) a room for the demonstrators (new); (3) a still room which contains a large still capable of supplying both the Chemistry Building and the Biochemical Laboratories with distilled water.

Another advantage of the new site is in the lighting, both natural and artificial. The aspect of the Chemistry Building is south-east, so that it receives sunlight most of the working day; that of the old Laboratory was north-east and south-west, but on the latter side it was faced by the high Out-Patient Department, so that it received a restricted amount of sunlight only in the afternoon. The old Lecture Theatre was in a pit, and being top-lighted only, never received sunlight. The artificial lighting of the whole building is much better than that of the old Department; this is well illustrated by the Lecture Room, which contains nine lights compared with the old one's three.

Carpenters with their shavings, plumbers with their solder and electricians with their wires are still with us, but no longer in mass; soon the last of them will have gone. Then this new Chemistry Building will be a place worthy of our great and ancient Hospital.

A new one-storied building immediately south of the Chemistry Building shows the importance which the College authorities attach to that branch of applied chemistry which is now called Biochemistry. In one half of the building organic chemistry and the first-year biochemistry will be taught, and in the other half the second-year biochemistry. Much money has been spent in equipping this Department of the College, so that students shall be given the fullest opportunities for their practical work. Moreover, next year it is proposed to institute a course of lectures in this subject, which, as Sir Henry Dale has pointed out in his Harveian Oration, is profoundly affecting "all aspects of medicine—diagnosis, treatment, prevention".

W. H. HURTLEY.

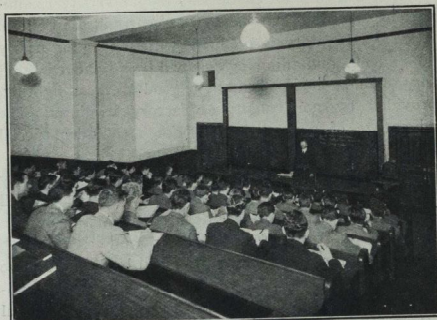
PHYSICS.



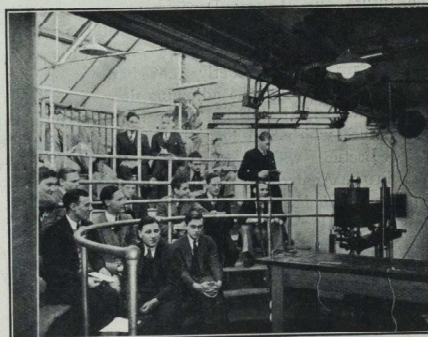
HE recently effected transference of the Physics Department of the Medical School from the Harvey Laboratories in Giltspur Street to Charterhouse Square is the third removal it has experienced during the past thirty years. Until 1906 the Department was housed in the cellar beneath the old Chemistry Lecture Theatre, but in that year it was transferred to the basement beneath the Library. It stayed here for seventeen years—cribbed, cabined and confined. The increased number of students in the Department just after the end of the Great War overwhelmed its resources and overtaxed its capacity. Accordingly, when the Harvey Laboratories were acquired in 1923, increased provision was made in them for its accommodation. For the first time in its history the major portion of the Department was then placed above ground level, and students could work in the laboratory

in daylight. The workshop and the only room which could be set aside for research work were, however, still located in cellars having no windows or natural lighting.

To-day the Physics Department is housed on the north side of the Quadrangle of the Charterhouse, in a building entirely devoted to this subject. Designed to



Photopress.
PHYSICS LECTURE THEATRE. THE NEW MEDICAL COLLEGE.



Photopress.
THE PHARMACOLOGY DEMONSTRATION THEATRE.
THE HARVEY LABORATORY.

accommodate the Biological and Physical Classes of the Merchant Taylors' School, the main portion was the most recently erected of all its buildings and is now just ten years old. By converting two rooms into one large laboratory and adding a new tower, which provides an extension to each of its three floors, the architects have succeeded in producing a physics building which would compare not unfavourably with the finest elementary laboratories in this country.

The ground floor comprises a fine lecture theatre, with its preparation room, professor's private room and laboratory, photographic dark room and an office.

On the first floor are situated the students' general laboratory, optical room, demonstrator's room, and laboratory preparation room.

The second floor is mainly devoted to advanced teaching, research work, and the workshop. One room is set aside for the instruction of candidates for the Academic Diploma in Medical Radiology. In this room will be housed the powerful X-ray machine, generously presented to the Department by the Treasurer and Almoners of the Hospital. A second room is designed to be an advanced electrical laboratory. It is wired to give the low- and high-voltage alternating currents used

which may benefit medicine. The Physics Department is one illustration of this progressive outlook.

A constant preoccupation of the College Committee when establishing the new College has been to ensure that there shall be no divorce between the pre-clinical and clinical departments. In the case of the Physics Department, a satisfactory liaison is already established, for each member of the teaching staff is a professional physicist, having official duties to perform in one or other department of the Hospital as well as in the College.

In concluding this account it should not be out of place to recall that one of the most illustrious names on the roll of celebrated English physicists is that of Thomas Young (1773-1829)—a doctor trained at Bart.'s. Amongst many other notable contributions to human



Photopress.
THE HARVEY LABORATORIES.



PHYSICS LABORATORY.
THE NEW MEDICAL COLLEGE.

Photopress.

in medicine, and the powerful direct currents required for operating electric arcs, or sources of ultra-violet light and infra-red rays. Still another room is set aside for research purposes, although it, and the X-ray room, may be thrown together for the purpose of holding the newly instituted internal practical examinations in physics for First M.B. These three rooms, together with the workshops, attendant's room and store cupboard, complete the accommodation on this floor.

A striking feature of the building is the cheerful brightness of its main rooms, which all have a southern aspect. In designing and equipping the new Department much anxious thought has been given to the part which physics must play in the future of medicine and medical education. We live in an age of scientific discoveries more abundant and profound than those of the Newtonian era. Our College is alive to the necessity of taking advantage of every advance in the basic sciences

knowledge his name will always be associated with the phenomenon of the interference of light and the Young-Helmholtz theory of vision.

Is there not another alumnus of Bart.'s who is prepared to pay homage to the work and memory of this great man by endowing a department, lectureship or professorial chair in his honour at his Alma Mater?

F. L. HOPWOOD.

ANATOMY.



HE merest glance from the old to the new housing of the preclinical departments of the College makes one exclaim, "How fine and splendid". Congenial surroundings, spaciousness and all sorts of amenities are there on the new site. Congratulatory comment springs spontaneously; pride and satisfaction blossom everywhere.

If this were the only gain, if we had merely changed "Bart.'s" from being one of the dingiest and shabbiest of the London medical schools to one of the largest and best housed, with commodious departments and a beautiful great hall, would it have been worth all the danger, anxiety and labour? Until recently the College was able to pay its way. It was solvent. More students wished to enter than could be admitted. Now it has a heavy load of debt, and is faced with increased annual charges. With all those who have ardently supported the Dean I must take my share of responsibility for plunging the School into financial embarrassment.

Until this change the preclinical departments were right in the midst of the clinical work. From the moment the student entered the College he was able to feel that he had plunged right into the centre of what he felt was his life's work—to cure, to succour and to comfort the sick. As he entered the archway he walked under words conveying such commandments. The freest interchange of opinion was possible between all members of the Staff. The rub of minds, the give and take of knowledge, the pooling of experience and the discussion of problems invigorated the daily routine. Each will now be tempted more than ever to go his own way and to live in his own world. The student will imagine that he lives in two compartments, each having little to do with the other.

Everybody realizes, of course, that the Staff and the students remain the same though they have moved to the other side of Smithfield. How can they do more than they have done hitherto? Have we merely exchanged some solid advantages for purple and fine linen? By moving to a larger and more imposing house, have we but emptied our pockets and gratified our pride? I have frequently put these questions to myself, and I have no doubt that many others have done the same.

The Department of Anatomy gains enormously in space and accommodation. The brief statement which follows is intended to answer the doubts and to summarize the gains.

Air and light, space in which to work and keep fit are such elementary considerations that it is not conceivable that a school would long continue if it fell below a reasonable level in these matters. As a caustic American critic remarked, the Staff might be meagre, the laboratories inadequate, but at any rate the School was bound to possess a fine playing-field. Inadequate as some of the old departments were, and anatomy was probably the most cramped, it was possible to carry on. Much fine teaching and research went on in them. Many who subsequently became leaders in medicine and surgery worked there as students and as demonstrators.

One has but to recall a few names associated with the old Anatomy Department. Sir Wilmot Herringham carried out in this Department one of the earliest investigations on the segmental innervation of the muscles of the upper extremity. Lockwood's suspensory ligament of the globe of the eye; McAdam Eccles on hernia; Rawling's surface anatomy; Holden's osteology; Addison's planes; these are a few selections from the work of the Department. Sir Holburt Waring, to become later President of the College of Surgeons, and others now on the Surgical Staff were amongst its demonstrators. Recently such scholarships as those of the British Association of Surgeons, the Commonwealth Fund and the Rockefeller Foundation, etc., have gone to anatomy demonstrators because of what they accomplished while working and teaching in the Department.

Some schools may have need to splash in buildings in order, perhaps, to be impressive and to persuade the world of their worth. The motive is quite otherwise with us. We move, not because of dissatisfaction with the past, but because it has become more and more apparent that if we are to give to the eager student and the able young graduate a fair chance to prove his worth by extending his own knowledge, by acquiring training in research, and by carrying on his own investigations, then we must have more space, more equipment and more staff with special knowledge. We have an abundance of such young men as our records show.

It is the business of a university staff, individually as far as possible, and collectively without qualification, to know everything about their subject, to be conversant with all the current literature, to preserve all knowledge that is worth being preserved, to interpret such knowledge, and to add to it continually. Time is necessary for this, an adequate staff to subdivide the burden, rooms to work in, apparatus, equipment and so on. For the first time in Bart.'s all these things become possible in abundance. America has taught us one thing in medical education which we can adopt wholeheartedly, and that is to plan on a large scale. The very meagreness of our ideas of spending, building, equipping and staffing, our national passion for the smallest personnel and the least equipment to do the job, amount to a national vice. A feeling for largeness coming from the West is as good for us as the Gulf Stream.

The New Anatomical Unit has been thought out by starting from the principle that anatomy is the study of the growth and form of living things. The structure of the body can only be fully known when we are aware of its biological history and the function it performs. So we must start with the early stages of embryology, and follow through the sequences in the growth and form of developing organs until the differentiation of

their cells brings us to the final adult state. Embryology, then, we regard as the basis of our science—not only the embryology of man, but of all other organisms which conduce to the understanding of man's development. The student is not to be burdened with a mass of descriptive detail. He has too much of this in all subjects at present. Rather our purpose is to inculcate the principle that the form of the adult body and its parts is the result of its history, growth, differentiation and functions. These are the aspects of life especially germane to anatomical science, and upon them we wish to base our teaching of both macroscopic and microscopic anatomy. In the past in most schools embryology as an anatomical subject has not been adequately taught, since it has been presented in a purely descriptive manner, with much complicated detail eked out by blackboard sketches. We have already done something to make the subject more real by enabling the student to examine actual embryos and specimens. As Huxley remarked, the difference between science teaching and other kinds is that in the former the student handles the material he is studying. We are beginning now to get some understanding of the causation of differentiation. This is not due necessarily to the hereditary qualities of the cells, but depends on agencies outside the cells. The development of the lens, the maturation of the blood-cells, the differentiation of the thyroid are examples of what I have in mind. Rooms and laboratories are now available to make this part of our work really an adequate study and training.

Neurology has been approached in the same way, and a special unit has been designed so that we may study this part of anatomy macroscopically, microscopically and experimentally. A specially equipped large laboratory will serve for the preparation of neurological material. Close by, an experimental theatre is placed, and in the histological laboratory the brain as a whole will be studied first by dissection, and later by the special processes that make microscopic examination possible.

The X-ray machine has added to and extended our means of studying anatomy. Its daily use in almost every medical problem, the advances in construction making it cheaper and more portable, render it desirable that the student should be as accustomed to it as he is to the scalpel, the forceps and the stethoscope. A machine will be installed, and opposite to it there will be a radiological demonstration room, equipped for the study of films. A student will be able to have his "part" photographed; he can study quietly films of every system of the body—not merely those appertaining to the osseous system. He will see all that can be learnt by screening, and it is hoped that every student

will carry away from the Department a complete set of films illustrating the normal anatomy of the body.

We believe that a museum has a large part to play in the teaching and understanding of anatomy. At the moment we possess a small, though excellent, collection of specimens. Unfortunately it has to be housed in a gallery (the cat-walk) that surrounds and overhangs the Dissecting Room. It is not possible to arrange it in any definite order, nor can the student use it in peace and quietness. In the new buildings a well-lighted room will house the Museum near to the Dissecting Room, but free from the noise and clamour of the work there. The idea upon which the Museum is to be arranged is to take each system of the body, and then by specimen, drawing, photograph, photomicrograph, X-ray film, show all that can be depicted of its biological history, its development, its adult form and structure, together with such topographical details as are of scientific interest or practical value. Nerve and blood and lymphatic supply are also to be displayed by using the necessary special methods. Each system is to be housed in its own bay, and each bay will have its table and chair and abstracts of relevant literature.

For this work, and the many other needs of the Department, a large photographic section is necessary. We have already excellent equipment for all kinds of photographic work. In our new quarters we are fortunate in that with but slight alteration we secure dark-rooms, excellent accommodation for our apparatus, store rooms, drying and mounting rooms, as well as space for drawing, modelling and kindred activities.

Much care has been given to the construction of the Dissecting Room. The amount of floor-space per student has been increased three times above that which obtained in the past. The natural lighting is diffused northern skylight, and every care has been taken to get the maximum quantity. The artificial lighting has been devised so as to be entirely shadowless, and to be not less than fifteen foot-candles at the working level of the Dissecting Room table. The washing-places and the lockers are so situated that the former are in the Dissecting Room and the latter immediately adjacent. There is no reason why our two objectives, absolute cleanliness and perfect lighting, should not be achieved. The centuries-old discipline of dissecting is so important that the greatest care has been bestowed on its laboratory. Even the most caustic American critic of medical education allows that the two best disciplines yet elaborated in medical education are to be found in the dissecting room and at the bed-side. Those who are irritated by the amount of time spent in a dissecting room can easily calm themselves if they imagine a

medical school without a dissecting room. In the past every crime has been committed in order that the students might have bodies to dissect.

If I now add that, over and above all this equipment for the study of anatomy and all these facilities for the work of the students, there is sufficient accommodation for a staff of at least ten teachers and investigators, we can then be acquitted of meagreness of outlook, and claim that we have approached medical education in a spirit that is equal to its bigness and importance. After all, we are attempting to supply one of the daily needs of the community—viz. health.

Much has been written on medical education in recent times, especially by Americans. The tide of medical scholars has turned away from the Continent and now flows strongly to the West. The great achievements of American research, the magnificence of their schools, the world-wide effects of the endowments for education and research given by the Rockefeller Foundation and the caustic comments of their critics have given to American Universities an immense influence in medical education. If we could take over the whole of the American system here without any limitations or qualifications it might be to our advantage. It is both imprudent and unwise to take over bits of it. Complete conquest might be good, but mere annexation is to be resisted. Our educational tradition is different from theirs. Here education has served to inculcate religion, manners, and learning, and usually the emphasis has been on the first two of these and not on the last. In general the student does not come with a burning desire to get knowledge. Often enough he has been persuaded that character and a genius for muddling through will save him. He may persuade himself that cramming, reading the right books, knowing the foibles of examiners and spotting the questions are legitimate substitutes for hard work and the will to understand.

We must accept the methods, the traditions and the attitude to life fashioned for us, by the centuries. We must try to create intellectual enthusiasm, to foster disinterested service, and above all prevent science, especially medical science—for it does only good—from becoming mere professionalism. We must in every way we can encourage the student to work hard, to read widely, to select with judgment, to collate and compare, and present his results to a critical audience.

The Medical Sciences Club recently begun is splendid. The range of subjects discussed is co-terminous with the whole field of biology. Students and Staff debate together, and the latter, despite their age and experience, have not always come through unscathed. Such a club can now find a home. It will have an extensive library, and the means will be available for permitting

a student, moved to do so by his reading, to put his ideas to the test of research and experiment.

It is hoped that many of the advanced lectures given in the University may now be held here, and we need feel no diffidence in persuading any distinguished visitor to come amongst us. I may perhaps just mention that our new home affords greater opportunity than before for the indulgence of those activities known to headmasters as "frills". I mean the reading and acting of plays, the pleasure of a literary club, and the study and practice of music. Also in addition to the present athletic activities there is abundant opportunity for everybody to maintain his physical fitness in any manner that is agreeable to him.

Those who have not actually gone through the process of deciding to buy and build a medical college, to raise £200,000, to choose an architect, to formulate plans, to decide upon every material to be used, to place each electric light, each gas point and each tap in its proper position, to utilize existing walls and spaces to the best advantage, to make daily a hundred decisions on the most diverse points, to bear the responsibility, to risk criticism and failure, and keep believing in ultimate success—only those, as I have said, who have had daily contact with the whole affair can understand its complexity and know its anxieties. No reasonable being can doubt for a moment the greatness of the achievement, nobody who has any knowledge of how it all came about can stint his praises of the Dean. His courage and his labour have now an enduring monument.

It remains for us to make ourselves worthy of the place. The College has satisfied every material need that is necessary. We can only repay by each in his own way doing his best. H. H. WOOLLARD.

PHYSIOLOGY.

AFTER a move to a new house one usually finds oneself comparing the old and the new. In the same way, the moving of a laboratory must invite comparison. I propose to enumerate quite briefly the advantages of the move which my Department has recently made. We have more space, more light, more fresh air and less noise. Considering the different parts of the Department in detail, on the ground floor of the old Department was the Lecture Theatre. It was long, narrow and dark; it faced a busy main road; its ceiling was low; it was badly ventilated, and made both students and lecturer tired; the lecturer was looking at his students, silhouetted against the windows at the far end, so that it was difficult to recognize them. This sounds very like

faulty design, but that was not the case. The reason was that the building had not been designed as a laboratory, but as a warehouse, and the architect, turning it into a laboratory, had to adapt it for its new purpose as best he could. The Lecture Theatre in the new building is very well designed. It has large windows, comfortable

which had to be held there. In the new buildings the corresponding laboratories are larger, with far better lighting and ventilation. The classes that have already been held there show that they admirably fulfil their purpose.

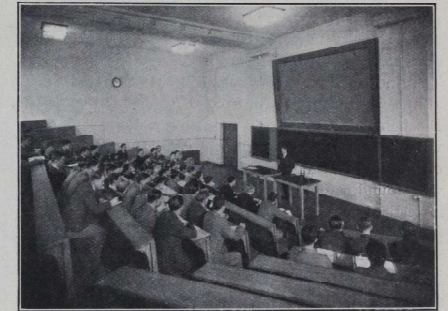
The fourth floor was principally devoted to research.



Photopress.

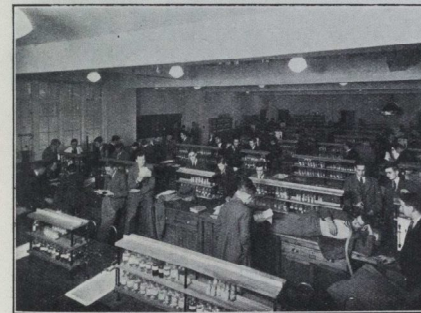
THE HARVEY LABORATORIES.

(Compare the screen on the left with that of the new Theatre.)



Photopress.

THE NEW MEDICAL COLLEGE.



Photopress.

BIOCHEMISTRY LABORATORY.



Photopress.

NEW MEDICAL COLLEGE.

EXPERIMENTAL PHYSIOLOGY AND HISTOLOGY.

seating, wide blackboards and lantern-screen. It is a very nice room to lecture in.

On the first floor was the Physics Department, and this was one of the best in the old building. The lighting was good and the ceilings high. Physics on the Charterhouse site has a fine building to itself.

On the second and third floors were the Laboratories for Biochemistry and Physiology respectively. Both were large, but not large enough for the very big classes

This has been replaced in the new building by a number of small rooms on the first, second and third floors. They provide more floor space, and are far better adapted to their purpose than the old ones—biochemistry, histology, workshop, photography, pharmacology, radiation, heart and lung, muscle and nerve, X-rays, each have their separate rooms.

The fifth floor of the old building housed the Animal Room, the Operating Theatre, the Pharmacology

Department and the Animal Demonstration Room. These are now accommodated on the ground and first floors of the new Physiology Building. The Animal Rooms, Operating Theatre, Food Store and Isolation Room form a suite of rooms which can be cut off from the rest of the Department.

Whenever a move on a large scale takes place little things go wrong. This move was no exception. Two may amuse my readers. The builders sent a polisher round to put wax on all dull surfaces. One of the first to get a coat was the blackboard in the new lecture theatre. The skids made by the chalks caused much amusement at the first lecture. The second incident concerns the Biochemical Laboratory. When the fume cupboards were first used and the electric ventilating fans turned on, it was found that they had been connected the wrong way round and blew the fumes down into the room instead of up.

On the whole, however, the move has taken place very smoothly, and the teaching side of the Department is in full working order, with the exception of the animal demonstration room. The research side of the Department is at present at a standstill. It is hoped to get this moving before long.

H. HARTRIDGE.

THE STUDENTS.

EARLY six centuries have passed since Sir Walter de Manny bought a plot of ground (thirteen acres and a rod) from the Master and Brethren of St. Bartholomew's Spittle. Since that time it has been a burial-ground—50,000 persons are said to have been buried there—and the site at various times of a monastery and two schools. Now it is once again a part of St. Bartholomew's Spittle.

Those of us who have worked in the buildings in Giltspur Street are deeply thankful for the removal to Charterhouse Square. Histology was then an ordeal—a battle for sections in an over-populated room amidst an undergrowth of stools. If it is not yet a pleasure, it is at least a trial inflicted under the most pleasant circumstances by the medical authorities. The new Laboratory is large and amply lighted; it is also on the ground floor—an important factor when the Staff has the monopoly of the lift.

Before we go any further we would add that officially the College is four minutes' walk from the Hospital in Smithfield. We feel confident that one of A. V. Hill's "ordinary middle-aged university professors" did not create this record. But we must not be hypercritical.

To resume—the Physiology Lecture Theatre is a triumph. Anthropometrical experts have given us the

perfect distance between the seat and the writing-top. Rumour has it that sixpence-in-the-slot opera-glasses will shortly be installed for the Pharmacological demonstrations. Before we leave the theatre we must call the attention of those responsible for the Anatomy Department to a very beautiful screen for slide-projection and for cinematograph work. We feel a precedent has been created which should not be overlooked.

The Biochemical Laboratory is also a vast improvement on its predecessor with its handsome cupboards and benches and adequate accommodation. Its creation seems to be due to a sudden happy thought, for it is absent from the sketch of the Medical College drawn in 1933 and to be found in the *Hospital Calendar*; or had sufficient time elapsed in the imagination of



Photofress.

THE COLLEGE HALL.

the artist for the trees to proliferate three-fold and hide it—coat-of-arms and all? The Chemistry and Physics Department, being converts, have not that air of absolute modernity which the newer buildings possess. The adaptation, however, is clever and complete, and they are immense advances on the old laboratories and theatres. The life of the first-year student must be more congenial than it was.

These are but random thoughts, and no attempt is made to look for faults when there is so much with which to be pleased. The mind has wandered here and there and left out much that might have been praised. Some indeed, looking for faults and finding none, have taken objection, for example, to the semi-stable-looking structure on the west side of the Square. It is certainly not very handsome, but portions of it are very old. The back is part of the cloister of the old Carthusian monastery, and the main part was built in 1565 by the Duke of Norfolk as a corridor

from his palace to his private tennis-court or courts. These, we must presume, are the tennis-courts alluded to in the *Calendar* as part of the recreational facilities at Charterhouse College.

With student-life still divided between the Hospital and Charterhouse Square, social activities at the latter are not fully developed. We must wait until January for any further advance in this direction. The common-room is rarely unoccupied, and there is a good selection of daily papers. We sighed on observing once again that progress and coal fires cannot go hand-in-hand. Occasionally we glance into the Gymnasium to see the glint of foils and hear the clash of steel. In the gloom at one end two grotesquely attired figures are fighting one of those life-and-death duels with which Sabatini has made us so familiar. In the middle of the room stands a massive boxing-ring; in one corner is a powerful punch-ball, and in another hangs the passive and uncomplaining sack which takes more punishment than any pugilist that ever lived—as suitable for the boxing-glove as for the bayonet.

And lastly there is the Square itself, with its quaint blending of old and new, with the Biochemical Laboratory, modern in every stone, facing the old Carthusian monastery, "The House of the Salutation of the Mother of God". What greatness it has seen—Lovelace and Crashaw, Addison and Steele, Wesley, Palgrave and Thackeray; and who can think it is the end? Men will rise fit to write their names with Harvey and with Paget, with Abernethy, and with those who made for us a name that will endure.

P. D.

STUDENTS' UNION.

THE HISTORY OF THE CLUBS AND SOCIETIES.

The Students' Union was founded in March, 1904, and the history of its evolution is not without interest.

In the early 90's no amalgamated body of students existed, and the clubs which represented the various sports were run by willing individuals, whose main job it was to collect as much money as possible in subscriptions in order to cover the expenses. Later came the scheme which is at present in force of having the games' subscriptions collected by the College. This marks the first great movement in the formation of the Students' Union. The clubs were amalgamated and a committee formed, consisting of the secretaries of the clubs, two general secretaries, and members of the Staff acting as president and treasurer.

In 1904 there was a general feeling amongst the students that this committee should be replaced by a Council consisting mostly of students. The aims of this were "representation of the student body, promotion of social intercourse and common interests and absorption of the loosely-knit clubs". At a general meeting of the students a commission was elected to draw up the laws and constitution of this proposed union. These were later approved, and in March, 1904, the first Council, consisting of three members of the Staff and eleven students, was elected, our present President, Mr. Boyle, being a member of this Council.

The following clubs and societies were incorporated in the original Students' Union: Abernethian Society, Athletic (including Hare and Hounds), Cricket, Rugby and Association Football, Hockey, Lawn Tennis, Rifle, Swimming, and the official organ of the Union, the *JOURNAL*.

Since this time many small changes have taken place, such as the movement from the basement of the Abernethian Room, but the main laws and routine of the Council have remained the same. On looking through past records of the Council there are very few outstanding incidences which call for comment, but one entry in the minutes of 1912 may be of interest to your readers:

"A letter was read from Mr. — asking permission to live in a tent at Winchmore Hill. It was decided that this was a dangerous precedent and that the secretaries discuss the matter with him."

It is also of interest to note that at this time a student was chosen to represent the Students' Union Council on the College Council—a practise which has since fallen into disuse.

Since 1904 the following Clubs have been incorporated: Sailing, Fives, Squash, Pencing.

ABERNETHIAN SOCIETY.

"The Medical and Philosophical Society of St. Bartholomew's" was founded in 1795 by John Abernethy, but cannot claim to be the oldest medical students' society, which honour belongs to the "Edinburgh Medical", founded in 1735, while "Guy's Physical" is the second oldest, being founded about 1775.

The objects of the "Medical and Philosophical" were the same as the present Abernethian Society—the reading and discussion of papers having some direct bearing on medicine and the showing of cases or morbid specimens. Among other activities were the formation of a Library, which attained quite large dimensions, but when the "Medical and Philosophical" lapsed, on the death of Abernethy, the collection was added to the Hospital Library.

The Society, in its early days, had six presidents, one for each month of the session, which lasted from October to March, a librarian and treasurer (joint office) and a secretary. It was not entirely a student body, but members of the Staff took an active part in its working, and most of the papers were read by members of the teaching staff, Abernethy being particularly willing to come forward if for any reason no paper was forthcoming.

The "Abernethian Society" was founded on the ruins of the "Medical and Philosophical", which had lapsed during Abernethy's illness and following his death, in the year 1832, and from then onwards the Society has been run by students. Originally it had six presidents, three of these being the three house surgeons, but in 1849 the number was reduced to two, with four vice-presidents.

Perhaps one of the most interesting papers read to the Society was one by James Paget (then a first-year student) describing the discovery of the "*Trichina spiralis*" in 1845.

In 1847 the Society appears to have been in an extremely good financial position, and marked it by investing fifty pounds in the purchase of a President's Chair, which until recent years has graced the Abernethian Room.

Subsequent to 1849 various of the papers read to the Society were published in the *Transactions*, which were issued regularly till 1856, when lack of funds and the difficulty of choosing only a few for the honour led to their discontinuance.

On May 1st, 1895, the Society celebrated its centenary by giving a *Conversazione* at which Sir James Paget was present, just sixty years after he had given his first address to the Club, while an address was given by Dr. Norman Moore describing the history of the Club.

Since then the Club has continued with its original work and at the present time is very flourishing.

AMATEUR DRAMATIC CLUB.

The Club was founded in October, 1883, largely by the efforts of the late Mr. Stephen Townesend, who had organized the production of two plays, *Little Toddlekins* and *A Regular Fix*, in January of that year. Since then at least one play has been produced each year, with the exception of 1904, 1913, 19 and 1932, despite countless difficulties of production in the earlier years. At the first performance, held in the Inquest Room of the Hospital, the only lighting was a row of candles, which served as footlights; while in 1901

Pinerio's *The Magistrate* was given on an 18-inch stage! Performances now take place in the Great Hall of the Hospital, where the Club has the advantage of a first-class stage and proscenium, with full lighting equipment. After controversy extending over the whole period of the Club's existence, ladies are now invited to take part in the productions.

The principal activity of the Club is the production during January of the Christmas Entertainment, which is provided by the Treasurer and Almshouses of the Hospital for the benefit of the Nursing Staff, the Students, the Governors and others officially associated with the Hospital. Among the plays produced in recent years have been *Fanny's First Play*, *Arms and the Man*, *Ash Beales*, *The Crooked Billet*, *Bird in Hand* and, in January, 1935, *The Nelson Touch*.

The opportunity has been taken of the removal of the Pre-Clinical Departments to Charterhouse Square to extend the activities of the Club among pre-clinical students by the formation of a Pre-Clinical Sub-Committee. It is hoped that through this organization the dramatic activities of the Hospital will find a wider scope than has recently been possible, and that the Club as a whole will be provided with a training ground for new talent.

RUGBY CLUB.

This club, one of the oldest in the Rugby Union, was founded in 1873. Of the founders of the Club we have unfortunately no record. Since this date the Hospital Cup has been won by us on five occasions; the dates and captains were: 1881, T. C. Gibson; 1883 (Sir) Charles O'Brien Harding; 1924, G. W. C. Parker; 1928, R. N. Williams; 1931, J. I. C. Taylor. We have, however, not had the best of luck in this competition, because we have appeared in the Final about twenty times. The Rugby Club owes a great deal to G. W. C. Parker, to whose memory there is a tablet dedicated at Winchmore Hill. He it was who brought the Cup back after forty-one years, and by his energy and fine example built up sides as good as any in the country, and so greatly improved our fixtures. In more recent years J. T. C. Taylor is an honoured name in Bart's Rugby History, helping more than anyone to win the cup in 1928 and 1931.

The Hospital now fields seven sides every week, which is an indication of the increase in numbers and the keenness of the members of the Club. There is also a Junior Cup Competition instituted in 1900, which is an incentive to those not fortunate enough to play in the 1st XV.

This season we have the makings of a better side than for some years, but so far, owing to injuries and lack of training, they have failed to show their true form. It is of interest to note that two members who have played in cup-winning sides, W. M. Capper (1928) and Capt 1927-8 and 1928-9, and R. Mundy (1927), will be playing for us again this season. It is time the Cup came back to Bart's. It should do so this season if only more attention will be paid to hard training between matches and hard play during matches.

CRICKET CLUB.

The date of origin of the Cricket Club cannot at present be traced. It certainly dates back further than 1860.

Games were played at Herne Hill by the one team of which the Club then consisted before the Hospital took over Winchmore Hill. In 1893 a second team was formed and has been retained since, and a third added.

Of the original fixtures played by the Club none excepting those with the other hospitals now remain. The actual number of games played in a season remains approximately the same.

The Inter-Hospital Cup was first played in 1882, since when Bart's has won the trophy seven times, the first in 1896 and the last in 1932. The last six years have probably been the most successful in this respect, the Club having played in the final three times and won twice.

There have been many famous members of the Club, pre-eminently Dr. W. G. Grace, and many Hospital men have played in county sides. All the members of one team in 1892, under the captaincy of F. Rose, at the time when the Club's President, Mr. Boyle, was playing for the Hospital, scored individual centuries during the season.

On one remarkable occasion only two members of the Hospital side turned up—one of them Dr. Heasman—who after sending furiously to the Hospital for reinforcements of any calibre, proceeded to hold the fort themselves to such good effect that they were able to declare without a wicket having fallen for some two hundred runs. They then bowled at opposite ends throughout their opponents' innings—with the scratch men fielding—and dismissed them quickly for a very handsome victory!

ASSOCIATION FOOTBALL CLUB.

The year in which Association football was first played by the Hospital cannot be ascertained, but the first game of which there is a record was on October 4th, 1879, against Upton Park. The minute-books date back to the season 1881-82, when the Club was put on a formal footing, owing, in the words of the secretary, T. H. White, to "the considerable quarrelling with the Rugby Club". Apparently the Rugby Club considered there was no room in the Hospital for the two codes.

The first ground used by the Club was at the "Spotted Dog", Forest Gate. This, in the words of the minute-books, was a "most excellent ground, well furnished with the necessities of football". In 1887 the landlady raised the rent and the Club moved to Walthamstow, where it remained until the purchase of the present ground.

One of the most successful seasons was 1890-91, when the Club reached the final of the London Cup, beating Millwall in the semi-final and only losing to the Arsenal in the final after two replays.

At the close of the last century the Club was one of the most important in London, and the interest of the general public, as reflected in the newspaper accounts and the attendances, was considerable. For example, many letters of protest appeared in the daily press regarding an incident in a match in which Bart's were the victims of bad refereeing. This caused quite a stir, and argument went on for some weeks.

The Club maintained its position as one of the leading Hospital sides until the Great War, when the minutes suddenly cease. Regular games became an impossibility until 1920, when the Club was re-formed.

Since 1920 the history of the Club has been largely one of good seasons mixed with bad, with the occasional inspiration of a winning Cup team to vary the fare and maintain enthusiasm.

HOCKEY CLUB.

The first Hospital Hockey Club was founded at a meeting held on October 7th, 1896. Mr. Meakin was in the chair, and the following officers were elected: *President*, Dr. Morley Fletcher; *Secretary*, Mr. J. W. Nunn. The Club was to play on the Rugger and Soccer fields when these were available.

In 1899 Dr. Morley Fletcher presented an Inter-Hospital Hockey Cup, which has since disappeared from circulation.

The first minutes which exist are of 1904. In 1906 we find Dr. A. E. Gow, then a student, elected to be Captain and Hon. Secretary of the 3rd XI, and in 1907 he was promoted to a similar post in the 2nd XI.

In 1909 application was made and granted for a hockey pitch at Winchmore Hill. By changing the Association and Rugby pitches round and building a new pitch a full-sized hockey pitch was obtained.

In 1914 the Hospital won the Hospital Cup for the first time. The Cup was not won again until 1930.

Up to 1921 the Club had been playing in black shirts and white shorts, but in this season the colours were changed to half black and half white shirts. They were changed again recently to their present colours, similar to the Hospital Blues.

In 1929 Dr. Morley Fletcher resigned from his position as President of the Club, which he had held for thirty-three years. Dr. A. E. Gow was elected his successor and still holds that office.

Our Vice Presidents have been: Mr. J. B. Hume (1921-1923), Mr. Ogier Ward (1923-1925), Dr. Cow (1925-1929), Mr. T. H. Just (1929-), Dr. Geoffrey Evans (1929-).

Throughout the history of the Club the nightmare of the Secretary has been to get members of the 3rd XI to play regularly. At last there seems a hope of waking up, as our number of members has increased greatly this year, and next year we should be able to have a full 3rd XI fixture list.

ATHLETIC CLUB.

This Club was founded in 1867, when the Inter-Hospital Competition was first instituted. It is the oldest of the clubs. Unfortunately the record of minutes cannot be traced beyond the recent date of 1920.

In 1904 the Sports were held for the first time at Winchmore Hill. At that date a sack race was held—an event which has now regrettably fallen into disuse. It was also in 1904 that a general meeting agreed to the following motion: "Honours must only be awarded to those who gain at least one point for the Hospital in the Inter-Hospital Sports." As the minutes show, this rule has since been the source of controversy, many members of the Club thinking it "much too arbitrary."

In 1921 there was a revision of the Club colours and the present colour scheme was evolved. Also the black and white shield was to be worn on the left breast by all those to whom "honours" had been awarded.

The Club has had several outstanding performers, among whom, in later years, H. B. Stallard figured conspicuously. Stallard, together with C. P. C. Reilly and J. G. Nel, have been responsible for establishing several Inter-Hospital records. Since 1900 Bart's has won the Inter Hospital Shield eight times, the last two victories being in 1933 and 1934. Bart's has also the unique record of winning the Relay Race for ten successive years.

In 1931 Dr. Morley Fletcher, who had been unanimously re-elected President of the Club for nearly twenty years, resigned. Since then Mr. T. H. Just has actively held this position.

BOXING CLUB.

The Boxing Club, one of the oldest of the Hospital Clubs, has had a varied and chequered career, having taken some long counts, but always making a good recovery. In the Winchmore Hill Pavilion there are photographs of boxing teams which were taken as early as 1882, but there are records which show that the Club was in existence many years before that.

In the Club's early days the expenses were borne by its members and patrons; on several occasions, it has been recorded, the Club's equipment was seized by bailiffs for non-payment of debts. One of the earliest patrons was the Rev. Sir Borodale Savory, who used to lend a room in his house to be used as a gymnasium by the boxers. On his death, however, the Club passed out of existence, but was shortly revived. This happened frequently; owing to the lack of a suitable room the Club was driven from one (public) house to another.

In 1893 the meetings were held in the Red Lion Passage, in Cloth Fair; the instructor was Alex Roberts. Not only was it difficult to get members, but the members found difficulty in finding the club room, although they were assured by the secretary that it was only three minutes from the Hospital.

1896 was a good year for the Hospital scrappers, as four of them were entered in the Inter-Hospital Competition, but without success. In 1897 things had speeded up somewhat, as members were told that it took only two minutes to reach the Red Lion, but our bewickered predecessors were still unable to find it.

There was a great falling-off in members in 1897-1899, and an appeal was made for new champions, as no team had been entered for the past two years in the Inter-Hospital Competition. These were hard times for the Club indeed, and in 1899 Alex Roberts, who had been instructor for eight years, died.

The next official instructor was Jack Brock, whose services were obtained in 1903. In this year it was pointed out to Freshmen that they had "the right to attend meetings, and to receive a black-eye!" This notice must have intimidated Freshmen, for there is no trace of the Boxing Club until it was revived in 1907. The Club was again in full swing, and in 1908 a team was entered for the Inter-Hospital Competition. The team in those days included gymnasts and fencers! The Old Surgery was now being used as a gym.

A new instructor, Jack Kingsland, who was appointed in 1909, used, when his pupils fought in windmill fashion, to exhort them to "Box pretty now". In 1910 a full team of boxers (plus two fencers) was entered in the Competition, but without much success.

In 1912 it was lamented that the Boxing Club had gone out of existence, and its financial grants ceased. An attempt was made to re-start the Club in 1918, but owing to the Great War the effort was, of course, futile. It was not until 1920 that the Club again

flourished, when meetings were held in the Old College Dining Hall.

Matt Wells, ex-light-weight champion of Europe, came as instructor in 1921, and from that day to this the Club has not looked back (Matt Wells is still with us).

In 1921 a team was entered for the Inter-Hospital Cup and obtained second place. The Boxing Room under the Chemistry Laboratories was started in 1922, and there meetings took place until 1933, when the headquarters were transferred to the gymnasium in Charterhouse Square.

By 1923 the Boxing Club had really come into its own, although the Cup was not won in that year. The Hospitals Cup was won two years in succession—1924 and 1925—and the teams were runners-up in the following three years.

The Cup was won again by Bart's in 1933. The real triumph came in 1934, when the Hospital created a record by winning six out of eight of the Inter-Hospital Championships.

It is only by co-operation and hard training that a successful boxing team can be built up, and we would urge all new members to show for boxing the keenness which it deserves.

UNITED HOSPITALS SAILING CLUB.

The United Hospitals Sailing Club was founded in 1924, Bart's being one of the original Hospitals in the Club, with the object of encouraging the sport and bringing together men from different hospitals interested in sailing.

Mr. Claud Worth was the first Commodore of the Club, and in its early days headquarters were at Farnbridge on the upper reaches of the Crouch, where three 15-ft. dinghies with lug sails were kept, members obtaining food and lodging at the Ferryboat Inn. Races and cruises were held during the summer, and winter meetings were held in London.

In 1928 the Club decided to move to Burnham-on-Crouch, where more open water could be found and facilities for the upkeep of boats and racing were very much better, the Royal Corinthian Yacht Club kindly giving us the use of their starting line and giving weekly races, as well as allowing us to use their changing-rooms, with the result that the Club has rapidly grown since then.

This year a clubhouse has been opened at Burnham, providing comfortable quarters for members, as well as giving us a definite standing as an independent body.

There are now over 200 members from ten London hospitals, and a fleet of ten 15-ft. dinghies is maintained and raced regularly throughout the season for various cups. Many members own boats of their own and cruise extensively, both round the coast of this country and to foreign parts.

Meetings are held throughout the winter and there is an Annual Dinner, and recently an Annual Dance has been instituted, so that the Club may claim to have lived up to its original intention of providing opportunities for men from the various hospitals who sail to get to know each other, and to introduce new men to the finest of sports.

GOLF CLUB.

The earliest records of the Club are found in the *St. Bartholomew's Hospital Journal* of 1894, which contains a report of a match v. Guy's. This was played at Stanmore and, according to the queer scoring methods of that time, Bart's won by 30 holes to 4 holes!

In 1895 the first Staff v. Students' match was played, the Staff winning by 23 holes to 20.

Not much progress was made until 1907, when a sub-committee was formed to discuss the formation of a Hospital Golf Club. At that meeting were Messrs. H. D. Gillies, Charles Gordon-Watson and Foster Moore.

Early in 1908 a meeting was held in the Abernethian Room, with Charles Gordon-Watson in the Chair. The report of the above sub-committee was read, proposed and seconded. Thus the St. Bartholomew's Hospital Golf Club was formed, with H. D. Gillies its first captain.

In 1909 the first Inter-Hospital Cup match was played. The Gilling Ball Cup was given in 1922. This year also saw the beginning of the Staff and Students' Foursomes.

At the Annual General Meeting of 1925 Dr. Graham was elected President, Mr. Gilling Ball resigning from that office.

At the present time annual events are as follows: Gilling Ball Cup,

Hospital Cup, Staff v. Students' Match, Staff and Students' Four-somes, Inter-Hospital Cup, Sir Wm. Beveridge Cup; also numerous inter-club matches.

SWIMMING CLUB.

The present Swimming Club was reorganized in 1919, after the Great War. Its first president was Dr. Drysdale, who guided the Club until our present President, Mr. K. M. Vick, took his place in 1923. The constitution has remained very much the same, and now consists of President, Vice-President, Captain, Vice-Captain and an Honorary Secretary, with a committee.

The Club has improved greatly since 1919, both in size and ability. In the first season only 7 matches were played, of which 1 was won and 1 was drawn. In the season 1935, 19 matches were arranged; 14 were played, of which 8 were won and 1 was drawn.

Teams have been entered yearly for the United Hospitals Swimming Club Annual Gala, but met with little success until 1929, when the Water Polo Cup was won, since when it has been easily retained. All the 1935 matches were won and a record was created in goals scored—44 for and 5 against. The following year the Swimming Cup was won and retained until this year, when the team was narrowly beaten. The Diving Cup was also held from 1932 to 1934.

The Club holds meetings every Friday at 5 o'clock in Fitzroy Square Baths. These meetings continue summer and winter if members are keen enough. There is swimming only in winter, but water polo too in summer.

One or two matches a week are arranged during the summer, most of these being friendlies as opposed to the United Hospital League matches, of which there are six.

The United Hospitals Swimming Club Gala is held annually at the end of June in Marshall Street Baths. Teams are entered for all events.

RIFLE CLUB.

The earliest records of the Club date back to 1894, when it was reorganized. It achieved no success till 1902, when it won the Inter-Hospital Challenge Shield at Bisley. This shield was not won again till 1921. In 1922 the United Hospitals Challenge Cup and the Armitage Cup were both brought back from Bisley, the United Hospitals Challenge Cup for the first time and the Armitage for the second time, having previously been won in 1905. These two cups were again brought back in 1923, and since then the United Hospitals Challenge Cup has been won in 1927, 1928, 1930, 1932; and the Armitage Cup in 1926, 1928, 1929, 1930. During these years little success had been achieved on the miniature range at the Hospital. This was due mainly to lack of enthusiasm and funds. Since 1932, however, a team of eight has been entered for the City of London Rifle League, and more keenness has been shown. In 1933, out of thirty-six matches shot in the City of London Rifle League and Engineers' Cup League, 27 were won.

CHRISTIAN UNION.

In 1912 the Christian Union first became organized into an official union with a committee and members. The President at that time was Sir Francis Champneys, and the Student President, who was responsible for the initial organization, was G. F. Rowercroft. Among other early Presidents were: Dr. J. Calvert, G. E. Gask, W. McAdam Eccles and Sir Dvce Duckworth.

In 1927 the Union, which till then had been part of the Students' Christian Movement, became, by an almost unanimous vote, a branch of a new organization called the London Inter-faculty Christian Union. The number of members has gradually increased since then, and this year there are about fifty.

Every Thursday at 5.10 p.m. meetings are held in the Library. These are not only intended for members, but for any who care to come. The aim of the Union is to lead men into acceptance of the Lord Jesus Christ as their Saviour; to present, instead of something vague, "pious" and theoretical, a Person whom any man may know, and who is able to help in the practical details of everyday life.

Arrangements are being made to maintain the unity of the Christian Union, so that there will be no harmful division into clinical and pre-clinical groups on account of the recent changes.

ALPINE CLUB.

In November, 1930, at the Olde Cock Tavern a group of members of the Hospital proposed that "a club should be formed of those past and present members of the Hospital who were interested in Mountaineering and Skiing". Prof. Gask was elected President of the newly-formed Club, and Dr. Finzi and Mr. Bedford Russell Vice-Presidents.

Since that day the Club has quietly grown. As a rule two dinners have been held a year at which some Bart.'s man or distinguished climber has read a paper on some topic of mountaineering interest. Numerous "meets" have also been held in North Wales and Cumberland. These "meets" are meant for experienced climbers and novices alike, and any enthusiastic beginner is always welcome. We hope, however, that most of them who come will not complain, like our novice did, that "it was the most expensive holiday he had ever had, as, though the mountains were free, it cost him such a lot each evening in the local hostelry getting his nerve back".

At the present moment the Club has about one hundred members. We are holding a dinner at the end of November, at which Dr. Charles Warren is going to read a paper on the Everest reconnaissance Expedition. We hope that everyone interested in mountains and climbing—whether they merely admire them from a distance or spend their spare time clinging on by their eyelashes—will come.

FENCING CLUB.

The present Fencing Club was only founded last year, though previous attempts had been made to introduce fencing at the Hospital. The aims of the Club are:

- (1) To provide opportunities of practice for those who have fenced at school or university.
- (2) To provide an introduction to the sport for those who have never fenced, and to let them decide for themselves whether they are going to enjoy it, without involving them in needless expense.
- (3) To give advice on the choice of clubs and instructors to those who intend to take up fencing seriously.
- (4) To hold matches with hospitals and other fencing clubs, and to take part in competitions, both for teams and individuals.

The expense of joining a London club must discourage many young men from taking up fencing. It is our intention, if possible, to provide the benefits of a fencing club without having to impose a subscription on members. The Gymnasium at Charterhouse Square makes a very good fencing room, and will soon be fitted with a dressing-room and bathroom. A small stock of equipment has been bought and a cupboard fitted up to contain it. Instruction up to now has been given by the officers of the Club, but we hope to engage a professional instructor as soon as possible.

Fencing provides strenuous exercise, and is especially valuable to those who have little time to spare for organized games. It can be performed in winter and summer, indoors or in the open air.

UNITED HOSPITALS AND UNIVERSITY OF LONDON MOTOR CLUB.

The Club was founded some five years ago by a small group of medical men with the idea of drawing together the many hundreds of motorists at the Hospitals and Colleges of the University, and encouraging all forms of motor sport.

The constitution was submitted to the Senate and the Club appointed the Official Motor Club of the University of London, while later in the year affiliation was secured to the Auto-Cycle Union in the South Midland Centre.

During the first eighteen months several events, including a Reliability Trial, Gymkhana and Speed Trials at Aston Clinton proved a great success, and membership figures first topped the hundred mark.

There followed, however, a period of difficulties and regressions, and only during the last two years has the Club continued the progress and success which marked its inception.

Events during the past year include the first Annual Dinner, a spring Reliability Trial in the Cotswolds, open to nine invited clubs and attracting forty entries, a Treasure Hunt, the Speed Trials at Gatwick on November 9th and six invitation events.

Two Challenge Cups are awarded annually, the President's Cup, for the fastest time in a speed event, and the Hippocrates Cup, presented by E. B. Briault, to the member most active in all Club events.

Car badges and two ties are available, and the Annual Subscription from October 1st is 10s. 6d.

UNIVERSITY OF LONDON O.T.C.

NO. 1 COY. MEDICAL UNIT.

The formation of the University of London O.T.C., including its medical unit, was sanctioned by the War Office on January 7th, 1909. The first officer in command of the Unit was Major W. P. Herringham, who presented the Herringham Stretcher Drill Cup. His second-in-command, Major H. H. Tooth, was also a Bart.'s man.

The Medical Unit was continued throughout the war, during which period many officer cadets were gazetted to the R.A.M.C. 230 of the 589 men who took commissions before August, 1915, were Bart.'s men.

After the war the strength of the unit, and of "A" Section, to which St. Bartholomew's Hospital belonged, fell considerably, but the number from Bart.'s has risen from 8 in 1921 to 89 at the end of this summer.

The O.T.C. is not, and never has been, a body for fostering the spirit of military aggression, but is prepared to serve the country in the event of a national emergency.

The majority of training takes place during the Annual Camp, which is to be pitched at Eastbourne next year.

No. 1 Coy. of the Unit is now made up entirely of Bart.'s students, and has an establishment of 90 men, and at present there is room for nearly 30 recruits.

Parades are held each Monday evening at 5 p.m. in the Anatomical Lecture Theatre.

CORRESPONDENCE.

SIR MILSOM REES SCHOLARSHIPS.

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

DEAR SIR,—The existence of the above scholarships may not be well known to your readers.

There are two such scholarships, each to the value of £100, given annually to the sons of medical practitioners at the Port Regis Preparatory School, Broadstairs.

The candidates must be under nine years of age at the time of competing for the scholarships, which are tenable up to the age of fourteen. The candidates are submitted to a simple form of examination in or near their homes, and from those applying a selection is made by the Headmaster, who will interview those on the short list in London. The examination for each year is held in March, and the successful candidates enter the school in the following term. Applications for the scholarships must be made not later than February 20th in each year.

This would appear to be a remarkable chance for the sons of doctors, as the school is most beautifully situated on a prominent part of the cliffs at Broadstairs, and the facilities are such that a boy trained there can enter any school after he reaches the age of fourteen. There are certain facilities for entering Epsom College, for example, which again should help a boy to get into the medical profession if he wishes to follow in his father's footsteps.

These scholarships have been founded by an old Bart.'s man, and it is thought that there may be those who will appreciate the facilities which they offer.

Applications for the scholarships must be addressed to the Headmaster, Port Regis School, Broadstairs.

Yours faithfully,
W. GIRLING BALL,
Dean of the Medical College,
St. Bartholomew's Hospital.

CHRISTIAN UNION.

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

DEAR SIR,—The Christian Union cordially invites every student to three meetings—two to be held in the Library from 5.10-6 p.m. on Tuesday, November 26th, and Thursday, November 28th, the third in the Theatre of the London School of Economics, Houghton Street, Aldwych, W.C. 2, at 5.45 p.m. on Friday, November 29th. These meetings are part of a series held in nearly every hospital and college, and led by Dr. Howard Guinness, an old Bart.'s man who has recently made a tour of most of the principal universities of the world. He is speaking on the theme, "Out of World Chaos".

Yours faithfully,
K. D. MOVNSAGH.

REVIEW.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. LXVIII, 1935. (London: John Murray.) Pp. 351. Price 21s. (to subscribers, 15s.).

The list of contents of this volume, which appears elsewhere in the JOURNAL, indicates the remarkable number and variety of the subjects with which it deals. The articles fall naturally into three groups—a symposium on urinary infections, a number of papers on clinical subjects, and a group of short articles concerned with matters of pathological interest.

The symposium starts with a clear and comprehensive description of the anatomy of the kidney and ureter, with special reference to their nerve supply, by Mr. A. M. Boyd, which is followed by a paper by Dr. Geoffrey Evans on the influence of bowel disorders on urinary infections. Dr. John Beattie's contribution on urinary infections in pregnancy contains much useful information, but the papers by Mr. Girling Ball and Dr. L. P. Garrod are of such outstanding merit that they should be studied by every practitioner who has to undertake the investigation and treatment of such cases. Mr. Girling Ball's observations prove that it is essential to search for some predisposing cause of obstruction in the renal pelvis or ureter in all cases of unilateral infection, and Dr. Garrod describes a method of testing urinary antiseptics by which it may at last be possible to tell which of these substances can justify the claims of their advertising agents.

The clinical papers on Pink Disease by Dr. C. F. Harris, on Fractures of the Carpal Scaphoid by Mr. J. P. Hosford, on Carcinoma of the Stomach by Mr. R. W. Raven, and on Raynaud's Disease by Prof. Paterson Ross, show how much may be learnt about the natural history of these conditions from the study of carefully prepared clinical records, and they are all therefore of practical value as a guide to treatment. Mr. R. G. Elmslie's cases of Fibrosis of Bone, which form a fitting supplement to his earlier publications on other aspects of this disorder, and Dr. G. D. Kersley's Essay on Metabolic Changes which Occur in Fragilitas Ossium and its Allies, are of the first importance in elucidating some of the obscure problems of bone growth and metabolism. For those whose prime interest lies in therapeutics the volume contains detailed accounts of two recent advances in treatment—the X-ray Treatment of (Esophageal Cancer by Dr. W. M. Levitt, and the Treatment of Haemophilia with Snake Venom by Dr. R. G. Macfarlane.

The articles by Dr. R. G. Anderson on Blood Phosphatase in Jaundice, by Mr. C. K. Vartan on Leucorrhoea and by Mr. F. d'Abret on Adamanitoma of the Jaw draw attention to many points of interest; and in addition to the usual records of meetings of the Societies in the Hospital, the volume contains a valuable statistical report from the Cancer Department, a sympathetic and worthy appreciation of the late Mr. F. A. Rose, and an analysis of the careers of some hundreds of former students prepared by the Dean of the Medical College. This last should be an encouragement to University men, for, contrary to the usual impression, the figures show that almost all those who enter for the University Examinations obtain degrees, and that the reason why a University man often leaves the Hospital without a degree is not the fault of the Examination, but because the student decides not to enter for it.

EXAMINATIONS, ETC.

University of Cambridge.

The following degrees have been conferred:

M.B., B.Chr.—Blackburn, G., Kettlewell, H. B. D.
M.B.—Groves, J. N., Haynes, W. S.
B.Chr.—Debenham, G. R., Hall Drake, E. P., Kelsall, A. R.,
 Patterson, J. H., Tooth, G. C., Webb, J. G.

British College of Obstetricians and Gynaecologists.

The following have been elected to the Membership:

Townsend, R. S., Vartan, C. K.

The following has been admitted to the Fellowship:

Spackman, W. C.

L.M.S.S.A.

Primary Examination, October, 1935.

Anatomy.—Benson, T. L.

The Diploma of the Society has been conferred on:
 Davis, H. N., Joyce, R. G.

CHANGES OF ADDRESS.

BELL, A. C., 112, Harley Street, W. 1. (Tel. Welbeck 9021.)
 COOKE, R. T., Woodlands, Wootton, Isle of Wight.
 RAWLING, L. BATHE, Squamoor, Woodbury, nr. Exeter, Devon.
 STURRESS, G. W., "Kenwyn", 19, Beckingham Road, Leicester.
 THIRSFIELD, HIGH, Beechwood, Cliddesden Road, Basingstoke.
 (Tel. Basingstoke 599.)
 TOWNSEND, Lt.-Col. R. S., I.M.S., 24, Outram Road, Lucknow,
 U.P., India.
 WARRING, Sir HOLBURN, "Pen Moel", Tidenham, Gloucestershire.
 (Tel. Chepstow 448.)

APPOINTMENT.

KNIGHT, G. C., F.R.C.S., appointed Honorary Assistant Surgeon
 to the West End Hospital for Nervous Diseases.

BIRTHS.

BOSTON.—On October 16th, 1935, at Deddington, Oxon, to Kathleen
 (née Carnon), wife of Francis K. Boston, M.B., B.Ch.—a daughter.
 EVERETT.—On August 29th, 1935, at Montague House, Leatherhead,
 to Nancy (née Harris), wife of A. D. Everett, F.R.C.S.—a son.
 GRAHAM POLE.—On August 24th, 1935, to Florence Doreen (née
 Jackson), wife of Richard Macvean Graham Pole, B.Sc., M.R.C.S.,
 L.R.C.P., of 4, St. George's Terrace, London, N.W. 1—a daughter
 (Elizabeth Ann).
 HARTLEY.—On October 2nd, 1935, at Orchard Cottage, Old Road
 East, Gravesend, to Betty (née Millar), wife of Kenneth Hartley,
 M.B., B.S.—a daughter.
 REID.—On October 24th, 1935, at 27, Welbeck Street, to Margaret
 (née Phillips), wife of Dr. R. D. Reid, Accra, Gold Coast—a son.
 ROSE.—On September 5th, 1935, at Mayfield, Sandwich, to Joy,
 wife of Dr. E. E. F. Rose—a daughter (Daphne).
 STAMP.—On September 18th, 1935, at 88, Rivermead Court,
 Hurlingham, S.W. 6, to Frances (née Bosworth), wife of Trevor
 C. Stamp, B.Ch., M.R.C.S., L.R.C.P.—a son.
 WILSON.—On August 26th, 1935, at Barri House, Woolstone Road,
 Forest Hill, to Irene (née Love), wife of Dr. J. D. Wilson—a son,

MARRIAGES.

BEARD—ELLIS.—On October 12th, 1935, at St. Mary's Church,
 Wimbledon, by the Rev. H. S. Beard, uncle of the bridegroom,
 assisted by Canon Phelps, Vicar of Wimbledon, and the Rev.
 S. Ford, Dr. A. J. W. Beard, only son of Mr. and Mrs. Beard,
 of Headley, Hants, to Janet Mary, youngest daughter of Mr.
 and Mrs. Ellis, of Lampton, Wimbledon Common.

BEATTIE—RADDELEY.—On September 11th, 1935, at Reigate,
 quietly, William John Hunt Montgomery Beattie, M.D., F.R.C.S.,
 20, Upper Wimpole Street, W., elder son of Mr. and Mrs. J. M.
 Beattie, The Copse, Croydon, to Marjorie Gertrude, only daughter
 of Mr. and Mrs. Bernard Baddeley, Wealden, Reigate Heath,
 Surrey.

CUTTING—PHIBBS.—On October 5th, 1935, at All Souls', Langham
 Place, by the Rt. Rev. Bishop J. Taylor-Smith, assisted by the
 Rev. A. Brenton, Philip Edwin James Cutting, M.D., B.S.
 (Lond.), D.T.M. (Liv.), C.M.S. Hospital, Cairo, to Margaret Edith,
 only child of the Rev. Alfred and Mrs. Phibbs, of Matlock, Bath.
 Sailing in November.

HOSFORD—WOOSNAM.—On September 10th, 1935, at Lowestoft,
 Maurice David Charles, youngest son of Dr. and Mrs. B. Hosford,
 of Highgate, to Mary, daughter of Mr. and Mrs. C. T. Woosnam,
 of Lowestoft.

LIFF—MOLESWORTH.—On October 1st, 1935, at Peshawar, Arthur
 D. Liff, son of the late Rev. A. Liff and Mrs. Liff, of Barnet,
 Herts, to Mollie Rosalie, only daughter of the late Major E. K.
 Molesworth, R.E., and Mrs. Molesworth, of Hoddington, Herts.

TREVOR—BLYTH.—On October 26th, 1935, at St. Stephen's Church,
 Ipswich, David Trevor, M.S. (Lond.), F.R.C.S. (Eng.), of London,
 to Kathleen Fairfax Blyth, niece of Miss Mary Blyth, of Lower
 Brook Street, Ipswich.

DEATHS.

BERRY.—On September 15th, 1935, at Ashridge, Totnes, Devon,
 Horace S. Berry.
 FLEGG.—On September 14th, 1935, at 34, Beach Road, Weston-
 Super-Mare, William Flegg, M.B.
 LIFF.—On October 12th, 1935, in Northern India, as the result of
 a motor accident, Mollie Rosalie (née Molesworth), the wife of
 Dr. Arthur Liff, Church Missionary Society, aged 28.
 FLOWRIGHT.—On October 16th, 1935, at North Wootton, King's
 Lynn, Charles Tertius Maclean Plowright, M.B., B.Ch., M.R.C.S.,
 L.R.C.P.
 RICHARDSON.—On September 16th, 1935, Arthur Haden Richardson,
 F.R.C.S., beloved son of Mr. and Mrs. H. E. Richardson, of The
 Cedars, Kingswinford, near Dudley.
 RICHARDSON.—On October 27th, 1935, at Fisher Field, Portinscale,
 Keswick, after a short illness, William George Richardson,
 F.R.C.S. aged 72.
 ROSE.—On September 8th, 1935, at Mayfield, Sandwich, Daphne,
 the infant daughter of Dr. and Mrs. E. E. F. Rose, aged three
 days.
 RUMBOLD.—On October, 23rd, 1935, at Melksham, Wilts, Charles
 Frederick Rumbold, M.D., J.P., D.L., Barrister-at-Law of the
 Inner Temple.

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., 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. XLIII.—No. 3.]

DECEMBER 1ST, 1935.

PRICE NINEPENCE.

CALENDAR.

Tues., Dec. 10.	—Dr. Hinds Howell and Mr. Wilson on duty.
Fri., " 13.	—Medicine: Clinical Lecture by Lord Horder. Dr. Gow and Mr. Girling Ball on duty.
Sat., " 14.	—Rugby Match v. Old Paulines. Home. Association Match v. Chelsea Polytechnic. Home. Hockey Match v. Royal Naval College. Away.
Tues., " 17.	—Dr. Graham and Mr. Roberts on duty.
Fri., " 20.	—Prof. Witts and Prof. Paterson Ross on duty.
Sat., " 21.	—Last day for receiving matter for the January issue of the Journal.
Tues., " 24.	—Lord Horder and Sir Charles Gordon-Watson on duty.
Wed., " 25.	—Christmas Day.
Fri., " 27.	—Dr. Hinds Howell and Mr. Wilson on duty.
Sat., " 28.	—Rugby Match v. Old Millbillians. Home.
Tues., " 31.	—Dr. Gow and Mr. Girling Ball on duty.
Fri., Jan. 3.	—Dr. Graham and Mr. Roberts on duty.
Sat., " 4.	—Rugby Match v. Harlequins. Home. Association Match v. Old Malvernians. Home.
Tues., " 7.	—Prof. Witts and Prof. Paterson Ross on duty.
Fri., " 10.	—Lord Horder and Sir Charles Gordon-Watson on duty. Rugby Match v. Wasps. Away. Hockey Match v. Sevenoaks. Home.
Sat., " 11.	—Association Match v. St. John's Hall. Home.

EDITORIAL.

HERE are various things that may be said
 against Christmas, but there is one incon-
 trovertible thing to be said for it, namely,
 that it comes but once a year. And once a year we
 are given the opportunity of exercising the "bicycle
 made-for-two" type of psychology at the expense of
 authority, without fear of just retribution. For the
 New Year is so close upon us, with a change in clinical
 appointments to accompany it, that the young men
 can be care-free in their demonstrations of exuberance
 without any fear of an aftermath. The venue will
 shortly be changed; and twelve months more must pass
 before the blind eye of authority is put to the telescope
 again.

But Christmas, in a strictly medical sense, has a period
 of incubation, which is now evident in the Surgery every
 day—mayhap in song or dance, mayhap in carols in a
 higher key. In the wards, on the other hand, it entails
 work of a very different kind, and Sisters are to be found
 in side rooms with parcel upon parcel of decorations and
 ornaments that have been quietly collecting for longer
 than most of us guess. In one ward, to be sure, a Sister
 was seen three weeks after Christmas, 1934, arranging
 things and making a few additions to the embryonic
 collection for 1935! Less so is this spirit rife, we fear,
 in the preparations made by the performers in at least
 one show, who have astounded themselves and a great
 many others this year by attending—or by half of them
 attending—a rehearsal while December was still in
 single figures. We doubt if it will ever occur again, but
 in theory, at least, it is a good sign.

It is inevitably the case, however, that the final result
 is good, granted a versatile pianist and the necessary
 refreshment to provide for a heavy day's exercise. It

is written that after the Christmas-time wedding at Dingley Dell the men of the party went for a "five-and-twenty-mile walk to get rid of the effect of the wine at breakfast". In this case the procedure is reversed: the "five-and-twenty mile walk" comes first and the remainder follows in the evening. That is the fastigium of the disease that has long been in incubation; the period of convalescence, we hope, is always quite uneventful.

So we wish all our readers a Happy Christmas, and would ask them to remember the College Appeal Fund among their Christmas presents. Our last issue proved—if any proof were needed—how great an addition has been made to Bart.'s since Christmas, 1934; it will surely be quite complete by the same date 1936 if every effort is made, and no opportunity, so excellent as this, is lost of helping it on its way.

* * *

Lieut.-Col. R. N. Chopra, C.I.E., M.B., Indian Medical Service, has been appointed Honorary Physician to the King.

* * *

We congratulate Mr. Rait Smith and Mr. West on gaining the Diploma of Anaesthetics.

* * *

We would remind our readers of the Annual Christmas Entertainment of the Amateur Dramatic Club, who are presenting *Libel* in the Great Hall of the Hospital, by kind permission of the Treasurer and Almoners, on January 14th-17th inclusive. Tickets will be available after January 1st, and the performance each evening will begin at 8.15.

DINNER TO PROFESSOR GASK.

A valedictory dinner was held in honour of Prof. G. E. Gask on the evening of September 27th, 1935, at the Café Royal. Thirty one of the Professor's old house surgeons were present, together with his present chief assistants. The Professor's health was proposed by Mr. Reginald M. Vick, as the most senior of those present, and seconded by Mr. R. L. Benison, the present house surgeon. In replying to the toast Prof. Gask indulged in reminiscences about those present, and concluded by proposing the health of his successor, Prof. J. Paterson Ross. The latter replied, and hoped that the work of the Surgical Unit would be carried on in the high tradition initiated by its founder.

A presentation was made of a silver mazer bowl, made by Omar Ramsden, and inscribed, "To George Gask, from his house surgeons, on his retirement from the Chair of Surgery at St. Bartholomew's Hospital, September, 1935". This had been subscribed to by all those present, as well as those of the Professor's house surgeons now in the country who were unable to be present at the dinner.

The following were present: Messrs. R. M. Vick, F. A. Roper, C. T. Neve, H. B. G. Russell, H. K. V. Soltau, R. Ogier Ward, L. R. Shore, N. H. Hill, J. P. Rose, J. P. Hosford, A. M. Boyd, R. Coyte, S. L. Higgs, R. W. P. Hosford, G. L. Brocklehurst, G. S. W. Evans, T. D. Deighton, F. A. Bevan, E. A. Freeman, H. B. Stallard, F. H. A. Walker, H. J. Burrows, A. C. Bell, A. Philips, J. R. J. Boddard, J. S. MacVine, G. C. Knight, J. H. Hunt, G. D. S. Briggs, V. C. Snell, J. W. Cope, R. L. Benison and F. E. Wheeler.

* * *

We publish here a short account of the Cambridge Graduates' Club Dinner from the Senior Secretary:

The Cambridge Graduates' Club of St. Bartholomew's Hospital was founded in the autumn of 1876 at the instigation of James Shuter. The membership is limited to those members of the Hospital who hold a Cambridge degree—not, be it noted, a medical degree. The object of the founder was to gather together the new arrivals from Cambridge and to help them to get to know those senior to themselves, not merely to provide a means of jollification for the elderly. Remembering this object, it is to be hoped that the recently-joined Cambridge men will make a point of attending the dinners regularly, and not wait till they are qualified before helping to make the dinner the success which appears to be traditional.

Every Cambridge graduate on entering the Hospital automatically becomes a member of the Club. It is, perhaps, well to mention that the entrance fee is *nil*, and that the subscription is the same. Inquisitive people may wonder how the expenses of printing and postage are met. The answer to that is a secret jealously guarded in the bosoms of the secretaries.

That the annual meeting of the Club is a success is a matter of universal acknowledgment, and, in the course of close on sixty years, various little ceremonials have become customary. In this connection it is only necessary to mention "Hairy Rouchy" and the "Twelve Apostles". Old members will know what is meant, and curiosity may induce young members to come and find out for themselves.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

Staff	£	s.	d.	*
Demonstrators	13,177	16	4	(75)
Students	1,758	2	0	(70)
Old Bart.'s men:	1,155	3	9	(310)
‡Bedfordshire	40	13	6	(8)
‡Berkshire	123	3	0	(16)
‡Buckinghamshire	82	4	0	(15)
‡Cambridgeshire	194	6	0	(42)
‡Cheshire	6	10	0	(3)
‡Cornwall	22	12	0	(8)
Cumberland	5	0	0	(1)
Derbyshire	19	14	0	(4)
‡Devonshire	374	0	0	(53)
‡Dorset	34	11	0	(44)
‡Durham	17	7	0	(4)
Essex	264	3	6	(22)
‡Gloucestershire	252	0	6	(28)
Hampshire	1,487	16	6	(52)
‡Herefordshire	17	12	0	(4)
Hertfordshire	91	18	0	(19)
Huntingdonshire	5	5	0	(1)
Hampshire	191	13	0	(13)
Isle of Wight	587	1	0	(71)
‡Kent	117	4	6	(15)
‡Lancashire	136	15	0	(7)
Leicestershire	60	8	0	(18)
‡Lincolnshire	497	14	0	(34)
‡Middlesex	178	0	6	(21)
‡Norfolk	59	14	6	(6)
‡Northamptonshire	101	1	0	(2)
‡Northumberland	24	3	0	(5)
‡Nottinghamshire	231	15	0	(22)
‡Oxfordshire	1	1	0	(1)
Rutland	38	1	0	(10)
Shropshire	1,782	6	4	(28)
‡Somersetshire	194	18	0	(6)
Staffordshire	330	10	0	(26)
‡Suffolk	519	14	0	(60)
Surrey	648	0	6	(61)
Sussex	209	14	0	(23)
‡Warwickshire	2	10	0	(1)
Westmorland	1010	11	0	(12)
‡Wiltshire	161	1	6	(25)
‡Worcestershire	348	1	6	(28)
‡Yorkshire	69	12	0	(20)
Wales	6,712	13	2	(208)
London	20	0	0	(2)
Channel Islands	15	5	0	(5)
Scotland	119	1	0	(13)
Abroad	376	15	6	(50)
South Africa	114	3	6	(8)
Canada	87	12	0	(10)
East Africa	146	10	0	(5)
West Africa	207	12	0	(13)
India	25	4	0	(4)
Ireland	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	122	2	0	(6)
China	52	8	0	(9)
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	644	14	6	(47)
Others	71,165	0	8	(557)
Lord Mayor's Appeal	17,990	10	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
	£152,800	2	7	

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

The Annual Dinner for 1935 was held on November 27th at the Mayfair Hotel. Dr. George Graham occupied, if he failed to fill, the Chair. After the loyal toast had been honoured, Dr. Graham proposed the health of the Club. Dr. Graham lamented the death of two former Chairmen, Mr. Holmes Spicer and Mr. Frank Rose, both distinguished and sorely missed members of the Club.

Turning to a more cheerful subject, Dr. Graham congratulated the Club on entertaining the newly-appointed Regius Professor of Physic, Prof. J. A. Ryle, of Guy's Hospital, and welcomed the presence of the retiring Professor, Sir Walter Langdon Brown, and also Dr. T. S. Hele, the Master of Emmanuel. Dr. Hele is the fourth member to attain the dignity of a College Mastership, thus following in the steps of Howard Marsh of Downing, Shipley of Christ's, and Anderson of Caius.

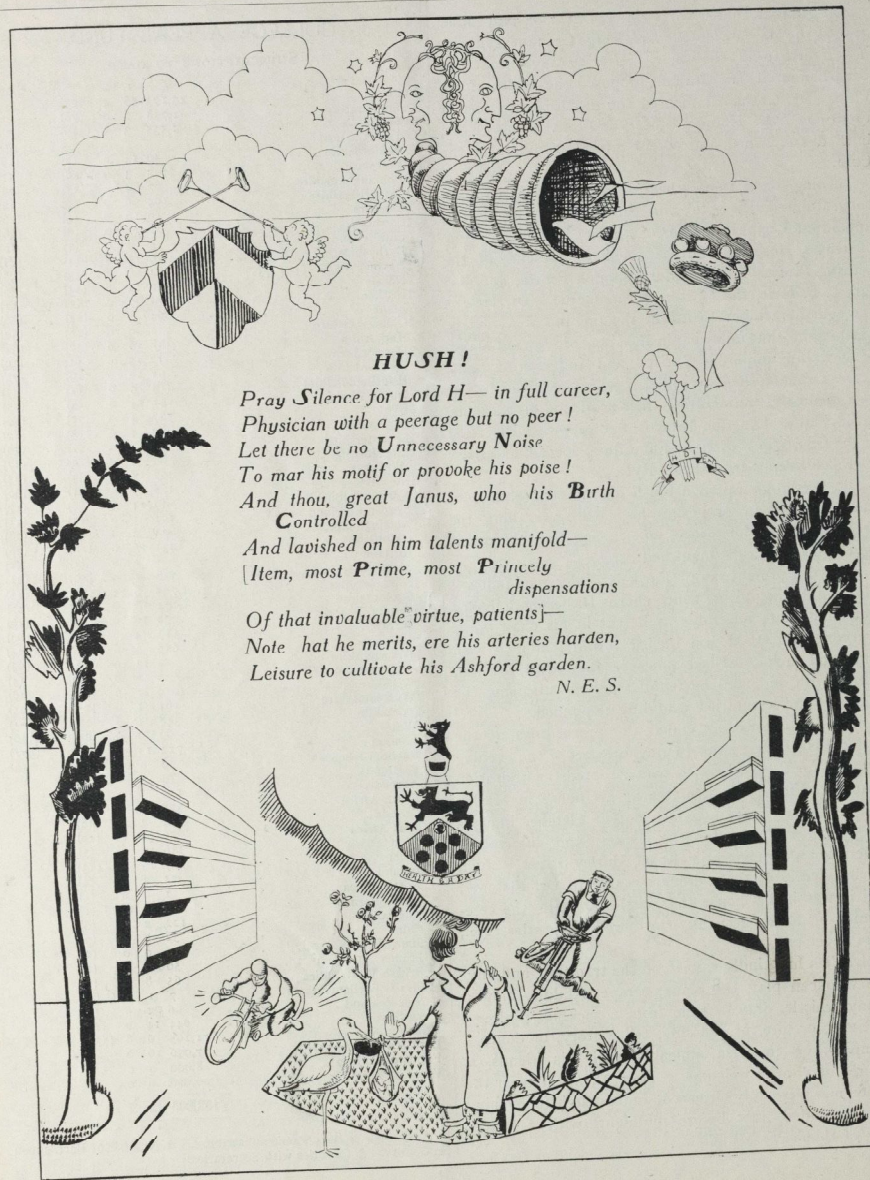
Dr. Graham then extended a warm welcome to the new members, enumerating their academic distinctions. Sir Walter Langdon Brown next proposed the toast of the Guests in a witty and anecdotal speech, and drew a graceful reply from Prof. Ryle.

Dr. Roxburgh raised a blush on the countenance of the Chairman in proposing his health, recalling the peccadilloes of adolescence, and tracing the subsequent development of a distinguished career.

Everyone present sang "For he's a jolly good fellow" with conviction, during which chorus Dr. Graham looked more and more miserable as he sat in his chair while everyone else stood and turned towards him to wish him good luck. At last, however, the ordeal, for him, came to an end, and he found relief in eulogizing the efforts of the secretaries, who duly responded.

"Auld Lang Syne" ended the proceedings at the Mayfair Hotel, but a most enjoyable part of the evening followed for those wise ones who accepted the invitation from Mr. Vick to re-assemble at his house in Harley Street. Many years ago Dr. Morley Fletcher inaugurated this custom after the Dinner, and entertained generation after generation at 98, Harley Street. Much of the success of these dinners is due to Dr. Fletcher, and it was in his house that, little by little, the ceremonies of Hairy Rouchy, the Twelve Apostles, etc., were developed.

Mr. Vick has kindly carried on the tradition, and anyone who can play the piano, scrape a fiddle, blow a penny whistle, draw a tune from a sackbut, psaltery, dulcimer, or lute, or can sing, tell a story, or dance a hornpipe, or converse amicably with his friends, is assured of a warm welcome. Here, then, this year the ceremonies were duly observed, and a delightful evening was concluded, just before midnight, with a hearty vote of thanks to Mr. Vick.



HUSH!

*Pray Silence for Lord H— in full career,
Physician with a peerage but no peer!
Let there be no Unnecessary Noise
To mar his motif or provoke his poise!
And thou, great Janus, who his Birth
Controlled
And lavished on him talents manifold—
[Item, most Prime, most Princely
dispensations
Of that invaluable virtue, patients]—
Note that he merits, ere his arteries harden,
Leisure to cultivate his Ashford garden.*

N. E. S.

OBITUARIES.

THOMAS SANDERS WORBOYS.

DR. WORBOYS died at his home in Yorkshire on November 13th, at the age of 69, after a long and painful illness very bravely borne. After qualifying at St. Bartholomew's Hospital in 1889, and being awhile Senior House Surgeon at Ancoats, Manchester, he left for Mexico, where he spent four years as M.O. of the Mexican Railway, then in process of construction. Later he made several voyages as ship's doctor with Messrs. Holts and the Blue Funnel Lines. Following these experiences abroad, he set up in practice in North Lincolnshire, where for many years he was loved by the numerous patients of a far-spread country practice.

Formerly a captain in the Volunteers, he became, during the war, attached to the R.A.M.C., and worked as an anaesthetist at Millbank, at the 2nd Eastern General Hospital, and finally became Commandant of Lady Dudley's Red Cross Hospital in Brighton. The strain of war years told, however, on failing eyesight, and shortly afterwards he became almost blind. Always an active man, interested in many pursuits, and a vigorous reader, this loss was especially poignant. He sought, however, to become knowledgeable in gardening, and with the help of his wife, his inseparable companion, spent his days in the planning and lovingly tending of an extensive garden at the home to which he retired at Northallerton. He leaves a widow, formerly Miss Rosetta Goodworth, daughter of Dr. Goodworth, J.P., of Winterton, Lincs.

DR. G. W. BURN.

Dr. George Wilson Burn, one of the best of the old school of general practitioners, died at Cromer on November 11th, in his eighty-ninth year. Coming of a medical family, he was educated at St. Bartholomew's Hospital, of which he was a scholar, and where he studied in the wards under Dr. Gee and Mr. Callender. He qualified in 1873, and practised in Brixton until 1901. Since then he lived at St. Albans and Cromer, and took a keen interest in botany and gardening. He also devoted much time to the study of Esperanto, and regularly attended the International Conferences. He published a short while ago *Stories and Recollections by an Ordinary Octogenarian*, and only last month a long letter on "Penny Readings" by him was published in the *Times*.

He will be sadly missed by a great number of old patients and friends, who knew him as a man of great sincerity behind a shy and retiring disposition.

OLD STUDENTS' DINNER.

THE PRINCE OF WALES attended the Old Students' Dinner on Tuesday, November 5th, in the Old Hall of the Merchant Taylors' School—now the Dining Hall of the new Medical College in Charterhouse Square; 430 people were present and the Dean, Mr. Girling Ball, was in the Chair.

The Prince alluded in the first place to the progress made in the extension of the Medical School, in the collection of money and rapid organization of the building. Referring in particular to the efforts of Bart.'s men, he congratulated them on a worthy and determined effort. He took pride, he said, in being an Honorary Perpetual Student of the Hospital, although the term perpetual, according to the dictionary, implied "never ceasing"—opening up a gloomy prospect, a prospect of lectures term after term, year after year—long after you gentlemen have made your reputations in no less a place than Harley Street. Men may come, men may go, but my studies go on for ever. I wonder to myself how I can escape this dreary life sentence—unless I can find a loophole in the prefix "honorary".

He went on to express his interest in medical research, and alluded to the debt of gratitude the whole community owed to the medical profession. Finally, he congratulated those responsible for the new buildings upon having made provision not only for research, but also for exercise for the town-dwelling students.

Mr. Girling Ball began by pointing out that the total cost of the Medical College would be £200,000, of which £55,000 had already been contributed by old Bart.'s men. A Residential College, to be added later, would cost £30,000. He referred to the substantial capital grant which had come so opportunely from the University of London, and pointed out that, by the end of the winter the whole plan should be completed. Lord Stanmore then proposed the Civic Toast, to which the Lord Mayor (Sir Stephen Killik) replied.

Mr. R. M. Vick, Warden of the College, proposed the Toast of the Guests and Lord Macmillan, Chairman of the Court, University of London, replied. Finally the toast of the Chairman was proposed by Lord Horder and received with musical honours.

There were present :

GUESTS.

I.I.R.II. THE PRINCE OF WALES, K.G., President of St. Bartholomew's Hospital.

Archer, Archibald, Athlone, Rt. Hon. the Earl of, K.G. (Chancellor of the University of London), Aubrey, S. J., Austen-Leigh, R. A., Aylwen, G., Birley, N. P., Blackwell, T. C., Blomfield, Austin, M.A., Borland, F. J. B.A., L.C.P., Brown, W. H., Buzzard, Sir Farquhar, K.C.V.O., Campbell, Sir Gordon, Christopherson, Stanley, Claughton, H., Cohen, Sir Herbert, Bart., O.B.E., Crittall, R., Culpin, E. G., Dale, Sir H. H., Davis, G. E. S., Dawson of Penn, The Rt. Hon. Lord, P.C., G.C.V.O., K.C.B. (President of the Royal College of Physicians), Deller, Sir Edwin, Douglas, The Rev. J. L., Dudgeon, Professor L. S., C.M.G., Eason, H. L., C.B., C.M.G., Fairbairn, James, Finnis, C. R., Gordenough, W. M., Hall, Surg.-Vice-Admiral R. W. B., Hartigan, Lt.-Gen. Sir James A., C.B., C.M.G., D.S.O., Hayes, Thomas, C.B.E., Hays, H. B., Homer, N. G., M.D., Iredell, Air-Commodore A. W., Jenks, Sir Maurice, Bart., L.L.D., Johnston, Professor T. B., Killik, Sir Stephen, K.C.V.O. (The Rt. Hon. The Lord Mayor of London), Laurie, Col. and Sheriff, J. D., Lodge, I. A., O.B.E., F.R.I.B.A., Lovatt, L. B., O.B.E., M.C., Lovell, W. G., Macmillan, Rt. Hon. Lord, P.C., K.C. (Chairman of the Court, University of London), MacNalty, Dr. A., Mathews, H. E., F.R.I.B.A., Menzies, Sir Frederick, K.B.E., Millar, J. H., Morland, E. C., Mortimer, W. E., Moynagh, D. W., Mundy, R., Nelson, W. S., Newbigin, C. E. W., O'Brien, D. P., Paget, Rt. Rev. Bishop H. L., D.D., Plender, Rt. Hon. Lord, G.B.E., Pollock, Sir Adrian, Fower, C. M. Press : *Daily Telegraph*, *Daily Express*, *Morning Post*, *Times* (G. R. Collingridge), Press Association, *Morning Post*, *Times*, Richards, D. E., Robertson, W. H., Roach, A. T., Russell, Hon. Sir Odo, Ryle, Dr. John, Schomberg, the Rev. Edward St. G., Sharp, A. F., F.S.A.A., Simmons, Alderman C. H., J. P., Simpson, T. Young, F.R.C.S., Slazenger, A. E. L., Spicer, H. G., Stanmore, Rt. Hon. Lord, Stewart, Dr. B. Halley, Stobie, H., Straford, The Rt. Hon. The Earl of, Thomas, Danford (City Coroner), Towenard, W. T., M.I.M.E., M.I.E.E., Vigers, Geoffrey, F.S.I., Waldron, Col. and Sheriff W. J., Walters, A., Ware Godfrey, Watson, Admiral Sir Hugh, Webber, K. H., Wilkinson, Sir George, Williams, G. J., M.D.E., Winfrey, R. P., M.A., L.L.B., Woodhouse, Major R. P., Worsley, S. J., Wyatt, C. P., F.C.A., Youngman, J. G.

OLD STUDENTS.

1866-1875.

Adams, J., Barton, J. K., Edwards, F. Swinford.

1876-1885.

Aldridge, E. A., Burnie, W. G., Corker, T. M., Griffith, W. S. A., Lathbury, C. J., Menzies, J. H., Mortimer, J. D. E., Power, Sir D'Arcy, Sykes, W. A.

1886-1895.

Arkwright, J. A., Attlee, J., Bathurst, L. W., Beath, D. L., E. W., Clindening, P. T. D., Dutton, H. T., Fletcher, H., Morley, Brewerton, Furber, E. P., Glover, L. G., Griffiths, J. H., Hall, Sir A. J., Hartley, Sir Percival, Hayward, J. A., Hurtle, W. H., Johnson, H. J., Macphail, A., Rees, Sir Milsom, Selby, P. G., Waring, Sir Holburn, Bart.

1896-1905.

Anstey-Chave, T., Baiss, L. A., Ball, W. Girling, Boyle, H. E. G., Brown, Sir Walter Langdon, Bunstead, H. J., Burfield, J., Burra, L. I., Burstal, E., Butler, H. B., Colt, G. H., Cumberlandge, W. I., Douglass, W. C., Dumhill, Sir Thomas, Eloxie, R. C., Evans, E., Laming, Ewen, G., S., Fairbank, J. G., Atkinson, Fell, Sir Matthew H. G., Forbes, J. G., French, E. G., Gask, G. E., Gerdon, M. H., Gordon-Smith, H., Gordon-Watson, Sir Charles, Haldon-Davis, H., Hay, K. R., Hayes, A. H., Haynes, G. S., Hinds-Howell, C. M., Horder, Lord, Hosken, J. G. F., Jordan, A. C., Kay, A. R., Maples, E. E., Marshall, J. C., Moore, R. Foster, Myers, B., Neligan, A., Nicoll, C. Vere, Nunn, J. W., Oldfield, J., Pennefather, C. M., Pinker, H. G., Rowe, W. T., Scott, M. Bodley, Scott, Sydney, Thornley,

R. L., Thursfield, H., Walker, H., Walmisley, N., Ward, V. G., Ware, A. M., Waterfield, N. E., Westerman, A., Weston, H. J., Willis, J. K., Wilson, H. Lydiard, Wood-Hill, H., Young, E. E.

1906-1915.

Armstrong, R. R., Ballingall, D. C. G., Batt, B. E. A., Batten, L. W., Bigg, D., Dinney, C. N., Boney, T. K., Bower, H. J., Brock, E. A. P., Candler, A. L., Cumberbatch, E. P., Cunningham, A. J. W., Cunningham, W. A., Davies, I. J., Donaldson, E., Donaldson, M., Douglas, H. A., Evans, Geoffrey, Fairbairn, R. C., Felling, A., Fiddian, J. V., Fison, W. J., Fraser, Professor F. R., Gillies, Sir Harold, Glenny, E. T., Gow, A. E., Graham, G., Grange, C. D'O., Griffith, J. R., Griffin, W. B., Gurney-Dixon, S., Hadfield, Professor G., Hartridge, Professor H., Heald, C. B., Holtusen, A. W., Hopwood, Professor, F. L., Hoskyn, C. R., Kettle, Professor E. H., Keynes, G. L., King, H. H., Linder, G. C., Maltby, H. W., Meller, R. W., Moreton, A. L., Newton-Davis, C., Oulton, E. V., Pavey-Smith, A. B., Porter Phillips, J. G., Power, D'Arcy, Ramsay, Jeffrey, Rigby Lynn, C. E., Robbins, F. H., Roberts, J. F. H., Roxburgh, A. C., Russell, H., Bedford G. Scott, Rupert, Smythe, G. A., Soames, R. M., Soltan, H. K. V., Stone, D. M., Stott, A. W., Sturdee, E. L., Thomas, C. Hamblen, Twigg, G. W., Vick, Reginald M., Wade, R., Wakeford, V. D. C., Ward, R. Ogier, Way, I. F. K., Widdell, J. M., Wells-Cole, G. C., Whitby, F., Willes, C. F., Willis, F. E. Saxby, Wilson, A. Cyril, Woodman, E. M., Woodrark, Sir Stanley, Woollard, Professor H. H.

1916-1925.

Anderson, R. G., Andrews, H. Newton, Armitage, B. W. F., Bach, F., Barnsley, A., Bourne, Geoffrey, Brooke, C. O. S. B., Brewer, H. F., Burkitt, F. T., Capener, N. L., Capps, F. C. W., Champneys, Sir W. Dalrymple, Bart., Chandler, F. G., Cook, P. N., Cooke, R. Hunt, Corbett, R. S., Corsi, H., Cowan, G. A., Coyle, R., Cullinan, E. R., Davenport, R. C., Evans, Frankis T., Fiddian, E. A., Fletcher, E. T. D., Fraser, D. B., Garrod, L. P., Gillesen, B. G., Green, R., Greenwood, F. G., Hankey, G. T., Harris, C. F., Heath, W. E., Hockford, F., Herington, C. E. E., Hogg, J. C., Holmes, J., Hosford, J. P., Higgs, S. L., Hodge, B. L., Hogg, J. C., Holmes, J., Hosford, J. P., Hume, J. B., Jamie, J. W. P., Jeaffreson, B. L., Jory, N. A., Joyce, H. C. C., Kerr, J. N., Kindsley, C. E., Klaber, R., Levitt, W. M., Lloyd, E. I., Lovatt Evans, Professor C., Macaulay, H. M. C., Maitland, C. T., Martin, C. G., Mellor, A. W. C., Morrison, H., Nelson, G. J. V., Page, E. S., Parsons, F. B., Payne, R. T., Perkins, P. M., Pracy, D. S., Prance, C. S. C., Roche, A. E., Ross, J. Paterson, Rosedale, G. H., Seddon, H. J., Skeggs, B. L., Smith, N. F., Struthers, J. A., Tait, G. B., Town, B. W., Tucker, H. K., Ware, H. A., Wells, A. Q., Whithy, H. A. M., White, J. S., Wilkinson, W., Witts, Professor, I. J.

1926-1935.

Armstrong, J. R., Baker, E. F. D., Banks, T. E., Barendt, G. H., Barnes, C. O., Bateman, C. H., Beattie, D. A., Beattie, John, Behrman, S., Benison, R. L., Blackburn, G., Blusger, I. N., Bradshaw, C. H., Broomhead, R., Brownless, T. J. K., Capper, W. M., Coltart, W. D., Cope, J. W., Dale, R. H., Danino, M. A., Darmady, E. M., Edelstein, G., Edwards, J. A., Evans, Courtenay, Everett, A. D., Eytton-Jones, F. M. M., Franklin, A. W., Graham-Pole, R. M., Harrison, J. O., Hensman, J. S., Hinds-Howell, C. A., Hunt, J. H., Huss, C. B., Innes, A., Jackson, B., Jewesbury, E. C. O., Jones, F. Avery, Kemble, J., Kettlewell, H. B. D., Knox, R., Levick, P. G., Lane, C. R. T., Latter, K. A., Lehmann, H. P., Leishman, A. W. D., Lloyd, W., Jeaffreson, McBride, J. R. B., MacCarthy, D., Maclay, The Hon. W. S., Magnus, H. D., Marshall, R. M., Masina, F. H., Masina, M. H., McGavin, D. B., McMenemy, W. H., Morel, M. P., Neill, E. J., Norris, R. E., Owston, A. J., Parsons, E. O'C., Pen-treath, E. U. H., Philips, A., Pirie, A. H., Posel, M. M., Ratney, P. R., Rait-Smith, B., Raven, R. W., Reavell, D. C., Riley, A. C., Ringdahl, O., Rodgers, H. W., Roper, K. D., Rowe, J. T., Scott, P. G., Scott, R., Bodley, Scowen, E. F., Smart, J., Spence, A. W., Stallard, H. B., Sutton, R. J. C., Tait, C. V., Thompson, V. C., Thorne-Thorne, D., Underwood, W. E., Vartan, C. K., Walker, F. H., Aitken, West I. H., White, H. D., Wilson, J.

INSOMNIA.

SLEEP is a normal function of the brain, and the worst forms of sleeplessness are naturally found in psychoses, especially of the manic-depressive type, and in organic disease of the brain, such as encephalitis lethargica. Insomnia is a common symptom of toxic states. It is a distressing and sometimes serious symptom in lobar pneumonia. It is often the first symptom of delirium tremens. In typhus and typhoid fevers a constant wakefulness may pass into a state of prostration with unconscious muttering, contracted pupils and half-open eyes—a state called "coma vigil". Disorders of the cerebral circulation such as are due to heart failure, cerebral arterio sclerosis and anaemia are other causes of severe insomnia.

In general practice the commonest causes of insomnia are trivial in comparison with the foregoing, and yet the symptom may be intractable. Physical discomfort of any kind, whether only a stiffness or ache in some part of the body, which prevents the person lying in the position accustomed for sleep, and, of course, actual pain, are among the commonest causes of sleeplessness. Emotional disturbance of any kind, whether the natural excitement of pleasure or distress, or the mental maladjustments which declare themselves in hysteria and anxiety neuroses, are equally common causes of insomnia. Further, there is the functional disturbance of any organ or system of the body which may prevent or disturb a peaceful sleep. Well-known examples are acidity and flatulence, palpitations and tachycardia, especially attacks of paroxysmal tachycardia, dyspnoea, increased frequency of micturition and muscular cramps.

These are but a few examples of insomnia of known causation, and the treatment generally adopted is planned with the object in the first place of removing or controlling the cause of the insomnia, and in the second of restoring sleep by the use of drugs or physico-therapeutic measures.

In general practice insomnia of doubtful or undiscoverable causation is often met with. It may be a matter of sleep that is too light, or the sleep may be disturbed by dreams or nightmares. The patient may have difficulty in getting off to sleep and then sleep soundly; or he may go off to sleep quickly and wake too early; or he may wake at intervals for an hour or two. Organic disease and other functional disturbance often provide no satisfactory basis for successful treatment, and there is a natural hesitation to rely on drugs. It is for such cases that a different method of approach may be of value, and it is the object of this

article to give a brief outline of it by offering to the reader for his consideration a few observations on sleep.

Patients who consult us on account of insomnia are wanting more sleep than they are getting. It is sleep they want, and we, as doctors, shall have a better chance of giving them what they want or of telling them how to get it if we know about sleep as well as about a lack of sleep. Knowledge of sleep is to be found in textbooks of physiology and in occasional text-books of medicine, though it is curious how even large books devoted to disorders of the nervous system omit to deal with the subject of sleep.

Physiology presumes a central control of sleep probably situated in the region of the hypothalamus and floor of the third ventricle. It realizes a lowered activity of cortical cells, and it was at one time suggested that this is due to a retraction of cell-processes or dendrites. Modern histology, however, inclines to regard neurofibrillae as continuous from one cell to another throughout the nervous system. Other theories to account for sleep, such as excess of carbon dioxide or of other products of metabolic activity, on the one hand, and cerebral anaemia on the other, are merely speculative. But while the nature of the process involved in sleep is unknown, some of the concomitants of sleep are well established. Thus there is a depression of vital processes, a lowering of the basal metabolic rate, a slowing of the pulse and a fall of blood-pressure. The respiration-rate is slowed, the temperature falls, muscle tone is diminished, tendon reflexes become sluggish, there is constriction of the whole cerebral circulation, so that the brain becomes paler and actually smaller, and the retinal arteries contract. Only the digestive tract and the secretory activity of the skin continue an activity at all comparable with that of the waking hours. As a result of this slowing of vital processes it has been thought that sleep is chiefly a time of rest, during which the body repairs and makes good the fatigues and injuries of the day that has passed, and eliminates an excess of waste products that have accumulated during the past day's activities.

But we may take a wider view of sleep if we contrast the activities of the day with those of the night. The activities of the day can be grouped under three headings, namely, adjustment to environment, largely reflex and unconscious, and partly conscious; the creation of things animate and inanimate, including concrete things and abstract ideas; exercise for the mere fun of it, including exercise for the sake of exercise, games and sport, dancing, music, singing and the rest of it. Apart, presumably, from the creation of philosophies and abstract thoughts, these are all animal activities. In animal life we see every variety of activity determined

by adjustment to surround; creation as in man, even though on a different plane; exercise for the mere fun of it, as when rabbits gambol on grass meadows in the evening outside a wood, or when a flight of starlings circles in the air once, twice or three times before it settles down to roost. Of these activities the first is a necessity for the preservation of life, the second secures some worldly purpose, and the third seems to be just a pleasurable exercise. In contrast with the activities of the day, sleep is a phase of unconsciousness and rest. Certainly there is no adjustment to surround. Nature takes pains to shut off the body from its environment. We cover ourselves with a sheet and blanket so that the blood-vessels of the skin remain evenly dilated through the night, even though the cold air blows into a bedroom at 2 or 3 a.m. The stimulus of light is shut out by contraction of the pupils, closing of the eyelids, contraction of the retinal vessels and, in most people, by a movement of the eyeballs upwards, so that the pupils are, in part at least, shaded from light by the projecting supra-orbital margins. It is with great pains that Nature shuts out the penetrating stimulus of light from the sleeping brain. The brain is less effectively closed to sound. Its insensitiveness to sound is said to reach a maximum after the first two to three hours of sleep; it then becomes less for some three hours, and the remaining hours of sleep are light in relation to the stimulus of sound.

During the hours of sleep Nature is taking the greatest pains to shut out the influence of the environment. The activities of the day are certainly no part of the human organism's work at night, there is no adjustment to surround, no creation, and no activity for the fun of it. At the same time it is something more than a period of rest. As already mentioned, the skin remains active, the digestive organs work, secreting and assimilating and preparing food residues for evacuation in the morning. The lungs are breathing, the heart is beating and the kidneys secreting urine. Even the brain seems to have its function to perform. It is common advice to anyone faced with a difficult problem to sleep on it. Indecision and intellectual difficulty at night is often simply dealt with in the morning after a night's refreshing sleep. It may be that this is just because the brain is refreshed by sleep. Or it may be that the brain is active, as are the organs of the body, during the night's repose, and that it spends the hours of sleep sorting the impressions of the day, and putting them into touch with and proper relation to the impressions of previous days. At any rate, so far as the brain is concerned, sleep is not unconsciousness or complete quiescence, for the brain is conscious during sleep of the passing of time. There are many who can wake in the morning

at a time determined the night before. There are others who know the time if they wake in the night. Scientists speak of time as they do of space, as something which has no real existence. Nevertheless the appreciation of time, as Karl Pearson pointed out, involves in its essence both memory and thought—in other words consciousness.

With this understanding of the meaning of sleep it seems to me that we can realize the activities of the day in terms of activity in relation to this material world, especially in terms of adjustment to our surround. In sleep we are shut off from our surround, and Nature is wholly occupied in creating again a unit organism independent of the world. We may indeed like to think that in sleep we make contact with eternity, still conscious of time!

If we accept this view of sleep we can put it to a sufferer from insomnia that the brain has its set task at night. Its task is integration. To achieve its object it requires detachment from surround, and sleep, as such, is not all-important. Such a statement as this may bring immediate relief to a sleepless patient, and by itself may be sufficient to determine sleep. There are some who fail to sleep by trying too hard to win it. It is common knowledge that a reflex act may be prevented by conscious reinforcement, and that a man who wants to sneeze in order to get half-a-crown offered him if he sneezes may fail to sneeze, even if he sniffs pepper or snuff. It may be noted, too, that some people require little sleep. There are many people, and often persons of great intellect, who require less than five or six hours' sleep. The sufferer from insomnia may be one of these. He or she may, in fact, have made a wrong diagnosis of the state, may be sleeping as long as he or she requires, and may not be suffering from insomnia at all.

Suppose, however, that the patient is one whose sleep is, in fact, too short, and who accepts the proposition that long hours of sleep are not a paramount necessity, provided more or less complete detachment is secured from the day that is past and the day to come, the question may well be put, "How is this detachment to be achieved?" The answer is simple, even though action based on the advice given is difficult to pursue. In the first place it should be made plain to the patient that sleep is not simply a time of rest and repose. The brain has work to do and requires energy to do it. A man who is tired out may be unable to sleep because he is overtired. First see to it, therefore, that extra rest is prescribed and over-fatigue recovered from. In the second place remember that sleep is a reflex and to an extent a conditioned reflex action. Night-workers may suffer from sleeplessness because they must sleep in the day though accustomed to sleep in the night.

It is customary nowadays to decry routine work in terms of monotony, but at least it is natural. Night follows day with complete monotony, and the seasons of the year follow the same succession year by year, and so far as we know for ever and ever. But when a working man's shifts are switched from day-work in one month to night-work in another month in whole or in part, an unnatural rhythm is introduced into his life, which may be enough in itself to determine insomnia. To explain this to a man may make the matter simple to his understanding. He may have thought he should sleep when he is tired, and because he does not sleep even though tired, he may think he is ill. A simple explanation of sleep based on a knowledge of Ivan Pavlov's work on conditioned reflexes may give such a man just that peace of mind that turns the scale and determines sleep. It may be worth while, too, to remind a man that he is no simple mixture of brain and soul, but that he is body too, and belongs to that great order of events and things that we call Nature. He may do well to take a tip from Nature. He may be reminded that the sun does not of a sudden shine in a noonday setting, that the dawn precedes the day and that there is dusk before night. It takes time for the lowered blood-pressure of night to reach the stable level of the normal pressure for the day. And yet how many just dash into the day's work, and how many work till bedtime and expect to sleep at once. We human beings are, indeed, a part of nature, influenced no doubt by time and tide, by light and darkness and the seasons of the year. Our bodies keep pace with time, even though our conscious selves are not aware of its passing. Those who suffer from insomnia should be regular in their habits. They should go to bed at the same time every night (with occasional exceptions which Nature in its cataclysms allows), for by this means they will give a conditioned reflex, so far as it concerns sleep, full play.

We should lead up to sleep by some ritual regularly performed. This ritual at its best involves body, mind and soul in its performance. It is for this reason that prayer has satisfied human nature for centuries of time. The body takes a kneeling posture, the mind concentrates on something greater than the world has knowledge of, and the soul is satisfied in aspiration and registered intention. It is too much for some to stomach, and it is almost outside a doctor's province to speak of prayer. But a doctor can prescribe two deep breaths before an open window for his patient, or by some simple physical exercise regularly performed the arms and legs are moved in rhythm, the mind is concentrated on the exertion, and the idea of benefit to his health will fill his soul with joy. For others a more intellectual formula

may close the day. I confess to the possession of a simple mind and find an evening paper soporific. It has the great advantage of containing the same news every evening, the various items are always to be found in the same place on the page; the only variation is in the names of those who have unhappily been killed or drowned, or in the latest futility of whatever government is in power. Others read the football or the racing news, but whatever it is matters so little that the reading becomes just a pleasant ritual. And so we close the day: sufficient unto the day is the evil thereof, peace reigns, perhaps sleep follows, or at least complete detachment. By mind-training a man can learn to retain this detachment, not against all intrusion, but certainly against many a disturbing thought, by repeating poetry or prose in wakeful hours, by walking in imagination over familiar country or by thinking of things that are more satisfying to the soul than to the body. Lastly, in the same connection, I have no doubt that some simple ritual or ceremony to open the day keeps the mind balanced on an even keel, and conduces to sleep at the close of the day. Morning prayers for the household belong to this order of events.

And for those who fail to conjure sleep there is this satisfaction—that Nature demands some relation between the hours spent horizontal and hours spent erect in every year or more. I am increasingly convinced that many people lose not only power of sleep, but also health, because the hours spent horizontal are too few. If Nature demands for a man's body that it should spend 8 hours horizontal in every 24, that body will suffer if it is only given 7 or $7\frac{1}{2}$ hours horizontal in the 24. It will lose 150 to 300 hours in a year. It will suffer from over-fatigue, which may show itself in sleeplessness, or it may suffer in consequence from some disease which will put it horizontal for that length of time that is needed to make good the deficit of horizontal hours. The patient who cannot sleep will find some satisfaction in the knowledge that lying still and horizontal is securing needful rest and, if he can at the same time secure detachment from the world's surround, he may be satisfied with little sleep.

If some of the foregoing is accepted as approaching truth, sleep will be seen to be a function of the brain, and the refreshment of a peaceful sleep will be realized as the result of a normal function perfectly performed, rather than due to the passage of some time of doing nothing. Anything which disturbs a peaceful sleep spoils the advantage of it, for, as Shelley said, "We rest—a dream has power to poison sleep"; and the next line, "We rise—a wandering thought pollutes the day". To order sleep we may have to order the working of the day. To deal with insomnia thus requires

attention to the structural state of the body, an appreciation of its working and, maybe, some considerable understanding of the adjustments of the mind

GEOFFREY EVANS.

THE APEX-BEAT.

THE teaching of medicine and the interchange of clinical experience in a medical school produce, among other things, one very valuable result. Ideas and statements of fact, however long-standing they may be, are being brought continually under critical review. The exact definition of, and the method of localizing, the apex-beat are problems which from time to time produce a certain amount of controversy.

There are, in cardiology, two supremely important questions which in every case must be decided before any deduction of any value can be made. They are, "Is there heart failure?", which in other words may be stated, "Is there shortness of breath?", and "Is there organic myocardial disease?", or, in other words, "Is the heart enlarged?"

It is upon the second of these two questions that stress is laid in the present communication.

If the heart is enlarged by dilatation the apex-beat moves out towards the axilla. If the heart is enlarged by hypertrophy the apex-beat moves downwards away from its base.

It is thus evident that an answer to the question, "Where is the apex of the heart?" must be sought carefully in every case.

Three methods are available to determine this—palpation, percussion and radiology. The last of these three is the most scientifically attractive. Its advantages are that a permanent record can be made, and that this record, provided the radiological technique is perfect, is a convincingly accurate one. Its disadvantages are that it is expensive, cumbersome, and not easily portable from patient to patient by a busy practitioner. Furthermore, except in a few cases it does not add to the knowledge which can be otherwise obtained by history, physical examination and electrocardiography.

It is rare for the results of careful palpation and percussion not to be confirmed accurately by the radiograph.

Palpation of the apex-beat must be done carefully and conscientiously. It is not enough to lay a hand lightly over the præcordium and to feel that honour has

been satisfied. An exact localization of the apex-beat must be sought, at first by holding the palm of the hand firmly and flat over the præcordium, and then by placing the tips of the fingers in the thoracic interspaces. The fourth, fifth and sixth spaces must be examined one after another, and should circumstances so suggest, other spaces as well. In this way that spot is demarcated *farthest downwards and farthest to the left where the cardiac impulse against the finger can be definitely felt*. The apex-beat must be defined in a soft interspace, for the impulse of a forcibly acting heart, transmitted through a rib, may not only be impossible to localize, but may be vaguely felt considerably to the left of the true apex-beat. The maximum impulse is not the apex-beat. This can best be proved by a *reductio ad absurdum*; for it not infrequently happens, when the right ventricle is hypertrophied, that the point of maximum impulse is in the mid-line and in the epigastric notch. To call this the apex-beat is manifestly foolish.

It sometimes happens that the presence of fat or of emphysema renders the definition of the apex-beat difficult or even impossible. Under these circumstances percussion must be used to define the outer lower left border of the heart.

To be reliable, percussion must follow the following rules: the pressor finger must be laid flat and very firmly on the chest; it must be struck sharply and at right angles by the percussor finger; the wrist of the percussing hand must be kept loose.

In all cases where palpation or percussion seem to give a doubtful finding, the result should be confirmed two or three times by marking the suspected apex-beat with a blue pencil, and by repeating the palpation or percussion with the eyes closed or averted. The reason for attempting to obtain a result to the nearest quarter of an inch, if possible, is that a slight increase in heart size is of the utmost practical importance in diagnosis, in prognosis and in planning treatment. An enlarging heart, from dilatation, is a failing heart.

Having localized the position of the apex-beat on the chest-wall, it becomes necessary to measure its exact position. There are two main methods of doing this. Either the apex-beat is measured from the mid-line of the chest, or from the left mid-clavicular line. Each method has its votaries, and each method alone is inadequate. The "mid-line" school lay themselves open to the criticism that since thoraces vary in size during life, and from patient to patient, it is difficult to know whether any specific figure, for example—3 in. from the mid-line—represents a small, a normal or an enlarged heart. The mid-clavicular line school generally base their reading on guesswork. Substantiation of this remark is found in the fact that the usual explanation

of their method is as follows: "You obtain the mid-point of the clavicle by measurement, and then you drop a perpendicular from it, and measure the apex-beat's position from this." Since the so-called perpendicular is not a perpendicular to anything else within the field of vision, and since the dropping of it is a vague and curious procedure, dependent upon the personal predilections of the dropper, it is obvious that the method is inaccurate. It is rare to find that the mid-clavicular line school have ever accurately measured the apex-beat's position with reference to the mid-clavicular line, this latter being regarded as a strict scientific anatomical position. The reason usually given is, "Since the exact definition of the apex-beat itself is open to wide experimental error, it is not worth while exactly defining the line from which it is to be measured". Which, being interpreted, is the same as saying, "Since we already have an error of 10% in our calculation, let us make it 20% for luck!". A more logical procedure would be not to attempt to measure the apex-beat position at all, but to trust in divine inspiration.

The best result may be obtained by combining the virtues of each school of measurement, and by discarding their vices. The procedure is as follows, a blue pencil being used for every measurement:

- (1) Localize the apex-beat.
- (2) Define the mid-point of the chest at the level of the apex-beat.
- (3) Measure this distance (e.g. $3\frac{1}{4}$ in.).
- (4) Localize the two ends of the left clavicle.
- (5) Measure accurately the clavicular length and mark by exact measurement the mid-clavicular point.
- (6) Define the mid-point of the neck at the level of the mid-point of the clavicle.
- (7) Measurement of the distance between the mid-point of the neck to the mid-point of the clavicle (e.g. 4 in.) gives the position of the mid-clavicular line. It is thus obvious that in this case the apex-beat is $\frac{1}{4}$ in. within the mid-clavicular line.

All subsequent measurements, provided that the patient does not grow, can be made from the mid-line, and stated as such, or in terms of the mid-clavicular line.

There is in medicine no room for vagueness, and where an exact method of useful mensuration is available it must be used.

GEOFFREY BOURNE.

A VISIT TO THE ACCIDENT HOSPITAL, VIENNA.



THE Vienna Accident Hospital is the home of Dr. Lorenz Böhler's world-famous fracture clinic.

It is here that by years of patient observation and careful recording of results a system of treatment of fractures is being built up whose basis is the logical application of the facts of anatomy, physiology and pathology. Every year it is visited by several hundreds of surgeons and students, and having been acquainted with it through films shown during a course of lectures on fractures at this Hospital, I spent a few days there during a visit to Austria. Though the time was short, we were shown enough to understand something of the principles on which treatment depends and of the efficiency with which it is carried out.

The hospital stands on the north side of the Danube Canal, by which boats may reach the heart of Vienna from the great river itself, which skirts only the fringe of the city. It is built of grey stone with a red tiled roof, and is of impressive modern design. Standing out from the neighbouring buildings because of its height, its colour and straight lines are in harmony with the colours and the close rows of ornamented windows which surmount the north bank of the canal.

On the fifth floor is situated the fracture clinic; its various rooms open from a long white corridor, on benches at one end of which sit old and new cases waiting to be seen, many having some part of their anatomy encased in plaster, with a few details marked on the outside of the cast in indelible pencil. They are seated near a door which leads into a room marked "Admission and X-ray", and into this room patients are first taken. To the left of this room, and opening into it, is the X-ray room and dark room, while on the right it communicates with an operating theatre. This latter is separated from a second theatre by a sterilizing room containing two sterilizers, one of which is in communication with each theatre by means of sliding glass panels in the dividing walls. Further to the right again is the laboratory, and beyond this lie some of the wards, other wards being situated on different floors. The part of the corridor in which patients sit is shut off by a partition from the part on to which the doors from the theatres open, and a second partition separates the latter part from the wards.

Such an arrangement greatly increases the ease and celerity with which patients can be treated: there is no necessity for an injured man to be conducted to a distant part of the building in order to be X-rayed; he is simply led or wheeled into the next room, where

the exposure is made and the negative developed in a few minutes. The diagnosis being made, he can be appropriately treated, if necessary in a fully equipped operating theatre next door, or he can be admitted.

I had been informed that work in the clinic commenced at 7.30 a.m. on Monday, Wednesday and Friday, and that I could come at that time to watch operations till 11 o'clock, when the ward round commenced. On the remaining days X-ray demonstrations would be held from 9 to 11. These words, uttered in good English in matter-of-fact tones, filled me with consternation, for I found it hard to imagine myself at the hospital at the early hour of 7.30; but then breakfast is not taken seriously in Vienna. However that may be, 7.45 next morning found me entering the hospital, bearing up on the traditional coffee and rolls.

In the admission room a patient with a fracture of the lower third of the radius was undergoing treatment. He was lying on a table, and under local anaesthesia traction was being applied, the two X rays of the injury hanging up against the window. The second, third and fourth fingers had been covered with mastisol and a piece of muslin bandage wrapped round them; the thumb was similarly treated, so that a good grip was afforded to an assistant who, grasping the fingers with one hand and the thumb with the other, was maintaining a steady pull; counter traction was supplied by a calico band attached to the wall and passing round the upper arm, which was abducted to 90°, the elbow being flexed by the same amount. Traction was kept up until, shortening overcome, a dorsal plaster slab had been applied from the elbow to the knuckles with accurate moulding till the plaster had set. By this time the arm had assumed a somewhat purple hue from the pressure of the calico band, but the patient seemed to suffer no discomfort. He was sent to be X-rayed and, the result being satisfactory, the cast was completed by a roller plaster bandage and trimmed.

In a theatre, using a similar technique, which is standard for most injuries between the elbow and phalanges, an old Colles's fracture was being repositioned; the injury was fourteen days old, but 2% novocain was again used locally, though with less effect than in the first case, judging by the patient's expression. But this did not interfere with the operation, and indeed the patients in general, mostly robust workmen, showed a Spartan endurance of pain.

A very striking feature of the work was the unlimited patience and the care lavished on the cases; nothing was unduly hurried. In order to overcome spasm and shortening steady traction would sometimes be kept up for five or ten minutes on end, the operator sitting by, watching and waiting. Then after careful manipu-

lation and moulding a plaster cast would be applied, exactly fitting and neatly shaped. If X-rays showed the position to be even a little imperfect, there was not the least hesitation in removing the cast and starting again. Time, indeed, seemed of no account, and released from the grip of the universal desire to hurry, the artist was given a free hand. By such exact repositioning and adequate fixation, allowing the maximum of movement at joints, are curtailed the long weeks of after-treatment which not only cost time and money but saps the patient's morale.

A case in point was a fractured second phalanx with backward displacement and angulation of the head on the shaft. Using local anaesthesia, and after careful manipulation, a light strong cast was applied to the finger, but an X-ray showed that a trace of angulation remained. Without hesitation the cast, a work of art in itself, was removed and the procedure repeated. A further X-ray was taken and showed exact alignment, the dorsal edge of the phalanx appearing absolutely natural.

It seemed to me that the routine use of local anaesthesia was a potent factor in dispelling the atmosphere of hurry, since anaesthesia can be continued almost indefinitely without harm to the patient, and it allows ample time both for the manipulations and repeated X-rays necessary for the exact reduction and fixation of fractures.

The routine with regard to wounds is interesting. If the case is seen within eight hours of the injury the wound is carefully excised and dirty broken bone ends scraped; the skin alone is sutured, and no attempt is made to set the open fracture through the wound. After suture an open fracture is treated as a closed one. If much muscle is damaged a drain is brought out through a fresh incision; but apart from this and the suture of divided nerves, all buried sutures and foreign bodies are strictly avoided. Little reliance is placed on antiseptics, which are used mainly to sterilize skin before a surgical incision; they are regarded as more irritating to the tissues than lethal to organisms, and asepsis is aimed at by the excision, which also practically replaces anti-gas gangrene and anti-tetanic sera. If a wound is seen after the time limit it is cleaned up, but left open.

A man came in with a severe cut on the forehead, which was excised under local anaesthesia. A small vessel was divided and spurted repeatedly, but it was not tied, the skin being sutured over it and a firm dressing applied to prevent a hematoma forming. In another case the tip of a finger and the terminal phalanx had been damaged and the wound was excised with a tourniquet round the finger. When this was released the field was flooded with blood, but again the skin was sutured with silk and a firm bandage applied.

At 11 o'clock the ward round started; it was full of interest, but one saw so many cases in the course of a few hours that only general impressions remain. Of these the most striking was the exposure of nearly all wounds to the air; for me, brought up to believe that every wound must have its sterile dressing, this was nothing short of revolutionary. In the case of clean wounds there was a window cut in the plaster, or else a wire framework was arranged so as to prevent contact with anything but the air. Some were suppurating wounds; drainage incisions had been made where necessary and rubber drainage-tubes inserted, and the damaged limb, usually kept at rest in plaster, was suspended over a bowl in which the pus collected. In this way pus drained well, the wound was kept as dry as possible and there was hardly any smell; the surrounding skin remained healthy instead of becoming soggy and macerated, as may happen when the dressing becomes soaked, and the granulations were not damaged by repeated application of dressings. It appears that clean wounds become infected no more frequently by this method than by the use of dressings.

The constant use of Braun's splint for the leg and the abduction splint for the arm was noticeable; these splints maintain a good position of the limb both from the point of view of circulation and muscle relaxation. Skeletal traction, mostly by Steinman's pins, was a much used form of traction, though adhesive plaster, Unna's paste and wire played their part.

Everywhere devices for exercising were much in evidence; rings, weights to be carried on the head and various pulley devices were among them. By the use of such apparatus, walking, and various gymnastic exercises, active movements of all the muscles are carried out, for this constitutes one of the three great principles of treatment; even muscles having both their attachments firmly fixed are made to contract isometrically and so remain healthy.

No account of this clinic would be complete without some mention of the X ray demonstrations, which play a part of great importance in its routine. On Tuesdays, Thursdays and Saturdays the entire staff and visitors assemble in a small room to examine and discuss all the X-rays taken since the previous viewing. For two hours all eyes are intent on a large viewing box, before which the senior surgeon present is seated; as the X-rays are placed on it he examines them minutely, sometimes with the aid of a large magnifying glass, which can be swung into any desired position; accurate measurements of lengths and angles are taken and recorded, the progress of the case is discussed, and future treatment decided upon.

In this way all the cases of fracture which pass through

the clinic are repeatedly reviewed; mistakes and their causes are well brought out, and arrangements for operations are made.

Such an account of the Arbeiter Unfall Krankenhaus illustrates the fact that a visit is well worth while, if only to learn that the methods of treatment of this country are by no means universal. Lest the foregoing description should seem to pretend that good results can only be obtained by the methods described, let this quotation from Dr. Lorenz Böhrer's book, *Fractures and their Treatment*, speak for itself: "These three principles (correct replacement, maintenance of the correction till bony union has occurred and the functional restoration of movement) always hold good and should never be neglected. . . . It is possible to accomplish them in different ways, and if they are carried out good results will always be achieved." C. J. LONGLAND.

DAILY PRACTICE IN LONDON DURING THE EPIDEMIC OF 1665.*

I THINK it not amiss to recite the Means which I used to preserve my self from the Infection, during the continual Course of my Business among the Sick.

"As soon as I rose in the Morning early, I took the Quantity of a Nutmeg of the Anti-pestilential Electuary; then after the Dispatch of private Concerns in my Family, I ventured into a large Room, where Crowds of Citizens used to be in waiting for me; and there I commonly spent two or three Hours, as in an Hospital, examining the several Conditions and Circumstances of all who came thither; some of which had Ulcers yet uncured, and others to be advised under the first Symptoms of Seizure; all which I endeavoured to dispatch, with all possible Care to their various Exigencies.

"As soon as this Crowd could be discharged, I judged it not proper to go abroad fasting, and therefore got my breakfast: After which, till Dinner-time, I visited the Sick at their Houses; whereupon, entering their Houses, I immediately had burnt some proper Thing upon Coals, and also kept in my Mouth some Lozenges all the while I was examining them. But they are in a Mistake who report that Physicians used, on such occasions, very hot Things; as Myrrh, Zedoary, Angelica, Ginger, &c. for many, deceived thereby, raised Inflammations upon their Tonsils, and greatly endangered their Lungs.

* From *Loimologia*, by Nathaniel Hodges, M.D., F.R.C.P., who remained in the City during the whole time of the outbreak.

"I further took Care not to go into the Rooms of the Sick when I sweated, or were short-breathed with Walking; and kept my Mind as composed as possible, being sufficiently warned by such, who had grievously suffered by Uneasiness in that Respect. After some Hours Visiting in this Manner, I returned Home. Before Dinner, I always drank a Glass of Sack, to warm the Stomach, refresh the Spirits, and dissipate any beginning Lodgment of the Infection. I chose Meats for my Table that yielded an easie and generous Nourishment, roasted before boiled, and Pickles not only suitable to the Meats, but the Nature of the Disorder; (and indeed in this melancholy Time, the City greatly abounded with Variety of all good Things of that Nature) I seldom likewise rose from Dinner without drinking more Wine. After this, I had always many Persons came for Advice; and as soon as I could dispatch them, I again visited till Eight or Nine at Night, and then concluded the Evening at Home, by drinking to Cheerfulness of my old favourite Liquor, which encouraged Sleep, and an easie Breathing through the Pores all Night. But if in the Day-time I found the least Approaches of the Infection upon me, as by Giddiness, Loathing at Stomach, and Faintness, I immediately had Recourse to a Glass of this Wine, which easily drove these beginning Disorders away by Transpiration.

"Yet in the whole Course of the Infection, I found my self Ill but twice; but was soon again cleared of its Approaches by these Means, and the Help of such Antidotes as I kept always by me."

D. A. H. M.

"DENTISTS."

I DO not really dislike my dentist, although I realize that he has morals comparable with the man I sent up on the roof last summer to mend some tiles and who took good care to provide himself with work for the winter on the way down. Nor do I despise him for his golden rules to acquire good teeth, such as "See me twice a year" and "Think before you speak", which are really golden rules for acquiring golden teeth. No! I do not despise him, nor hate him, for he has that gentle and suave manner which all dentists should.

So this year when I was in America I was rather pleased that I had to go to a dentist once again. In America I did not expect the gentle and suave manner, but I was looking forward to something advanced in dentistry.

Now Dr. Marx was recommended to me by one of

Philadelphia's leading specialists, and I found his door twenty stories above the street in the professional building. On the door was written,

"DOCTOR MARX.
WALK IN."

I walked in.

There was no waiting-room. The dental chair was before me; and there was Dr. Marx fast asleep in his own dental chair. His large teutonic head lay in sweet repose; and his hands were complacently clasped about his vast teutonic belly; and he was snoring "fit to snore his head off". The chair was an old-fashioned affair, covered in red velvet. It squeaked and creaked with each vast upheaval of its occupant's body.

"Dr. Marx, I believe," I murmured.

"Dr. Marx, I believe," I said.

"Dr. Marx, I believe," I repeated.

"Dr. Marx," I shouted.

"Dr. Marx," I bellowed.

"Dr. Marx," I roared.

Eventually he awoke. Now I will pass over that great awakening without any description, because no man is beautiful, caught in such private moments as these. He smiled good-naturedly, and pointing towards the now vacant chair said, "Sure I'll fix it".

Now old men's hands usually shake, and Dr. Marx was a very old man. He had a fine white beard, as a token of his age. It is no ordinary experience to see a dentist's drill describing circles, ellipses and simple harmonic motions in front of one's eyes before it finally plunges into one's mouth. But some divine spirit seemed to guide the hand of Dr. Marx, for every time, with the accuracy of an expert though drunken dart-thrower in some village pub, he succeeded in putting the drill right into my mouth. And not only that, but he more often than not found the bull's-eye in my molar. The occasions on which he removed a bit of tongue or gum were so few that it would not have been fair to have judged his marksmanship on these pieces of sheer misfortune. The cleverness of the thing to me was the fact that he was not a bit embarrassed by my state of obvious nervous excitement. Soon, however, Dr. Marx pushed the drill back and began to see what he could do with a probe. For awhile his hand dithered within my mouth, and then suddenly I felt a tremendous pain all over my body and leapt quite three feet into the air. When I had subsided Dr. Marx said, "That's the spot I guess".

I answered that I guessed it was; but this did not deter Dr. Marx from continuing to probe. Once more I leapt high into the air.

"That's the spot, I guess," he remarked casually, and I answered again that I guessed it was.

Now, as a matter of fact I had become very certain that it actually was the spot; but unfortunately for me Dr. Marx was still in the realms of guess-work; so he continued to probe. He found the spot quickly, and once again I made the appropriate move toward the ceiling. As I descended into the chair for the third time he said triumphantly and with decision, "Sure, that is the spot".

He then proceeded to gaze out of the window, as dentists do, and exclaimed, "Why! I'll have to make an extraction".

I have always had a certain horror of what I prefer to call tooth-drawing. So perhaps I paled somewhat, for Dr. Marx immediately became a great comforter.

"Maybe you had better have some cocaine," he remarked kindly.

I was quick to agree that maybe I had. Accordingly the cocaine was administered; and then, while we were waiting for it to soak in, as he crudely expressed it, he produced a pair of the most gruesome-looking forceps I have ever seen. These he flourished in front of my face, exclaiming, "Do you see these forceps?".

Unfortunately I could not help seeing the horrid things.

"What," he continued, "I don't doubt these are the most efficient tool of their type in the States, nay in the whole world. They have been in use now for forty years. Forty years ago I designed them and had them made; and I don't mind admitting I'm mighty proud of them. Why! if these forceps have made one extraction, they have made hundreds, nay thousands with each tooth in just such a similar position as yours."

So saying he pushed them into my mouth and laid hold of my molar firmly. His eyes sparkled with the light of battle and he started what were apparently only preliminary manoeuvres. First of all he tried to lever the tooth out by leaning backwards, using his ample belly as a fulcrum. This was not a success, for my head was not rigid, and when he held it with his left hand he could not lean back, and in the end, when he had ordered me to keep still, the fulcrum was no longer rigid. Then he started to tug viciously and dance around. And what did I do? Why! I got up and danced around too. It was a fine dance, a passionate dance, a spirited dance. At one moment we would embrace one another fondly; then separate; dance around; courtesy over the chair; then another whirl and another embrace. All the while Dr. Marx had a firm grip on my tooth; but my jaw had a firm grip on my tooth too; and I, in my turn, was doing my utmost to keep a firm grip on my jaw. The dance continued tenderly passionate and beautiful, and my only fear was that it would last well on into the evening. But in fearing this I had overlooked one

factor, Dr. Marx's foot, which was now placed firmly in the centre of my chest. He put both hands to the forceps and straightened his knee. Something had to give; so quite suddenly and magnanimously my jaw gave up the tooth. I found the result somewhat startling, for I shot across the room like a catapulted stone, smashed a window with the back of my skull, and collapsed into a crumpled heap on the floor. Dr. Marx had evidently performed the experiment before, because as far as he was concerned it was amazingly successful. He sank back quietly and with all the grace of which he was capable into the dental chair. There he started to mop his brow and gaze with pride and admiration at those wonderful forceps. Then he dosed off into what was only a fitful slumber, for as soon as I showed signs of recovery he jumped up and said, "I guess that will be a couple of bucks for fixing the tooth, and one for the window. Three in all unless you think it is worth more".

I gave him the three dollars and felt quite pleased. The suave and gentle manner had been lacking, but he had at least got to the root of the matter.

Then as I left the room I slipped my finger into my mouth. He had taken out the wrong tooth. I continued on my way all the same.

G. E. Loxton.

"THE OLD ORDER CHANGETH."

"A certain cure for toothache is to get a prepossessing young woman to lay her cheek against yours on the side where the pain is" (Dr. Isaac Fietener in the *Daily Express*).



IN early times man's spiritual wealth, Was counted largely by his health.

The evil act, the wicked whim,
Like boomerangs returned to him.
The doubtful word most surely brought
A welt, a whitlow or a wart
(Degrees of guilt you recognize
That govern quality and size).
The greater did the culprit err,
The more severe the sanctions were.
Later on we came to see
That illness held us all in fee.
God gave science to our aid
That tracked the germs that illness made,
But now the course of evolution
Affects once more the constitution.
Love and beauty supersede
The doctor's scientific creed.

The charms of Botticelli make
A certain cure for belly-ache.
Keats beneath the head at night
Will banish sleeplessness outright.
A lovely face beside your own
Will kill the pain that made you moan.
So now man's spiritual wealth
Is truly governed by his health.

P. B.

CLINICAL METHODS.

NURSING OF COLOSTOMIES.

Colostomies in our wards have been performed for the following conditions:

- (1) Cancer of the rectum and anus:
 - (a) In operable cases.
 - (b) As a preliminary to perineal, combined perineal and abdominal excision, or before treatment with radium.
 - (c) For acute obstruction.
- (2) Diverticulitis:
 - (a) With obstructive symptoms.
 - (b) With pelvic abscess.
 - (c) With vesico-colic fistula.
- (3) In some cases of severe ulceration of the rectum
- (4) In rare instances for imperforate anus and tuberculous fistula with incontinence.

Preparation of Patient for Colostomy.

In the absence of obstruction patients are usually admitted on Thursdays for operation on Mondays, and put on a light diet with a liberal addition of glucose and barley sugar, and given paraffin 1 oz. l.d.s. for the first three days.

On the night of admission H.S.Co is given, 1 oz. to women and 1/2 oz. to men, and this is followed by a soap enema if the result is considered unsatisfactory. On the Saturday night castor oil in doses as above is given.

On Sunday an enema, or two if necessary, is given, followed by a preparatory bath and shave.

A fluid diet is given on Sunday with plenty of glucose. On Monday morning an enema is given at 5 a.m. Tea and toast at 6 a.m. Eight ounces of orange-juice sweetened with glucose at 10 a.m., and nothing after. Operation at 2 p.m.

The Operation.

Site for colostomy.—In most cases the colostomy is performed through the middle of the rectus muscle just below the umbilicus, which is found to be the best position for the comfort of the patient when wearing a colostomy belt.

When the colostomy is carried out as part of, or preliminary to an abdomino-perineal excision, the inguinal region is chosen so that the colostomy is remote from the mid-line abdominal incision.

Precautions are taken to ensure that the bowel is not rotated when brought up into the wound.

When, as happens occasionally, the lower opening on the abdomen is proximal in the colon this should be explained to the patient, so that mistakes are not made with regard to the wash-out after he leaves hospital.

Spur.—A glass rod is inserted at the time of operation through the mesentery, and a rubber tube is fixed on either end to prevent it slipping out. The rod is kept *in situ* for from two to three weeks to ensure a good "spur" or efficient barrier between the two openings which will prevent faeces from passing over into the rectum or blind end, as the case may be.

Dressings.—The wound is dressed with gauze soaked in flavine 1:1000 and paraffin. The gauze is packed around and under the glass rod, and is usually left untouched until the colostomy is opened. The patient is placed in the Fowler position.

Distension.—An ounce of paraffin is given daily to enable wind to be passed freely either with or without the aid of a rectal tube. If

wind is not passed freely a rectal tube is passed, if necessary, 4-hourly. If the patient complains of abdominal distension a small turpentine enema is often given, and in exceptional cases pitressin (4 c.c.) is given half an hour before the enema. With these measures the patient can and often is kept comfortable and free from distension for five, six or seven days. This allows the wound to heal thoroughly.

If in spite of the above, relief of wind is unsatisfactory and distension is present and continues to cause discomfort, the colostomy is opened without further delay.

Diet. A liberal fluid diet is given for the first two days, followed by a light diet of fish, mince, custards, jellies, and a little crustless bread and butter until the colostomy is opened.

Opening of the colostomy.—This is done in the ward with the cautery without removing the dressing round the bowel. A transverse incision is made across the mid-point of the exposed bowel. This is a very simple procedure, quite painless and usually bloodless, if the cautery is not made too hot. Flavine and paraffin dressings are continued. No aperient is needed. A wash-out is given the same day if the wound has healed, or delayed according to circumstances.

Stitches.—Stitches are removed on the eighth to tenth day.

Wash-out.

All the cases are given a wash-out daily if possible at the same time each day. The best time is after breakfast. When the rectum has not been removed the lower end is washed out to keep the rectum clean and also to get rid of any discharge or blood from the area of the growth.

After a perineal excision the lower end is blind, and needs a gentle irrigation occasionally to wash out mucus and to prevent it getting inspissated, and to remove any fragments of faeces that may have got in inadvertently. This is not done before 28 days after operation.

Apparatus.—Douche-can, tubing connection, rubber catheter No. 10 or 12. Kidney dish, mackintosh, bucket. Soap-and-water solution.

Method.—Patient lies on the back, a little to the left side, propped up with pillows, well protected from draughts. The douche hangs from a hook 4 ft. or so above. Two pints of a warm soap solution are run into the upper end as a rule, although sometimes much more is required to get the colon empty; the lower end is then washed through with saline or sodium bicarbonate (a teaspoonful to the pint). When this is being done the lower wash-through acts as a reflex stimulus to evacuate the upper bowel. A little gentle massage quickens the evacuation. The first wash-out may cause some pain and perhaps nausea. This performance takes, on the average, about an hour, but later on is usually completed in half an hour, and sometimes in less than that. Cases vary considerably in this respect.

A convenient method for the wash-out is to obtain a large piece of soft rubber sheeting, cut a hole to fit round the colostomy and gutter it into a bucket, or for those who can afford it, a colostomy "horn" can be used; this is strapped on at the wash-out time and covers everything up. Private patients often have a special sink for the purpose. Patients are taught to conduct their own wash-outs before leaving hospital, and the importance of regularity is explained.

They are taught to adopt the same time after breakfast every morning. The evening when the day's work is ended most convenient. Soap need not be used when regularity has been established. It is a good idea to put a small pledget of gauze over the lower end to prevent anything getting in. This is also a wise precaution at night. In rare instances patients find that, when the regular habit has been established, the colostomy will act after a time by itself at the usual time; in these cases there is no necessity for the daily wash-out.

Belt.

Belts are measured for and have a rubber section over the colostomy region; a slightly convex celluloid disc is placed under the belt over the colostomy. This is worn by day. Bandage and dressing or a special webbing belt are generally employed at night. Cups are not advisable, because they encourage the evacuation of small amounts of faeces during the day which accumulate in the cup and cause great unpleasantness in every way. Frequently also fragments of faeces are sucked into the lower end.

Diet.

Ordinary diet may be taken but diarrhoea must be avoided. Care is taken to avoid eating anything which may excite an irregular action.

Patients soon learn what diet suits their colostomy best, and which articles of diet cause irregular action and must be avoided.

Aperients must be avoided if the daily wash out is to be effective, and the bowel kept free from trouble for the rest of the day. If scybala appear in the wash-out, then a little paraffin is taken at night.

Complications.

In most instances colostomies run a straightforward course. In cases of acute obstruction when a Paul's tube is tied in, care is required to avoid the tube cutting out or getting blocked and leaking round the edges, and considerable care is required to keep the wound clean until healed. In non-obstructive cases, if a haematoma forms beneath the skin, sepsis is liable to occur. If the skin is sewn up rather tight around the bowel and oozing occurs from the prevented and the subcutaneous tissue, adequate drainage is necessary, a loop of small gut may prolapse alongside the colostomy. This is most likely to happen in stout patients when subject to bronchitis and coughing. The size of the opening should be large enough just to admit the index finger of each hand on either side of the glass rod. If there is less space than this, the spur may be kinked and the passage of wind hindered. The proximal end of the appendix is always tethered by a suture through the rectus which includes the bowel, into which no sutures are passed. If the colostomy is carried out as described, undue prolapse of the colostomy is unlikely to occur, though this is a complication which is met with occasionally.

Attitude of Mind.

This operation is always dreaded by patients, because they think that they will be permanently invalidated and lose their independence. This is entirely erroneous. There are those who dance, swim, play tennis and golf, etc., without any inconvenience. Ordinary clothes can be worn, and women can wear the usual tight fitting evening frocks with comfort and without fear or risk of detection. Palliative colostomies must be avoided as far as possible in the case of the extreme poor or those who live alone.

I am indebted to Sir Charles Gordon-Watson for his kind help and supervision of this article.

F. M. J.

STUDENTS' UNION.

OFFICERS' TRAINING CORPS.

The activities of the O.T.C. during the last year have been so numerous that only a brief résumé can be given here. Since last year the Medical Unit has been reorganized, eight companies having been formed in place of the previous four. No. 1 Company is now composed entirely of officer-cadets from this Hospital. Sorry as we are to lose our connection with King's and London, we feel honoured to hold this position, and find it much more convenient.

At the beginning of last winter session we had a visit from our Commanding Officer, Col. Hope-Carlton, who delivered an interesting lecture on "Medical Services during War", and on January 18th No. 1 Company held a very popular "smoker" indulged in shooting on the Hospital range. It is never the boast of a medical corps to produce as expert marksmen as the infantry units, but the Medical Unit miniature rifle team, in which Bart's men play an inter-unit league shooting competition.

The usual course of instruction at the Army School of Hygiene took place in April. Of the five officer-cadets from the University of London three were from Bart's.

The duty of mounting a guard of honour is a privilege which seldom befalls an O.T.C. This year we were twice honoured, every unit of the O.T.C. was represented. The portion of the royal route lined by the O.T.C. was in the vicinity of King's College, celebrate the occasion, and a souvenir booklet containing photographs of their Majesties. The duty of mounting a guard for the Earl of Athlone, Chancellor of the University, on Presentation Day fell this year to the Medical Unit. Of the fifty who paraded, twelve were from this Hospital.

The contingent field day took place at Aldershot on May 18th. The Medical Unit established its headquarters in the vicinity of Norris Bridge, and erected two regimental aid posts and an advanced dressing station. We were very grateful to our late C.O., Col. Mitchener, for spending the day with us, and especially for his witty criticisms.

At summer camp this year the whole contingent, 900 strong, camped together on a plateau overlooking the sea at Diggate, near Folkestone—an admirable site, with good bathing available, marred only by a shoal of jellyfish.

Much time was devoted to drill and lectures, and preparations for the "At Home" on July 20th. Physical training, drill sergeants from the Scots Guards and the At Home were the principal new features of the camp.

On the day of the At Home, July 20th, the sun shone through the clouds as the Hon. Major-General The Earl of Athlone, K.C., our Honorary Colonel, with H.R.H. Princess Alice, drove into camp. The Earl inspected the Corps on parade and took the salute during the march past. In the afternoon, which was fine beyond all expectations, a mimic battle, staged in a natural amphitheatre, known locally as the Arena, was witnessed by the Princess, the Earl and many other visitors. The fact that the whole contingent of infantry, survey, engineer, artillery and medical units in the field was well illustrated. There then followed several amusing demonstrations, including an action by the "Stinks" Battery, whose gun periodically ejected beer bottles, and an example of how not to pitch a tent by the Medical Unit.

After Princess Alice had presented the prizes three cheers were given for the Princess, followed by three for the Earl. The latter, during the course of his speech, congratulated the Corps on the number of cadets in camp and hoped the numbers would continue to increase. Speaking of the officer-cadets and the O.T.C. he said: "They are of the very greatest use to England, because if anything should happen—and God grant it may not—we have got something to call upon in any emergency."

The inspection of the Unit on the 24th was conducted by Major-General Hattigan, the D.G.A.M.S., who seemed to be very favourably impressed by the standard of efficiency displayed by the Medical Unit. His A.D.C., Staff-Major Reynolds, afterwards gave an informal talk on the R.A.M.C. to all interested members of the corps.

The Sergeants' Dance was held at the East Cliff Pavilion, Folkestone, on the 25th after the Certificate "A" and "B" Examinations. The dance was, as usual, a great success, and attracted a large number of Folkestonians, as well as members of the camp. At the Swimming Gala the O.T.C. team lost the water-polo match, but in other events beat the Folkestone Swimming Club by six matches to one. The Medical Unit won the Inter-Unit Relay Race.

On the 26th the Medical Unit set out on a route march to Folkestone Harbour, where methods of adapting the harbour and ships for the transport of sick and wounded during war were explained to us.

In conclusion we would like to congratulate L. L. Alexander on his promotion to regimental sergeant-major of the Medical Unit—a position which has not been held for many years by a student of this Hospital.

BOXING.

CLINICALS & PRE-CLINICALS.

A Boxing Contest for the Orange Cup between a team of "clinical" and one of "pre-clinical" students was held in the Gymnasium at Charterhouse Square at 5.30 p.m. on November 4th. Prof. Woollard kindly officiated as referee, Mr. A. M. Boyd and Mr. G. C. Knight as judges, and Mr. Ward as M.C. The contest was organized by the officials of the Boxing Club.

The Orange Cup was originally presented by Dr. G. E. Griffiths, to be competed for annually between the "Orange Club", consisting of those members of the Hospital who lived at Winchmore Hill, and longer exists, Dr. Griffiths has kindly consented that his cup be the goal of an annual contest of Clinicals and Pre-clinicals.

There was an enthusiastic attendance. C. F. Bose and M. J. Harvey performed first, and Bose won after a close fight.

The next fight, between G. H. Darke and E. H. Rees, produced a whirl of activity with hardly a blow struck home on either side. Rees was very quick, but Darke made good use of his reach. It was Rees, however, who got the judge's decision.

J. W. Butt and D. G. Boyle came into the ring arm-in-arm and just left hanging round each other's necks. In the first round Boyle put his opponent down for a short count. After this Butt seemed very tired, and Boyle made good use of his advantage in weight to gain the verdict.

P. Goodman fought gamely against a big difference in weight in his fight with K. Friedberg, and in spite of a spirited final round just lost the fight, this being the first the Pre-clinicals had lost.

The match between D. G. Evans and T. P. Storey was a whirlwind affair, in which Evans's extra weight told in his favour and gained him the decision.

A. L. Thorne gained a well-earned verdict against H. Pearce, whose weakness in footwork allowed him to be knocked down on two occasions.

The next fight was a gladiatorial performance. Neither R. H. White nor J. D. Rees had any guard at all, and at one point the referee had to enter the ring to separate the fighters. It was surprising that either could stand at the end of this non-stop fight, and Rees got a close decision.

J. W. Perrott and J. W. G. Evans produced the best fight of the evening. Evans is the more skilful boxer, but Perrott is a most aggressive fighter. Evans was almost "out" on his feet at the end of the first round, having fallen through the ropes on three occasions. He recovered amazingly and fought back so well that he won the final round, but Perrott got the decision on the previous rounds.

In the next fight H. Bennet had to retire in the first round against H. Bevan-Jones with a broken tooth.

In the last match of the evening M. W. L. White's weight proved too much for J. R. O. Thompson, who, however, made quite a good fight of it.

The Pre-clinicals, therefore, won the Orange Cup for the first time in its new guise by 7 bouts to 3.

This was an excellent evening's entertainment, and was enjoyed by all present, including the boxers. In addition £5 2s. 6d. was collected for the College Appeal Fund.

ST. BARTHOLOMEWS HOSPITAL v. U.C. AND U.C.H. BOXING CLUB.

A match was held against U.C. and U.C.H. at University College on Friday, November 15th, which resulted in a draw, each team winning four contests.

There were four Freshmen in the Hospital's team, three of whom, R. C. Bell, E. H. Rees and J. W. G. Evans, won their fights; the other, A. Sandiford, was giving away a lot of weight, but put up a very spirited performance.

J. J. Slove won the other fight for Bart's. J. W. Perrott was unfortunate in having his eye opened in the first round, and had to retire.

C. F. Bose was beaten by a very aggressive opponent. He did not box up to last year's form, but this was due to lack of training. He should improve considerably before the Inter-Hospitals Contest.

T. P. Storey met a much stronger boxer in Gregory, the fight being stopped after the first round.

Matt Wells seconded the team in this fixture, and F. G. Ward acted as M.O. L. K. Taylor was time-keeper.

The results were as follows: Bell (Bart's) beat Montgomery (U.C.) on points; Rastungi (U.C.) beat Bose (Bart's) on points; EVANS (Bart's) beat Nunn (U.C.) on points; Gregory (U.C.) beat Storey (Bart's) in first round; Rees (Bart's) beat Dick (U.C.) on points; Slove (Bart's) beat Sandiford (U.C.) in second round; Christian (U.C.) beat Perrott (Bart's) in first round; Allen (U.C.) beat Sandiford (Bart's) on points.

CORRESPONDENCE.

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

DEAR SIR,—While reading *The People's History of Essex* (1864) by D. W. Collier a few days ago, I came across the following passage which may interest your readers:

"The scattered village of Hempstead is not, perhaps, so picturesquely situated as several other parishes in the Hundred, but it is holy ground—consecrated by being the occasional home while living, and the resting place when dead, of Dr. William Harvey, who was to that little man, what Newton was to the solar system. Hempstead Hall, which was anciently held of the honor

of Clare, was purchased about 1640, either by Dr. William Harvey himself, or his brother, Eliab Harvey, Esq., of the family long seated at Chigwell, and from which the late Admiral Harvey, the father of Mrs. T. W. Bramston, was descended. The hall was an old mansion, moated after the fashion of other days; and the doctor, whose reputation as a philosopher and an oracle in medical science had been established, made it at times his residence, as did other members of the Harvey family; but the house is gone, the gardens have passed away, and we can only trace its site by the remaining moat and one of the outhouses, which is now converted into a cottage. The man whose memory is associated with this spot, and whose grand and important discovery of the circulation of the blood has preserved his name to all succeeding generations in the front rank of the benefactors of mankind, was the eldest son of Thomas Harvey, of Folkestone, in Kent, and was born April 2, 1578. At ten years of age he was sent to the grammar school at Canterbury, and at fourteen he removed to Cambridge, with a view to the study of physic. At the end of five years he visited France and Germany and Padua, the great medical school of that time. Having been made a doctor in 1602, he returned to England, took that degree at Cambridge, and commenced practice in London in the following year. He was physician to James I. and Charles I., and a steady adherent as the royal cause. The following account of the doctor's rescue from death, as if by the special hand of Providence, is given by Aubry in his 'Miscellanies', published in 1721:

"When Dr. Harvey, travelling with several others to Padua, went to Dover, he showed his pass, as the rest did, to the governor there, who told him he must not go, and kept him prisoner. The doctor desired to know the reason; none would he assign, but it was his will to have it so. The pocket boat noised sail that evening ensued, and all were drowned; the next day the sad news came to Dover. The doctor was unknown by name; but the night before the governor had a perfect vision in a dream, of Dr. Harvey, who came to pass over to Calais, and that he had a warning to stop him. This the governor told the doctor next day."

The warning probably came from the government, in the belief that the doctor, as a suspected cavalier, was on an embassy to the fugitive king. His great discovery of the circulation of the blood was first broached in 1615, in the Lumenian Lectures to the College of Physicians, and matured and published in 1628. It startled the world. The old physicians refused to acknowledge it, and Harvey confessed that he found his practice fall off after its promulgation; but he lived to see its truth established and its importance admitted. He declined the presidency of the College of Physicians, but he built for that body a hall, a library, and a museum, and endowed the society with his paternal estate, he never having married. He died June 3, 1657, in his 80th year, and was buried in the retired little church here, on the north side of which is a chapel, with the vault and monuments of the family. The most ancient of these is a tomb of black and white marble, with a bust placed in a niche, over which is an arched pediment, and by the sides are Cupids in postures of distress, one of them holding in his hand a death's head. This is the tomb of Harvey; but as the visitor approaches with reverence

"The spot where buried genius lies,"

he is shocked by finding all about it in a state of sad decay. Not long since the sextant was stated to be in the habit of converting the vault into a show room, and rattling the bones of the great philosopher in his coffin for the entertainment of his audience. The publication of the fact put an end to this indignity to the illustrious dead; and there is some hope of the monument being restored, or the coffin transferred to some more worthy resting place. Upon the tomb is an inscription in Latin, of which the following is a translation:

"William Harvey, to which name all the universities pay the greatest veneration; who after so many thousand years first discovered the constant circulation of the blood, obtaining thereby health to the world, and immortality to himself; who alone rescued the birth and generation of animals from false philosophy; to whom mankind are indebted for the knowledge of medicine itself. Chief physician to King James and King Charles; diligent and successful professor of anatomy and surgery in the College of Physicians in London, for whom he erected and endowed, with his own estate, a magnificent library. At length, after labouring with success in his studies, in his practice, and in his discoveries, and after many statues had been erected both at home and abroad to perpetuate the memory of his extensive knowledge of the human body, died without issue on the 3rd of June, in the year of our Lord 1657, of his age 80, full of years and honour. We shall rise again."

"Another monument of white veined marble contains a number of inscriptions to other members of the same family.

"In contrast with the wise and virtuous, there is another memory connected with Hempstead—that of Dick Turpin, the notorious robber and criminal. He was born here, in the house, it is stated, which is now the Rose and Crown Inn."

I remain, Sir,

Yours faithfully,

DAVID BOATMAN.

St. Bartholomew's Hospital,
E.C. 1.

P.S.—This information is specially interesting in view of the appeal by the Royal College of Physicians made in the *Lancet*, November 3rd, 1934 (p. 1011).

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

DEAR SIR,—Having experienced the benefit to be derived from insuring with the Medical Sickness Annuity & Life Assurance Society, Ltd., Lincoln House, 300, High Holborn, London, W.C. 1, will you allow me, in your *JOURNAL*, to advise every medical practitioner and dentist to insure with that Society?

There are many medical men and women who do not know of the advantages to be gained by insuring against accident and sickness with the Society for a permanent contract, in preference to insuring with another company under an annual contract. The Society has been founded by medicals for the benefit of their fellow medicals with a Board of Directors consisting of *doctors*.

I am writing as I personally have been receiving sickness benefit during the last ten years. In 1925 I suffered from infective endocarditis, pulmonary embolism and other complications which prevented me from working. During the whole of this time, on the first day of the month I have received a cheque.

If I had been insured with another company under an annual contract I should have been paid for a year; then the company would not have taken on any further risk, and it would not have been possible to insure elsewhere.

I know of several medical men who have benefited for several years by insuring with the Society.

I recommend all men and women and dentists to insure with the Society immediately they are qualified. The younger they are the less premium required.

They will find, especially if they have no, or only small private means, that their financial troubles will be lessened if, like myself, they contract a prolonged and incurable disease.

If the sickness is of short duration the sickness benefit will help to pay the locum's fees.

YOURS truly,

ONE WHO HAS BEEN A BENEFICIARY.

REVIEWS.

THE OSTEOPATHIC LESION. By GEORGE MACDONALD and W. HARGREVE-WILSON.

This book has been written by two osteopaths, one of them medically qualified, with the object of answering the question, "What is an osteopathic lesion?" and "to attempt to substantiate the osteopathic concept" on grounds of orthodox physiology and pathology.

After chapters on anatomy and physiology we reach the pith of the work, namely, the chapter on the osteopathic lesion, for here the cards are laid on the table: it is of the nature of an acute or chronic joint strain. This may be "primary", resulting from some recognized cause, such as injury or postural defect, or "secondary", a viscus or any peripheral tissue.

The mechanism by which an osteopathic lesion might influence a viscus is discussed. The authors discard the conception of direct pressure on nerves, and are doubtful whether the osteopathic lesion has any material biochemical influence on them. A reflex mechanism is favoured.

In considering the alleged local and general effects of joints "in lesion", the authors' claims are more modest than those made before the recent Select Committee of the House of Lords.

There is a brief chapter on treatment, though the book deals predominantly with osteopathic theory rather than practice.

One cannot recommend the book as a scientific or logical treatise, but it is recommended on account of the subject with which it deals. It would be presumptuous to suppose that a successful outcome of osteopathic treatment is always the result of many instances; to the patient a sprain is a dull triviality; not so an "osteopathic lesion" which requires "normalizing". Indeed, the value of manipulative treatment is appreciated by many, and perhaps insufficiently used by most of the modern equivalent of the padded cell, and to realize the value and importance of combining physical with psychological lines of treatment. To the medical man, however, who may only once have been in a mental hospital, and then as a student, there is even greater interest in the subjective rather than the objective side. It is, for example, a lesson in itself to follow the patient's reactions to what the doctor describes as "strong meat beneath the camouflage" of the doctor's line of treatment.

Nothing illustrates the atmosphere better than the author's description of his own and his visitors' acclimatization to his fellow-patients—schizophrenics and melancholics. And it is in conveying the right atmosphere that he most impresses us.

It is, of course, the atmosphere of an American mental hospital, and the style of writing is American too. There is no doubt, however, that as a true representation of a sane person's reaction to life with the temporarily insane the book is a fascinating study and easy to read. It can indeed be most strongly recommended to both the lay and medical reader.

THE EARLY DIAGNOSIS OF MALIGNANT DISEASE. By GEOFFREY KEYNES, M.A., M.D., F.R.C.S. (John Bale, Sons & Danielsson, Ltd.) Pocket Monographs on Practical Medicine. Pp. 70. Price 2s. 6d.

It is remarkable how complete a survey of the field of malignant disease the author has been able to compress into this small volume—which is very easy to read, and admirably illustrated by short case-histories where they are apposite.

Without being unduly dogmatic, Mr. Keynes certainly justifies the statement that "an attitude which is pathological if it fills a man's mind with regard to himself may be wholly beneficial if it is directed towards the welfare of other people". And he does it in a way which makes attractive reading, and emphasizes in particular the value of modern methods of X-ray diagnosis and their importance as soon as there is suspicion in the doctor's mind, even without clinical signs to justify it.

No mention is made of carcinoma of the pancreas or biliary apparatus, but these are regions where early diagnosis is well-nigh impossible, and the omission is a small one. In conclusion, we would recommend this book most heartily to all those just embarking upon general practice as a pleasant reminder of their responsibilities, and to the "examination minded" we would point out that it answers about one question of every ordinary surgery paper set in the Final Qualifying Examination.

FURNEAUX'S HUMAN PHYSIOLOGY. Revised edition (Nurses). By W. A. M. SMART. (Longmans, Green & Co., 1935.) Price 4s.

It would be difficult to estimate the number to whom this notable little book has been the first introduction to the study of the body. This particular edition has been completely revised and extended, with new chapters on Metabolism, the Endocrines and Reproduction

(in the last particular it differs from the standard edition for use in schools).

Although rather too elementary for the medical student, it is a useful text-book for nurses, and, indeed, a number of the questions from the Second M.B. and the State Examination for Nurses have been included. A valuable feature is the well-arranged summary which concludes every chapter. Well produced and profusely illustrated, the book is one to be recommended by medical men to those of the laity desiring to study the subject.

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

- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Edin.). "Tulip Fingers." *British Medical Journal*, August 10th, 1935.
- BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. "Pathological Changes Induced in the Mammary Glands by Oestrogenic Compounds." *British Journal of Surgery*, July, 1935.
- CHANDLER, F. G., M.D., F.R.C.P. "Internal Pneumolysis: Results of 110 Consecutive Operations." *Lancet*, October 19th, 1935.
- COCHRANE, E., M.B. "Course, Complications and Prognosis of Open Pulmonary Tuberculosis in Children." *Tubercle*, September, 1935.
- ECCLES, W. MCADAM, M.S., F.R.C.S. "Surgical Operations in Relation to Life Assurance." *Medical Press and Circular*, July 24th, 1935.
- ELAM, JOHN, M.R.C.S., L.R.C.P. "A Detachable Laryngoscope." *Lancet*, September 14th, 1935.
- ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "Some Points in Sclero-corneal Trephining." *British Medical Journal*, August 24th, 1935.
- FINZI, N. S., M.B., D.M.R.E.(Camb.). "The Radium Treatment of Xanthoma." *British Medical Journal*, September 28th, 1935.
- GRAHAM, GEORGE, M.D., F.R.C.P. "Recent Advances in the Treatment of Diabetes." *Practitioner*, October, 1935.
- GRIFFITHS, H. ERNEST, M.S., F.R.C.S. "Prognosis in Fractures of the Bodies of the Vertebrae." *Lancet*, August 24th, 1935.
- *Injury and Incapacity with Special Reference to Industrial Insurance*. London: Baillière, Tindall & Cox, 1935.
- GROVES, ERNEST W. HEY, M.S., M.D., B.Sc., F.R.C.S. "Fractures of the Neck of the Femur." *British Medical Journal*, September 14th, 1935.

EXAMINATIONS, ETC.

Conjoint Examination Board.

Pre-Medical Examination, October, 1935.

Biology.—Gollidge, A. H.

First Examination, October, 1935.

- Anatomy.**—Ballantyne, J. C., Hardie, P. J., Maycock, R., Meyers, R. L., Webb, C.
- Physiology.**—Ballantyne, J. C., Brockbank, C. A., MacKelvie, K. C., Maycock, R., Moynagh, K. D., Redman, V. L., Wedd, J. R. K., Weston, J. W.
- Pharmacology.**—Flavell, G., Friedburg, W. K. S., Halper, N. H., Kennedy, A. B., Schenker, A. W., Taylor, L. R., Williams, W. R.

Final Examination, October, 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.

- Ali, M. M., Barbour, A. B., Butt, A. Z., Ewen, G. A., Farquhar, J. V. L., French, J., Furber, S. E., Hunt, R. S., Moynagh, D. W., Mundy, R., Nicoll, J. A. V., Robins, J. M., Smallhorn, T., Swain, R. H. A., Wilson, J. D.

CHANGES OF ADDRESS.

- BURROUGHS, I. H. "Estrelle". 35, Florence Road, Roscombe, Hants. (Tel. Boscombe 1258).
- FRANKLIN, A. W., 2, Weymouth Street, W. 1. (Tel. Welbeck 9156).
- KERSLEY, G. D., 6, The Circus, Bath.
- LAWN, J. A. E., Abbontakoon, nr. Tarkya, Gold Coast Colony, W. Africa.

NUNN, J. H. F., Hedgerow, Galley Lane, Barnet, Herts. (Tel. Barnet 3358).

PHILIPS, I. E., "Bibury", Wellington Road, Taunton, Somerset.

STRUTHERS, J. A., 6, Elsworth Road, Primrose Hill, N.W. 3.

TURTON, J. R. H., 26, The Drive, Hove 3. (Tel. Hove 4232—unchanged.)

BIRTHS.

ANDERSON.—On November 5th, 1935, at 114, Turnpike Lane, Hareney, to Ivy ("Billie") (née Bilton), wife of Roy S. Anderson, M.R.C.S., L.R.C.P.—a son.

FRANKLYN.—On October 21st, 1935, at 30, Keighley Road, Bradford, to Dr. and Mrs. H. Franklyn—a son.

HARRIS.—On October 30th, 1935, to Frances Annie, wife of G. A. Stocker Harris, 3, Claremont Lane, Esher—a son.

PHILIPS.—On November 20th, 1935, at Reccles, to Joan, wife of Alan Philips, F.R.C.S.—a daughter.

RADCLIFFE.—On October 28th, 1935, at Wivenhoe, to Muriel, wife of Walter Radcliffe, M.B., B.Chir.—a son.

SCOTT.—On November 20th, 1935, at 20, Devonshire Place, to Daphne, wife of Dr. Ronald Bodley Scott, of 20, Upper Wimpole Street, W. 1—a daughter.

WIGHT.—On November 24th, 1935, at Wangford, near Beccles, to Dorothy, wife of Cecil H. Wight, M.C., M.R.C.S., L.R.C.P.—a daughter.

MARRIAGES.

CARR—CHRISTOPHERSON.—On November 8th, 1935, at The Parish Church, Reigate, Claude Morris Carr, M.B., only son of the late Dr. Sidney Carr and Mrs. Carr, of Anway, Reigate, to Audrey Lorna Clifford, second daughter of Mr. and Mrs. Dudley Clifford Christopherson, Lochinvar, Reigate Hill.

PURDEE—NUTTALL.—On November 26th, 1935, at St. Cuthbert's Church, Lytham, Ivor Phelps, to Joyce Nuttall.

SILVER WEDDING.

CARNARVON-BROWN—KNIGHT.—On November 10th, 1910, at Petworth Church, Sussex, Arthur Carnarvon-Brown, M.R.C.S., L.R.C.P., to Kathleen Sherwin, only daughter of the late Mr. and Mrs. A. A. Knight, of Petworth.

DEATHS.

BURN.—On November 11th, 1935, at Roughton Road, Cromer, George Wilson Burn, M.R.C.S.Eng., aged 88.

COATES.—On November 1st, 1935, in London, after an operation, George Coates, M.A., M.D., of South Kilworth, Rugby, and Casa dei Paganelli, Bordighera, Italy, aged 84.

GORDON-WATSON.—On December 21st, 1935, after a long and painful illness, most bravely borne, Alice Geraldine Mary, dearly loved wife of Sir Charles Gordon-Watson, of 82, Harley Street, W. 1.

NALL.—On November 11th, 1935, suddenly, John Frederick Nall, M.D., F.R.C.S., at Kalinga, Torquay, late of Rahere, Clayfield, Brisbane, aged 72.

NASH-WORTHAM.—On November 24th, 1935, at the Riviera Hotel, Canford Cliffs, Bournemouth, Francis Leslie Dalton Nash-Wortham, F.R.C.S.(Edin.), late of Dorchester, aged 54.

RUSHWORTH.—On November 28th, 1935, at Beechfield, Walton-on-Thames, Norman Rushworth, M.R.C.S., L.R.C.P.

STUART.—On November 22nd, 1935, at River Street, Johannesburg, William Stuart, M.R.C.S., L.R.C.P., M.I.E.E., aged 59.

WORBOYS.—On November 13th, 1935, at Northallerton, peacefully, after a long illness, Thomas Sandore Worboys, M.R.C.S., L.R.C.P., the dear husband of Rosetta Worboys, aged 69.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. 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.

King George V.

THE FATHER of his people has passed away. The year had barely gone that had crowned a life of gracious care for the nation, a year that of all others revealed each endearing trait of a great and godly man. He did not reign by reigning but by service and devotion, without respect of persons. He went with us into our troubles and led us back to peace, for there was no calamity that did not gain his instant sympathy, no joy that he did not wish to share.

At the Royal Hospital we are proud to claim the privilege of His late Majesty's keen interest in our affairs, for as Prince of Wales he was President, as King the Patron of St. Bartholomew's. In 1907 he opened the Out-Patient Department at the foundation of which, three years before, he had accompanied his father. The Little Britain Gate still shows the scars of the air raid which brought his gracious sympathy in an informal visit to the maimed and dying in the Hospital.

The swiftness of his last illness has made his loss a deadening shock to the nation, but for his life we with all Britain can offer such thanks as fit a King's remembrance.

St. Bartholomew's Hospital Journal.

VOL. XLIII.—No. 4.]

JANUARY 1ST, 1936.

PRICE NINEPENCE.

CALENDAR.

Mon.,	Jan. 13.—	Special Subjects : Lecture by Mr. Elmslie.
Tues.,	14.—	Dr. Gow and Mr. Harold Wilson on duty.
Wed.,	15.—	Surgery : Clinical Lecture by Mr. Harold Wilson.
Fri.,	17.—	Medicine : Clinical Lecture by Dr. Graham. Dr. Graham and Mr. Girling Ball on duty.
Sat.,	18.—	Rugby Match v. Nuneaton. Away. Association Match v. Old Bradfieldians. Home. Hockey Match v. Harlesden. Away.
Last day for receiving matter for the February issue of the Journal.		
Mon.,	20.—	Special Subjects : Lecture by Dr. Cumberbatch.
Tues.,	21.—	Dr. Geoffrey Evans and Mr. Roberts on duty.
Wed.,	22.—	Surgery : Clinical Lecture by Mr. Reginald M. Vick.
Thurs.,	23.—	Association 1st round Senior Cup. Away.
Fri.,	24.—	Medicine : Clinical Lecture by Dr. Gow. Prof. Witts and Prof. Paterson Ross on duty.
Sat.,	25.—	Rugby match v. Old Alleynians. Away. Hockey Match v. Nore Command. Home.
Mon.,	27.—	Special Subjects : Lecture by Mr. Scott.
Tues.,	28.—	Dr. Hinds Howell and Sir C. Gordon-Watson on duty.
Wed.,	29.—	Surgery : Clinical Lecture by Mr. Roberts. Association Match v. Dullioi College. Away. Hockey Match v. Shoeburyness Garrison. Away.
Fri.,	31.—	Medicine : Clinical Lecture by Dr. Hinds Howell. Dr. Gow and Mr. Harold Wilson on duty.
Sat.,	Feb. 1.—	Rugby Match v. Halifax. Away. Association Match v. Old Cholmeleians. Home. Hockey Match v. Woking. Away.
Mon.,	3.—	Special Subjects : Lecture by Mr. Bedford Russell.
Wed.,	5.—	Surgery : Clinical Lecture by Mr. Harold Wilson. Hockey Match v. University College Hospital. Home.
Fri.,	7.—	Medicine : Clinical Lecture by Dr. Hinds Howell.
Sat.,	8.—	Rugby Match v. Pontypool. Away. Association Match v. H.A.C. Home. Hockey Match v. Seaford College. Away.
Mon.,	10.—	Special Subjects : Lecture by Mr. Higgs.

EDITORIAL.

A GAIN, within a year of our losing three other members of the Staff, the age limit has translated one of our great teachers from the active to the consultant staff. Although this was inevitable, it is hoped by everyone connected with the Hospital that he will come among us as frequently as his busy life will permit.

Nobody who listened to his last lecture can have done so without appreciating the fact that it was the passing of one of Bart's great men. Never before have so many members of the Visiting Staff and such a large gathering of students attended a similar occasion. The lecture theatre was filled to its capacity, even the steps and the gallery being occupied. It must have been a great thrill to Lord Horder to have been greeted in this

manner, and he must have regarded the laurel wreath which someone had placed on his lecture table as a symbol to those present that his work at Bart's had been well done and thoroughly appreciated. His last lecture was a delight to those who were privileged to hear it. Appropriately enough it was a *résumé* of the principles which he himself has laid down as the best guides to his students in the conduct of their practice.

From the many activities in which he has been occupied, it is not difficult to assess the reasons for Lord Horder's popularity. He is both a great physician and a great teacher. As the former he is famous in the world at large, and kings and princes have sought his advice; as the latter his renown is chiefly within the Hospital, but it, too, is known outside these walls. His teaching power was realized very early in his career, and has been maintained throughout it. It has largely depended on his knowledge of pathology, which he himself has so often affirmed to be the foundation of sound clinical knowledge, and the application of this principle has been largely responsible for his own success as a practitioner. As a demonstrator of pathology he was the first to use in practice the methods he had learned in that department. He devised a box, known as "Horder's box", containing test-tubes, culture tubes, blood-counting apparatus and blood culture syringe, which became the talk of the town, and was soon acquired by those who realized that Horder had "got a winner". He was the first to cultivate streptococci from the blood in a case of infective endocarditis—a disease in which he has always been an authority. He also assisted Mervyn Gordon in the classification of streptococci and, more recently, in his studies on lymphadenoma. Not only as a medical registrar was he responsible for the daily performance of post mortems and the teaching of morbid anatomy to the students, but throughout his period on the Staff his attendances in the post-mortem room have been evidence of his sound knowledge of morbid appearances of the tissues, and his readiness to discuss with his colleagues his own and their difficulties. His interest in the Department of Pathology has also been shown by his attachment to committees which have been organizing the changes required therein from time to time. All these facts are proof of his own belief that pathology plays an essential part in the training of the student who wishes to become a successful practitioner, and must be regarded as an example of the constructive work that he has carried on while attached to the Staff.

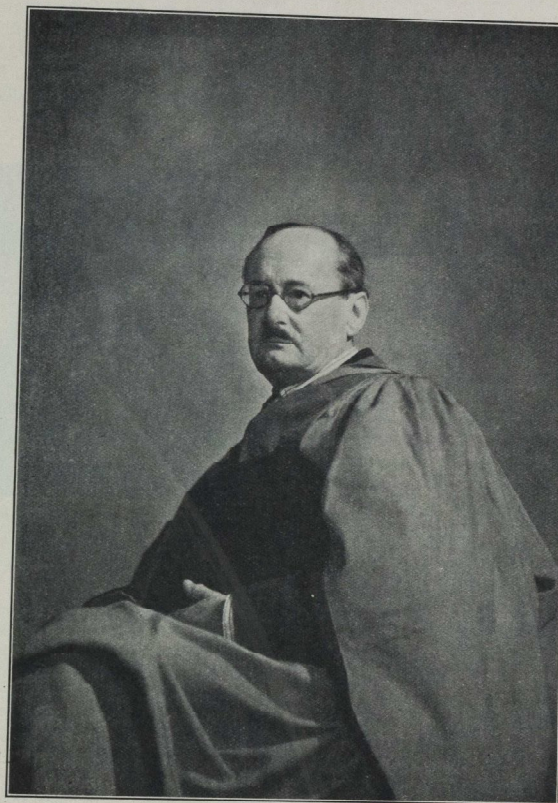
[JANUARY, 1936.]

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

71

Lord Horder's practice requires no comment for it speaks for itself. Long may he live to act in his capacity as consultant, to help his friends in their difficulties. They all of them appreciate that he has well merited

Walter Langdon Brown as Editor in 1898 and was invited to become a member of the Committee when he resigned, in recognition of his services and unfailing energy. As Censor he has exercised his right, not in



Horder.

the honours that have come his way, and are delighted that he, the first Bartholomew's man to do so, has reached the peerage. The JOURNAL, too, will suffer loss through his retirement, for he has been Chairman of the Publication Committee since 1929. He succeeded Sir

rebuke, but in taking responsibility on himself, and he has always given most generously from his wisdom and experience. No man, we feel, has regretted more than he does that the time has come for him to leave the active Staff, but it may be of some comfort to him to

realize, while in his leisure moments he reads the poetry he loves so well and cultivates the flowering shrubs on which he is so great an expert, that he has the gratitude of every Bartholomew's man and our best wishes for a long and a happy life.

* * *

Mr. R. C. Elmslie has kindly accepted the invitation to succeed Lord Horder as Chairman of the Publication Committee of the JOURNAL.

* * *

Our deepest sympathy is extended to Sir Charles Gordon-Watson in his recent bereavement.

* * *

Our congratulations are extended to Mr. D. P. Wilkie, O.B.E., M.D., a Perpetual Student of the Hospital, who received a knighthood in the New Year Honours, also to Mr. H. L. Hopkinson, Governor of the Hospital, who becomes K.C.V.O.

* * *

The degree of D.Sc. in Anatomy has been conferred on Prof. H. H. Woollard by the Senate of the University of London.

* * *

Mr. C. Naunton Morgan and Mr. R. T. Payne have been appointed Casualty Surgeons.

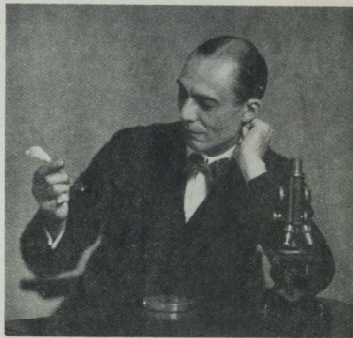
OBITUARY.

DR. RONALD GEORGE CANTI.

THE announcement of Dr. Canti's death on January 8th was received with profound regret throughout the Hospital. He was respected for his scientific achievements, and generally liked because of his friendly personality. He was educated at Charterhouse, where he was captain of the Shooting VIII, and King's College, Cambridge, where he was in the University Shooting VIII. He graduated in Arts, and coming to St. Bartholomew's in 1908, took the Conjoint diplomas in 1911, the M.B., B.Ch.Cantab. in 1915 and the M.D. in 1919. After being house physician to Dr. Samuel West he entered the Pathological Department, and held successively the appointments of Demonstrator of Pathology, Bacteriologist and Lecturer in Bacteriology, and Clinical Pathologist and Lecturer in Clinical Pathology, the latter dating from 1930 to the time of his death. He was associated, with the late Prof. Sir Frederick Andrewes as his chief, in the early organization of the

Pathological Department, and had seen its growth to the present stage. From 1930 he had been Bacteriologist to the City of London.

Possessed of an ingenious technical mind in connection with photographic problems, he was a pioneer in the application of the art of cinematography to microscopy for the demonstration and study of tissue culture and living bacteria. His films on these subjects, which were acquired by numerous scientific bodies in many countries, gave him an international reputation, and he was consulted concerning his apparatus and technique by workers in all parts of the world. In 1928 he



By kind permission of the *Lancet*.

received the Röntgen Medal for his work on the effects of the irradiation of tissue cells. Two of his films dealing with tissue culture of brain tumours and with psittacosis were shown by a colleague at the recent meeting at St. Bartholomew's of the Pathological Society, and were masterpieces of technique, definition and production.

His interest in tissue culture and radiological experiments brought him into connection with the British Empire Cancer Campaign, of which he was Honorary Scientific Secretary. In the fight against malignant disease, his advice on technical matters was invaluable in the problems arising with the 1,000,000 volt deep X-ray plant at present being installed in the Hospital. He was also one of the medical advisers to the British Red Cross Blood Transfusion Service. The present size and efficiency of this service owe a great deal to his guidance and foresight since its formation in 1922.

Although chiefly known for his scientific film work, he also published several papers on various points in clinical pathology.

Dr. Canti was possessed of a very original mind, especially in problems of technique. Recognizing this and its potentialities Sir Frederick Andrewes once remarked, "Canti is a genius. He ought to be heavily subsidized and left to his own devices". As a lecturer he was clear and interesting, and had the advantage of being able to illustrate his subject by good draughtsmanship. His capacity for work enabled him to participate in many scientific fields, to all of which he made his own helpful contribution.

He had a quiet, friendly and approachable personality. In the Pathological Department, successive junior demonstrators will remember how he welcomed and gave ready advice on their problems.

From everyone who knew him, both in the Hospital and in outside circles, deep sympathy will be accorded to his wife and family in their bereavement.

H. F. B.

CLINICAL MEDICINE.

(A Farewell Lecture.)

By LORD HORDER, M.D.

IN place of the customary "Gentlemen" with which these lectures are prefaced, I am to-day privileged to address you as "Colleagues and gentlemen". The compliment paid to me by the presence of so many of my fellow teachers is both graceful and touching. It is also, as compliments are wont to be, expensive, since the occasion which determines it costs me a great deal. Swan songs are prone to be sententious—a quality which I always try to avoid, whether in speech or in action. Personalities I dislike just as much as I dislike sententiousness. I will allow myself one brief deviation from my practice in respect of each of these two antipathies. I admit that if, after all these years, I had no sort of message for those who follow me, I should feel heartily ashamed. I also admit that this, my last clinical lecture at Bart's, far from leaving my withers unwrung, strains them to their utmost.

The occasion justifies a departure from custom in regard to these lectures. To-day I am not bringing before you a "difficult case", unravelling its complications as best I can, and trying to make clear the mental process by which this may be done—and thereby invite that drowsiness which, in these circumstances, tends to steal over my audience (pardonable only in the case of my house physician, for has he not already been "bored stiff" by my previous rehearsals in the ward?).

Nor am I bringing a more simple case, which may be taken as a peg upon which to hang a list of causes or symptoms of disease—and thereby stimulate those who scent the possibility of something which is of potential use in another place, a stimulus which extends at times even to a little hurried note-taking (for I have never misconstrued this brief spurt of active, rather than passive, attention on the part of the less frugal-minded of my audience). Instead of doing either of these things I propose to say something about clinical medicine itself, that is, about that part of the physician's work to which these lectures are a running commentary.

"TOUJOURS LES MALADES."

Whatever may be the special branch of medicine that attracts us, it is commonly accepted that it is at the bedside where, on the one hand, the vital expressions of diseases are manifested, and where, on the other, the contributions made by the laboratory, both to diagnosis and to therapy, must eventually be tested. "Les malades, toujours les malades." But medicine provides such a large field for human interest and activity that there are many points at which a man may branch off into a whole life's work of relatively detached scientific effort. Any one of these digressions may take him so far away from the patient that, quite joyfully and quite successfully, he may make valuable contributions to what becomes, in effect, pure science. He may then be tempted to consider clinical medicine but a poor affair, scarcely worth the pursuit of a trained intelligence; whereas I regard it as a very inviting field for the most highly cultivated minds—a field in which meagre achievement, far from indicating an essential poverty in the soil that is being tilled, signifies only that the husbandman is not always as alert and well equipped as he might be. However, what I say this morning is not intended as an apology for the clinician so much as a brief survey of his place in medicine, and how his functions are, in my judgment, best performed.

In the view of some people the clinician has not advanced, or developed, proportionately with those of his colleagues who are primarily concerned with the ancillary subjects of surgical technique, bacteriology and bio-chemistry. I cannot accept this estimate, and I think it is due to a false, or a forgotten conception of the clinician's function. Though this remains what it fundamentally always was—the collection and evaluation of all available data which are pertinent to the diagnosis and the treatment of the sick person—I believe that the growth of the means by which this function is achieved has been even greater in the case of the clinician than in the case of any one of his colleagues,

for the reason that the whole of their combined knowledge is available for him if he is familiar with it and cares to use it.

THREE GREAT ADVANCES.

In my own time I have witnessed three great advances in the science and art of clinical medicine, and (though "I speak as a fool") these advances have seemed to me to make the clinician of much greater potential service to the patient than he was before they took place. How much he is actually of greater service depends upon himself, and the degree to which he has absorbed these advances and transmitted them into his practical work.

The function of the old clinician was not inaptly termed "walking the wards" — an expression which has its modern counterpart in "going round". Our predecessors made large observations rather than small, and they acquired a facility in diagnosis and in prognosis which seemed to many quite uncanny. This facility was really due to the fact that they had trained themselves to make a greater number of observations than they were actually aware of. Their eyes and ears and touch and smell were unaided by instruments of precision, and the pitch of excellence to which their senses perforce — and at long last — arrived was very astonishing. But their exactness stopped short at the point where their unaided senses could pierce the mystery no farther, and this in many cases was stopping too short to enable them to give the help which the patient needed. For example, septicæmia was only septicæmia, and heart disease, for the most part, was only heart disease.

THE LESSONS OF THE POST-MORTEM ROOM.

Then came the first great advance. With the increased frequency of, and greater thoroughness in, post-mortem examinations, the clinician began to think morbid anatomically. This was a notable move forward. He was able to visualize the diseased organs as they actually existed during life, and this visualization gave his clinical methods a clearer purpose and direction. This habit of correlation of the clinical features of the case with post-mortem experience remains, and must of necessity remain, one of the most valuable aids to diagnosis and prognosis. The clinician who relaxes in a punctilious attendance at the post-mortems upon his patients, or upon patients of his colleagues, thinking the time could be better spent in the wards or in the out-patient rooms, is not only denying himself the chief correction to his exuberance and to his vanity; he is departing from the bed-rock of medicine itself. What he says at the bedside may, or may not, be the truth; what he sees in the post-mortem room is the truth. In

this connection I should like to enter a plea against too much reservation of post-mortem material for deferred examination. Some such reservation is at times desirable and even necessary, but it should be upon the decision of the pathologist and of the clinician jointly, each having regard to the claims of the other. Be it remembered that diseased organs that are opened at the time of the post-mortem examination, and are seen in relation to the rest of the body, nearly always throw light upon the obscurity that has perhaps been in the minds of those who have seen the "case" during life; whereas organs that are dissected by the aid of the pathologist's midnight oil may, or may not, illumine his own individual darkness.

LABORATORY METHODS.

The second advance came with the development of laboratory methods, since in these the clinician found new and invaluable aids to his work. The study of the patient *qua* patient was supplemented by the study of materials derived from the patient. Thus we saw the birth of clinical pathology. The past thirty years have witnessed this lusty babe grow up to a vigorous manhood. As is wont with the virile adolescent, there have been times when he thought himself more important than he really was, when he sought to bestride the whole world of medical knowledge, when he firmly believed he was medicine rather than merely making his contribution to medicine. His incursion into the sickroom was apt to be somewhat brusque, not to say at times truculent. Cuckoo-like, he jostled and pushed and ofttimes succeeded in ousting his more timid and gentle colleague from the latter's legitimate sphere. He took to describing himself in the telephone directory as "physician", and he invited the credulous sick to consult him. The public, with its child-like confidence in machinery, loved him, welcoming his advent as signalling the millenium of exact medicine, and unaware that the human brain is the best machine of all. A catalogue of the flora of the fauces and/or of the fæces, a complete blood-count, a chemical analysis of the urine to the third place of decimals: "What further may be sought for or declared?" Not only was the new gospel about to dispel the darkness that shrouded diagnosis, it was about to illumine the therapeutic field also. The "opsonic index" for an exact diagnosis, the hypodermic syringe, charged with the appropriate antigen, for effective treatment, and medicine was "taped" at last. The clinician came to be regarded by some with amused tolerance; by others, even less generously minded, as obstructive to real progress. Nosology disappeared, and pathology contracted down to the name of the infecting agent; patients no longer suffered

from diseases, but from micro-organisms. "What is the matter with the man in bed 4?" "T.B. . . ."

But fortunately for the patient, for whom, like the soul of Faustus, the powers of good and evil were fighting, some clinicians kept their heads. They absorbed what was good in these clinico-pathological advances, seeing in them important supplemental aids to their methods rather than a substitution for them. But the older and cruder notions of infection had to be entirely revised; and gaps in the knowledge of metabolism had to be filled. Not only was it necessary that the clinician should think morbid anatomically, it was necessary that he should think bacteriologically and bio-chemically also.

ROENTGENOLOGY.

Then came the third great advance, and by means of an entirely new tool. I refer to the arrival of roentgenology. Though useful from the first, it has taken a good many years to improve the technique and to get the method under control, but to-day there is probably no more useful addition to the clinician's methods. The exercise of forbearance in interpretation on the diagnostic side, and of moderation in claims on the therapeutic side, have become an important part of the clinician's work.

ESSENTIAL DATA.

I said just now that the fundamental function of the clinician is to collect and to evaluate data. But what data? The clinician is not a mere collector of data. If he were, diagnosis would be as easy for one man as for another. Nor is he a mere recorder of cases seen. If he were, the palm would go to the panel practitioner or to the junior casualty physician, though this consideration waives a fact of which we are well aware—that it is possible, nay easy, to see a great number of patients and yet not see their diseases. It is the *essential* data that we want, not the *unessential*. It is data that are associated, not data that are dissociated. The capacity to neglect is as important as the capacity to take notice. True, the more obscure the case the less we can afford, in the first survey, to omit any examination; but after a time there comes what may seem to some an almost astounding negligence. This is not forgetfulness, nor a lapse from good methods; it is the ability safely to omit. Patients' dossiers are apt, in these days, to be so full and so heterogeneous that the courage to say of some of the reports, "Noted, nothing doing", is often the first step in the elucidation of the problem. It falls to the clinician alone to become familiar with the range of health, to be sensitive to what lies within it, and to what lies outside it. The exercise of this sensitiveness

in any particular case becomes more and more essential the more meticulously exact the reports of the experts may be. And these reports tend to be more and more meticulously exact with the increasing tendency to specialism and the myopia which goes with it. The number of patients whose hearts are healthy is in inverse proportion to the number of cardiologists they consult, and the frequency with which they are "electro-cardiographed". An upper respiratory tract which is passed as "normal" by a careful "nose and throat man" will soon be so rare as to merit demonstration at the Royal Society of Medicine.

BEDSIDE OBSERVATIONS.

It has been during the recent period of intensive laboratory investigations on the clinico-pathological side of diagnosis that the notion has arisen that the clinician's observations are not really scientific, that they are of the nature of guesswork, whereas everything that happens in the laboratory is controlled by the infallible rules of logic. The test-tube and the microscope cannot lie. But God alone knows if what the physician thinks is an enlarged spleen is the spleen; or if rose spots are not "any old spots"; or the association of a soft and infrequent pulse with a continued high fever is not some odd trick of Nature designed to intrigue the curious-minded; and why should not a week of intense headache pass away somewhat suddenly and be replaced by a muttering delirium; and an unexplained deafness appear? Funny things like these do happen to people who suffer from a disease of microbial origin. But the one certain thing is that the disease isn't typhoid fever, or any infection in the T.A.B. group, because there is no agglutination of the laboratory strains of those organisms by the patient's serum. Strange, this idea that facts have a different value according as they are observed at the bedside or in the laboratory. Stranger still, the idea that one negative observation in the laboratory should, by responsible clinicians, be regarded as more important than six positive observations at the bedside. "We can never, by a single experiment, prove the non-existence of a supposed effect." If "science arises from the discovery of identity amidst diversity", then it matters not if the identity be discovered by careful observation of the patient clinically or pathologically. The whole question is, is it a *true* identity? But this, in the last resort, depends upon the critical judgment of the observer. Granted that the exercise of judgment at the bedside is more difficult than it is in the laboratory, mistakes in judgment are not confined to the bedside. We have only to send a specimen of the same stool to two or even to six bacteriologists, equally expert, to find that failure to "discover

identity" is by no means only a bedside difficulty. Here the question of criteria is involved, as we know, and criteria are not always uniform even amongst laboratory workers. Their results are therefore, of necessity, not always comparable. Now the clinician's criteria are, in general, less exact than the pathologist's, nor can they be made so exact very easily; but if they are made severe, as they should be; if nothing is termed positive which is only doubtfully positive; if the clinician's judgment concerning his observations is controlled by reliable technique; if discovered identities are unequivocal: then his "facts" are as scientific and as logical as are those of the pathologist. The truth is that clear thinking, with forbearance, is essential to the satisfactory solution of a diagnostic problem, whether the contribution comes from the laboratory or from the bedside.

MENTAL TECHNIQUE.

There is a technique of the mind as well as of the eye and of the hand, and the former is quite as essential as the latter. It is not only what you find *at* the bedside, it is also what you bring *to* the bedside. The eye finds what it takes with itself the power of seeing. The mind does likewise. And surely it is the same in the laboratory? In both spheres there comes to some—slowly, painfully, towards the end (alas!) facility born by patient practice out of time. Clinician and pathologist are more akin than they sometimes realize. Each of them takes a pride (which the other regards as excessive) in his small discoveries, and each of them lacks humility (or so the other thinks) in face of the certain fact that every day, whether it be in the ward or in the laboratory, momentous things are happening under their very eyes, yet they see them not, for they are both under the same ban—they cannot live out of our generation.

CLINICAL RESEARCH.

If, looking back, I can feel satisfaction with any modest effort of my own in the diagnostic field, it is in opposing the tendency of the past two decades towards the divorce of clinical from laboratory methods. In this Hospital this divorce has really never occurred. Kanthack and Andrewes and Gordon and Kettle and Canti have been too wise not to see that pathological processes have a unity which centres itself in the patient and that without careful study at the bedside only one part of these processes can be elucidated. It is the close co-operation of both observers, and this alone, that can lead to results that are helpful. We at Bart.'s have been fortunate in this matter, and I hasten to add that any mild strictures of mine refer not to our School, but to a part of the greater world of medicine outside.

But clinical medicine in this greater world is just now coming back into its own. The Prince has taken notice of the neglected charms of our modest Cinderella. A marriage is being arranged. Professors are leading her to the altar, and the name of her bridegroom is Research. There is just time for me, as an interested and loving uncle, to give the pair my blessing:

"Let me not to the marriage of true minds
Admit impediments. Love is not love
Which alters when it alteration finds,
Or bends with the remover to remove.
O, no! it is an ever-fixed mark,
That looks on tempests and is never shaken;
It is the star to every wandering bark,
Whose worth's unknown, although his height be taken."

And so is resumed afresh the long line of clinical observers which has been lit by the genius of Hippocrates, of Sydenham, of Trousseau, of Osler, and of many others—masters in clinical research.

CLINICAL TEACHING.

A few words about clinical teaching before I close. Time has not led me to change my view that the best help the clinician can give his pupils during the early part of their career is to insist that they use their words carefully, exactly and without ambiguity. Next to this, but only by means of this, he can help them to think clearly. This is important, too, for as Thomas Hobbes said, "as men abound in copiousness of language; so they become more wise, or more mad than ordinary". I may be forgiven for repeating myself and saying that the first text-book of medicine should be Jevons' *Primer of Logic*. It costs one shilling, but is worth untold gold. Note-taking must never be scamped. What is written about the facts of a case demands the same care as what is said about them. If to these things can be added a thorough drilling in methods of clinical examination, we have really accomplished a great deal in the first three months. Be it never forgotten that to watch the teacher's own methods is of greater help in the earlier stages of clerking than to try and understand what he is talking about. Efforts to teach medicine, however tempting, should be resisted. The keen student will teach himself medicine if he is properly trained in these important preliminaries.

THE CURRICULUM.

I wish something could be done to save the clerk's valuable time in the wards by introducing into the pre-clinical studies a number of examinations and methods which have really to do with anatomy and physiology. I have often dealt with this matter, but I make no excuse for referring to it again. The *tundus*

THE CHRISTMAS SHOWS.

TERSICHOPE and Thalia have had their day; now Clio holds the stage; Calliope and Melpomene held us in thrall, while Clio flitted from ward to ward, foolish wench, her scroll forgotten. While Erato and Euterpe have done their work, alas, poor Clio—she sits and chews her stylus—what shall she record? Shall she also be numbered among the critics? So much forgotten!

This year twelve shows visited the wards, a greater number than usual, and the standard of the productions was as high, generally, as in past years. This speaks well for the efforts of the various producers, on whom, largely, the success of a show depends. This is borne out by the fact that, on the whole, the shows produced by men of experience in these things were better than those produced by the others.

As an instance let me cite the *Black Guards* and the *Sennapodians*. These two shows stood out head and shoulders above the rest, not only in the quality of their acting and their material, but in that *je ne sais quoi*, that indefinable something in the way that they were "put across". This quality was possessed also to a less degree by other shows, notably the *Peptones* and the *Wandering Histocytes*.

To all who would produce a show of this type it should be said with emphasis, "Remember, please remember, that 'brevity is the soul of wit'". A platitude, you may say, if not, indeed, a cliché; none the less it should be written in large letters in every room in which a rehearsal takes place.

Let me now deal with the shows individually, for which purpose I shall classify them into—(A), those definitely connected with surgical firms, and (B), those not so connected. (A), from the ground floor upwards:

Bill Ball's Scandals was a good show, worthy of the fine traditions of this firm. They were remarkable mostly for the size of their caste, which was well controlled in the chorus numbers, and a clever impression of the Dean by Webb, who was also the producer.

An amusing musical alphabet was included in the programme, and the sketch, if a little long, was good, especially in the theatre scene.

The *Pink Djinns*, though a little slow at times, amply compensated for this in another theatre scene which gave us an impersonation of Mr. Harold Wilson, which could not have been bettered. Their pianist was by far their greatest asset, though Staley's performance of various parts, notably that of the fairy godmother in their pantomime in rhyming couplets, was distinctly creditable.

oculi and the membrana tympani are normal anatomical structures, yet few clinical clerks have ever seen them before they enter the wards, and, largely as the result of this fact, some have not seen them clearly even when they leave. We could profitably exchange the time spent over theories of colour vision and the intimate structure of the organ of Corti for these important matters. The blood-cells are a part of normal histology but they have rarely been counted, or, if they have, it has only been during the demonstration of the Thoma-Zeiss pipette. The contours of the abdomen, the normal gait, the reflexes and tendon-jerks, the surface markings of the lungs, the deposits that may occur in urine apart from disease, the flora of the faeces in health . . . is it really economical that the time of the clinicians—and of the senior clinicians—should be taken up in teaching about these things? Mr. Dean, we have praised you, though not more than you deserve, on account of the magnificent laboratories and equipment which you have assembled on the Merchant Taylors' site. Here is another piece of work for you and your colleagues—this adjustment of the pre-clinical studies so that they conform more to the requirements of men who are going to be doctors, and valuable time may be saved for the later years of the curriculum.

VALE.

Well, I must bid you "good-bye". It has all been, in schoolboy phraseology, "great fun", and I have thoroughly enjoyed it. The clinician's material has not been confined to the patients in their beds. For there have been the clerks themselves, . . . and the rest of the "firm," . . . and the nursing staff, . . . and the porters whistling outside the ward, under the echoing shaft of the lift, . . . and the buzzer that calls for the anaesthetist who is never there . . . and this lecture theatre. More than all this, there has been the world outside—the domestic circle, the marketplace, the forum. There has been the whole human comedy as seen by Shakespeare and Molière and Cervantes, and the other great clinical observers. I hope I have not put too many of you, whom I have been privileged to teach, out of your stride. I trust my methods, and my teaching, have conformed in some measure to the great traditions of this place. But they have been largely, and of necessity, myself:

"ay, there's the rub."

So now I doff my ward coat and hand it to you, Evans, my friend. Gow and you have been loyal, inspiring and very charitable colleagues, and I tender you my most sincere thanks. God bless you, and God help you!

Charlie's Chaplains seemed to me to suffer from insufficient rehearsal—a defect which may have been less obvious as the afternoon wore on. The show was inclined to go a little slowly, and the gaps between the items were too long. Their sketches may have had some merit, but the ice, in many places, seemed to me to be unnecessarily thin.

The *Singular Pleurals*, produced by Phillips, presented us with a number of good items well carried out. Their "Three Mighty Surgeons, Carving up the Meat" was one of the better topical songs, and was well acted and sung by Phillips, Ellis and Butler. Dunn did very well as a silent prompter in an amusing sketch, and as an Anglo-Indian colonel in a comedy-duet with Phillips.

G Men, produced by Barrett, was another pleasant show, characterized by some well-sung comedy numbers which betrayed the influence of Fearnley, who performed neatly in his well-known "Western" style. Wheelwright, singing to his banjo, was a successful addition to their programme.

So much for (A); (B) I shall take in alphabetical order:

The *Black Guards*, wearing a smart and original costume, were produced by our old friend Roger Gilbert, and had Gibson at the piano—two assets which, by themselves, are enough to ensure the success of any show.

These two were ably supported by Dransfield, Evans and Gray in a number of amusing songs and sketches, of which, perhaps, Maenamara's Band, for which they wore masks worthy of Thalia herself, was the most entertaining; their peculiar dancing in this number and odd marching in the "opener" were very successful.

Gilbert chatted to his audience in his own agreeable style, adding a number of old ladies in nightgowns and bed-socks to his already long list of fans.

The only "full length" production in this year's list was provided by *Cinderella*, a topical pantomime. Although this show was a very worthy experiment, and contained many good points, it was not an unqualified success. The acting was good, especially that of Ambrose, but Barnard's performance was rather too artless, and Stevens was, unfortunately, often inaudible. The songs were amusing and tuneful, though "I Believe in Miracles" was, perhaps, not quite in the best taste.

The pantomime was definitely amusing, but I think, maybe, they mixed ingenuousness and sophistication in the wrong proportions.

The *Check Mates*, as the Residents were called this year, made up in dashing boisterousness what they lacked in polished verve. This was a good show, containing plenty of fun and laughter, one of the most successful items in the shows being their "One finger keep moving". The production, I believe, was in the

hands of Messrs. Wheeler and West, who ably controlled an extremely large company, and themselves performed some short sketches with ability. A song entitled "A Stripe on Nights" was well sung by Dale, Curtiss, Thorne-Thorne and Wheeler. Thorne-Thorne also gave us some rather dithyrambic tap-dancing.

Their topical song produced some good "cracks", and, if a little long, was at least comprehensive—when the participants remembered their words.

The *Labour Savers* suffered from inadequate rehearsal, but, here again, I saw them only rather early in their career. There was, however, enough good material to ensure a good reception. I admired Baum's performance of a four-parts-in-one song, and was agreeably diverted by Jordan and Murley and the rest in a sketch which might have been made a little more snappy.

Could Baum's resemblance to a certain surgical sister, in another song-sketch, have been as artless as it appeared?

The *Peptones* possessed some of the best musical talent in any of the shows, and it is a pity that a little more could not have been made of it. The show was very snappily produced, and their opening number, "Medicine is our Business", is the best I have heard yet.

They gave us a good sketch, well performed by Evans and Mackenzie, their patter between the items was good, and a harmony rendering of "The Wheel of the Wagon is Broken" was excellent.

In "Round about Newgate Street" the *Sennapodians* have produced a show worthy to rank with the best.

This is an admirable example of the value of team work both in producing and playing, and in a company where all did so well it seems invidious to single out a few names for special mention; however, I must say that they have acquired a very valuable recruit in Lumb, whose performance was outstanding. He was very ably supported by Messrs. Howell and Herbert, and Maycock did well at the piano.

Their "Dream of 1935" was one of the best topical items I have heard, and their chorus work was of a higher standard than most.

Lumb's "The Health of the Nation" was very well done, and their community song, "Make it a Party", was well conducted.

Altogether the company performed a good show with almost professional skill and verve.

The *Wandering Histiocytes* gave us a number of good items—notably a rendering of "Tell the Doc", which was one of the high lights of the Christmas Shows; it was sung by F. Ramsey, Hardie, Thompson and Jack, all of whom did well in other items.

This troupe was produced by J. R. O. Thompson with

some ability, and presented a very amusing if somewhat long sketch, entitled "Night Starvation", which owed most to the performances of Ramsey and Stoker. A song, "Can't Help Loving the Nursing Staff", was well received and pleasantly sung by A. H. Jack.

Let me return once more to generalities. I feel that a word of praise is due to those who make, and manipulate, the footlights. The past few years have seen an enormous improvement in the lighting of these Christmas Shows, and I have never seen a more magnificent set of portable footlights than those used by the *Wandering Histiocytes*, made, I understand, by Cunningham and Burnham-Slipper. Many other sets were also very good. But until the single shrouded bulb at the end of the ward—which I suppose we must dignify under the name of battens—is supplemented by floods and/or spots, performers must avoid the very obvious tendency to approach so close to the footlights that their faces are shrouded in stygian gloom.

Lastly, let me iterate that to take 60 seconds over a single jest or gibe is 55 seconds too long. As Mr. Uly observed, "It's just like saying 'trousers!' to a French poodle".

GEORGE.

AN ACCOUNT OF THE BRITISH MEDICAL ASSOCIATION ROUND-THE-WORLD TOUR.



WE make many good resolutions, but keep few. I had always intended to make a tour of the world, probably as a ship's doctor, before settling down to a life of public service (!!!). Fate, circumstances and opportunity did not, however, permit, but after a few years of practice it was not Mr. Drage but the British Medical Association's meeting in Australia that showed me the way.

We left England on July 25th and 26th in two parties, one on a rough and cold passage from Liverpool to Montreal and thence across Canada to Vancouver, and the second on a joyous sunny trip on the M.V. "Georgic" from Southampton to New York. An account of the miseries of *mal de mer* and the more pleasant experiences and beautiful scenery witnessed by the first party as they visited Banff and crossed the Rockies is recorded in the annals of the British Medical Association. For the moment we will deal with the second group, who travelled across the States to be re-united with its half brother, or sister, in the common bond of the S.S. "Aorangi" at San Francisco.

We had an extremely pleasant Atlantic crossing, and after the "get-together" dinner we began to forget

which Great Man had ploughed us in the days of our youth—it is difficult to remain awe-inspiring in a paper hat and false moustache. Deck games and dancing with cinema shows and concerts for the less agile and energetic occupied us till we sighted the "skyline" of New York on Saturday, August 3rd, about six in the evening. It is an unforgettable sight as the skyscrapers of the Battery, the old part of the city, gradually emerge from the haze and smoke.

Passing the Statue of Liberty we entered the harbour, and after being declared clean and fit persons to mix with American society, and having dealt with the customs, many of us spent the next few hours investigating the night life of New York, from the *élite* Rainbow Room and the Empire State Building to various "dives" of less repute. A word more must be said of the State Building with its 104 storeys of offices, and from the top of which the face of the city 1200 ft. below may be examined. Running down to the Battery, jutting out towards the Atlantic and bordered on either side by the two great waterways, the Hudson and East Rivers, are twelve great parallel avenues with Broadway running obliquely through them, and at right angles to these are about 150 streets all numbered in progression. Only at the Battery is the geometrical arrangement, outlined by the street lights, lost, and on either side may be seen the lights of shipping reflected in the waterways.

Sunday was the hottest day of the year in New York, and in New York the moist heat can be oppressive. In the afternoon we were taken out in buses to Grasslands State Hospital, and for this purpose we were provided with a police escort on motor cycles. No fire-engine could have been conducted with more noise and celerity—on the wrong side of the road, up one-way streets against the traffic and across red lights—than was our somewhat apprehensive party. Grasslands Hospital is one of the largest of its kind, and is situated about 25 miles from the city of New York. It has 930 beds and is built in a series of blocks, each dedicated to some particular branch of medicine. Striking features are the prophylactic investigation and treatment of children contacts in the tuberculosis department, and certain administrative features, such as its farms and a State penitentiary, all run under the same board of management.

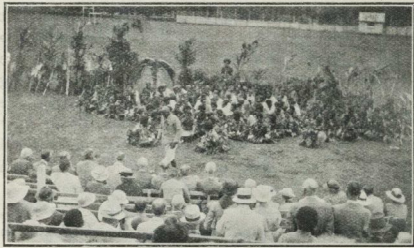
The following day was spent in making a rapid tour of the city and visiting such institutions as the Rockefeller and the Columbia University. In the evening we left by special train for Washington. The train journey was much more pleasant than had been anticipated, as there was plenty of room, and the air-conditioning and feeding was excellent.

We spent a day and a half at Washington, where the

architecture and interior decoration of the Capitol and Public Library were of great interest, a day at Chicago, part of which time we spent in seeing slaughter-houses, and half a day at Albuquerque, in New Mexico, where we were conducted over a North American Indian Reserve.

Our next stop was a day at the Grand Canyon, a great rift in the earth's surface a mile deep, 200 miles long and 4-16 miles across. While the majority of the party made a trip along the rim, a select few descended on mules to the Colorado River at the bottom, a journey there and back of 16 miles, taking seven hours to accomplish.

From Arizona we travelled to Los Angeles, paying a very hot and rather disappointing visit to Hollywood, and then on to San Francisco to join the "Aorangi", which



THE RITUAL OF KAVA MAKING, SUVA.

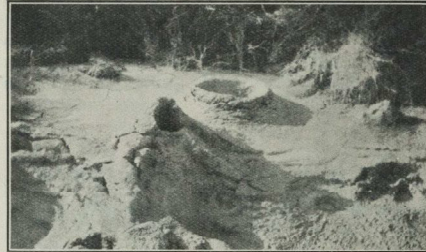
was to carry us across the Pacific. Our trip across America was just full of interest, and wherever there was time to form a personal contact we were shown the utmost hospitality. New York was unique, but if one was thinking of staying for long one would probably have chosen California, in the neighbourhood of Los Angeles, as the most pleasant country, and here at the same time there appeared to be some opening for a well-qualified medical man.

The next part of our trip lay across the Pacific, and in the main we had excellent weather, but the first day out from Frisco there was a decided roll, which made any introduction between those who remained on deck to try and dance that evening quite unnecessary.

Our first port of call was Honolulu on August 19th. Here we were greeted by a band on the wharf, and two native girls came aboard with a garland of fresh flowers for every passenger. We then went for a drive to the Pali, a pass in the hills through which there is always a gale blowing, bathed on the Wakiki beach, and dined

at the Hawaiian Hotel, where we saw some Hula-hula dancing, in which we were rather disappointed. Honolulu is an ideal place for a very pleasant *de luxe* holiday, but with its hotels, some of the finest in the world, its beautiful flowering shrubs and glorious beach, mostly imported from America at the cost of many millions, a very distorted idea of a Pacific island would be obtained if it were the only place visited.

To gain a better idea of such islands *au naturel* one may wait another ten days till the Fiji group is reached. Here at Suva there is a white colony of about 2000, and the remainder, with the exception of a few Japs and Chinese, are Polynesians, with their massive torso and bushy black hair, or Indians of slighter build and smooth locks. The shops here mainly cater for the residents instead of the tourist, and the hotel, though comfortable,



BOILING MUD CRATERS, ROTORUA.

is not palatial. During our short stay here we witnessed the ceremony of the making of Kava, a native drink, some dancing performed by Polynesians in full war paint, with costumes of brightly-coloured leaves, and finally an exhibition of fire-walking over a pit of stones heated by a covering of burning logs. Some of our party examined the natives' feet before and after the ceremony, and although they did not appear to be completely insensitive to heat, they could stand with comfort what would have caused serious burns in the uninitiated.

On August 24th we "crossed the line", and the ceremony was performed on some thirty or forty of us by the officers of the ship. It was most realistically carried out and no unnecessary force was used, although we had a little rough and tumble at the end when we decided it was time for Neptune himself to have a bath. The ceremony is unfortunately rapidly dropping out, as owing to some serious accidents several lines have banned it entirely. The "culprit" is caught by the

"police", taken to Neptune's court and charged with some humorous offence. He is then sentenced, examined and usually given a pill by the "doctor", treated by the "masseuse", shaved by the "barber", and then tipped over into the bath, where he is ducked by the "bears".

On September 1st late in the evening we arrived at Auckland, and the next day we travelled inland to Rotorua, one of the most interesting places we visited during the whole trip. Here, in addition to receiving a Maori welcome, we saw pools of boiling mud and sulphurous geysers in their natural surroundings among the shrubs and trees. These thermal phenomena are used in the treatment of "chronic" rheumatism by the government of the country, the spas of New Zealand, like many of those in America, being State owned.

We left New Zealand on the 2nd and reached Sydney on the 6th. Here we spent a couple of days, during which time we made a trip around the great harbour and visited the Zoo. On the morning of Monday the 9th we entered Melbourne harbour, and remained at Melbourne for the Centenary Meeting until the end of the week. During our stay there we received the utmost hospitality, and this, in addition to sectional meetings and a certain number of official celebrations, was almost overwhelming; so much so indeed that I am afraid a very large percentage of our party never set foot in a hospital or entered the University buildings, except for the purpose of registration. A great feature was the splendid organization of the Junior Committee, composed of some of the younger doctors' wives, who arranged excursions, sherry parties and dances for the younger overseas members. Details of the official receptions and sectional meetings are all recorded at length in the *British Medical Journal*, and it is unnecessary therefore for me to describe them here. Melbourne was by far the most "English" of the Australian places we visited, and while there we had such a good time that we were very loth to leave.

From Melbourne we travelled again in two parties: one, on the S.S. "Nieuw Zeeland", touched only at Sydney and Brisbane and then Bali and Java before arriving at Singapore, while the second party on the "Marella" after leaving Sydney hugged the Australian coast, keeping within the coral barrier reef, and called at Brisbane, Townsville, the pearling centre at Thursday Island, and Darwin before crossing the Timor Sea to Java. On the "Marella" we were a very happy party, the weather was ideal, the course was extremely interesting and beautiful, lying within sight of the coastline of Australia and among fascinating islands for the first ten days, and any boredom was relieved by a series of non-medical lectures and a gymkhana, where some of

the most senior of our profession were to be seen picking apples out of a tub of water with their teeth, or sucking a baby's bottle in order to win some trifling prize. These advantages well compensated for the absence of any opportunity to visit Dali and see the famous cremation ceremony.

At Darwin there was a corroboree staged for our benefit, and here we saw aborigines brilliantly painted and wearing only a scarlet loin cloth performing with great zest a most amusing war dance. We touched at four ports in Java, and some of the party left the ship at the first, Sourabaya, rejoining it at Batavia. Java seemed the most foreign and certainly the most expensive of the lands we visited, as, being under Dutch control, even the few Europeans one saw spoke little or no English. The layout of the country in paddy terraces and tobacco-fields, the native customs and the old Buddhist temple at Borobudur were particularly interesting features.

On October 7th we arrived at Singapore and put up at the famous Raffles Hotel for a couple of nights before travelling inland to Kuala Lumpur and thence to Penang to join the "Rajputana", which was to carry us home. While in Malaya we had a very hectic time visiting Buddhist, Hindu and Chinese temples, buying silks, tobacco and souvenirs, and at night after a dance or reception there was the Singapore Swimming Club for an early morning bath. While there I had the fortune to meet some excise officers who explained the opium regulations, and took me to some of the lowest parts of Chinatown to see some chandu smoking. There is a register of opium addicts, and each addict has a card resembling a passport which he must present for stamping at a government chandu shop whenever he requires fresh supplies. The quantity he may obtain is restricted, and no fresh addict may have his name placed on the register except by medical certificate. In this way it is hoped that opium smoking in Malaya will be greatly decreased during the next ten to twenty years.

While in Malaya some of us visited several of the hospitals, and in particular had a most interesting talk on malaria and its treatment with atabrin, which is also being used with some success in prophylaxis. Other interesting features were the high incidence of syphilis, and also the frequency of primary carcinoma of the liver following on cirrhosis. Disseminated sclerosis was a rarity, yaws was practically stamped out except in the most uncivilized and inaccessible districts, but beriberi frequently manifested itself in a patient, often for the first time, while in hospital under treatment for some acute illness such as malaria.

While at Kuala Lumpur we were afforded the opportunity of going over a rubber plantation, some

tin-dredging works and a leper settlement. At the latter there were 1000 inmates, and the majority seemed exceedingly happy and comfortable. Some of the more serious or newer cases are in wards looked after by leper attendants under the supervision of an English superintendent, but many of the others have houses of their own and live in much greater luxury than they would in their own homes. They are supplied with their houses, food and all necessities free, and if they do any work on the settlement they are paid wages in addition. There is on the settlement a very good school for leper children, and the lepers are allowed to marry, but their children are taken away from them within a week, and are then never found to be infected. In contrast to the surroundings the results of treatment are very depressing.

At Penang, before sailing, some of us went over the fine Pagoda, where among the many images of Buddha there is one dedicated to the art of healing, and here the sick come and pray before selecting at random a prescription from a rack at one side of the shrine.

After the hectic hurry in the humid heat of Malaya most of us were very glad of a little respite on board ship before reaching Colombo. There was no time here for a trip up to Kandy, but we spent a few pleasant hours touring the environs of the town and making purchases of lace and wooden elephants. We were impressed by the pleasantness of some of the European houses and bungalows, but the native quarter, except for the presence of the coffee-coloured Singalese and black Tamils, reminded us very strongly of Java. Before leaving we were entertained at Government House, and here saw a fine exhibition of Kandyan dancing.

On October 18th we arrived at Bombay. From the sea the town looks very fine, and its minaret type of architecture is most striking. We dined at the "Taj Mahal", and next morning, driving past the "Gateway of India" we visited the 'burning ghat', where the Hindus cremate their dead, and the 'towers of silence', where the Parsees expose the corpses of their ancestors to the vultures. After this pleasant tour of inspection we made our way to the bazaars, where silk may be bought at a very low price if one is willing to haggle sufficiently.

After Bombay our next port of call was Aden, superficially a barren piece of land not unlike a huge coal-dump; on closer investigation, however, it proved to be full of interest. The harbour contained several destroyers, a cruiser and seaplanes, and on shore we saw the camel as a mode of transport for the first time. The "tanks", huge water cisterns in the hills, a reminder of a bygone age, the "tunnels" through the centre of the rock, the salt pans on the way out to the oasis from which Aden draws its water supply

and the Arab settlement were all features of interest. On the way back to the ship the sunset over the harbour was one of the most beautiful sights I have ever witnessed: the red glow over the cruisers and seaplanes, the islands at the mouth of the harbour, in the foreground Arabs on the shore kneeling on their prayer-mats, the bluish light reflected off the white dome of a mosque, and behind us the purple-black hills.

While in transit through the Canal some of us left the ship at Port Suez in the early hours of the morning and travelled by cars to Cairo, rejoining the remainder on the boat at Port Said that same night. Of the Cairo trip it will be the memory of the Tutankhamen relics in the Museum rather than the Sphinx and Pyramids that will remain.

At Port Said we were anchored alongside an Italian troopship and the soldiers and officers seemed quite friendly. The next day we passed through the midst of a fleet of their destroyers at target practice. When once in the Mediterranean we felt nearly home, and after a short stop at Malta, Marseilles and Gibraltar we reached Plymouth Harbour early on the morning of November 7th.

Although some of us were depressed at the cold and mist and we were all sorry to be parting with friends we had made in the course of the voyage, many of us felt it was high time that we got back to work, and the green fields, the plethoric but proficient police and the fresh dairy produce were all greeted as particularly welcome changes in the surroundings and amenities of the last few months.

Such a tour as we have had must have beneficial and far-reaching results. Not only has it been a most pleasant holiday for all its participants, but it has both tended to bind the British Medical Association together, and has allowed an insight into the local government of the Overseas branches; it has given an opportunity for the exchange of views on various topics with medical men abroad, not necessarily at Conferences, but often over the luncheon table; it has caused the forging of many new friendships; and last, but not least, it has proved an opportunity for increasing the general knowledge and outside interests of many medical men.

G. D. KERSLEY.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,177	16	4	(75)
Demonstrators	1,758	2	0	(70)
Students	1,155	3	9	(319)
Old Bart.'s men:				
‡ Bedfordshire	40	13	6	(8) †
‡ Berkshire	123	3	0	(16) †
‡ Buckinghamshire	82	4	0	(15) †
‡ Cambridgeshire	194	0	0	(18) †
‡ Cheshire	6	16	0	(3) †
‡ Cornwall	22	12	0	(1) †
‡ Cumberland	5	0	0	(3) †
‡ Derbyshire	19	14	0	(4) †
‡ Devonshire	574	0	0	(53) †
‡ Dorset	52	11	6	(14) †
‡ Durham	17	7	0	(4) †
‡ Essex	264	3	6	(22) †
‡ Gloucestershire	237	3	6	(29) †
‡ Hampshire	1,508	4	6	(59) †
‡ Herefordshire	17	12	0	(4) †
‡ Hertfordshire	91	18	0	(19) †
‡ Huntingdonshire	5	5	0	(1) †
‡ Isle of Wight	191	13	0	(13) †
‡ Kent	587	4	0	(71) †
‡ Lancashire	117	4	6	(15) †
‡ Leicestershire	136	15	0	(7) †
‡ Lincolnshire	60	8	0	(18) †
‡ Middlesex	407	14	0	(34) †
‡ Norfolk	178	0	6	(21) †
‡ Northamptonshire	59	14	6	(6) †
‡ Northumberland	101	1	0	(2) †
‡ Nottinghamshire	24	3	0	(5) †
‡ Oxfordshire	231	15	0	(22) †
‡ Rutland	1	1	0	(1) †
‡ Shropshire	38	1	0	(10) †
‡ Somersetshire	1,782	6	4	(28) †
‡ Staffordshire	194	18	0	(6) †
‡ Suffolk	331	0	6	(26) †
‡ Surrey	519	14	6	(60) †
‡ Sussex	648	0	6	(61) †
‡ Warwickshire	209	14	0	(23) †
‡ Westmorland	2	10	0	(1) †
‡ Wiltshire	1010	11	0	(12) †
‡ Worcestershire	191	1	6	(25) †
‡ Yorkshire	348	1	6	(28) †
Wales	69	12	0	(20) †
London	6,713	14	2	(208) †
Channel Islands	20	0	0	(2) †
Scotland	15	3	0	(5) †
Abroad	119	1	0	(13) †
South Africa	376	15	6	(20) †
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	(7) †
Australia	122	2	0	(6) †
China	52	8	4	(9) †
Siam	10	0	0	(1) †
France	50	0	0	(1) †
British West Indies	65	8	0	(7) †
Straits Settlements	7	1	0	(3) †
New Zealand	6	1	0	(3) †
Services	644	14	6	(47) †
Others	71,277	15	2	(558) †
Lord Mayor's Appeal	17,990	16	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
	£152,939	15	7	

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

REVIEW.

ESSENTIALS OF CARDIOGRAPHY. By H. B. RUSSELL, M.D., M.R.C.P. (J. & A. Churchill, Ltd.). Price 7s. 6d. net.

This is a useful, concise and well-written handbook on cardiography. It consists of two parts, the first devoted to electrocardiography, and the second to radiological investigation of the heart. It purports to be a concise summary for the use of students who wish to grasp the essential facts of the subject, but it would also make a valuable booklet of reference to those general practitioners who became qualified before cardiography was taught as a routine in medical schools.

The common tracings are illustrated and briefly described, and the useful simple facts of cardiac radiology are well illustrated.

In criticism the following points arise. The time-marking lines in many of the tracings are poorly shown, particularly in the electrocardiographs of heart-block with prolongation of the P-R interval, where reference to the time-scale is especially necessary. It is hardly the electrocardiograph which is the arbiter of drug-dosage, even in digitalis therapy, and certainly not in cases of acute rheumatism. Inclusion of the "T" wave would be ignored, as a sign of digitalis overdose, if no nausea or vomiting were present, should further exhibition of the drug be deemed necessary on clinical grounds. The statement that the electrocardiograph may be useful in indicating the extent of myocardial damage in exophthalmic goitre and should always be taken is debatable. Cases may die an unexpected and presumably a cardiac death in whom tracings have been normal; indeed, this is the rule. That aneurysm of the aorta is usually associated with aortic regurgitation is certainly not true of the series of cases in the writer's follow-up clinic, and is a statement needing qualification.

Apart from these minor points the book can be recommended as likely to be of value to students and to general practitioners who are interested in the subject, and who shrink from investing in one of the larger, more expensive and more detailed atlases.

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

- HALL, SIR ARTHUR J., M.D., F.R.C.P., D.Sc.(Hon.). "The Post-Encephalitic Parkinsonian." *British Medical Journal*, September 21st, 1935.
- HALLS-DALLY, J. F., M.D., M.R.C.P. "Melanoma of the Choroid with Secondary Deposits in Liver." *British Medical Journal*, October 5th, 1935.
- HAMMOND, T. E., F.R.C.S. "Coli Infections of the Urinary Tract." *Clinical Journal*, August, 1935.
- "Infections of the Urinary Tract." London: H. K. Lewis & Co., 1935.
- HANNAN, JOHN H., M.A., M.D., B.Ch. "Displacement of the Uterus: Some Facts and Fallacies." *Practitioner* August, 1935.
- HARTSLIVER, J., M.R.C.P. "Incontinence of Faeces in a Young Girl." *Lancet*, August 24th, 1935.
- HAYES, D. G., M.R.C.S., and PARAMORE, K. H., F.R.C.S. "Anuria Treated with Spinal Anesthesia." *Lancet*, September 7th, 1935.
- HEWER, C. LANGTON. *Anaesthesia for Operations for the Relief of Toxic Goitre*. Read before the Liverpool Society of Anaesthetists, June, 1935.
- HORDER, LOEB, K.C.V.O., M.D., F.R.C.P. "Pneumia." *Lancet*, August 10th, 1935.
- KEYNES, GROFFENY, M.A., M.D., F.R.C.S. *The Early Diagnosis of Malignant Disease*. London: John Bale, Sons & Danielsson, 1935.
- KITCAT, C. DE W., M.R.C.S., F.R.C.P. "A Fatal Case of Botulism." *British Medical Journal*, September 28th, 1935.
- LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "Glycosuria and Life Assurance." *Medical Press and Circular*, July 24th, 1935.
- "A Case of Cushing's Syndrome." *British Medical Journal*, August 10th, 1935.
- LINDEMAN, S. J., M.C., R.A.M.C. "Notes on Two Cases of Epilepsy due to Cysticercosis, with other Suggestive Cases." *Journal Royal Army Medical Corps*, August, 1935.

LISTER, SIR SPENCER, LL.D. (Cape Town), D.P.H. (Witwatersrand) (and OROMAN, DAVID, B.A., M.B., Ch.B. (Cape Town), D.P.H. (Witwatersrand)). "The Epidemiology of Pneumonia on the Witwatersrand Goldfields, and the Prevention of Pneumonia and other Allied Acute Respiratory Diseases in Native Labourers in South Africa by Means of Vaccine." *Publications of the South African Institute for Medical Research*, No. xxxvii, April, 1935.

LLOYD, ERIC L., F.R.C.S. "Prognosis of Hallux Valgus and Hallux Rigidus." *Lancet*, August 3rd, 1935.

MCGAVIN D., F.R.C.S. "Thrombosis of the Pampiniform Plexus." *Lancet*, August 17th, 1935.

MORLOCK, H. V., M.C., M.D., M.R.C.P. (A. I. SCOTT PINCHIN, M.D., and H. V. M.). "The Incomplete Pneumothorax: The Case for Internal Pneumolysis." *Tubercle*, August, 1935.

— (and A. J. SCOTT PINCHIN, M.D.). "Benign Neoplasms of the Bronchus." *British Medical Journal*, August 24th, 1935.

MYERS, BERNARD, C.M.G., M.D., F.R.C.P. "Essential Purpura Hamorrhagica." *British Medical Journal*, September 7th, 1935.

NORRISH, R. E., F.R.C.S. "An Unusual Tumour of the Neck." *British Journal of Surgery*, July, 1935.

OAKLEY, WILFRID, M.D., M.R.C.P. "Alkalosis Arising in Treatment of Peptic Ulcer." *Lancet*, July 27th, 1935.

OKELL, C. C., F.R.C.P. (and ELLIOTT, S. D., M.B.). "Bacteriemia and Oral Sepsis, with Special Reference to the Aetiology of Subacute Endocarditis." *Lancet*, October 19th, 1935.

PARAMORE, R. H., M.D., F.R.C.S. See Hayes and Paramore.

POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. VI. Troves's First Appendix Operation." *British Journal of Surgery*, July, 1935.

— "VII. C. H. Moore, F.R.C.S., and Operations for Cancer." *British Journal of Surgery*, October, 1935.

RAVEN, R. W., F.R.C.S. "Sacro-Coccygeal Cysts and Tumours." *British Journal of Surgery*, October, 1935.

ROCHE, ALEX. F., M.D., M.Ch., F.R.C.S. "Recent Advances in Urology." *Practitioner*, October, 1935.

— *Urology in General Practice*. London: H. K. Lewis & Co., 1935.

ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "The Evolution of British Orthopaedics." *Bristol Medico-Chirurgical Journal*, Autumn, 1935.

ROSS, J. PATERSON, M.S., F.R.C.S. "The Results of Sympathectomy: An Analysis of the Cases Reported by Fellows of the Association of Surgeons." *British Journal of Surgery*, October, 1935.

SEDDON, HERBERT J., F.R.C.S. "The Morbid Anatomy of Caries of the Thoracic Spine in Relation to Treatment." *Lancet*, August 17th, 1935.

STALLARD, H. B., M.A., M.D., F.R.C.S. "Advances in Treatment of Eye Diseases." *Practitioner*, October, 1935.

TURTON, J. R. H., F.R.C.S., and WILLIAMSON, J. C. F., F.R.C.S. "Traumatic Rupture of the Congenital Solitary Kidney." *British Journal of Surgery*, October, 1935.

WEBER, F. PARKES, M.D., F.R.C.P. "Habitual Constipation especially in Old Age." *Practitioner*, August, 1935.

— "Idiopathic Striae Atrophicae of Puberty." *Lancet*, October 19th, 1935.

WILKINSON, W., M.R.C.S. "Chronic Amoebiasis and Chronic Appendicitis." *British Medical Journal*, September 7th, 1935.

WILLIAMSON, J. C. F., F.R.C.S. See Turton and Williamson.

WOOLLARD, H. H., M.D. "The Poriphoral Sympathetic Nervous System." *British Journal of Surgery*, October, 1935.

YORKE, H. E., M.C., D.M.R. "Upright Radiography, with Especial Reference to the Investigations of the Accessory Nasal Sinuses." *British Journal of Radiology*, July, 1935.

CHANGES OF ADDRESS.

BENTON, W. F. D., "Broughton Corner", 87, Thornton Road, Thornton Heath, Surrey. (Tel. Thornton Heath 1840.)

CARR, C. M., Birdwood, 5, The Green, St. Leonards-on-Sea, Sussex.

CHIVERS, J. A., Heron Court House, 20, Charrminster Road, Bourne-mouth, Hants.

DRAWMER, C. S., 1, Crosslands Avenue, Norwood Green, Southall, Middlesex.

EDWARDS, T. P., 13, Belgrave Road, Wrexham, N. Wales.

MATHEWS, C. G., Roxwell, 9, Frenchay Road, Weston-super-Mare, Somerset.

PAWSON, E. B., Chase Terrace, near Walsall, Staffs.

PERKINS, R. J., 32, Harley Street, W. 1. (Tel. Langham 3333—unchanged.)

APPOINTMENTS.

GRAHAM DOLE, R. M., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Royal Victoria Hospital, Folkestone.

MATHESON, I. W., F.R.C.S., appointed Assistant Medical Officer to the Mile End Hospital, Bancroft Road, E. 1.

WARE, C. E. M., M.R.C.S., L.R.C.P., appointed Pathologist to the Ancoats Hospital, Manchester.

BIRTHS.

DICKS. On January 6th, 1936, at "Stonefield", Blackheath, to Maud, wife of Henry V. Dicks, M.D.—a son.

HENDLEY. On December 3rd, 1935, at a nursing home, Wrotham, Kent, to Betty (née Livock), wife of Dr. H. J. H. Hendley, of Brasted—a son.

McCAY. On November 29th, 1935, at Calcutta, to Betty, wife of Dr. Frank McCay—a daughter.

MACLAV. On January 14th, 1936, at 40, Kensington Square, W. 8, to Dorothy, wife of the Hon. W. S. MacLay, M.D.—a daughter.

TRACEY. On January 3rd, 1936, to Joy (née Rose), wife of Dr. I. B. Tracey, of Sherborne, Dorset—a daughter.

MARRIAGES.

OWEN—CHIOZZA MOREY. On December 31st, 1935, at Caxton Hall, Thomas Owen, M.R.C.S., L.R.C.P., of 2, Ryder Street, S.W. 1, second son of the late William Owen and of Mrs. Lloyd Owen, of 152, Ashley Gardens, S.W. 1, to Gwendolen Doris, only child of Sir Leo and Lady Chiozza Money, of Bramley, Surrey.

KEWCASTLE-WOODS—LESTER. On November 30th, 1935, at Hong Kong, Dr. T. George Kewcastle-Woods to Bertha Iris Lester. (Address: Methodist Mission, Hankow, Hupeh, China.)

DEATHS.

CAVEL. On January 7th, 1936, at The Gables, Wadderburn Road, Hampstead, Ronald George Cavel, M.D., aged 52.

COULDEY. On January 5th, 1936, at 76, Oswald Road, Southampton, Lincs, after a brief illness, Thomas Reginald Coudey, M.R.C.S., L.R.C.P., the dearly beloved husband of Gertrude Mary (née Barham), aged 55.

HARRISON. On December 28th, 1935, at Wyre Bank, Garstang, Dr. James Harrison, aged 78.

HEWETT. On December 27th, 1935, at The Wilderness, Hampton Hill, Lieut.-Col. Augustus Hewett, F.R.C.S. (late R.A.M.C.), aged 82.

OWEN. On December 10th, 1935, at the Royal Infirmary, Liverpool, Albert Harold Owen, B.A. Cantab., M.R.C.S., L.R.C.P., of Gorsefield, Llanfairfechan, late Director of Medical and Sanitary Services, Tanganyika, aged 55.

READ. On January 2nd, 1936, Dr. Mabyn Read, Medical Officer of Health for Worcester 1891 to 1929, aged 81.

YOUNG. On December 6th, 1935, at Wood End, Yarmouth, Isle of Wight, Samuel Leggate Orford Young, M.D., late of Freshwater, I.W., son of the late Samuel L. Young, J.P., of Cambridge, aged 58.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

VOL. XLIII.—No. 5.]


FEBRUARY 1ST, 1936.

PRICE NINEPENCE.

CALENDAR.

Mon., Feb.	10.—Special Subjects: Lecture by Mr. Higgs.
Tues., "	11.—Prof. Wits and Prof. Paterson Ross on duty.
Wed., "	12.—Surgery: Clinical Lecture by Mr. Roberts. Hockey Match v. Aldershot Command R.A. Away.
Thurs., "	13.—2nd Round Inter-Hospitals Rugby Cup. Barnet v. Middlesex. Richmond.
Fri., "	14.—Dr. Hinds Howell and Sir C. Gordon-Watson on duty. Medicine: Clinical Lecture by Dr. Gow.
Sat., "	15.—Association Match v. Reading University. Home. Hockey Match v. Staff College. Away.
Mon., "	17.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., "	18.—Dr. Gow and Mr. Wilson on duty.
Wed., "	19.—Surgery: Clinical Lecture by Mr. Ball.
Thurs., "	20.—Last day for receiving matter for the March issue of the Journal.
Fri., "	21.—Medicine: Clinical Lecture by Dr. Evans. Dr. Graham and Mr. Girling Ball on duty.
Sat., "	22.—Hockey Match v. Old Cranleighians. Away.
Mon., "	24.—Special Subjects: Lecture by Mr. Capps.
Tues., "	25.—Dr. Evans and Mr. Roberts on duty.
Wed., "	26.—Surgery: Clinical Lecture by Mr. Ball.
Fri., "	28.—Medicine: Clinical Lecture by Dr. Graham. Prof. Wits and Prof. Paterson Ross on duty.
Sat., "	29.—Rugby Match v. Moseley Home. Hockey Match v. King's School, Canterbury. Away. Association Match v. Keble College. Away.
Mon., Mar.	2.—Special Subjects: Lecture by Mr. Sydney Scott.
Tues., "	3.—Dr. Hinds Howell and Sir C. Gordon-Watson on duty.
Wed., "	4.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Thurs., "	5.—The Abernethian Society: Lecture by Mr. Bernard Darwin on "Pickwick".
Fri., "	6.—Medicine: Clinical Lecture by Dr. Evans. Dr. Gow and Mr. Wilson on duty.
Sat., "	7.—Rugby Match v. Rosslyn Park. Home. Association Match v. Old Wykehamists. Home.

EDITORIAL.

 HE King George V Building, which is to house all the medical wards under one roof, is growing apace. Indeed it is a matter for speculation whether it will be completed before the building for the high-voltage plant in the north-east corner of the Square—surely the most slowly constructed in London. To the inexperienced eye it seems that the steel skeleton is already finished, and it is with relief that we see each day less and less of the bleak, beetling cliff of the Surgical Block as it is being blotted out by the floors of the new building and the stone facing which has already crept up to the first floor. The design is much on the same lines as that of the Surgical Block, with which it will be connected on each floor by a corridor, for direct communication between the corresponding Medical and Surgical Units. There will be accommodation for 250 patients in ten wards of 25 beds each, two wards on each of the five floors. On the top floor there will be additional rooms in connection with the Dunn Laboratories, while the lower ground floor is to contain the Cardiographic Department, and also rest rooms and a canteen for patients' friends remaining throughout the night in the Hospital. By contract the building is to be finished by December, 1936, after eighteen months' construction, at an estimated cost, including equipment, of £130,000. This sum is to come from the capital funds of the Hospital, and the Charity Commissioners have sanctioned the realization of enough stocks to produce the necessary amount, on condition that capital so spent is replaced by a sinking fund extending over sixty years.

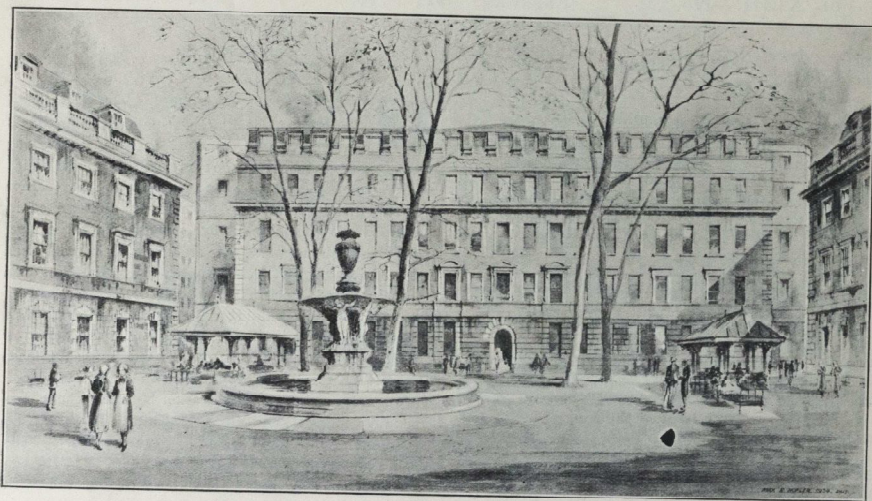
* * *

It was with great surprise and regret that we heard that Prof. H. H. Woollard will leave the Anatomical Department next October for that of University College.

He was so closely associated with the scheme for the new College in Charterhouse Square that we had hoped to have his assistance for many more years in organizing the new Department.

On January 7th, at the Langham Hotel, a dinner in honour of Lord Horder was given by his former House Physicians and Chief Assistants. The occasion marked not only his retirement from the active Staff of the Hospital, but also his 65th birthday.

Dr. Geoffrey Evans presided, and the senior House Physician of the 36 present was Dr. A. F. Sladden.



THE KING GEORGE V BUILDING.

Dinner concluded, the Chairman paid the opening tribute to Lord Horder, recalling especially that original work in the field of bacteriology which itself would have made his name live had he never developed the great skill at the bedside which by general consent had won him premier place in clinical medicine. He hoped that for many years that skill and experience would be available for those in difficulty.

There followed a number of speakers, Dr. Sladden, Dr. A. E. Gow, Dr. A. C. Roxburgh, Prof. de B. Daly, Dr. Stanley White, Mr. H. E. Griffiths, Dr. E. S. Vergette, Dr. Courtenay Evans and Dr. C. B. Prowse each recalling happy memories and expressing gratitude to their chief. Mr. Hinds Howell, the present senior House Physician,

then proposed the health of Lord Horder, which was drunk with musical honours.

Lord Horder, responding, expressed his appreciation of the really representative gathering, and said that despite the wealth of eulogy that he had listened to, he felt no desire to be sentimental. He preferred to regard this change as a phase, and had no intention of allowing it to be anything else. After surveying the varied careers of that long list of House Physicians, which started in 1912, he gave a brief sketch of his own career, which was greatly appreciated.

Dr. Leishman, on behalf of the House Physicians and

Chief Assistants, then presented to Lord Horder a replica of a sixteenth century silver rose-water bowl. Lord Horder briefly replied, and the evening concluded with a masterly display of legerdemain by Dr. E. R. Cullinan.

We congratulate Dr. J. Maxwell on his appointment as Assistant Physician to the Hospital, and also Dr. A. W. Spence, who takes his place as Assistant Director of the Medical Unit.

On Friday, February 14th, at 5 p.m., Mr. W. McAdam Eccles will deliver the second Rae Memorial Lecture at the London School of Hygiene and Tropical Medicine, in

connection with the National Temperance League. Sir Henry Brackenbury will be in the chair. Mr. Eccles will speak on Progress and Problems, and will illustrate the test for determining the percentage of alcohol in the blood, especially in relation to road accidents.

On January 29th Mr. R. T. Payne delivered an Hunterian Lecture at the Royal College of Surgeons on pyogenic infections of the parotid. Hunterian lectures were also given by Mr. A. M. Boyd on the investigation of peripheral vascular disease on February 3rd, and by Mr. G. C. Knight on intestinal strangulation on February 10th.

A report appeared in the daily press that students of the Hospital took part in some of the demonstrations held in Smithfield Market during the meat strike. The Dean published the following statement in a letter:

"I have to inform you that such is not the case, as no students of St. Bartholomew's Hospital took part—they were representatives of another college in London.

"I write rather in protest as this Hospital is very closely associated with the business people and the men in Smithfield, and we are anxious that no ill-feeling should be raised by such a statement. Indeed, I have received a letter this morning from one of the subscribers to the Hospital protesting that Bart.'s students should have taken part in this demonstration."

Prof. Gask has kindly sent us the following extract from a letter written by Mr. Wingfield Cross:

"I have just been reading the article 'A Hundred Years' which appeared in the JOURNAL for November last. In this you state that the four shelters were given by a Governor, Mr. Marsden. As a matter of fact, the shelters were the gift of Mr. Ebenezer Homan, a Governor and a past Almoner. Mr. Thomas F. Marson (not Marsden, I think!) used to provide baskets of flowers which were hung at the corners of the several shelters. He had nothing whatever to do with the provision of the shelters."

We draw attention to the etching of the Henry VIII Gateway advertised on p. vii. Because drawings of the Hospital are all too rare, many will be grateful for this opportunity of obtaining one.

In the JOURNAL of November, 1935, reference was made to two Sir Milsom Rees' Scholarships of £100 each for practitioners' sons below the age of nine, at Port Regis School, Broadstairs. Should applications warrant it, a special scholarship of £100 will be given for the sons of St. Bartholomew's men. The examination is on March 3rd, and particulars may be obtained from the Headmaster of the school.

§

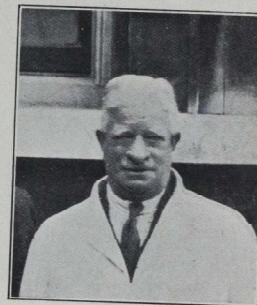
OBITUARY.

W. H. LAST.

AN attack of pneumonia, lasting only a few days, has suddenly carried away one of the most popular figures connected with the athletic life of the College.

Bill Last first came to Bart.'s in 1905, and for the past thirty-one years has acted as groundsman at Winchmore Hill, filling a place in the hearts of very many generations of Bart.'s men for which it will be difficult to find a successor.

With his good-humoured, rubicund countenance, and his cheery outlook on life, he may be said to have been



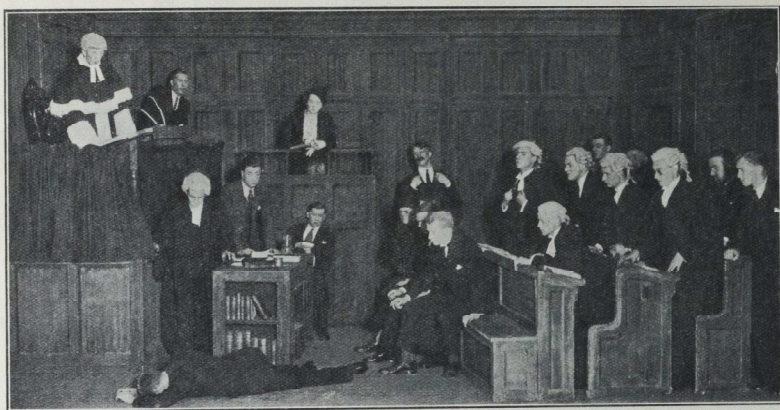
the "presiding genius" of Winchmore Hill, fulfilling his duties and assisting at the evening revels with an efficiency and geniality which endeared him to us all.

Not only did he prepare the ground skilfully for the diverse activities for which it is used, but often acted as referee in Rugger and Soccer matches during the winter; in the summer he regularly performed the office of umpire for the 1st XI cricket matches, and his just, unhesitating decisions may be said to have earned for him the reputation of being one of the best umpires in Club cricket. In earlier years he was frequently to be seen bowling at the nets, and giving the "young gentlemen" hints on the finer points of batsmanship—he was no mean cricketer himself in his younger days.

It was, therefore, with a feeling of personal loss that we learned of his death on February 4th, only just short of his "allotted span", and we extend to his wife and family our deepest sympathy in their bereavement.

"LIBEL!"

GBERT CRADDOCK CUMMINS was made Dramatic Critic to the *Fiery Cross* because he had never been to a theatre in his life. "Virgin soil," said the Editor. "New view. No habits. None of your clockwork professional journalism in this office." Such thoughts may have actuated the Editors of the JOURNAL in their choice of a reviewer for the annual production of the Amateur Dramatic Society. But, unlike Mr. Wells' critic, we went willingly, for last year *The Nelson Touch* had been good, and this



London Press Photos.

year the cast was a stronger one than usual, including Mr. Trevor Roberts and, in spite of gloomy prophecies to the contrary, Mr. Roger Gilbert.

It was a pity that the orchestra never reached full term, but Messrs. Ronald Gibson and Alan Thomson deputized on two pianos with considerable skill and great effect. We have no complaint on this score. There was no curtain-raiser this year; perhaps a good thing on the whole, and so *Libel* a play in three acts by Edward Wooll, dropped straightway upon the virgin soil awaiting it.

The scene throughout was a King's Bench Court in the Royal Courts of Justice, and it looked like it. The atmosphere was perfect. That the Judge was wearing scarlet, though it was not a case of criminal libel; that Lady Loddon, doubtless through an oversight, was never sworn in as a witness; that no solicitors in a case of such importance could have appeared quite so

unconcerned during the proceedings—these are details; one mentions them because one has to criticize something. But as for the characters, every one of them was convincing.

The *Daily Gazette*, the defendants, were asserting that Sir Mark Loddon, Bart., Member of Parliament for the Raynham Division of Norfolk, was in fact Frank Welney, a Canadian adventurer believed to have been killed while escaping in 1918 from a German prison-camp with Sir Mark and Patrick Buckenham, another Canadian. They stated, moreover, that the real Sir Mark Loddon had been murdered by Welney, who now not only stood in his shoes, but had married the

girl to whom Loddon had been engaged before the war. And that, since he was already married, he was a bigamist, was not legally married to Lady Loddon, and that, therefore, their small son had no right to inherit the Loddon estates. It sounds complicated: it was.

Such was the libel, and the *Daily Gazette* had chosen to justify their allegations and prove that Loddon was really Welney. After the first cross-examination it appeared that the defendants would have an easy task, for Sir Mark had been conveniently shell-shocked and could only remember post-war events. But since the witnesses they produced were, for the most part, blackmailers and bigamists, one's sympathies rapidly returned to the plaintiff, only to be reversed once more by the testimony of Dr. Flordon, who appeared to have snatched the murdered man (Loddon or Welney) from the jaws of death and to have preserved him, "a living log", in his lunatic asylum in Belgium. In point of

fact it was neither Loddon nor Welney, and the play, as is proper in a Christmas entertainment, ended happily with entirely nominal damages for the plaintiff of £25,000.

Miss Joan Smeeton played the part of Lady Loddon with great emotional feeling. Doubtful, after the first two days of the trial, even of the identity of her husband, and called in evidence by the defence, she was placed in a difficult position. She "broke down" in the box most realistically, and the curtain at the end of Act II was quite dramatic. Miss Beryl Gilbert as Sarah Carleton, the former wife of Welney, and incidentally of three other officers, gave an ideal representation of what one would expect from such an unprincipled character. The glance which she directed at the judge on entering the box was very properly rebuked later in her examination with judicial, and after the performance, brotherly severity.

Mr. Donald Crowther, as Sir Mark Loddon, had the most difficult part, and played the shell-shocked, prematurely aged officer very well. Bitter memories of the past, reluctantly dragged from him in cross-examination, offered scope for some fine acting—a chance that was not missed, for Mr. Crowther had learnt his lines perfectly. Though the story of his loss and subsequent return of memory was admittedly thin, he made the best of it, and though failing to convince both his wife and his counsel of his identity, there was little doubt in our mind that he really was himself.

Counsel afforded a grand contrast. The cool, cynical Sir Wilfred Kelling, for the plaintiff, with his dry sense of humour, was admirably portrayed by Mr. Eric Jewesbury. He was equally good in opening his case, and in cross-examination. He was never ruffled, and the sympathies of the Court were obviously with him. Not so Mr. Foxley, Counsel for the defendants (Mr. Pat Hewlings): he was a real bully. We admired him in cross-examination tremendously, though we preferred Mr. Jewesbury's Eversharp pencil to Mr. Hewlings' extended index finger, but there was too little difference between his attitude towards the plaintiff's witnesses and the jury. And should he—could he—have bullied the judge as he did? If pressed as to which of them should take first prize, we would, like Hiawatha—

"Take no notice of the question,
Look as if we hadn't heard it.
But when pointedly appealed to
Smile in our peculiar manner,
Cough and say 'It didn't matter',
Bite our lip and change the subject."

Of the junior counsel Mr. Peter Dawnay appeared more realistic than Mr. Richard Gabb, but then he had a better chance.

Major Brampton (Mr. Trevor Baynes) gave his

evidence with great confidence. It was a pity he had such a short part. Buckenham, the third member of the party which escaped from the camp, latterly fallen on bad times and a blackmailer to boot, was excellently acted by Mr. Stanley Beizer. His change of face on hearing a *résumé* of his private life was most convincing. At times he was a little inaudible in spite of—possibly because of—a genuine Canadian accent, but his final gesture to the judge as he left the box was worth going to see.

Mr. Trevor Roberts, from whom we expect much, did not disappoint us. This year he piled the Ossa of Emile Flordon upon the Pelion of last year's Philpotts. I have no hesitation in awarding him the top marks. The moments during which he was in the box were the most enjoyable of all, and his accent and manner were superb. He had brought with him Numero Quinze (Mr. Anthony Hinds Howell), the lunatic whom the defendants were trying to associate with the real Sir Mark Loddon. His was a fine make-up: the bilateral epiphora and (on Thursday night at all events) a right facial palsy. We may query, possibly, whether a blow on the right side of the head would have really rendered him aphasic, or whether he was, in fact, a left-handed man, but such is idle speculation. All will testify that he was a sufficiently horrible sight. Of the other actors, the Usher (Mr. Clifford Newbold) was the most impressive. The Body of the Court seemed to be complete, but the "crowd", having doubtless sat through numerous rehearsals, inclined to be apathetic.

Mr. Justice Tuttington, *alias* Mr. Roger Gilbert, was wonderfully dry and academic. He said little, but said it well, and his "asides" to the jury and judicial jokes did not quite receive the appreciation they deserved. Our legal expert compared him favourably with any of the King's Bench judges. But Mr. Gilbert's main rôle was an unseen one, for, in collaboration with Mr. Jewesbury, he produced the play. They had the advantage that there was little action in it, and that the atmosphere, once obtained, could be maintained without difficulty, but still it was patent that much work had gone into it. Mr. Cawthorne, too, the stage-manager, got a well-merited round of applause on the last night.

In conclusion there is no doubt that this is the best show the Amateur Dramatic Society have produced in the last ten years, and probably the best they have ever produced. And so, following a slightly syncopated version of the National Anthem, we left the Hall to find that verisimilitude had been added to a Christmas show by the fact that it was snowing hard.

THE RAMSBOTTOMS AT BART'S.

(In sincere flattery.)

THE following letter, bearing the postmark "Heckmondwike, Yorkshire", has been received by the Editor:

"DEAR SIR,—

T'other day, feelin' thirsty
I stepped round the corner to 't' Bell',
Where I found my old friend Jim Ramsbottom,
Who had a strange story to tell.

"Mr. an' Mrs. Ramsbottom,
You've heard of them both, I dare say,
Have a nephew, a doctor at St. Bart's,
Who wrote them a letter to say—

"I expect you don't think much of justice,
After what has occurred to your son,
But come and see our chaps do " Libel",
An' see how it really is done'.

"Well, Mr. an' Mrs. Ramsbottom
They hardly could think what to say;
They'd never been further than Blackpool,
And then hobnob just for the day.

"But Ma happened to know there was sales on,
And wanted to see Oxford Street;
So 'Let's take an excursion to London',
She said, 'Come on, just for a treat'.

"Well, Pa knew it was no use to argue
When Mother had something to say;
So, to make a long story no longer,
They finally went to the play.

"It was given in Great Hall of St. Bart's.
A place, you could see, of great size;
It was all marble busts an' oil paintin's,
An' long rows of chairs an' a stage.

"They went in an' walked down the gangway,
The music was lovely and sweet;
Ma sat down, but Father was flummoxed—
Mr. Ball had taken his seat.

"Well, he couldn't sit down on the carpet,
So 'Excuse me, Mister', said he,
'I've a sort of a notion you shouldn't be there,
That's where we sit, thy missus and me'.

"Well, the old chap was quite nice about it,
He said, 'What a daft thing to do;
I must have got into the wrong row',
And Father said, 'Aye, yon's your pew'.

"They sat back and listened to t'music,
Played on pianos by a couple o' boys,
They didn't know what all the tunes were,
But they made a right champion noise.

"The curtain went up on a law court,
Where this soul-stirring drama was set;
It was better than Police Court at Blackpool,
Where they went when young Albert got ate.

"On a big chair, set up on a platform,
The Judge sat in somnolent state,
Once or twice he woke up and asked questions,
And the whole ruddy court had to wait.

"A K.C. called Sir Wilfred Kelling
Started off with a speech on the case;
A kindly and well-spoken feller,
And Ma liked the look of his face.

"But Ma didn't like Mr. Foxley
(He was the other K.C.);
He nagged and he nagged at the plaintiff,
Till Ma shouted, 'You let him be!'

"When Foxley said, 'Are you Frank Welney?'
Father thought he was speaking to him;
And said, 'No lad, my name is Ramsbottom,
But all my best friends call me Jim'.

"The plaintiff was called Sir Mark Loddon,
An M.P. and that sort of thing;
He said that he'd lost half his fingers,
But you could see it was tied up wif string.

"Lady Loddon was next on t' programme,
But they let her off down her stum.
The Judge said that as it was teatime
He thought that they'd all had enough.

"In Act 2 things really got moving,
Major Brampton was called to the box;
He looked pretty tough, though quite handsome,
But they didn't give him many knocks.

"Sarah Carleton came on as next witness;
She set Father's heart in a whirl,
Till Mother, who saw his expression,
Said, 'You keep your eyes off that girl'.

"Well, the next chap was called Patrick Buckenham;
He was just a bit breezy and bright,
But they found out he'd spent years in prison
For blackmail and fraud—serve him right.

"Next witness was Monsieur Flordon;
He made Mother laugh till she cried.
He spoke in a Frenchified accent,
An' wouldn't shut up, though Judge tried.

"He said, 'I've brought summat from Belgium
Who I thought that you might like to see';
Then in walked a horrible figure
Who you might have fished up out o't' sea.

"Mother said, frightened, 'Who's that, Dad?'
And Pa said, 'I'll just have a look—
It says here he's Numero Quinzy,
But he looks to me more like a spook'.

"Lady Loddon came back with her mother
And Pa, both of uncertain age;
She said, 'My husband isn't my husband',
And husband fell bang down on t'stage.

"In Third Act it all came out nicely,
With a great deal of shouting and fuss;
Judge gave them twenty-five thousand
An' costs, so they might have done worse.

"Well after the National Anthem
The Ramsbottoms went round behind;
Drinks was offered and Ma she said, 'Thank you',
And Father said 'Well, I don't mind'.

"Well that is the end of my story,
And that is all I need to say;
Of how Mr. and Mrs. Ramsbottom
Went up to see Bart's Christmas play.

"They said that the show was right champion,
An' very realistic and all,
I hope this finds you as it leaves me,
Your old friend and comrade—

SAM SMALL."

THE ORIGIN AND GROWTH OF THE DENTAL DEPARTMENT OF ST. BARTHOLOMEW'S HOSPITAL.

EARLY in 1837 Mr. Edward Stanley had a patient in St. Bartholomew's Hospital suffering from what he believed to be malignant disease of the jaw, and after a consultation with his colleagues he had decided upon the operation of excision. In the course of his progress round the wards it came to his knowledge that Mr. Arnold Rogers, a former dresser of his, who had recently qualified, had examined

the patient, and had expressed the opinion that the swelling of the jaw and subjacent glands was caused by dental disease.

Mr. Stanley returned to the patient, and before his following of students asked Rogers for his diagnosis, and after hearing it, observed, rather sarcastically, that he would not think of operating himself until Mr. Rogers had been given an opportunity of proving the correctness of his opinion. Rogers, who was practising as a dentist at the time, undertook the extraction of the carious teeth and roots which he regarded as the cause of the disease, and in the course of a week or so the swelling and induration had entirely disappeared.

Mr. Stanley was so impressed with the result of Mr. Rogers's treatment and with the confidence he showed in his diagnosis that he brought the matter to the notice of his medical and surgical colleagues, and as a result they presented a report to the Governors of the Hospital on March 14th, 1837, recommending the establishment of a Dental Department, and suggesting the appointment of Mr. Arnold Rogers to superintend it.

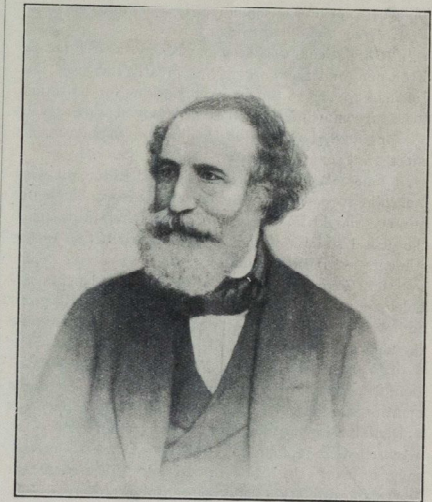
On April 11th, 1837, the recommendation of the medical officers was approved, and the Governors appointed Mr. Rogers as Dentist to the Hospital. It should be noted here that this accidental interference of Arnold Rogers helped to further a movement which had already been started to place dental treatment on a more regularized and satisfactory basis, for at a meeting of the House Committee on November 8th, 1836, the medical officers of St. Bartholomew's Hospital were asked to report on "the placing of the Dentist Department on a more efficient plan and footing". The medical officers forwarded their report to the House Committee on March 14th, 1837, and it was acted upon in the following month by the appointment of Mr. Rogers.

One of the clauses in his charge was that he was to attend one day in each week at an appointed hour. Another clause stated that he was to attend at the Hospital on all occasions when "duly summoned", but the clause which might offer some difficulty and inconvenience to subscribe to was that which stated "he should attend to all patients who should be properly referred to him at his own house on the days of his non-attendance at the Hospital".

Although a "dentist department" is frequently mentioned in the Hospital records previous to the appointment of Mr. Rogers, most of the dental work fell to the Apothecary, or in his absence to the house surgeons and their dressers, or occasionally to one of the Surgery porters. The appointment of Apothecary, which dated from the latter part of the sixteenth century and only lapsed in the year 1867, was last

held by Mr. Frederick Wood, who died in 1906 at an advanced age. Mr. Wood was a skilful operator in the extraction of teeth by means of an instrument known as "the key", and being a resident medical officer at the Hospital, his services were much in request by the junior staff and others in cases of difficulty or of accidents. Mr. Wood's "key", with its ivory handle and bunch of steel-tooth claws, remained as a legacy for many years in the "middle room" of the old Surgery.

Mr. Arnold Rogers, who was born in 1798, attained proficiency in many pursuits. He took a keen interest



ARNOLD ROGERS, F.R.C.S., L.D.S.
(From a photograph taken in 1863. Lent by his granddaughter Mrs. Jessop.)

in the progress and development of his profession, and was one of the Founders of the Dental Hospital (now Royal Dental Hospital) of London. Rogers was among the first dental examiners appointed to conduct the examination for a dental licence of the Royal College of Surgeons of England, of which College he afterwards was elected a Fellow (1853). He was the third President of the Odontological Society of Great Britain, and the author of the first paper read before this Society. Upon the acceptance of his resignation he was elected, in 1849, Consulting Dentist to the Hospital and became an influential Governor; both of these appointments he held until his death, at the

age of 71, in 1870. It was not until 1929 that the Dental Department again had a representative on the Consulting Staff, when Dr. Harold Austen was appointed Consulting Dental Surgeon, thus following in the wake of Arnold Rogers after an interim of eighty years.

In 1849 Mr. Samuel John Tracy was appointed Dental Surgeon in place of Mr. Rogers, and served the Hospital for seventeen years and subsequently became a Governor.

In 1866 a Lectureship in Dental Surgery was instituted, to which Mr. Alfred Coleman was appointed, and in the following year he was appointed Dental Surgeon in place of Mr. Tracy, who had resigned.

In 1879 patients were seen on two days a week instead of on one, and the work having greatly increased, Mr. Coleman applied to the Governors asking for assistance. It was recommended that two assistant dental surgeons be appointed, but this does not seem to have taken effect until some years later.

In June, 1884, Mr. Coleman resigned. In the following month he suggested that the office of Lecturer on Dental Surgery should be discontinued, and that in its place the dental staff should give personal instruction to the students—a recommendation which was acted upon by the Governors. Soon after his retirement Mr. Coleman was appointed a Governor to the Hospital, and was chosen as an Almoner in 1894, and became the Senior Almoner before his death in 1902.

In September, 1884, Mr. F. Ewbank was appointed Dental Surgeon in place of Mr. Coleman, and three months later Mr. W. B. Paterson was also appointed a Dental Surgeon, and Mr. J. Ackery and Mr. A. S. Mackrell were appointed Assistant Dental Surgeons, thus bringing the Staff up to four. The Assistant Dental Surgeon attended the Hospital on three mornings a week, and on one of his mornings he worked in conjunction with his corresponding senior colleague.

The next great change occurred in 1930, when it was decided that the Department should be opened for its full scope of work on every morning in the week instead of two mornings only, as previously, and as a consequence the number of dental surgeons was increased from four to six, and arranged so as to work in three units or teams, each unit or team being responsible for two mornings in a week.

In addition a Chief Assistant was appointed to each unit and a non-resident House Surgeon; the latter was a new appointment to the Dental Department. The older appointment of Clinical Assistant was retained, and one clinical assistant was now relegated to each unit. An anaesthetist was appointed to attend the Department on every morning of the week.

The Nursing Staff was increased by the appointment of a senior and two junior nurses for each session, the previous complement being two nurses for the bi-weekly full sessions and no nursing staff for the four shorter mornings in the week.

The factors which probably have contributed to the greatest extent in the development of the Dental Department, as well as to dental surgery in general, are the introduction of nitrous oxide gas and, later, the nasal administration of this gas, the introduction of local anaesthesia, and about the same period the introduction of radiology. In these branches of science St. Bartholomew's men have taken a prominent part, especially so in the case of nitrous oxide, as St. Bartholomew's was the first general hospital in Great Britain in which this "gas" was employed (April 15th, 1868) (1).

The number of new patients attending the Dental Department has steadily increased since records were first kept, until it now approaches five thousand in the course of a year. In the *St. Bartholomew's Hospital Reports* of 1876 a detailed account of the work for that year is submitted, and this appears to be the earliest information we have on this subject.

In the year 1914, owing to a beneficent gift from Mr. Edwin Tate, the Hospital undertook to supply a certain number of dentures for patients. This branch of work has increased to such an extent that it is now necessary for a dental mechanic to attend on one morning in each week. Previous to this the Samaritan Fund allowed for the supply of a few dentures to in-patients of the Hospital.

The housing of the Dental Department was very unsatisfactory until the present Out-Patient Department was built in 1907. The "middle room" in the old Surgery was used mainly for seeing and treating the casualty patients. The Out-Patient Department in the south-west corner of the Square was used for patients requiring general anaesthetics, patients referred from the wards and out-patient departments or patients referred from the middle room of the Surgery. The Out-Patient Department was housed temporarily in the Blue Coat School during the move into the new Department where it is at present. For a few years after the Department had occupied its new quarters on the third floor of the out-patient block it retained a room in the main surgery, the representative of the "middle room" of an earlier period.

The Dental Department being on the eve of its centenary and, possibly, at the dawn of an important future, the present seemed an opportune time to offer these few remarks on its history. It is the oldest of the present special departments of the Hospital with the exception of the Department for Diseases of Women,

which was founded a year earlier (1836) (2). Guy's was the first of the London hospitals to have a dental surgeon, for in 1799 Joseph Fox was appointed dental Surgeon and Lecturer on Dental Surgery, and St. Bartholomew's seems to have been the second of the general hospitals to appoint a dental surgeon to its Staff.

REFERENCES.

(1) *Brit. Med. Journ.*, April 25th, 1868, and *Lancet*, April 15th and May 2nd, 1868.

(2) *St. Bartholomew's Hosp. Journ.*, August, 1901, and June, 1905. F. COLEMAN.

THE PRINTED WORD.

PRACTICALLY speaking all modern knowledge is conveyed by means of the printed word, yet little thought is given to the craft of printing itself. The purpose of this article, therefore, is to explain broadly the various processes necessary to produce an illustrated book or periodical, such as *St. Bartholomew's Hospital Journal*.

In the year 1770 a *History of Printing* was compiled "from those who have wrote on this curious art", and as it is both interesting and beautiful it is quoted here. The book contains over 500 pages, including Caslon's type-specimens, and much of the information is still accurate:

In England, at the beginning of the 18th century, the state of printing was very bad. There were few foundries and most printers depended on Holland for their types. In 1716 William Caslon undertook type-founding under the patronage of William Bowyer, the publisher. He started about 1720 and by 1734 (the date of his first specimen sheet) completed a splendid series of types. He based his types on the current Dutch models, and his types soon became the best English book type. Caslon (who was married three times) died in 1766 aged 74. William Caslon II (1720-1778) maintained the place the house had won. The firm finally descended to the last of the family, Henry William Caslon (1814-1874), and when he died the business was taken over under the name of H. W. Caslon & Co. by his manager, T. W. Smith, whose sons assumed the name of Caslon.

The old woodcut frontispiece (Fig. 1) speaks for itself. Gutenberg (now usually spelt Gutenberg), if not the inventor of movable metal types, can at least be recognized as the perfecter of the first types about the year 1445. The title-page (Fig. 2), although rather crowded, is far better than a good many designed during the

next century, and every page in the book has the same charming border.

The introduction of printing to this country is usually attributed to William Caxton, who, with Robert Turnour, was undoubtedly sent by Henry VI to Flanders to find out about the craft. But a small volume of 41 leaves printed at Oxford in 1468 shows clearly that the craft was practised in this country before the days of Caxton, who began to practise printing in 1471. The Title reads:

EPOSICIO SANCTI JERONIMI IN SIMBOLIUM
APOSTOLORUM AD PAPAM LAURENTIUM:

and at the end:

EXPLICIT EXPOSICIO, ETC. IMPRESSA
OXONIE, & FINITA AN. DOM. M.CCCC.LXVIII,
XVII DIE DECEMBRIS.

This brief history will serve to introduce printing of to-day, and it is hoped that the explanations may convey some impression of the processes.

In preparation for the publication of a book or periodical many points have to be considered—the design and size of the type faces; the suitability of the paper; whether there are any illustrations.

The general appearance of a book should be in keeping with the purpose it has to fulfil. For scientific work a clear type and, especially, good figures are necessary, and the paper should be of an opaque smooth character. There are a few academic books printed on rough antique paper, which is, however, not a good practice. If there are to be line drawings only, the paper need not have a high finish. If photographs are to be reproduced a high finish is necessary, and for best results a paper coated with China clay will have to be used for half-tone blocks.

Such preliminaries settled and the MS. sent to the printer, the work can be put in hand. This represents many processes, all of which demand the greatest accuracy.

With mechanical typesetting machines the operator proceeds to "set" on a keyboard of the same lay-out, generally, as a typewriter, but which controls matrices either directly or through a compressed air device instead of printing a letter as the typewriter does (Fig. 3). These matrices are brought over the face of a mould filled with molten metal, which receives the character. According to the machine in use, the letters may be cast singly (Fig. 4), or as a whole line in one piece (Fig. 5). In the case of the "Monotype" (Figs. 3 and 4) the keyboard machine perforates a roll of paper, the holes representing characters. This roll is transferred to the caster (Fig. 4), which is operated in the same way as a "pianola", certain valves being

blown into positions necessary for the selection of the character required. The "Linotype" (Fig. 5), however, uses another method in which the matrices containing the characters are themselves liberated by the keyboard, fall from a magazine and take their places in the line. The words are automatically spaced to fill out the line to its correct length by a wedge arrangement, and the



FIG. 1.

whole line is then brought over the mould and cast in one solid piece. As the type is cast it is placed upon a tray called a galley, and an impression is taken in this slip form in order that the printer's reader may correct mistakes made by the keyboard operator. Unless it is desired that proofs should be sent to the author in slip form, the type on the galleys is measured off into pages and arranged in such a way that when printed on both sides a sheet of paper will fold up into a given number

of pages. One arrangement is shown in Fig. 6, which is a reproduction from the *History of Printing*, 1770, and although rather quaint in appearance is quite correct.

These pages of type are spaced with metal or wooden materials called "furniture", the whole surrounded by a steel frame ("chase") and wedged tight with "quoins". The whole is then movable and constitutes

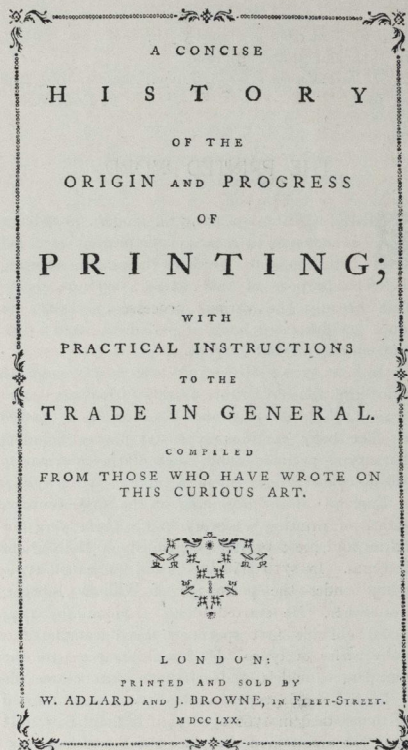


FIG. 2.

a "forme". This forme is ready for proving in page form, to be revised by the reader, and proofs sent out for final approval. The next process is naturally the actual printing, which, in the case of books and journals such as this, is done on "flat-bed" machines. These are machines on which the actual "forme" is placed, and into which the paper is fed in flat sheets (Fig. 7), attached to a cylinder which rolls over the forme. Newspapers, on the other hand, are printed on rotaries

—machines on which a cast of the type in cylindrical shape rolls incessantly over paper that is fed from a reel.

To revert to the general subject of printing, I quote a past president of the Federation of Master Printers:

"Let us take the simplest thing a printer can produce—just an ordinary handbill, black ink and white paper—and follow it through. First, there is the customer, then

material has to be found and the charge recorded in the printer's books, an invoice and account have to be made out, and let us trust that a receipt has to be sent and a posting made to close the transaction. The simplest job, yet nine departments: selling, order,

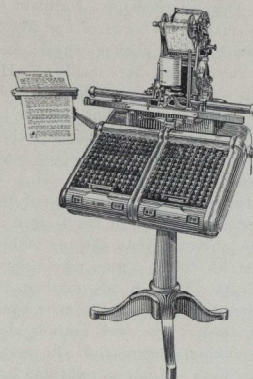


FIG. 3.—MONOTYPE KEYBOARD. (NOTE.—This illustration is by "line" process.)

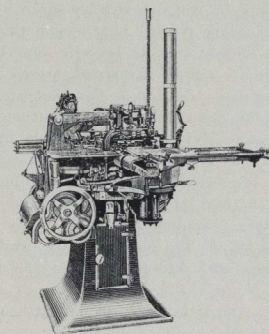


FIG. 4.—MONOTYPE CASTER.

some means of getting him in touch with the printer, which we call the selling staff, then the order department to see that it comes into the works with full instructions, the compositors "set" it, it is read, it goes out on proof, it is locked up for machine, paper has to come from the store-room, it has to be cut, ink being black is perhaps already on the machine, it has to be printed, packed and despatched. The cost of the labour and

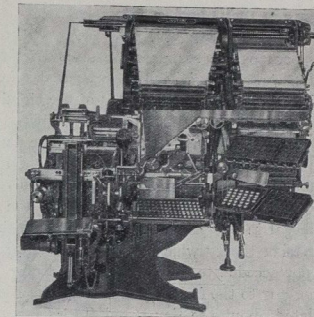


FIG. 5.—LINOTYPE. (NOTE. This illustration is by "half-tone" process.)

A SHEET OF COMMON OCTAVO.

OUTER FORM.				INNER FORM.			
8	6	71	5	9	11	01	7V
1	16	13	4	3	14	15	2
A				A2			

FIG. 6.

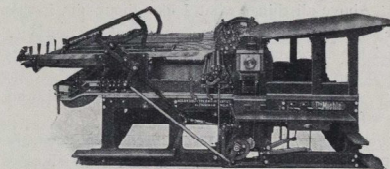


FIG. 7.—A "TWO REVOLUTION" MACHINE.

composing, machine, warehouse, bindery, despatch, costing and office."

Paper must be made up to certain formulæ with great care, ink requires the same preciseness, and the Printer must know the chemical relation of ink to paper. Deposition of metals, too, plays an important part, and so I maintain that Printing has a scientific aspect as well as being an art and a craft. JOHN E. ADLARD.

MOLIÈRE AND MEDICINE.



THE great discoveries in the medical and allied sciences which occurred in the seventeenth century have left a considerable mark upon the literature of the period, even on that which is not primarily concerned with these subjects. The reason for this is perhaps not so much the discoveries themselves as the controversy which they aroused. In particular, of course, Harvey's discovery of the circulation of the blood received the most serious attacks. This was especially the case on the Continent, where national prejudices became an additional incentive. So it is that we find in 1671 the professors of the University of Paris petitioning Parliament to make the new teaching illegal in every school on the ground that it was a Cartesian theory which ought to be suppressed. This was not acceded to, but a burlesque decree, composed, according to the fashion of the times, by Boileau, was circulated about the Court and the salons. It is delightful nonsense from end to end, and concludes thus:

"The Heart should be commanded to retain its position according to the Aristotelian theory as controller of the nerves and the Blood be forbidden to wander or circulate about the body, under penalty of being delivered and absolutely given up to the Faculty of Medicine."

Harvey's discovery found another champion in Molière, who, in the *Malade Imaginaire* (1673), ridicules the two Diafoirus, father and son, worthy representatives of the traditional method. Says old Thomas Diafoirus about young Dr. Thomas, his son:

"Above all things what I like about him is that he adheres blindly to the opinions of our ancients, and has never consented to understand or even to heed the arguments and experiments of our present age concerning the circulation of the blood and other new-fangled theories of that sort."

Molière (1622-73), the master of French light comedy, was not only a genius but also a very well-educated man, who had been taught as a boy in the best school in Paris and counted among his friends some of the most brilliant scholars of the period. His many attacks against the physicians of his time are not those of an ignorant buffoon against learning, and some of his portraits of doctors seem to have been drawn from life. A typical physician of this period is Guy Patin, Dean of the Faculty of Paris. His biographer says of him, amongst other things:

"He had been brought up on the old and wholesome opinions of orthodoxy and had never varied

an inch. From the day he began to study till the day of his death he loved and worshipped Hippocrates, Galen, the Faculty of Paris, bleeding, quassia and senna: he despised and hated the Arabs, the Faculty of Montpellier, quinquina, antimony, surgeons and apothecaries. He bled fearlessly, stubbornly with the self-composure of a man who does his duty. Thirteen times in a fortnight he bled a young nobleman seven years of age who had contracted pleurisy while playing tennis: he bled for colds, for rheumatism, for smallpox. He bled a two months old nursing, a three days old infant. Afterwards he gave a purge but bleeding came first. He applied on himself and his family the methods sanctioned by the Ancients. His faith was absolute and no doubt ever assailed it."

And now let us return to Molière, again in the *Malade Imaginaire*, for a description of Dr. Purgon:

"He is a physician from the top of his head to the soles of his feet: a man who believes in his traditions rather than in any mathematical proof and considers as a criminal any man who wants to investigate them: who sees nothing doubtful in medicine, nothing obscure and who zealously distributes bleedings and purges right and left without considering the reason why. You must bear him no illwill for anything he may do to you: it is in all good faith he will despatch you into a better world and in killing you will have done nothing that he has not already done to his wife and children, and would do to himself if the need arose."

From another play, *Monsieur de Pourceaugnac*, comes another description of a similar type of physician:

APOTHECARY: He is a man who knows his medicine from A to Z as I know my paternoster, and who though his life were at stake would not budge an inch from the rules of the Ancients. Yes, he just goes straight ahead and has no hesitations: and would not for all the money in the world cure anyone except with the remedies that the Faculty allows.

ERASTE: And rightly so: no patient should get well without the consent of the Faculty.

APOTHECARY: It is not because we are friends, but I must say it is quite a treat to be his patient and I would rather die through his remedies than recover through those of another. For whatever happens you can be sure that things are being done in the proper way and if a man dies under his care he can at the last be sure that his heirs can bear him no grudge.

ERASTE: It is indeed a comforting thought for a dead man.

Also in *Monsieur de Pourceaugnac* we find the following amusing piece of dialogue:

COUNTRYMAN (to Doctor): Sir, he is at the last extremity. He says he feels unbearable pains in the head.

DOCTOR: The patient is a fool, all the more because in the disease from which he suffers, it is not his head but, according to Galen, the spleen which should give him pain.

COUNTRYWOMAN: My father, Sir, is getting worse and worse.

DOCTOR: That is not my fault; I have given him remedies; why does he not get well? How many times has he been bled?

COUNTRYWOMAN: Fifteen times, Sir, in the last twenty days.

DOCTOR: Fifteen, you say?

COUNTRYWOMAN: Yes, sir.

DOCTOR: And he does not get well?

COUNTRYWOMAN: No, sir.

DOCTOR: Well, it means that the disease is not in the blood. We will give him an equal number of purgatives to see if it is in the humours: if that does not cure him, we will send him to a spa.

While the similarity between the doctors here portrayed and Guy Patin is evident, one must not necessarily assume that he was the individual singled out. It appears that at that period there were a good many physicians of the same type on both sides of the Channel, and Molière's attacks are directed against all these men, with their pompous phrases intermingled with Latin to make them still more unintelligible and more "learned" to the ears of the vulgar, and with their long dresses and pointed hats without which they would never write a prescription.

The majority of Molière's plays have no mention of physicians at all; it is only his later works which attack them. Apparently the reason for this is that for the last few years of his life Molière was an invalid. The exact nature of his complaint is uncertain, but the principal symptom was a chronic cough with frequent hæmoptyses. Very likely the idea of bringing physicians on to the stage originated in bitter personal experience. The first result of this was a farce written in 1665 entitled *L'Amour Médecin* ("Love the Physician"), in which he caricatured four well-known Court physicians so effectively that they went straight to the King and asked for nothing less than the Bastille for the man's impertinence. Louis XIV, however, was fond of Molière, and enjoyed his satires on different people about the Court, so that the physicians, like others who had come under the lash of Molière's wit, met with a laughing but definite refusal.

Molière's most brilliant farce, *Le Médecin Malgré Lui* ("The Doctor in Spite of Himself") was written in the following year. The satire is not so much on the medical profession as on the gullibility of the general public. It is the story of a woodcutter who is constrained to play the part of a physician although all his previous experience was limited to being valet to an apothecary. Given a professional cap and gown with a few odd words of Latin our ex-woodcutter makes an admirable-looking doctor and is respected by all; in a few hours he has cured his patient and achieved fame. In the man's own words:

"You can hardly imagine how the rumour spreads and how everyone will insist that I am a clever man. I am sought after from all sides and if things go on as they do now I am inclined to practice medicine for the rest of my life. I think it is the best of all professions; whether we do well or badly we always get paid in the same way. Our bad work is never returned and we can hack as we like in the cloth we are cutting. If a cobbler making shoes spoils a piece of leather he must make good the damage: but here we can wreck a man without being out of pocket. Mistakes are never made by us: it is always the dead man's fault. And the advantage of this profession is that the dead are the most honest and discreet people in the world: never has a dead man been heard to complain of the doctor who killed him."

The third piece mentioning physicians is *Monsieur de Pourceaugnac*, from which I have already quoted. This is a low farce written in 1669 and does not primarily involve doctors, but brings them in as an interlude, which concludes with an apothecary and two doctors doing their best to administer a clyster to M. de Pourceaugnac, who finds the seat of a chair the most effective protection against them. This rather elephantine buffoonery contrasts strangely with the brilliant wit of the other plays, but was doubtless well appreciated at the court of Louis XIV.

It is in Molière's last play, the *Malade Imaginaire* ("The Imaginary Invalid"), written in 1673, that he gives his real views on physicians and medicine. He is speaking through the mouth of Béralde, who is endeavouring to persuade his brother Argan (the man who thinks he is ill) to leave off consulting physicians and taking medicines all day long, on the ground that medicine is one of mankind's greatest follies and a ridiculous mummery, since the inner workings of the human body have remained an unsolved mystery which mere humans cannot fathom. He admits, however, that physicians do know something: for they have had a classical education and can speak beautiful Latin, can give the

Greek names for all diseases which they can also define and classify, but all these attainments do not go a long way towards healing.

"Then what," asks Argan, "is a man to do when he gets ill?" Béralde answers:

"Nothing, just rest in bed. Nature, of her own accord, when we give her a chance will always manage to recover from the disorders into which she has fallen. What spoils everything is our anxiety, our impatience, and the majority of men die of their remedies and not of their diseases."

An amusing incident is when Molière brings his own name into the dialogue and makes the characters discuss him, Argan attacking while Béralde defends him, saying that Molière does not attack physicians so much as the ridiculous side of medicine. Argan retorts: "If I were in the physicians' place I would take my revenge for this impertinence and if he fell ill would let him die without assistance." Béralde says that Molière would not ask for their assistance for "he maintains that only strong and robust people can take their remedies as only these can resist both remedies and disease at the same time. Molière can only just resist his disease".

Despite what Molière wrote, we will not be unduly surprised to hear that Molière had a doctor, "un fort honnête médecin", with whom he was on excellent terms. Louis XIV once asked Molière how he was getting on with this doctor. "Oh, very well indeed, your Majesty," he answered: "he prescribes for me, I do not follow his prescriptions, and I manage to recover."

But Molière did not manage to recover; the *Malade Imaginaire* was his last and one of his most successful plays, and has remained a sure "draw" ever since in all the principal theatres in Europe. But there is in this play something inexpressibly sad, for though it would seem to have been written in a frolicsome mood by a man full of exuberant feelings, it was really written during a period of despondency by a man worn out by worries and illness. It is a remarkable example of the power Molière had of dramatizing his own painful experience, and like a great player to bring out the humorous side of it while glossing over the tragic part. As an actor Molière generally took the chief part in his plays, and he was practically dying when he assumed the part of the *Malade Imaginaire*. He insisted on playing against the advice of his wife and friends and managed to stand the strain of four performances. At the end of the fourth he suddenly coughed up a large quantity of blood and had to be carried from the stage. Four hours later he died.

H. L. M. ROUALLÉ

AN ATTACK OF GLANDULAR FEVER.



GLANDULAR fever is a disease of children and young adults, being almost unknown over the age of forty. It is characterized by (i) fever, (ii) enlargement of lymphatic glands, (iii) faucial affections, and (iv) a lymphocytosis, the predominance of one or other of which produces three well-recognized types of the disease. Variations, however, are common. The types of disease usually described are:

(1) The glandular type, which occurs in young children. It has a short prodromal period, with an acute onset, accompanied by fever up to 102° or 103° F. Enlargement of lymphatic glands in characteristic situations is then noticed, the commonest being the deep cervical group on one side only at first. The glands are discrete, movable, firm and elastic, and frequently tender even to the point of producing torticollis or head-retraction. Other glands which enlarge are the axillary group (in about 80% of cases), the epitrochlear and occasionally the inguinal. Mediastinal glands may enlarge, producing a cough which may even resemble a "whoop". Enlargement of mesenteric glands is uncertain. Suppuration is unknown. The spleen is enlarged in more than half the cases, but is not tender. The liver is very seldom enlarged. The glands subside in a few days, but may remain palpable for months; the temperature falls concomitantly. Immediate convalescence is rapid, but there tends to be a prolonged slight debility. Recurrences are common with a similar course.

(2) The anginose type occurs between the ages of 10 and 25, and is characterized by a long prodromal period, up to three weeks, with increasing malaise and pyrexia, but no physical signs. A membrane then appears on the fauces, indistinguishable macroscopically from that of diphtheria. It never occurs in the nose or larynx; no Klebs-Loeffler bacilli can be found, although Vincent's organisms frequently are. There is faucial œdema, very rarely progressing to abscess formation. By this time the cervical glands are enlarged and tender with a certain amount of œdema, and the spleen may be palpable. There is no rash. The membrane may persist for many days and the pyrexia longer still. A few fatalities are reported from this type due to broncho-pneumonia or septic complications.

(3) The febrile type ("infective mononucleosis") may be divided into three stages:

(a) Invasion: The onset is acute, with headache, malaise, and even a rigor. There is often conjunctivitis and photophobia.

(b) An eruption occurs at the end of the first week and

may be maculo-papular or roseolar. The spots are usually 2-5 mm. in diameter, of a pinkish-brown colour, fading on pressure and not irritable. It appears on the front of the trunk and spreads to the back and limbs. It lasts about four days but may reappear. The eruption may, however, vary from this type, often being rubelliform in young children, or even urticarial. The temperature is raised during this stage, there is profuse sweating and may be epistaxis. The Wassermann reaction may be positive.

(c) Glands appear at the end of the third week accompanied by a rise in temperature, and the spleen may become palpable. This stage may last a fortnight or more and frequently recurs.

The glandular type occurs in children between about 6 and 15 years, while the others have a slightly older age-incidence. There is a definite but low-grade infectivity, although the anginose type is probably non-infective. There is no immunity. The incubation period, as far as can be determined, seems to be between 5 and 15 days (Tidy), often 7 or 8.

COMPLICATIONS.

Sepsis does not normally occur.

Hæmorrhages of various kinds are not uncommon. Epistaxis is a frequent prodromal symptom. Hæmaturia occurs in about 6% (2) of cases, but is apparently not serious and never leads to nephritis. Purpura is very rare, as is also jaundice.

Conjunctivitis is quite common, and in some cases meningeal symptoms have given rise to a suspicion of tuberculous meningitis.

A cough is often troublesome, while bronchitis and broncho-pneumonia are serious complications which are responsible for the few fatal results in this otherwise benign disease.

The Wassermann reaction was found to be transiently positive in about 50% of cases in the 1930 epidemic, which may be connected with the occurrence in the blood of heterophile antibodies—a phenomenon discovered by Paul and Bunnell (3) which at the moment is unexplained.

PATHOLOGY.

The causative organism is at present unknown, and so the popular virus is suspected. One theory suggests a group of lymphotropic viruses, also included in which are those causing whooping-cough, mumps and rubella. Streptococci and Vincent's organisms are found, particularly in the anginose type, but are not seriously considered as primary invaders. During the 1930 epidemic Bland (4, 5) isolated a protozoan of the genus toxoplasma, by injection of serum taken early in the disease

into rabbits and secondary injection into monkeys, which then developed a syndrome very similar to the human disease. Toxoplasmosis is physiological in rabbits and some other mammals, but not in monkeys. An opportunity of repeating this work has not arisen, and in my case the results were negative.

Morbid anatomy.—The few glands that have been excised (7) in the course of the disease show a lymphoid hyperplasia, together with a hyperplasia of the reticulo-endothelial elements. Later there is an increase in fibrous tissue. The bone-marrow changes are inconclusive.

The striking diagnostic change is in the leucocyte count, the red cells and hæmoglobin remaining normal. Although the total count is not great, counts of over 20,000 being uncommon, except occasionally in infants, the increase is due to the appearance of mononuclear cells. The polymorphonuclear cells do react, however; there may be an initial slight polynucleosis, or even polymorphopenia, as in this case; the total count may be as low as 4000, but counts below this are very rare; the nuclei also become more primitive in character, showing evidence of a strain on the bone-marrow. The type of cell responsible for the mononucleosis is the subject of much controversy, the more so as the cells vary not only from case to case, but in the same case from day to day. They appear simultaneously with the glands, and reach a maximum of between 60% and 70% of the total in a few days. Counts of over 80% are rare. All kinds of cell are seen, varying from normal and atypical lymphocytes to cells indistinguishable even by supra-vital staining (8) from monocytes or plasma-cells. They may be approximately divided into three types:

1. Lymphocytes which are of two kinds: (a) with clear, faintly basophilic cytoplasm, containing an irregular nucleus with no granules or nucleoli, and (b) those containing a deeply-staining nucleus and nucleoli.

2. Primitive lymphocytes.

3. Abnormal mononuclear cells which are larger than normal and have a deeply-staining nucleus, which may be any shape from round to normal. These cells are definitely not myeloid in type, and there are many types present simultaneously in contrast to lymphatic leukaemia. For further details of the cells the reader is referred to Dawney's article (9).

DIAGNOSIS.

This is made from the history, the glandular enlargement with fever and the blood changes.

In acute leukaemia the patient is much more ill and the leucocyte count is higher with an accompanying anæmia.

Sepsis or mumps obviously enter into consideration but should not be difficult to differentiate.

Rubella may be very difficult if not impossible to distinguish, owing to the almost similar situation of enlarged glands, accompanied by a rash, fever and a lymphocytosis. It has been suggested that so-called fourth disease is atypical glandular fever.

The anginous type has to be differentiated from diphtheria by the longer prodromal period and pyrexia, and by a negative bacteriology; from Vincent's angina, which does not form a membrane, and possibly from scarlet fever.

It may be impossible clinically to distinguish the febrile type from typhoid fever, until the glands appear or until the blood changes are observed. Had it not been for the premature glandular enlargement, this would have done very well for typhoid, with vague symptoms, gradually increasing malaise and pyrexia, and a leucopenia.

This persistent leucopenia is perhaps the most interesting feature of the present case; the leucocyte count usually rises and falls concomitantly with the glandular enlargement. A leucopenia in itself is uncommon, and in conjunction with the anachronistic enlargement of the glands it is contrary to all precedent. It may have been a contributory factor in the development of the angina, which preceded the leucocytosis by a day or two, although abnormal cells characteristic of the disease had already appeared as early as the fourth day; the deficiency in white cells was due to a lack of polymorphonuclears, which at one stage numbered only 1600. I can find no precedent for the attack of pain in the left hypochondrium, which was presumably due to a perisplenitis, although infarction was also suggested as a possible cause. Many observers (2) mention abdominal pain, but it seems rather more indefinite and central or subumbilical in location.

TREATMENT.

There is no specific treatment, and, as the prognosis is uniformly good, nothing more than the treatment common to any febrile condition is needed. Tonics are indicated in the prolonged convalescence and iron occasionally, as a secondary anaemia may become apparent during convalescence.

CASE HISTORY.

The following is my own case-history, exhibiting nearly a complete range of signs and symptoms.

History of present condition.—There was no known source of infection, the most recent case of glandular fever I had seen being in Out-Patients at least two months previously.

March 25th.—I had been feeling quite well in spite of approaching examinations, but while going home on a bus I turned my head

suddenly and felt a pain on the right side of the neck. Palpation revealed a chain of enlarged tender lymph-glands along the posterior border of the right sterno-mastoid which were still present next morning with a temperature of 99.2° F.; so according to first principles I consulted the Ear Department, who reported "Nil aural". After this, with unpleasant possibilities obtruding themselves, a "white" count was done, which totalled only 6200. During the day (March 26th) general malaise supervened with discomfort in the region of a very definite, firm swelling coming down from under the left costal margin which seemed to be an enlarged spleen. Next day (27th), feeling worse, with marked anorexia, a tracheitis with generalized aches and pains, I should have been content with a diagnosis of "flu" but for the absence of headache. Next morning the clinical findings were confirmed by Dr. Maxwell, who made a tentative diagnosis of glandular fever. A differential blood-count was done (*vide infra*), and an X-ray of the chest revealed an increase of the mediastinal shadow. Prof. Witts agreed with the probable diagnosis and admission to Sandhurst was arranged.

Condition on examination.—Temperature 101.2° F., pulse 90, respirations 24. Pale, skin dry and warm; no rash.

Eyes and Ears: Normal.

Tongue: White and furred.

Fauces: Small follicular plug on right tonsil.

Neck: There is a chain of enlarged, tender glands in both posterior triangles, more obvious in the right than in the left. They are discrete and freely movable. One small gland in the right axilla. None elsewhere.

Chest: N.a.d.

Abdomen: Reflexes present. The spleen is palpable two fingers' breadth below the left costal margin. Liver not enlarged. No other viscera felt.

Urine: N.a.d.

Limbs: N.a.d.

Blood-count: Red blood-cells, 5,140,000; haemoglobin, 90%; colour index, 0.88. White blood-cells, 4800; polymorphs, 2688; lymphocytes, 1256; large mononuclears, 524. No abnormal forms seen.

March 29th.—Sleep poor in spite of luminal; appetite still very poor. Temperature 100°, pulse 90, respirations 20.

White blood-cells, 4100; polymorphs, 1722; lymphocytes, 1558; large mononuclears, 470. Atypical, 410.

Urine: A centrifuged deposit showed per 4 field, red blood-cells, 9-12; white blood-cells, 1-4; no casts.

A test for heterophile antigen (3) only proved positive at a titre of 1 in 16 (control, 1 in 8).

March 30th.—Glands more prominent.

White blood-cells, 3300.

Throat swab showed Gram-positive cocci.

March 31st.—White blood-cells, 4700.

April 1st.—General condition improved. Temperature 101.4°, pulse 85.

White blood-cells, 4000; polymorphs, 1640; lymphocytes, 2000; large mononuclears, 320.

Dr. J. O. W. Bland, of the London Hospital, took some blood for inoculation into rabbits (4, 5)—unfortunately with negative results. A Wassermann reaction proved negative.

April 2nd.—Throat painful, with the appearance of follicles. A swab showed no Klebs-Loeffler bacilli and no Vincent's organisms.

April 3rd.—Throat much worse, with patches of white exudate on both tonsils and on the soft palate. Temperature 101°, pulse 95.

White blood-cells, 8000; polymorphs, 1600; lymphocytes, 1600; large mononuclears, 1280. Atypical, 330.

This was the first indication of a leucocytosis, and it was clearly due to the appearance of atypical mononuclear cells. Another specimen of blood tested for heterophile antigen still produced a positive only at a dilution of 1 in 16.

April 4th.—While sitting up in bed there was a fairly sudden onset of acute pain in the left hypochondrium, lasting about half an hour. This recurred twice in the afternoon, the second time persisting. The pain was continuous, aggravated by movement, straining and respiration, and radiated to the left shoulder. It was slightly relieved by 14 oz. of haustus aspirini co. and antiphoticton poultice but was sufficiently severe to require morphia to enable me to sleep that night. The lower ribs and upper abdomen on that side were later immobilized by strapping, in spite of which, however, the pain persisted for several days, causing embarrassed respiration.

April 6th.—A rash developed, appearing first on the limbs, but soon becoming generalized. It was a reddish maculo-papular eruption, intermediate in size between that of measles and scarlatina. It lasted for three days.

An antigen test done by a different technique (6) showed a strong positive reaction up to a titre of 1 in 256, while the serum from the last specimen (April 2nd) according to this method proved positive at 1 in 64 (control, 1 in 8).

White blood-cells, 12,800.

April 8th.—Temperature descending.

April 12th.—White blood-cells, 6000; polymorphs, 1980; lymphocytes, 1500; large mononuclears, 1320. Atypical, 1140.

After this gradual improvement was maintained. Discharged from hospital on April 22nd, when a blood-count showed: White blood-cells, 7100; polymorphs, 2004; lymphocytes, 2130; large mononuclears, 1020. Atypical, 901.

A week after leaving hospital, although taking things very quietly, I had a relapse, preceded by a rigor. The glands were slightly enlarged and the spleen became just palpable again. Unfortunately a blood-count was unobtainable. I was in bed three days, and then continued convalescence. As expected, for quite a long while I suffered a certain slight disability, but had completely recovered by the end of three months.

A further blood-count on May 10th showed white blood-cells, 5900; polymorphs, 3599; lymphocytes, 1534; large mononuclears, 590.

For convenience of comparison all the blood counts are tabulated here:

Date.	Total.	Poly-morphs.	Lympho-cytes.	Large mono-nuclears.	Atypical.
March 26	6,200	2688	1256	524	0
" 28	4,800	2688	1558	470	410
" 30	4,700	1722	1558	470	410
" 30	3,300	1640	2000	320	0
" 31	4,700	1600	1600	1280	3520
April 1	4,000	1600	1600	1280	3520
" 3	8,000	1600	1600	1280	3520
" 6	12,800	1980	1500	1320	1140
" 12	6,000	1080	1500	1320	1140
" 22	7,100	2004	2130	1070	781
May 10	5,900	3599	1534	590	0

In conclusion I am indebted to Prof. Witts, who encouraged me to publish this case, and kindly helped with suggestions in the preparation of this article.

REFERENCES.

- (1) *Bull. Johns Hopkins Hosp.*, 1920, xxxi, p. 410.
- (2) *Brit. Med. Journ.*, 1921, i, p. 452.
- (3) *Amer. Journ. Med. Sci.*, 1932, clxxxiii, p. 90.
- (4) *Brit. Journ. Exper. Path.*, 1931, xii, p. 311.
- (5) *Proc. Roy. Soc. Med.*, 1931, xxv, p. 166.
- (6) *Journ. Clin. Invest.*, 1935, xiv, p. 228.
- (7) *Lancet*, 1931, ii, p. 794.
- (8) *Vol. Haematol.*, 1929, xxxviii, p. 14.
- (9) *Arch. Int. Med.*, 1923, xxxiii, p. 82.

G. DALLEY.

ACKNOWLEDGMENTS.

We acknowledge with thanks the following contemporaries:

- The Guy's Hospital Gazette*—*The King's College Hospital Gazette*—*The London Hospital Gazette*—*The Middlesex Hospital Journal*—*The St. George's Hospital Gazette*—*The Middlesex Hospital Journal*—*The St. Thomas's Hospital Gazette*—*The St. Mary's Hospital Gazette*—*The St. George's Hospital Gazette*—*The University College Hospital Magazine*—*The Episcopian*—*The Hospital*—*The Queen's Medical Magazine*—*The Royal Dental Hospital Magazine*—*The Student*—*The Clinical Journal*—*The Medical Times*—*The Calcutta Medical Journal*—*The Sydney University Medical Journal*—*The University of Toronto Medical Journal*—*The East African Medical Journal*—*The Postgraduate Medical Journal*—*The General Practitioner of Australia and New Zealand*—*The Giornale del Reale Società Italia D'Igiene*—*L'Echo Médical du Nord*—*Revue Belge des Sciences Médicales*—*The British Journal of Nursing*—*The Nursing Times*—*The Leprosy Review*—*The British Journal of Venereal Diseases*.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

A Clinical Evening was held on Thursday, January 23rd, 1936, in the Abernethian Room at 5 p.m., Dr. A. H. Hunt, Vice-President, being in the Chair.

The first case was shown by Mr. J. S. Johnstone—hypertension treated by sympathectomy. The case was of interest, as there has only been one recorded in England previous to this one. As yet there was no sign of a fall in blood-pressure, but the operation was only performed ten days ago.

Mr. M. H. Harmer showed a case for diagnosis which combined jaundice with a cerebral lesion. After much discussion, in which a bad knowledge of anatomy was demonstrated, the diagnosis appeared to be between cholelithiasis combined with either cerebral arteriosclerosis or a cerebral aneurysm which had leaked.

Finally Dr. A. H. Hunt presented a case of bilateral trophic ulceration of the feet. The discussion was quite heated, and a diagnosis was made of either leprosy or familial hypertrophic interstitial neuritis.

RUGBY FOOTBALL CLUB.

FIRST FIFTEEN.

The record of the 1st XV in 1935 left much to be desired, and a statement of the results of fixtures need only be given.

Played 18, won 5, drawn 1, lost 14. Points for, 87; points against, 211.

But as in a cricket match the tea interval may alter the whole aspect of a game, so in a Rugby season the Christmas holidays may work wonders, and now that Copper, Darmady and Mundy are back again and Candler will be playing more regularly, great things are hoped for. Moreover, training is being taken more seriously—

For everybody ought to know
That all the Rugby fifteen go
To bed by ten and up again
They get at six or seven;
And then they practise with a will
Some energetic Swarthill drill,
Or, standing by the window-sill,
Inhale the air of heaven.

The Hospital meets the Middlesex Hospital on Thursday, February 13th, at Richmond, in the second round of the Cup, having drawn a bye in the first round. May there never be any question as to the result!

"A" FIFTEEN.

The following is a list of the matches played by the "A" team this season, up to and including January 11th:

Versus.	Result.
Welch Regiment	Lost, 17-0
Hong Kong and Shanghai Bank	Won, 11-0
Wanstead	Won, 20-6
Weybridge	Lost, 6-0
K.O.R.K.	Lost, 16-5
Old Paulines "A"	Won, 25-8
Downing College, Cambridge	Drawn, 11-11
Chartered Bank of India	Won, 6-0
Charlton Park	Won, 19-0
Royal College of Art	Won, 33-8
Wasps "A"	Won, 11-3
Rosslyn Park "A"	Drawn 8-0
Downing College, Cambridge	Won, 14-5
Watford "A"	Lost, 11-5
Old Cranleighs "A"	Won, 24-0
Beckenham	Won, 8-6

ASSOCIATION FOOTBALL CLUB.

HALF-SEASON REPORT, 1935.

The number of Freshmen wishing to play the ASSOCIATION game has been less than usual this year, but of the few, three have shown very promising form and are now playing in the 1st XI. They are

R. W. A. Coleman from Westminster, I. O. Gallimore from Malvern, and A. I. Ward from Mercers'. The 1st XI has been made up of last year's regular players. The loss of Bloom (centre forward) and Dally (outside left) presented an urgent problem at the beginning of the season, but after one or two experiments Carey and Ward have settled down well in these two positions. Pat Hardie has returned to the club after his illness and has taken up his old position at left back. The 1st XI is looking forward with confidence to the Cup-ties. We hope they will avenge on U.C.H. the unexpected defeat of last year.

The league matches have been won very easily, and the record reads:

Played 4, won 4; goals for, 26; goals against, 4.
Up to the end of 1935 the 1st XI had played 12, won 7, lost 4, drawn 1; goals for, 42; goals against, 23. The only heavy defeat has been against our old "enemies", the Casuals, who sent down a very strong side and won 6-0.

The 2nd XI forward line has been a bit of a problem owing chiefly to the lack of an adequate outside right, but the return of James in the New Year will, we hope, solve the difficulty.

The 2nd XI have the following record:

Played 14, won 7, lost 6, drawn 1; goals for, 48; goals against, 35. The defence will have to be tightened up if the Junior Cup is to be retained.

The 3rd XI has had its usual crop of scratched games. They have played 7, won 1, lost 5, drawn 1; goals for, 15; goals against, 37.

INTER-HOSPITALS ASSOCIATION FOOTBALL CUP.

1st Round.

Played at Perivale on Thursday, January 30th, v. U.C.H. Result: U.C.H. 2; Bart's 3.

When the fixture list was originally compiled, the date of the 1st round of the Senior Cup gave the Club plenty of time in which to recover from the Christmas feeling and to get into training, but the atrocious weather upset our plans, and the 1st XI took the field without having played a game since December 21st. But we need not have worried; U.C.H. were well and truly beaten—far more easily than the one-goal margin suggests. In the second half particularly Bart's were superior everywhere, and only a little lack of accuracy in shooting or a little ill-luck prevented the Hospital from running up a big score.

The play of the Hospital halves was splendid. On a filthy pitch they were untiring in defence and attack. Coleman at right half was outstanding and completely "bottled up" Kees, a clever and dangerous forward. The forwards, after an uninspiring first twenty minutes, settled down well. Carey led the line well; Brownless worked tremendously hard and was always on the spot to snap up the loose ball. Waring took over the outside-right position from Nicholson, who was injured, and having regard to the strangeness of the position played extremely well. McKane in goal had very little to do, but that little he did well. Knowles was his usual cool self (when will Knowles play a bad game?). Hardie had one of those unfortunate days which occasionally come his way. Finally our thanks are due to the lady whose loving care provided those flashing scarlet stockings which inspired our captain to his fine display.

The first half opened rather unfortunately, as three rather simple chances of scoring were missed in the first fifteen minutes. However, in the thirty-eighth minute Carey passed back to Brownless, who swung the ball out to the left. Ward dashed in and centred back to Brownless to complete the movement. Six minutes later Brownless followed up a loose ball and forced a corner on the right. Waring took the kick, and landed the ball beautifully on Gallimore's head for him to score the second goal.

The second half was all Bart's, but a breakthrough by Rees in the twelfth minute enabled that player to score a fine goal. Eight minutes later Bart's scored their last goal—Coleman to Waring. Waring to Brownless, Brownless to Carey, who scored from 20 yards out with a shot that went into the net at the top right corner. In the closing minutes U.C.H. attacked vigorously, and scored again after a goal-mouth scramble.

Team: T. O. McKane (goal); H. Knowles, P. J. Hardie (backs); R. W. A. Coleman, D. E. S. Howell, J. L. Cardwell (halves); J. W. B. Waring, P. A. K. Brownless, C. J. Carey, I. O. Gallimore, A. I. Ward (forwards).

HOCKEY CLUB.

The record for the first half of this season is as follows: Played 10, won 4, lost 4, drawn 2; goals for, 27; goals against, 15.

On the whole it has been successful. The team this season has played together much better than in the previous two—a fact which has been most evident in the forward line. The only match lost by more than two goals to none was a Wednesday game, when only half the first team were playing. We have had the misfortune to have to cancel the majority of our Wednesday matches, being unable to raise a representative side. It is hoped that more players will make an effort to turn out this half of the season, for the higher rugby teams are able to manage, so there is little reason why we should not.

The first round of the Inter-Hospitals Cup is to be played off at the beginning of February. St. Bartholomew's is drawn against Guy's, and as there has been no hockey since Christmas on account of the state of the ground, the result may depend very largely upon which team is in the worst training.

At the end of the season the Hockey Club hopes to take part in a Festival at Munich. This is a new venture on the part of the Club, and it is hoped that members of the 1st XI will make a special effort to join the tour.

LAWN TENNIS CLUB.

At the Annual General Meeting of the Club, held on November 20th, 1935, the following officers were elected:

President: Sir Charles Gordon-Watson.

Vice-President: Mr. H. G. Bowford-Russell.

Captain 1st VI: W. K. Frewen.

Hon. Secretary: G. L. Wav.

Captain 2nd VI: T. M. C. Roberts.

Committee: R. C. Witt.

UNIVERSITY OF LONDON OFFICERS' TRAINING CORPS.

No. 1 PLATOON (MEDICAL UNIT).

The first parade of the new term took place on Monday, January 20th, and was well attended. Meetings are held every Monday at 5 p.m. in the Anatomy Theatre, at which anyone wishing to join the Unit will be welcomed. The Contingent Ball has been postponed.

The following officer cadets were successful at the Certificate examinations held in November, 1935:

Certificate "A": Cody, W. T. K., Gimson, L. V., Hudson, E. G., Redman, V. L., Sullivan, B., Weston, J. W.

Certificate "B": Bassett, I. H., Brownless, P. A. K., Clarke, S. H. C., Halper, N. H., Messent, J., Taylor, W. N.

The next examinations take place on March 10th and 11th, 1936.

CORRESPONDENCE.

SQUASH COURTS.

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

SIR,—There has been a strong feeling among many people for some time past that the Hospital needs standard squash courts. The present ones are very inadequate and in bad repair. It is therefore hoped that it will be possible to replace the present ones by two new ones of the correct size, with wooden floor and in every way standard, also with a gallery. Estimates have been made out and collections started. The sum required is £987.

Before we can hope to collect funds from private sources it is essential that there should be a good response from the students themselves. We propose therefore shortly to give every student an envelope and ask him to put in it a donation—however small—and then put the envelope in a collecting box. We sincerely hope that everyone will be as generous as they are able.

Yours faithfully,
J. S. JOHNSTONE
(pp. Squash Committee).

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

MY DEAR MR. FOSTON,—It has come to my knowledge that the students of the Medical College are anxious to convert the present fives court, in Charterhouse Square into squash racquets courts.

The Dean informs me that he has already approved the suggestion that any monies collected by the students in future towards the College Appeal Fund shall be allocated for this purpose to these squash racquets courts, and that he is prepared to recommend to his Council that this action shall be adopted by them. He also further tells me that he has received another subscription towards this purpose.

The cost I understand for the conversion of these courts will be about £900.

I will myself give £25 towards these courts if 25 other people will do the same, which will go a long way towards finding the sum of money required. It does seem to me to be very highly desirable that the ability for students to get some exercise should be provided on the new site.

Yours sincerely,
"AN OLD BART'S MAN".

January 22nd, 1936.

REVIEWS.

ENDOCRINE TUMOURS AND OTHER ESSAYS. BY FREDERICK PARKES WEBER, M.A., M.D., F.R.C.P., F.S.A. (London: H. K. Lewis & Co., Ltd., 1936.) 8vo.

Dr. Parkes Weber published an interesting book, *On some Thoughts of a Doctor*, which was reviewed in our columns last year (vol. xlii, p. 113). He now issues a further series of essays dealing with many subjects besides those on endocrine tumours which give their name to the book. The essays testify to his many-sidedness, and to his ability to make each of his essays both original and readable. The value of the book, too, is enhanced by a series of references to work already done elsewhere on the subject of each essay, references which will enable the reader to make further exploration should he be so inclined. Apart from the papers on endocrine tumours Dr. Parkes Weber writes on the classification of disease: on the treatment of habitual constipation; on the reason why change of air is beneficial for brain workers who are run down, and why sea air sometimes causes biliousness. The essay entitled "Two Diseases Due to Fashion in Clothing" is valuable as well as timely. He attributes the disappearance of chlorosis, once so common in young women, to the disease of corsets producing tight lacing. Its place has been taken by a chronic erythema of the legs in a similar type of patient, and to this affection he gives the cumbersome name of "erythrocytosis frigida crurum femininum"—a new name for an old trouble which had almost died out. Throughout the Middle Ages it was known as "mormale". It resulted from prolonged kneeling on cold stones, and was prevalent amongst the religious of both sexes. It was a bilateral inflammation of the shins beginning as a painful erythema, ulcerating and often leading to necrosis of the tibia. Treatment was of little use, and the affection obtained the sinister name of "malum mortuum," which in process of time became known colloquially as "mormale" the despair of French and English surgeons from the eleventh to the sixteenth centuries. It died out after the Reformation, when there was less kneeling and stockings became thicker. Dr. Parkes Weber points out that it is reappearing now that thin silk stockings and short dresses are in vogue. But as baths are commoner and treatment is better the old bad results do not occur, and it remains as a symmetrical painful erythema of the lower part of both ankles, troublesome enough but not serious.

AN ANTHOLOGY OF WIT. BY ALEX. E. ROCHE, M.A. (London: H. K. Lewis & Co., Ltd., 1935.)

An Anthology of Wit which, in this year of grace, gives twelve of its thirty-six pages to the author of *The Lays of Ancient Rome* is a remarkable phenomenon. The producer of this phenomenon confesses to the gentle feminine habit, when reading, of underlining such passages as catch his fancy—a habit, he says, which has simplified the production of his book. No doubt; but we cannot think that it excuses it. Perhaps of the volume has left us about equally amazed by what is included and by what is omitted. Has

he, in all Shakespeare, found nothing wittier than Bottom's "roaring lion"? Has he not met, for example, a certain gross, fat knight who was not only witty in himself but "the cause that wit is in other men"? But perhaps he relied on Sir John to do his own underlining with that nose which at death became "as sharp as a pen"—and was disappointed by the old rascal. Has he found nothing at all to underline in Chaucer, Congreve, Dryden, Swift, Addison, Pope, the Samuel Butlers, Sterne (who himself pitted "the man who can travel from Dan to Beersheba and cry 'Tis all barren'"), Disraeli, Meredith and a host of others? We cannot suppose that he has not some acquaintance with these authors, and we even credit him with the knowledge that many, if not all, of them were in wit the superiors of Macaulay—that "library in breeches". Why, then, is there no single quotation from any of them? Perhaps the most charitable explanation is that our author—

Has lived in some dim, drear dext
For most of his reading life,
With the point of his pencil broken
And nowhere a pocket knife.

Nevertheless we predict a good reception for this book. Who among us, laying his hand upon his heart, can deny that at one time or another—in his first childhood or in his second—he regarded Macaulay as the greatest of all authors?

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

ADAMSON, H. G., M.D., F.R.C.P. "Eczema: Its Definition and its Aetiology." *British Journal of Dermatology and Syphilis*, December, 1935.

ADRIAN, E. D., M.A., M.D., F.R.C.P. (and YAMAGIWA, K.). "The Origin of the Berger Rhythm." *Brain*, lviii, Part 3, September, 1935.

BERTWISTLE, A. F., M.B., Ch.B., F.R.C.S.(Ed.). "Grooved Aluminium versus Wooden Splints." *Lancet*, January 18th, 1936.

COCKRYNE, E. A., D.M., F.R.C.P. "Diseases of the Thyroid Gland in Children." *Practitioner*, December, 1935.

COLLINS, SIR WILLIAM JOB, K.C.V.O., M.D., M.S., B.Sc., F.R.C.S. "The Royal Commission on Vaccination, 1889-1890." *Practitioner*, November, 1935.

DALE, SIR HENRY H., C.B.E., M.D., F.R.C.P., F.R.S. "The Harvian Origin on Some Epochs in Medical Research." *Lancet and British Medical Journal*, October 26th, 1935.

DALRYMPLE-CHAMFENEY, SIR WYNDON, BART., M.D., F.R.C.P. "Undulant Fever, with Special Reference to its Clinical Aspects in England and Wales." *Lancet*, December 28th, 1935.

DAVIES, J. H. TWISTON, M.B. "Relative Frequency of Certain Skin Diseases." *British Medical Journal*, January 18th, 1936.

DUNDAS-GRANT, SIR JAMES, K.B.E., M.D., F.R.C.S. "Measurement of Loss of Hearing in Decibels by Means of Tuning Forks." *Lancet*, November 2nd, 1935.

DUNHILL, SIR THOMAS, K.C.V.O., C.M.G., M.D., F.R.A.C.S. "Ithyrotoxicosis: Surgical Aspects." *British Medical Journal*, November 30th, 1935.

ELAM, JOHN, M.B., F.R.C.S., L.R.C.P. "Gas-and-Air Apparatus for Midwives." *Lancet*, November 30th, 1935.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Prognosis of Internal Derangement of the Knee-joint." *Lancet*, November 30th, 1935.

EXAMINATIONS, ETC. University of Oxford.

The following degrees have been conferred:

B.M.—Davis, H. N., Jewesbury, E. C. O., Ward, F. G.

University of Cambridge.

The following degrees have been conferred:

M.D.—Rowell, G. L. F.

M.B., B.Chir.—Cookson, J. S., Thorne Thorne, B.

M.B.—Hadfield, S. J., Warren, W.

B.Chir.—Bacon, L. J., Winter, J. R. J.

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1935.

Part I.—Bacon, L. J., Darmady, E. M., Dorrell, E. W., Fulton, I. N., Maddox, F. C., Parks, J. W., Saxton, R. S., Swain, R. H. A., Ward, J. H., Winter, J. R. J.
Part II.—Bacon, L. J., Diack, K. O., Braithwaite, F., Darmady, E. M., Lown, J. F., Stallard, A. F., Winter, J. R. J.

University of London.

M.D. Examination, December, 1935.

Branch I (Medicine).—Morrison, R. J. C.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1935.

Raynes, T. L. S., Clements, P. E. G., Edward, D. G. H., Frost, L. D. B., Joseph, H. S., Latter, K. A., McGladdery, H. M., Mason, J. I. C., Park, W. D., Stewart, J. M.

Supplementary Pass List.

Group I.—Beach, H. L. W., Corea, F. E., Rigby, E. P., Taylor, G. R.

Group II.—Anderson, C., Prothero, D. A., Roberts, J. C., Rosser, E. ap I.

First Examination for Medical Degrees, December, 1935.

Acres, G. C., Bevan, J. E. C., Bromley, W. A., Canti, G., Coggin-Brown, P., Cooper, E. J. F., Elek, S. D., Ezechiel, P. A., Golden, M. E. H., Hamby, T., Howells, G., Jackson, B., Jacobs, J., King, H., Laybourne, M. N., McNair, T. E. L. J., Mathes, C. J., Parker, K. H. J. B., Phillips, H. T., Sandilands, J. A. J., Thomas, E. G., Wigglesworth, R.

Royal College of Physicians.

The following have been admitted Members:

Briggs, G. O. A., Francis, A. E., Hele, T. S., Napier, L. E.

Royal College of Surgeons.

The Diploma of Fellow has been conferred on the following:

Beath, T., Birdsall, S. E., de Quadros, A. N., Diggle, W. S., Fleming, H. T., Gerstman, S. R., Gladell, L. W., Green, A. O., Grocott, J., Magdi, I., Matheson, I. W., Mehrez, I., Moroney, P. B., Morris, E. W. T., Scott, P. G., Shucksmith, H. S., Snell, V. C., Somerset, J. B., Tubbs, O. S.

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

Benson, R. L., Cope, J. W., Little, A. W., McMahon, R. J. H., Sobhi, H., Young, N. A. F.

Royal Colleges of Physicians and Surgeons.

The following Diplomas have been conferred:

D.P.H.—Kayne, C. G., Naidu, C. R.
D.P.M.—McMenomey, W. H., Watkin, J. H.
D.A.—Attwood, J. H., Barnsley, A., Palmer, E. A. E., Rait-Smith, B., Ross, K. M., Scott, J. D., West, J. H., Wright, F. C.

British College of Obstetricians and Gynecologists.

The following have been admitted to the **Membership**:

Iovnsend, R. S., Vartan, C. K.

Conjoint Examination Board.

Pre-Medical Examination, December, 1935.

Chemistry.—Perkins, C. P.
Physics.—Gollidge, A. H., Lemerle, M. E.
Biology.—Haga, P. J., Jacobs, J.

First Examination, December, 1935.

Anatomy.—Hall, W. S., Pickering, G. H., Schofield, G. B., Storey, T. P.

Physiology.—Dawney, P. F. H., Hardie, P. J., Meyers, R. L., Schofield, G. B., Storey, T. P.

Pharmacology.—Billinoria, B. K., Halford, K. B., Mundy, N. B., Perrott, J. W., Way, G. L., Young, G. L.

Final Examination, January, 1936.

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

Barnard, E. J. W., Clarke, E. P., David, J. E. A., Frauklin, C. D., Ghosh, J., Hutt, C. W., Leach, L. R., Littlepage, S. E., Lockett, J. M., Mills, P. J. W., Moore, F. T., Ogilvie, J. D., Oliver, W. A., Prawer, R. B., Roy, A. N., Sandell, L. J., Sugden, K. H., Tidswell, T. H., Underwood, J. E., Ward, J. H., Winter, J. R. J., Wolfe, H. L., Wooding, J. E., Young, P. L., Young, W. J.

L.M.S.S.A.

Primary Examination, January, 1936.

Physiology.—Benson, T. L.

Final Examination, January, 1936.

Medicine and Forensic Medicine.—Mills, C. W.

Midwifery.—Anderson, J. D.

CHANGES OF ADDRESS.

COX, H. CHAVE, "Stanley Lodge", Winnington Road, Hampstead Lane, N. 2. (Tel. Speedwell 0000.)

GRIFFIN, W. B. (late of Scarborough), Bourne Crest, Farnham, Surrey.

WARE, C. E. M., 20, Whitworth Park Mansions, Manchester 14.

WHITBY, H. A. MORTON, 24, Steele's Road, N.W. 3. (Tel. Primrose 6227.) 7, Harley Street, W. 1. (Tel. Langham 1641.)

WILLIAMSON, W. T., 19, Lintott Avenue, Brighton 7.

APPOINTMENT.

MILNER, J. G., M.B., B.Ch.(Cantab), F.R.C.S., appointed Assistant Surgeon to the Royal Westminster Ophthalmic Hospital.

BIRTHS.

BAMFORD.—On January 28th, 1936, at 40, St. Mary's Street, Fly, Cams, to Mollie (*née* Leeming), wife of Dr. Brian Bamford—a daughter.

BRIGG.—On January 10th, 1936, at Yew Dell, Chipping Norton, to Kitty, wife of D. A. Brigg, M.B.—a son.

HENSMAN.—On January 20th, 1936, at 20, Devonshire Place, W. 1, to Catharine, wife of Dr. Stuart Hensman, 2, Buckingham Street, Buckingham Gate, S.W. 1—a daughter.

SNOW.—On December 20th, 1935, at the British Family Hospital, Poona, to Mary (*née* Burton), wife of Capt. J. E. Snow, R.A.M.C.—a son.

MARRIAGE.

GWILLIM—ECCLESTONE.—On January 23rd, 1936, in London, Calvert Merton Gwillim to Evelyn Mary, eldest daughter of Alfred Ecclestone, of Newcastle-under-Lyme, and of the late Mrs. Ecclestone.

DEATHS.

BOYTON.—On January 26th, 1936, Edward Thomas Augustus Boyton, L.R.C.P., of Forest Gate, E. 7, aged 80.

DOUGLAS.—On January 20th, 1936, at 78, Buckingham Gate, S.W. 1, Stewart Ranken Douglas, F.R.S., F.R.C.P., youngest son of the late James Alexander Douglas.

HARRISON.—On January 24th, 1936, suddenly, at "Crossways", Charnaudean Road, Worthing, Henry Leeds Harrison, M.B. (Cantab.).

MORRIS.—On January 23rd, 1936, at "Southfield", Harrogate, Richard John Morris, C.D.E., M.D., aged 75.

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. I. 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. XLIII.—No. 6.]

MARCH 1ST, 1936.

PRICE NINEPENCE.

CALENDAR.

Mon., Mar. 9.	Special Subjects: Lecture by Mr. Bedford Russell
Tues. " 10.	Dr. Graham and Mr. Girling Ball on duty.
Wed. " 11.	Association Match v. Northampton Engineering College. Away.
Fri. " 13.	Dr. Geoffrey Evans and Mr. Roberts on duty.
Sat. " 14.	Association Match v. Richmond College. Away. Hockey Match v. Oxford University Occasionals. Away.
Mon. " 16.	Special Subjects: Lecture by Mr. Emslie.
Tues. " 17.	Prof. Witts and Prof. Paterson Ross on duty.
Thurs. " 19.	Abernethian Society: Lecture by Sir James Walton on "Gall-stones". Last day for receiving matter for the April issue of the Journal.
Fri. " 20.	Dr. Hinds Howell and Sir Charles Gordon-Watson on duty.
Sat. " 21.	Hockey Match v. Harlesden. Home.
Tues. " 24.	Dr. Gow and Mr. Wilson on duty.
Fri. " 27.	Dr. Graham and Mr. Girling Ball on duty.
Sat. " 28.	Rugby Match v. Torquay Athletic. Away. Association Match v. H.A.C. Away.
Mon. " 30.	Rugby Match v. Redruth. Away.
Tues. " 31.	Dr. Geoffrey Evans and Mr. Roberts on duty. Rugby Match v. Falmouth. Away.
Fri., April 3.	Prof. Witts and Prof. Paterson Ross on duty.
Sat. " 4.	7-a-side Rugby Competition.
Tues. " 7.	Dr. Hinds Howell and Sir Charles Gordon-Watson on duty.
Fri. " 10.	Dr. Gow and Mr. Wilson on duty.

EDITORIAL.

THE rapid progress now being made in the building of the new Medical Block—quite as surprising in many ways as the speed of the demolition process—has revealed a new face already. But, to our amazement, the promised old stone facing is not to be, and the stone, so carefully marked and laid aside, has apparently been rejected after all.

It is only to be hoped that changes so alarming are not in store in the visceral constitution of the skeleton we see. Is it, in fact, really going to relieve the congestion and evident shortcomings of the present arrangement? Is it going to bring with it much less walking and moving about for vast numbers of people? Is it eventually to achieve the ambition of satisfying the Special Departments by housing them all in one block,

so obviating the present arrangement entailing the lodging of patients in wards far apart and, provided in the first instance, for quite a different purpose? Time alone will show us: and in the meanwhile, one problem in particular is no doubt claiming a great deal of the authorities' attention. We refer to the question of Surgery Ward, whose shortcomings have been evident for a long while. If the imminent changes allow for its expansion, perhaps by its transference, that indeed will be a boon to future generations of physicians and surgeons on duty. For the present, however, we live in ignorance and hope.

Indeed, it is easier to look around us and appreciate what is happening already where "change still doth reign and keep the greater sway". We have, for example, the experimental scheme under which clinical appointments are so arranged that no medical firm in any one quarter contains both "first-time" and "second-time" clerks and no surgical firm both "first-time" and "second-time" ward dressers. Hitherto the seniors and juniors have been mixed indiscriminately except on the medical professional unit. As a consequence of this scheme, which is obviously beneficial from the teaching standpoint, some dressers have necessarily to do their first surgery-dressing and their first ward-dressing under different surgeons or to split their first six months' surgery with a junior medical appointment. It has, in fact, weakened the "Firm" tradition, and with the beds in the Septic Wards now allotted to the Casualty Surgeons, junior dressers in their first months may not come into contact with the surgeon or assistant surgeon of the firm to which they are attached and to which, when the opportunity comes, they may presumably apply to be appointed as casualty or junior house surgeon.

On the Medical Side, on the other hand, the scheme is said to be more efficacious, and it may be that, when the conclusions are drawn, it may be applied in their case and rejected on the Surgical Side. It is, however,

early as yet to venture any prophecy, as the scheme is purely an experiment and it will be interesting to see its evolution.

Once more we have, with regret, to record the retirement of an Editor, but at the same time we welcome the opportunity of congratulating Mr. D. W. Moynagh on his appointment to the editorial staff of *The Lancet*—a task for which he has shown himself most admirably fitted by the excellent service he has given the JOURNAL. We wish him every success in his new venture.

We heartily congratulate Mr. H. P. Nelson on his appointment as Assistant Surgeon to the London Hospital.

The attention of our readers is drawn to the Sessional Address to be delivered to the Abernethian Society on Thursday, March 19th, at 8.30, by Sir James Walton, on "Gall stones".

The Rugby Football Club announce that the Annual Dance will be held at 16, Bruton Street, on April 4th. Tickets may be obtained by applying to the honorary secretary.

As we go to press the news of a double reverse reaches us. In the semi-final of the Hospitals Rugby Cup St. Thomas's Hospital defeated us by a dropped goal and two penalty goals (ten points) to nothing, while in the final of the Hospitals Association Cup St. Mary's Hospital were victorious by four goals to three.

We heartily congratulate P. L. Candler on having played for England in all three International Rugby Football matches, and especially on being a member of the side which gained a memorable victory over New Zealand. It is with great pleasure that we note his inclusion in the side for the Calcutta Cup Match at Twickenham on March 21st.

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

Junior House Physicians—	
Dr. Hinds Howell	Turner, J. W. A.
Dr. Gow	Warren, W.
Dr. Graham	Black, K. O.
Prof. Witts	Paterson, J. F.
Dr. Geoffrey Evans	Jewsbury, E. C. O.

Casualty House Physicians—	
Dr. Hinds Howell	{ Swain, R. H. A. (May).
	{ David, J. E. A. (Aug).
Dr. Gow	{ Cookson, J. S. (May).
	{ Brown, K. P. (Aug).
Dr. Graham	{ Prewer, R. R. (May).
	{ *Jopling, W. H. (Aug).
Prof. Witts	{ Wolfe, H. L. (May).
	{ Oliver, W. A. (Aug).
Dr. Geoffrey Evans	{ Winter, J. R. (May).
	{ Davis, H. Noel (Aug).

Junior House Surgeons—	
Sir C. Gordon-Watson	Dalley, G.
Mr. Harold Wilson	Braithwaite, F.
Mr. Girling Ball	Ward, F. G.
Mr. J. E. H. Roberts	Morel, M. P.
Prof. J. Paterson Ross	Baynes, T. L. S.

Casualty House Surgeons—	
Sir C. Gordon-Watson	{ Merriman, B. M. (May).
	{ *Brentnall, G. C. (Aug).
Mr. Harold Wilson	{ Hutt, C. W. (May).
	{ Leask, L. R. (Aug).
Mr. Girling Ball	{ Buckland, L. H. (May).
	{ Underwood, J. E. (Aug).
Mr. J. E. H. Roberts	{ Prothero, D. A. (May).
	{ Farquhar, J. V. L. (Aug).
Prof. J. Paterson Ross	{ Joseph, H. S. (May).
	{ Ogilvie, J. D. (Aug).

Intern Midwifery Assistant (Resident) Wheeler, F. E.

Intern Midwifery Assistant (Non-Resident) Danino, M. A.

Extern Midwifery Assistant Young, W. J. (May).

Gabb, R. T. (Aug).

H.S. to Throat and Ear Department Younghan, J. G.

Junior H.S. to Throat and Ear Department Gabb, R. T. (May).

Buckland, L. H. (Aug).

H.S. to Ophthalmic Department Martin-Jones, I. D.

H.S. to Skin and Venereal Departments Hinds Howell, C. A. (May).

(Non-Resident) Hunt Cooke, A. (Aug).

H.S. to Orthopaedic Department Dale, R. H.

H.P. to Children's Department Reavell, D. C.

Junior Resident Anaesthetists Mundy, R.

Nicoll, J. A. Vere.

Non-Resident Anaesthetist Wilson, I. D.

* If qualified.

ANÆSTHESIA YESTERDAY AND TO-DAY.

THE advance of anæsthesia is a romance of modern medicine. Thanks to the chemist and pharmacologist, progress has been rapid in the last few years. No longer is the anæsthetist looked on with suspicion, for his branch of the profession has been granted a diploma, and his field of operations is much wider. With increased scope has come greater responsibility; for he shares with the surgeon the duty of deciding what type of anæsthetic should be administered. Not only has the scope of his work increased, but also his impedimenta. Years ago the anæsthetist carried a small bag containing a bottle of ether and a bottle of chloroform, together with a mask and lint; these with a gag and tongue forceps were all that was carried. Such was the chloroform era. But it is not for us to smile condescendingly on the days that are gone, but rather to marvel with due humility at the results obtained by those same wizards who wielded the drop-bottle. Foremost among them were Mills and Richard Gill. To Mills we owe the chloroform drop-bottle and tradition has it that it was suggested to him whilst watching a

cockney sprinkling his whelks with vinegar from the sprinkler that is still in use in oyster-bars to-day.

Gill was chloroformist to this hospital for many years, and his skill with the drop-bottle and lint was superb. He was a master, and many Bart.'s men owe him a debt of gratitude for teaching a very useful and simple method of achieving anæsthesia. As an anæsthetic, chloroform, however, has certain drawbacks—a toxic action on the liver, a strong depressant action on the heart and often marked post-operative vomiting. In order to minimize these risks the nitrous-oxide ether chloroform sequence was evolved. At St. Bartholomew's this method was taught by Mr. Foster Cross, and in his hands proved most satisfactory. Dr. Hadfield used a different technique, though he also used a Clover's ether inhaler for induction. He substituted ethyl chloride for gas and open ether for chloroform. Mr. H. E. G. Boyle had been working on the old problem of the ideal anæsthetic, and to him we owe the Boyle's gas-oxygen machine, which in its present form is still the simplest and, in my opinion, the safest machine of its type in use to-day. Boyle's introduction of the nitrous oxide oxygen method into the Hospital marked the beginning of a new era in anæsthesia. He also introduced to us hyoscine compounds "A" and "B" for pre-medication, and with the advent of this combined technique post-operative vomiting greatly decreased. As the method became more widely used, so did our skill increase, so that many operations were performed without mixing ether with the gas-oxygen. It is a source of great satisfaction to the anæsthetic staff that Mr. Boyle has had the Honorary Fellowship of the Royal College of Surgeons of England conferred upon him for his work in furthering the progress of anæsthesia.

Improved apparatus led to a modified approach, and the needs of the surgeon for an uninterrupted and unencumbered field of operation round the head and neck led to the adoption of the endo-tracheal insufflation method. This was first used some years ago by Boyle. A bellows pumped air over the surface of the ether, the vapour of which was delivered to the lungs by means of an endo-tracheal catheter. This method was replaced by the Boyle's machine, which enabled us to give nitrous oxide and oxygen direct. At first insufflation was used freely, but gradually it became restricted to operations on the head and neck, chest and abdomen. For operations on the upper abdomen insufflation with an endo-tracheal catheter gives as quiet a field for work as any owing to the gentle respiration induced. In the ordinary insufflation method a small catheter is used, but Magill has perfected a technique using a large soft one. In this the patient breathes wholly through the

catheter and the pharynx may be completely packed with gauze. This technique is most useful for operations inside the mouth, but is not as suitable for abdominal surgery as the insufflation method, which gives a quieter abdomen. Endo-tracheal anæsthesia has been criticized by some because it leads to a sore throat and laryngitis. This is only a half-truth, and it may be said that there will be no trouble of this sort if the catheter is passed correctly and at the proper time. If the laryngoscope is handled carelessly and the patient is too lightly anæsthetized trauma will result. Sore throat is caused by careless intubation and coughing, due to too little anæsthetic. If a catheter is to be passed under very light anæsthesia the larynx should first be sprayed with 10% cocaine. Another criticism of the method is that it predisposes to sepsis. It has been suggested that septic material may be carried into the trachea by the passage of a catheter through the nose into the larynx. Theoretically this may be true, but experience shows that there is no greater incidence of chest complications when this method has been used.

THE IDEAL ANÆSTHETIC.

From time to time new anæsthetic agents are tried out at the Hospital; ethylene, vinethene and cyclopropane have all been used with varying success, but it is too early to venture an opinion on them. This search for new agents, however, suggests that the ideal anæsthetic has still to be found, and this should fulfil the following conditions:

- It should be pleasant to take and have little odour.
- It should be non-toxic and rapidly eliminated.
- It must not unduly depress respiration, and the circulatory system should not be affected.
- Relaxation should be obtained easily and there should be a wide margin of safety.
- There should be no after-effects such as vomiting and nausea.

In fact we need something that will make the patient insensible to pain, but from which he will waken as from normal sleep. No anæsthetic at present approximates to this ideal, but by the use of suitable pre-medication we can get within reasonable distance of it. Thanks to gas-oxygen and improved pre-medication, anæsthesia has lost most of its terrors. No longer need the patient experience hours of vomiting with the taste and reek of stale ether and the general feeling of misery which is its accompaniment. Not only have we the aftermath to deal with, but also the question of the induction, for there are patients who are literally terrified of a mask being applied to the face. Many of them have had previous experience of anæsthetics, and have, perhaps, been made to feel suffocated. It is for these patients that drugs like avertin, nembutal and evipan come as a real boon. There is no need for any

sense of suffocation if an anæsthetic be well administered, but if a patient has once experienced this sense of being "blown up" he fights shy of a gas-mask a second time.

Pre-medication undoubtedly has its place in surgery, but it must be used with discrimination and a sense of proportion. The intravenous route can be just as safe as the oral, provided the man with the syringe is careful and competent. The following is a list of the routes by which the various drugs for pre-medication are given:

- (a) Rectal: avertin, paraldehyde.
- (b) Oral: nembatal.
- (c) Hypodermic: hyoscine, comp. A and B; omnopon and scopolamine.
- (d) Intravenous: evipan, nembatal.

It is sometimes advisable to use a simple preparation like hyoscine compounds "A" or "B" alone, yet this may be used preparatory to the use of another drug like nembatal orally or evipan intravenously. On the other hand, it is quite usual to omit the preliminary hypodermic injection of morphine and hyoscine; it depends upon the state of consciousness required. Our aim is threefold: To remove apprehension, to diminish the amount of anæsthetic required, and thus to avoid unpleasant after-effects.

There are different methods of using these drugs, but the following have been found satisfactory:

DRUGS PRODUCING COMPLETE UNCONSCIOUSNESS.

Avertin, which is given *per rectum*, is tri-brom-ethyl-alcohol, and proves most effective in use. It produces complete unconsciousness, and its dosage is gauged to a large extent by the body-weight. The usual dose is 0.1 grm per kilo body-weight, and Messrs. Bayer Products give a dose-table based on the body-weight in stones. Experience is necessary in the grading of the dose, but the dose-table supplied is a rough guide. Above 12 st., however, which corresponds to a dosage of 7.6 gm. of avertin, caution is necessary; more than this quantity should be run in only in small amounts (15 to 20 c.c. of solution at a time).

Children react well with avertin (in fact the recommended dosage is rather on the small side), whereas elderly people need treating with extreme caution. It is quite easy to give the aged more than is advisable, and I have known a woman about 70 years old remain asleep for nearly thirty-six hours. Avertin is put up dissolved in amylene-hydrate, 1 c.c. of the fluid being equivalent to 1 gm. of solid avertin. The makers state that it should always be made up with distilled water at no more than blood heat. Experimentally it has been shown that London tap-water is quite satisfactory.

If the water has no acid reaction all is well, for acid and heat cause the avertin to break down into di-brom-acetaldehyde and hydrobromic acid, both of which compounds are very irritant. Congo red acts as indicator, for should decomposition take place the hydrobromic acid will turn the pink to blue. I think it is important to prepare the avertin a short time before use and not to keep it overnight. In preparing the fluid the requisite amount of avertin is added gradually to water (distilled preferred), which is just pleasantly warm to touch. Five drops of 1 in 1000 Congo red are added to the mixture, which is well shaken, and should now be pink in colour and quite clear. The patient is prepared by a preliminary enema the night before, and every care should be taken to ensure the rectum being empty. The avertin is run in slowly by gravity by means of a tube and funnel, the patient being on his left side, with a pillow under the buttocks. In hospital practice the avertin is given one hour before operation, but this is to allow for difficulties in operation times in a long list. It is well to allow half an hour to elapse before moving the patient after the injection has been given, so as to be quite sure that he will not be roused when moved from his bed.

In avertin anæsthesia the face is flushed, the respiration is quiet and, if the dosage is correct, there is no need to hold the jaw, although this always should be watched. The pulse is quickened at first and then returns to normal and the eye shows very definite signs: the lid is quite slack, the pupil is pin-point and the corneal reflex is sluggish or absent, and yet the patient will respond immediately to stimulus. It is said that coramine given intravenously in doses of 3 c.c. is almost specific if there should be any collapse; actually I have not needed to try its efficacy in a series of several hundred cases. The patient usually requires only a little gas-oxygen to maintain anæsthesia, and the abdomen is to be opened through any other incision than the small appendix one.

The combination of avertin with spinal anæsthesia is definitely contra-indicated, as there is sometimes a fall of blood-pressure (20 mm. Hg.) after the former. Avertin itself is contra-indicated in renal and hepatic insufficiency.

Avertin narcosis lasts a variable length of time, though two hours is the average. Elderly people have been known to sleep for as long as twenty-four hours or so, but this is due to too liberal a dose. Morphia, gr. $\frac{1}{8}$, may be given when the patient comes round, and if there is any trace of excitement this drug will keep the patient quiet and comfortable. It should never be given before avertin except in the case of thyrotoxic patients, and gr. $\frac{1}{8}$ is given to them one hour before

operation at the same time as the avertin is administered. This method works well with the moderately toxic cases, but I have come to prefer omnopon gr. $\frac{3}{8}$ and scopolamine gr. $\frac{1}{150}$, omitting avertin altogether for the very bad cases.

Evipan is a barbiturate and is given intravenously. It is rapidly detoxicated, and hence has certain advantages for intravenous use. It may be combined with a preliminary hypodermic injection of omnopon gr. $\frac{1}{2}$ with or without scopolamine gr. $\frac{1}{150}$ half an hour before. *Evipan* is prepared as a white powder (1 gm.) enclosed in a sterile ampoule, and with it is sent out another ampoule of (10.5 c.c.) sterile distilled water. It is readily soluble, and the solution is injected intravenously in the usual manner. It is important to inject very slowly, at the rate of 1 c.c. every thirty seconds, and after 2 c.c. has been injected, a pause of at least thirty seconds should ensue before giving more. The patient should be made to talk while the injection is made, as speech gives a reliable guide as to the action of the drug. It is very common for the first sign of its taking effect to be a yawn, and this is rapidly followed by blurred speech, and finally a polite but unmistakable snore. "How much *evipan* must I give?" is a frequent question. The answer is best given by Dr. Drysdale's "Enough". A fair guide is to give as much again as produced sleep, so that if the patient requires only 2 c.c. to produce sleep, give a further 2 c.c.; but if 5 are required do not give more than another 2. It all depends upon the length of operation, the anæsthetic to be administered, and whether omnopon has been given as a preliminary.

It is possible to use *evipan* as an anæsthetic, but it is unreliable, and not without its dangers in this capacity. However, it has a very real use as a preliminary to gas-oxygen and may be used in abdominal surgery in combination with gas-oxygen ether; moreover, much less ether will be required than usual, and a very placid anæsthesia is obtained. It is most useful for the patient who wishes to be unconscious before a mask is applied, for its effects are so transient that usually the patient is showing signs of returning consciousness immediately the gas-oxygen is stopped. The contra-indications are the same as those for avertin.

DRUGS GIVING DROWSINESS AND PEACE OF MIND.

Oral.—There are several drugs which may be used, such as sodium soneryl and sodium amyral, but the one I prefer is nembatal. Nembatal, a barbiturate, is put up in capsules of gr. $1\frac{1}{2}$ each, and may be combined with omnopon or hyoscine compound A. This compound is ideal for orthopædic patients, who are

given two capsules of nembatal (which are pricked with a needle to facilitate absorption) one hour before operation. It is a good plan to give a teaspoonful of milk of magnesia with it, as this is said to aid absorption. At the same time hyoscine comp. A or omnopon gr. $\frac{1}{2}$ and scopolamine gr. $\frac{1}{150}$ is given hypodermically. After these the patient comes to the theatre scarcely aware of what is happening and requires very little ether indeed. The after-results are also very satisfactory, for with a further injection of omnopon gr. $\frac{1}{2}$ they remain drowsy and comfortable for the greater part of the day.

Nembatal may be used with slightly different technique, in that one capsule is given the night before, followed by two capsules one hour before operation. The sedative effect is not so marked with this method, but for those people who are upset with morphia it is a very fair substitute. Nembatal is contra-indicated in elderly subjects and in those whose hepatic and renal functions are defective.

Hyoscine compound A consists of morphia gr. $\frac{1}{8}$, hyoscine gr. $\frac{1}{150}$ and atropine gr. $\frac{1}{150}$; while the B contains morphia gr. $\frac{1}{8}$ hyoscine gr. $\frac{1}{150}$ and atropine gr. $\frac{1}{150}$. Omnopon and scopolamine is available in two strengths—omnopon gr. $\frac{1}{2}$ or gr. $\frac{3}{8}$, the scopolamine content being the same in each case, viz. gr. $\frac{1}{150}$. The use of these drugs enables the anæsthetist to control the patient with gas-oxygen only, with the resulting advantage that the patient recovers consciousness at once, thus allowing him to co-operate properly in chest surgery; for it is here that the surgeon requires the patient to be able to cough up any secretion which may have accumulated during the operation. For thoracic surgery in men the hyoscine compound B is satisfactory, and the A for frail women. The bigger dose of omnopon is recommended for healthy adults where relaxation is required with gas-oxygen only. On the other hand, the smaller dose compound is most satisfactory for the elderly patient, who quite frequently is rendered amnesic after its use, and all memory of his visit to the theatre is blotted out. This compound A is very suitable for abdominal surgery, for by its use we are enabled to obtain quiet respiration and it is possible to grade the ether dosage very finely.

Pre-medication for children, in my opinion, resolves itself into the use of two drugs, avertin *per rectum* and nembatal orally. Some children resent the passage of a rectal catheter, but with tact this can be overcome. Given a tactful nurse, who will run the avertin in very, very slowly, the method is quite successful, and the dose of 0.1 grm. per kilo body-weight is not at all too much. As a rule it is advisable not to employ avertin in any child under four years old. Nembatal given

by mouth is very satisfactory indeed for young children, and the dosage recommended is as follows:

Over two years and under five . . . gr. 1½ (one capsule).
Over five and under twelve . . . gr. 2 (not two capsules).
Over twelve . . . gr. 3 (two capsules).

Another way of reckoning the dose is to give 0.6 gr. for each stone of weight.

Nembutal given in this way nearly always produces amnesia, although the child may apparently be quite awake. It is not easy to persuade a child to swallow a gelatine capsule, but the powder may be given in honey or jam. By this means the very bitter taste is avoided.

Remember the anaesthetist's task is like a policeman's—not always a happy one; yet in the words of Shakespeare, "Our true intent is all for your delight".

Finally, two points must be stressed: First, that every case must be judged on its merits; and second, that post-operative chest complications are as likely to ensue if a patient is too long unconscious after laparotomy as it is certain that the emphysematous smoker will become "chesty" after ether.

The following is a list of operations, with suitable pre-operative sedatives:

For Adults.

- Orthopaedic operations and operations upon the extremities:
Omnopon gr. ½, scopolamine gr. 1/10 hypodermically and nembutal gr. 3 orally.
Avertin may be used as an alternative.
- Operations about the mouth and throat:
Short (tonsil)—
Omnopon gr. ½ and nembutal gr. 3.
Evipan intravenously with or without omnopon gr. ½.
Long (plastic)—
Avertin.
Evipan with hyoscine comp. A.
- Block dissection of neck:
As above.
- Thyroidectomy:
Avertin with field block with novocain.
Omnopon gr. ½ and scopolamine gr. 1/10 for the bad cases combined with field block.
- Thoracic:
Hyoscine comp. B for men, and A for frail women.
- Breast:
Avertin or evipan.
- Abdomen:
Appendicectomy—
Avertin, evipan, or omnopon and scopolamine.
Lower abdominal—
Avertin, evipan, or omnopon and scopolamine.
Upper abdominal—
Avertin, evipan, or omnopon and scopolamine.
A field block with novocain adequately performed will usually obviate the need for ether.
- Cæsarian section—
It is wiser to avoid all pre-medication in order to ensure immediate respiration on the part of the child.
- Rectal:
Piles, etc.—
Hyoscine comp. B with low spinal if desired.
Perineal excision—
Hyoscine comp. B with spinal and gas-oxygen.
- Prostatectomy—
Hyoscine comp. B.

FRANKIS EVANS.

A CASE OF CYSTICERCOSIS.

HIS case is interesting because it is rare to find a man acting as both host and intermediate host for the *Tænia solium*. The following is briefly the history of the case:

S. C—, an ex-soldier, now a roadman, was admitted to Rahere Ward under the care of Dr. Geoffrey Evans on January 27th, 1935, complaining of "staggering gait and fits".

1915: He was in a German prisoners of war camp and whilst there passed a tape-worm.

1919: He began to have epileptiform attacks, characterized by sudden loss of consciousness and followed by deep sleep; there was no biting of the tongue or loss of bladder control, but he hurt himself falling. The attacks occurred as frequently as five times in twelve hours, rapidly following each other, and often at night. These attacks continued until four years ago, since when he has been free.

1923: He developed numerous small subcutaneous lumps on his arms and trunk, which, for the most part, have now disappeared.

Three years ago he had a sudden attack of nausea and effortless vomiting unconnected with any other digestive disturbance. During the attack he fell, but did not lose consciousness, and subsequently he first noticed that he was staggering when he tried to walk. The whole attack only lasted for half an hour.

Two years ago he had a similar attack, which was also followed by complete recovery.

One and a half years ago the vomiting became a daily occurrence, and the "staggering gait" has gradually progressing up to the present time.

Four months ago he was admitted to Ipswich Hospital, where he stopped vomiting, but his gait did not improve.

Since then he has been at home unable to work because of his inability to walk.

Past history.—1910: Malaria whilst in India.

1915: Bullet-wound in the left temporal region.

On examination the abnormal physical signs are:

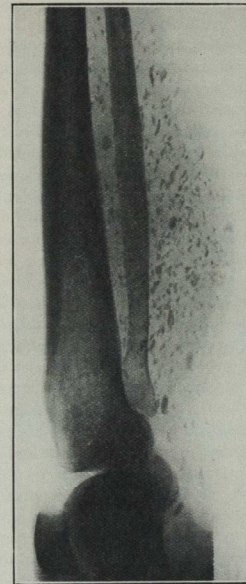
An old scar at the outer canthus of the left eye, with loss of sensation over the surrounding skin area and diminution of the corneal reflex. There is also scarring of the left retina, with diminution of vision in that eye. He has a doubtful nystagmus. Dental sepsis —.

On the forearms are five soft swellings, which are smooth and spherical; they measure ½ in. in diameter and lie in the subcutaneous tissues. Also numerous hard bodies about the size of small green peas can be felt below the skin of the arms and legs. They are not painful.

When walking he staggers from side to side, and cannot turn round sharply. There is no rigidity. Romberg's sign negative.

Pathology.—Blood-count and differential white blood-count normal. Fractional test-meal normal.

Cerebro-spinal fluid: Pressure, 120 mm. Protein: 30 mgrm. %. Globulin: a slight increase. Sugar: present. Chlorides: 730 mgrm. Total cells: 92 white blood-cells; 5 red blood-cells. Lymphocytes, 91%; endothelial cells, 6%; polymorphonuclears, 3%.



Wassermann reaction in the cerebro-spinal fluid negative.

Lange gold curve: 0122100000.

X rays.—Numerous small calcified areas could be seen in the pictures of the legs, pelvis, arms, thorax and neck; but in the picture of the skull only a suggestion of calcified nodules could be seen.

A calcified nodule was excised which on decalcification proved to be a cyst-wall, but any scolices or hooklets had degenerated. The skin-sensitivity test was not done.

Whilst in hospital the patient had one attack of

vomiting, but no fits. He was given "re-educational movements", and within a week was marching about the Square with his old military step.

Apart from the rarity of the diagnosis of cysticercosis, this case is interesting for the closeness with which it follows a series of 72 cases investigated by H. P. F. Dixon and D. W. Smithers in connection with epilepsy. Their cases were all found in people connected with the fighting forces, and it is suggested that the infection is generally acquired in the East, although in this case auto-infection in Germany was most probable. The sites of election for the cyst formation are the muscles and brain, to which the hexacanth embryos are carried by the blood-stream. In the series quoted the symptoms complained of were headache, fever, malaise and epilepsy; and the diagnosis was made by excision of a cyst, by skin tests, which are never constant, and by radiological examination, which shows the calcified cysts giving a snow-storm effect. It takes five years from the time of infection for a cyst to become calcified in muscle, and even longer in the brain. An eosinophilia is usually only found in the acute active stage, whilst changes in the cerebro-spinal fluid are uncommon, two only of the series showing any change, and in both cases a lymphocytosis.

The presence of live parasites in the brain causes little disturbance the epilepsy occurring on the death of the cyst, and being due in part to an increase in the size of the cyst, and in part to a toxic effect.

The cyst is surrounded by a wall of sclerosed neuroglia, with small round-cells and plasma-cells between it and the brain substance. On the death of the cyst there is an increase of cells and degeneration of the cyst and surrounding neuroglia. The damaged area undergoes necrosis, and finally is surrounded with a new sclerosed neuroglial wall.

The prognosis is, as a rule, bad, the number of fits depending on the number of cysts which have lodged in the brain, and usually the fits continue till severe mental deterioration or death occurs. However, in this case the prognosis is good, as five cases have been reported which stopped having fits, and in none of these has there been any recurrence, even as long as fourteen years later.

Treatment can be only palliative; but the diagnosis is important in that it may prevent an operation for cerebral tumour or a diagnosis of familial epilepsy.

REFERENCE.

DIXON, H. B. F., and SMITHERS, D. W.—*Quart. Journ. of M.d.*, xxvii, 1934.

C. A. HINDS HOWELL.

THE SKLIFASOVSKI HOSPITAL, MOSCOW.



HE truth about Russia and Russian institutions is difficult to come by. The Russian feels towards the intourist as many students do towards the visiting staff; and so he never forgets to try and show himself and his institutions off in the best possible light without always having precise regard to the truth. Perhaps this is the reason why so much that has been written in English about modern Russia is either enthusiastically for or enthusiastically against it.

Wishing to write without bias and to avoid that common mistake of making only partly known facts fit feelings, I will just describe what I saw and heard during a visit to the Sklifasovski Hospital and the reader shall be left to make his own inferences, and, if he likes, he can wonder about the answer to some of the following questions for himself. Would patients get as good and as rapid attention in London if State medicine replaced our present voluntary system? If all the hospitals were centrally controlled in London, as in Moscow, could the clinical material be better used for purposes of research? Could such a "unit" as Prof. Gask visualized on his last round at St. Bartholomew's—a unit which could tap all the clinical material in England—more quickly become reality under state-controlled and centralized medical services? Would the personal touch of the physician be lost under such a system?

"Intourists," the Russian travel bureau, arranged the visit, and were kind enough to provide me with an expensive interpreter. She was about twenty years old, spoke very poor English and knew nothing about hospitals, but had a great desire to please. We left the hotel in an open car. Driving northward over the Moscow river up the hill towards the Red Square, we left the golden domes of the Kremlin churches and the exquisitely beautiful St. Basil's Cathedral on our left, and within ten minutes we were outside the hospital.

It is a long, low, two-story building, built in the pseudo-classical style of many of our own eighteenth century houses, with a semi-circular front enclosing a garden, bright with flowers.

We were received by a member of the medical staff, a man of great courtesy, who took extreme pains to explain the organization of the hospital and to show me everything I wished to see. At first his descriptions and tireless explanations were sadly interpreted by only a few halting English sentences, until we discovered a common meeting-ground in German. Not having the heart to dismiss the interpreter, she followed us round, marvelling greatly (at two roubles an hour) at the wonders of a hospital and the German language distorted by an Englishman.

The hospital was originally built by a Russian aristocrat in memory of his peasant wife, to be a charitable hospital for the sick poor, and as such it continued until the November Revolution. With the establishment of the People's Commissariat of Health in June, 1918, to control and centralize all the medical services of the U.S.S.R., it became a state hospital.

The hospital has now 700 beds and is the central emergency hospital for the whole of Moscow, a city of four millions. It treats emergencies only, whether they be due to accident or pathological cause.

We went, first, through the garage, which houses about fifteen ambulances, to the hospital telephone exchange. Covering one wall of this exchange is a large map of Moscow divided into eight areas, and in the centre of each there is a hospital with an emergency substation for that area. The exchange is connected by private lines to these substations, and to the private telephone systems belonging to the police and tramway services. When an emergency occurs, which may require an ambulance, this central exchange must always be called, and the doctor in charge decides whether an ambulance is necessary, whether they or one of the substations shall send it, and to which hospital the patient shall be taken. In any case an ambulance with a doctor and a nurse aboard leaves within two minutes of the exchange being called. Calls keep busy continuously two operators, who pass slips of paper with instructions through a hatch to a room over the garage, where the nursing and medical staff on duty are ready waiting to go out. As the exchange is connected with all the police points in the city through the police lines, an ambulance can be stopped *en route* and instructed to pick up another case should it occur.

The receiving department of the hospital, which is reached by a passage from the garage, receives all the ambulance cases coming to the hospital, and also acts as an out-patient department for minor casualties occurring in the immediate district of the hospital. Here there are numerous consulting-rooms, each dealing with different emergencies, such as coma, trauma and fractures and internal catastrophes, etc. In addition there is an X-ray department and the cadaver blood department.

In the emergency X-ray department there are two diagnostic sets, the one made by Siemens, the other of wholly Russian manufacture. Any patient with an acute abdomen, in which a perforation is suspected, is immediately X-rayed; and, in consequence, they have a very fine and large series of plain X-rays of the abdomen showing varying quantities of free gas in the peritoneal cavity under the diaphragm. By this means a positive diagnosis of perforation is often made within half an hour of its occurrence; such cases show just a thin

translucent line immediately under the diaphragm. They also have a large series of X-ray pictures of foreign bodies, translucent to X-rays in the pharynx and œsophagus, demonstrated by means of a barium swallow. After removal these foreign bodies are attached to the pictures for reference; they are mostly fish-bones.

In the room reserved for obtaining the cadaver blood the corpse is placed on an operating table and the blood is drained away by means of a two-way cannula, which is inserted under surgically clean conditions into the internal jugular vein. The cadavers used are all from cases of sudden death, either due to heart failure or accident, and the blood is taken within six hours after death. It is poured straight into a bottle without the addition of any anti-agglutinating agent which is found to be unnecessary with cadaver blood, and is stored in an ice-chest until it is required. There is a label on each bottle stating the cause of death of the donor, the time after death at which the blood was taken, and the results of Wassermann and sterility tests. Until this label has been filled in the blood is not allowed to be used. It is found that this blood, unlike that from a living donor, practically never causes any reaction when given. It is used extensively in the treatment of burns with severe degrees of shock, which are treated in this hospital by exposure to the air.

The wards mostly have about fifteen patients in each of them, and are about a third the size of the wards in the Surgical Block at St. Bart's. Many of the wards are reserved for cases of one special character only. Thus one male ward, with fifteen beds, is reserved for cases of fracture of the spine only; these patients are under the care of an elderly lady doctor, who has treated 350 cases of fractured spine in the last four years by her own method. The patients lie flat on their backs without any special support, extension or manipulation of the fracture. The foot of the bed is raised and, in uncomplicated cases, active movements are started on the third day. The exercises are progressive, and are performed as a drill by the whole ward twice a day, each patient dropping out as his most advanced exercise is reached. At first only rotary movements of the hands and feet are allowed, and then slight flexion of the arms and legs, after which the patient is taught to turn over on to his front without bending the back, so that extension of the arms and legs can be practised. Eventually the patient starts actual movements of the trunk; these are done lying down, then standing, and finally in a sitting position. Actual massage and passive movements are not allowed until the patient is ready to leave the hospital. By this method of treatment most patients are ready to leave hospital in four months, to do light work in six months and do heavy work at

the end of one year, and it is claimed that there is a much lower rate of permanent disability than occurs after more orthodox methods. G. E. LOXTON.

APPENDICITIS.

(With apologies to great poets parodied.)

THE ONSET (MORTE D'APPENDIX). (1)

All night long in anguish deep I rolled
And bit the bedclothes I could scarcely see
Until when day was but a few hours old,
The doctor came from his foreshortened sleep;
And then, because my pain was deep,
He to the nursing home transported me.

THE NURSING HOME ('LEAVE ANOTHER IN!'). (2)

This is the surgical nursing home, the murmuring sisters and nurses
Welcome the patients who come, and depart in their cars—or their

Whilst near the theatre adjacent, the kindly-voiced resident matron
Speaks, and in accents disconsolate answers the wails of relations.

THE THEATRE (CHILLED AND HARROWED). (3)

There was a sound of devily by night,
And to the theatre they took me then—
All shaky and all shivery—
Where bluish lights shone o'er strange women and stern men.

THE OPERATION (FEES !!) (4)

Here see the surgeon take his lancets from the trays,
Carve my abdomen with quick fingers, supple wrist,
Turn my interior most dexterously out,
And trim off pieces, whilst the anaesthetist
Busied with spinal injections, surveys
The white-robed nurses handing swabs about.

THAT NIGHT. (5)

My body, dead from toes to neck,
Inert on that hard bed,
With straining eyes, lay dumb, a wreck,
—I couldn't move my head.

NEXT MORNING (FALLEN LOW DOWN). (6)

Mumbling and moaning, grumbling and groaning,
Senses all deadened, but aching and sore,
Longing to move or turn, too weak to even squirm,
Caring not whether in bed or on floor,
Peevish with petulance, flaccid with flatulence,
Drinking hot water and not a thing more.

NEXT EVENING. (7)

My headache throbs like h— with parting day
I'm feeling sick and sore as sore can be;
The night-nurse plods upon her weary way
And leaves the night to sleeplessness for me.

A FEW DAYS LATER (BAFFLE ILLS!) (8)

I pondered lonely 'neath a cloud
Of gloom each day, and thought of bills
And work undone, and sighed aloud—
Till nurse suggested chills and pills!
Then growing strength and greater ease
Made life a little more inclined to please.

REUPERATION. (9)

My tummy is painted a gay bright green
Where lately cut and sewn:
And my tummy will cheer them all to see,
Whene'er they take me home.

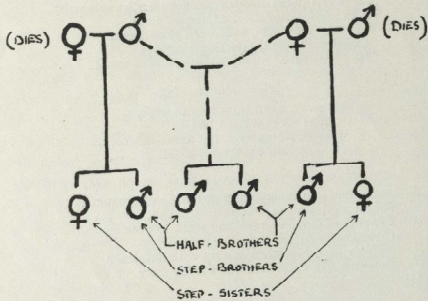
DEPARTURE. (10)
Under the grey November sky
Open the door and let me by;
Sadly I came but gladly fly
And I hie me home with a will;
Sign the book with these words for me—
"Now he's gone, and in two or three
Weeks, back again at his work he'll be,
To earn some cash for his bill!"

- (1) Tennyson's "Morte D'Arthur".
- (2) Longfellow's "Evangeline".
- (3) Byron's "Child Harold".
- (4) Shakespeare's "Bees" (Henry V).
- (5) Hemans's "Casabianca".
- (6) Southey's "Falls of Lodore".
- (7) Gray's "Elegy".
- (8) Wordsworth's "Daffodils".
- (9) Butts's "My Love is like a Red, Red Rose".
- (10) R. L. Stevenson's "Epitaph".

REX OPIE.

HALF-BROTHERS AND STEP-BROTHERS.

MR. GRAHAM has kindly sent us the diagram appended to illustrate the difference between half-brothers and step-brothers—a point upon which he has apparently found general ignorance, including an obvious error in a recent article in a contem-



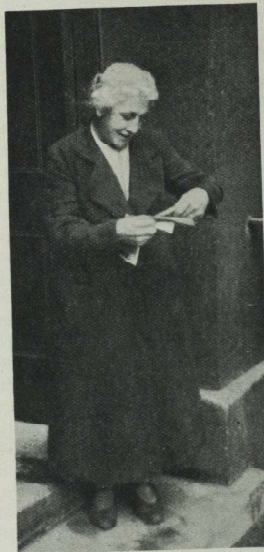
The second marriage is represented in dotted lines.

porary medical journal. The importance of the difference is self-evident in taking a family history, for half-brothers may have a familial disease, while step-brothers can not. The former, of course, have a parent in common; the latter have not.

TWENTY YEARS!

BAST, present and future students of the Hospital should have a special affection for the 6th of January. For it was on this date in 1916—just twenty years ago—that Mrs. Goucher made her debut in the Chemistry Department. For twenty years she has added colour, charm and a certain naive gaiety to the apparatus and salts of the laboratory.

Indeed, what is practical chemistry at Bart.'s without "Mrs. G—"? Why, the terms are almost, if not entirely, synonymous! Rushing round with balances, issuing



sheets, clearing up broken glass, lost in bottles or boiling tea in huge flasks, Mrs. G— is fortunately omnipotent and omnipresent. No student can claim to have passed his first or second M.B. properly if he has not at one time listened to her reminiscences. How she was called in during the war to make up for the deficiency of male attendants (a most happy experiment); how, when she was cleaning the P.M. floor, the rubber sheeting from a body was thrown over her—a fact which made her believe the corpse had come to life; how she wheedled an Armistice poppy from the lapel of Dr. Hurtle; or how she threw an obstreperous carpenter down the lab. stairs. With Mrs. C the fame of Bart.'s has spread; students from Cambridge have been known to wander in the laboratories and seek her out.

Working on the principle that efficiency and politeness on her side will bring politeness and efficiency from the students, Mrs. G— has certainly got the love and admiration of Bart.'s. Yet she has the courage of her convictions, and is not afraid to criticize where necessary. The slack student will often be brought back to his bench by her word of reprimand. She says she has enjoyed her work tremendously, and is not in the least bit worried at not having learnt any theoretical chemistry during her stay, adding, "I don't suppose it would have got me where I am".

With cheerful memories and anticipation we send our sincere wishes to Mrs. G— for her next twenty years in the new laboratories.

A. S. P.

MILK.

"If we all drank milk instead of beer we should be an A1 nation instead of a C3." (A declaration of Prof. Woollard that caused much discussion at a meeting of the Society of Medical Sciences.)

Throw down your ale-mugs English men;
With drinking we have done.
No more we'll be a grade C3,
But every man A1.

For we must stem the deadly rot;
What manhood there is in us
Is due to mighty milk and not
The Goodness of a Guinness.

We'll fight the evil of the inns,
We'll wage a war with porter,
And milk in pail instead of ale
Shall lead us to the slaughter.

No more the men of Kent shall see
Their hops climb to the clouds.
No more the "Pig and Whistle" be
The tempter of our crowds.

The working-man's love for his cow
Will neither fail nor falter.
He'll pasteurize its milk supplies;
Drink health to Elliot, Walter.

And so with milk our daily draught
Great strength shall surely follow;
The Oxford Eight on "Cow and Gate"
Will beat the Light Blues hollow;

The soldier heedless of his fate
Will fight without a shudder;
The Premier steer the ship of State,
His hand upon the udder.

P. B.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,203	11	4	(77)
Demonstrators	1,768	12	0	(71)
Students	1,175	3	9	(320)
Old Bart.'s men:				
† Bedfordshire	40	13	0	(8)
† Berkshire	123	3	0	(16)
† Buckinghamshire	82	4	0	(13)
† Cambridgeshire	194	6	0	(18)
† Cheshire	6	16	6	(3)
† Cornwall	22	12	0	(8)
† Cumberland	5	0	0	(1)
† Derbyshire	19	14	0	(4)
† Devonshire	375	1	0	(54)
† Dorset	77	11	6	(14)
† Durham	17	7	0	(4)
† Essex	964	3	6	(22)
† Gloucestershire	257	5	6	(20)
† Hampshire	1,517	4	6	(59)
† Herefordshire	17	12	0	(4)
† Hertfordshire	91	18	0	(10)
† Huntingdonshire	5	5	0	(1)
† Isle of Wight	191	13	0	(13)
† Kent	588	5	0	(72)
† Lancashire	117	4	6	(15)
† Leicestershire	142	0	0	(8)
† Lincolnshire	61	9	0	(18)
† Middlesex	497	14	0	(34)
† Norfolk	176	0	6	(21)
† Northamptonshire	59	14	6	(6)
† Northumberland	101	1	0	(4)
† Nottinghamshire	24	3	0	(3)
† Oxfordshire	231	13	0	(22)
† Rutland	1	1	0	(1)
† Shropshire	38	1	0	(10)
† Somersetshire	1,782	6	4	(28)
† Staffordshire	194	18	0	(6)
† Suffolk	331	0	6	(26)
† Surrey	519	14	6	(60)
† Sussex	628	0	6	(61)
† Warwickshire	200	14	0	(21)
† Westmorland	2	10	0	(1)
† Wiltshire	1010	11	0	(12)
† Worcestershire	161	1	6	(25)
† Yorkshire	350	3	6	(29)
Wales	69	12	0	(20)
London	6,790	18	2	(222)
Channel Islands	20	0	0	(2)
Scotland	15	5	0	(3)
Abroad	119	1	0	(13)
South Africa	370	15	0	(20)
Canada	114	3	6	(8)
East Africa	87	12	0	(10)
West Africa	146	10	0	(5)
India	207	12	0	(15)
Ireland	25	4	0	(4)
North Africa	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	122	2	0	(6)
China	58	8	4	(9)
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	640	14	6	(48)
Others	71,315	2	1	(562)
Lord Mayor's Appeal	17,990	16	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
	£153,160	1	6	

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

STUDENTS' UNION.

The following are the results of Club fixtures held since the middle of January:

Rugby XV	v. Halifax. <i>Won</i> , 6-0. 2nd round Inter-Hospitals Cup v. Middlesex Hospital. <i>Won</i> , 9-0
	v. Northampton Crusaders. <i>Lost</i> , 15-3. v. London Welsh "A". <i>Won</i> , 14-6.
Rugby "A" XV	v. London Irish "A". <i>Won</i> , 11-0. 2nd round Inter-Hospitals Junior Cup v. Middlesex Hospital. <i>Won</i> : 14-0.
	v. Old Cholmeleians. <i>Lost</i> , 6-2. v. H.A.C. <i>Lost</i> , 6-2.
Association XI	v. Reading University. <i>Lost</i> , 2-0. 2nd Round Inter-Hospitals Cup v. Guy's Hospital. <i>Won</i> , 2-0. Semi final Inter-Hospitals Cup v. St. Thomas's Hospital. <i>Won</i> : 5-4, after 50 minutes' extra time.
Association 2nd XI	2nd Round Inter-Hospitals Junior Cup v. St. Thomas's Hospital. <i>Won</i> , 3-0. 1st Round Inter-Hospitals Cup v. Guy's Hospital. <i>Lost</i> , 4-2.
Hockey XI	v. Seaford College. <i>Drawn</i> , 3-3. v. Aldershot Command R.A. <i>Lost</i> , 2-0. v. London Hospital (3 F.E.S.). <i>Lost</i> , 14-13. v. Lucas Tooth Club (3 F.E.S.). <i>Won</i> , 16-11.
Fencing	v. London School of Economics. <i>Won</i> , 8 matches to nil.
Golf	

RUGBY CLUB.

2nd Round Inter-Hospitals Cup.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

Played at Richmond on Monday, February 14th. *Won*, 9-0. Except for a sticky wicket and a cross between a mist and a fog the conditions at Richmond were well in their half of the field, but their defence was good and they were able to ward off several attacks by our three-quarters. From the first penalty Morison scored with a good kick from outside the "25" (3-0), and shortly after this a fine break-through by Hearn led to a scrummage near the Middlesex goal-line. Though this in itself led to nothing, it was only a minute or two later that Capper pushed his way over the line from a loose scrummage to score the only try of the match. The kick failed (6-0).

For the rest of the first half honours were fairly evenly divided. The Bart's three-quarters ran with more purpose than their opponents, closely marked by Reid, also an international, for him to accomplish individually, but his passing was both quick and accurate. Both sides had opportunities for scoring penalty goals, and shortly before half-time Morison was successful once.

In the second half Middlesex played a far better game than St. Bartholomew's, and but for the poor passing of their three-quarters should have scored. As the time progressed so the standard deteriorated and free-kicks became plentiful. Of the sixteen awarded ten were given against Capper. And who but he could have risen from the ground each time with such a look of injured innocence upon his face? In a Cup match it would be an advantage to have less his face? In a Cup match it would be an advantage to have less his face?

The play on the whole was rather dull from the spectators' point of view, and the game ended without further scoring. Amongst the forwards Newbolt and Capper were most prominent, and in the first half the pack worked together well. At full back Morison was his usual cool self, and was kicking safely. Of the half-backs Hearn was the better; indeed his breaks through on several occasions were the best feature of the game. Fairlie-Clark played his best game of the season and both ran and tackled with great determination, but all the three-quarter backs showed improved form.

Before this is in print the semi-final against St. Thomas's will have been played; we sincerely hope it will have been won.

Team—C. R. Morison (*back*); E. Griffiths, J. W. G. Evans, G. A. Fairlie-Clark, J. G. Youngman (*three-quarters*); P. L. Candler, R. D. Hearn (*halves*); R. H. Sandiford, A. R. P. Ellis, E. M. Darmady, W. M. Capper, G. Gray, J. C. Newbold, R. Mundy, C. B. Williams (*forwards*).

HOCKEY CLUB.

1st Round Inter-Hospitals Cup.

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

Played at Richmond on Tuesday, February 4th. *Lost*, 4-2. This match was played, after having been postponed twice, on a lovely afternoon, ideal for hockey, although frost had made the ground a little bumpy and the ball difficult to control. Neither side had played together since Christmas, and it was a test of which side remembered how to play the game first.

Guy's pressed from the start and scored first—a rather lucky goal, resulting from a muddle by our left defence. For the rest of the first half Bart's played much better and the ball was mostly in their half. Heyland equalized with a good shot after a fortunate opening, and just before half-time a good movement on the right wing resulted in a goal being scored by Barrett.

In the second half Guy's played very much better and Bart's seemed to be demoralized. From the bully-off Guy's pressed hard and scored from a corner—a fact which was due mainly to our side and blocking the goal-keeper's view. They scored again, and though Bart's tried hard to equalize it was without success. About ten minutes before time Guy's scored their fourth goal.

Moore made some good saves in goal, and during the first half the backs made very few mistakes, although they tended to over-hit. The halves worked hard, but showed a tendency to keep the ball too long, while the forwards suffered chiefly from lack of practice.

Team.—M. E. Moore; W. A. Oliver, A. D. Mccourt; C. Perkins. E. J. Griffiths, A. H. Masina; R. A. House, R. Heyland, J. R. Winter, T. M. C. Roberts, R. H. Barrett.

RIFLE CLUB.

Although many good shots have left since last year, the Club continues to hold its own in the shooting world. The following are the results of matches to date:

THE INTER-HOSPITAL LEAGUE.

The Lloyd Cup.

December 13th: Home. St. Bart's, 575; St. Thomas's, 570. *Won* by 5 points.
January 30th: Away. St. Bart's, 578; Middlesex, 560. *Won* by 18 points.
February 4th: Away. St. Bart's, 574; St. Mary's, 584. *Lost* by 10 points.
February 14th: Away. St. Bart's, 588; St. Thomas's, 577. *Won* by 11 points.

The Engineers' Cup League.

St. Bart's, together with Imperial College, are at the top of this League at present.
Matches shot. 11: *won*, 8; *lost*, 3; *drawn*, 0; *points*, 16.

The City of London Rifle League.

St. Bart's has not flourished in the seventh division this year, having won only three matches out of sixteen; consequently we fear we will be returned to the ninth division, from which the team was promoted two years ago.

The Lady Ludlow and Sir H. Waring Cups.

The first eliminating round of each of these cups was held during January.

A spoon competition held at the beginning of the month was won by N. H. Halper.

ALPINE CLUB.

A meet was held in North Wales at Helyg on February 15th and 16th, by permission of the Climbers' Club. Ten members of the St. Bartholomew's Alpine Club left the Hospital at varying times on

Friday evening, and proceeded, some faster than others, along Watling Street in the direction of Shrewsbury, where a halt for refreshment was made. Helyg was reached in the early hours of Saturday morning.

After a welcome sleep and a large breakfast two parties set out, one for Glyder Fach and the Idwal Stalls, where besides climbing, rather poor skating was enjoyed by some. The other went to Snowden *via* Pen-y-pass, and accomplished a truly Alpine ascent of Trilinity Gully with a fine walk home over Crib Coch. Sunday was a magnificent day, and while London experienced one of its worst fogs of the winter, we walked to Tryfan stripped to the waist. Five people on two ropes made a somewhat slow ascent of the Gashed Crags, and were rewarded for their toil by a gissade off the mountain.

In spite of a trying all-night drive through thick fog back to London, there could be found no one who did not consider that two days in the sun were worth one night in a fog.

OFFICERS' TRAINING COURSE.

The Adjutant, Capt. G. E. Tatchell, paid his first visit to the Hospital on February 3rd. A meeting was held in the Anatomical Lecture Theatre, when he explained the why and wherefore of the O.T.C., and the advantages to be gained by joining it.

A lecture was given at Guy's Hospital, by Col. Layton, who described the part played by the R.A.M.C. in and around Jerusalem during the Great War. General Sir John Shay gave an introduction to this most instructive lecture.

All Cadets who intend sitting for Certificates A or B are advised to get in touch with S/Sgt. Price, who will impart the essential information in his inimitable style on Monday evenings.

All Cadets wishing to ride are reminded that they should give their names to R.S.M. Alexander or S/Sgt. Pickering by Thursday evening.

REVIEWS.

POST-GRADUATE SURGERY. Edited by RODNEY MAINGOT, F.R.C.S. With an Introduction by LORD MOYNIHAN. (Medical Publications Ltd., 1936.) Pp. xii + 1742. Figs. 846. Price £2 10s. per volume, or £6 6s. per set of three volumes.

Appearing, as it does, at a moment when the establishment of the Post-Graduate School at Hammersmith has placed the teaching of this subject on the sure foundation it previously lacked, this book will take its place amongst the largest and most comprehensive works of its kind. From its fellows, however, it differs in many respects, and perhaps the most striking is the attention paid to the medical aspect of the conditions considered—as, for example, in the admirable chapter by Dr. A. F. Hurst on the medical treatment of peptic ulcer. It emphasizes the fact, too easily forgotten in these days of specialization, that the two subjects are complementary and not the one ancillary to the other.

It is pleasing to note the care and great detail devoted to post-operative treatment, and Mr. Maingot's chapter on complications following abdominal operations is one which should be familiar to all types of reader. Not so the section on the Radiation Treatment of Malignant Disease, which, in our view, might well have been abbreviated, so reducing to some extent the size of an already well-filled volume. It is true, of course, that no treatise on post-graduate surgery would be complete without reference to methods of irradiation in common use, but the details might well have been left to special books, and the section on Radio-therapy in Diseases of Women—excellent as it is written by Dr. Donaldson—to standard works on gynaecology.

The remainder of the book is in four parts, the first on Anaesthesia, by Mr. Langton Howe, who deals concisely with general and local anaesthesia, and concludes with a section on the choice of anaesthetic for various operations. It is interesting to note that in his opinion "the 'continuous' method of administering evipan is preferable to the orthodox technique", as the extremely deep narcosis which occurs at the beginning of the operation by the latter method is avoided. Basal narcosis is briefly discussed, and the technique of anaesthetic methods employed in operations for toxic goitre is particularly well described. Lastly, in dealing with spinal anaesthesia, it seems a pity that there is such a short account of the various substances used for the purpose.

The next part, by Mr. Maingot, deals with the Abdomen, and the first section gives an account of the investigation of a case of dyspepsia. The surgery of the stomach and duodenum is then described at length. The figures are excellent, illustrating not only pathological and radiological appearances, but steps in the operative procedures described. A detailed account of post-operative diet in these cases is a welcome feature. The relative merits of various possible operations for different types of ulcer are carefully discussed, and the Peau-Billoth I operation is described in detail by M. Enrique Finocchietto, of Buenos Aires. There follow sections on the gall-bladder, pancreas and spleen, and of particular interest is an analysis of the results of a large number of splenectomies, both from the Mayo Clinic and Mr. Maingot's own series. Finally, there is an account of the surgery of the remainder of the alimentary canal, including an account of intestinal obstruction by Mr. Cokkinis and paralytic ileus by the late Mr. Tyrrell-Gray. The colon is dealt with by Mr. Wakeley, and it seems a pity that more attention is not paid to the condition of diverticulitis, which is nowadays more frequently diagnosed, and at all times liable to give rise to perplexing problems.

Part 3 on the rectum and anus, by Mr. Ernest Miles, includes a full description of his own method of performing abdomino-perineal excision of the rectum, and Part 4 is devoted to X-ray Diagnosis, by Dr. Cecil Bull. It is pleasing to note that normal as well as abnormal findings are illustrated and described, and the figures are clear and good.

It remains only to congratulate all those responsible for such a vast production, of which vols. ii and iii will be awaited with great interest. The publishers, Medical Publications Ltd., have produced the work in a most attractive form, with uniformly good illustrations and clear type throughout, and the popularity of the book among candidates for the Fellowship, general practitioners and practising surgeons seems assured from the outset.

HANDBOOK OF SURGERY. By ERIC C. MERIE, F.R.C.S. (Edin.). With Foreword by JOHN FRASER, M.D., Ch.M., F.R.C.S. (Edin.). (E. & S. Livingstone.) Pp. 699. Price 12s. 6d.

The author himself describes this book as "expressly designed for the last minute revision". This is what it certainly appears to be. In less than 700 pages he presents the whole of surgery to the reader in a form more interesting and less stereotyped than the ordinary text-book, but at the same time, though the subjects are clearly and well classified, the book is in no sense a tedious cram-book consisting of numerous long lists.

While realizing that everything essential has had to be included and all padding excluded in a book of this size on surgery, we feel that it would make a wider appeal if the paragraphs on treatment were a little fuller; operative and other details are not required, but indications for treatment and some comment on the relative merits of different methods of treatment when several are mentioned should be valuable additions to what is otherwise a most helpful book.

We were surprised to read that radiation therapy for giant-cell tumours of bone is followed by satisfactory results, and also that in 10% of individuals there is non-union of a fracture of the clavicle.

The book should quickly reach a second edition, since it is among the best of the smaller books on surgery, and for the student who has read the ordinary text-books and has a little knowledge of surgery and wants "something different", we can strongly recommend this book by Mr. Merie.

AN INTRODUCTION TO GENERAL THERAPEUTICS. By H. K. FREY, D.S.O., B.Sc., M.D. (Adel.), B.Sc., D.P.H. (Oxon.), Lecturer in Materia Medica and Therapeutics in the University of Adelaide. (Cassell & Co.) Pp. 223. Price 6s.

This short book reviews all possible therapeutic measures in modern medical practice. The importance of rest is first emphasized, then chemical and physical agents are considered, and finally there are chapters on psychotherapy, organotherapy, immunology and dietetics. The author aims at discussing the underlying principles involved, and the possibilities and limitations of different methods of treatment. Unfortunately the reader is given only a scant impression of relative values. In dealing with drugs, some important remedies are laudably mentioned. Surely digitalis deserves more than two lines!

Final year students may find this book of value in certain respects.

Firstly, it gives a general impression of the scope of modern therapeutics. Secondly, it may fill some gaps in his knowledge. His standard text-books barely discuss massage and electrical treatment, but here he will learn the essentials.

NASAL SINUSITIS AND MENTAL DISORDERS. By F. A. PICKWORTH, B.Sc., M.B. (H. K. Lewis & Co., Ltd., 1936.) Price 16s.

Medical students now and in the future, although impressed with the vast array of pioneer research carried out during the past half-century, are bound to notice certain outstanding gaps which should be bridged by clinico-pathological correlations. We have all profited by pathological revelations of clinical conditions at post-mortems, but only a small proportion of us have really critically examined the sphenoidal sinuses before or after death. One has often vaguely wondered at the post-mortem neglect of the No Man's Land between the carefully examined contents of the cranial cavity and the better-known parts of the upper respiratory tract. Here is a book by a man who has done more than a thousand post-mortems, in which particular attention has been paid to this very region.

The subjects of these post-mortems had been under direct clinical observation for long periods before death, and thus Dr. Pickworth has been in a position to correlate his post-mortem findings with ante-mortem symptoms and behaviour. Many cases have been carefully examined histologically and bacteriologically, and it is not too much to say that the result is a new and most important chapter not only in the study of lunacy, but in medicine as a whole. The essential result of his findings is that bacterial toxins and even organisms themselves within the accessory nasal sinuses may permeate and pass through the bony walls of the sinuses into the cranial cavity, without necessarily giving rise to any of the usually recognized clinical signs of meningitis. Many organisms have been traced from the sub-epithelial layer of the sinus mucosa down to the periosteum, through the bone and finally into the brain-coverings, although probably owing to the long time between the onset of mental symptoms and death of the patient, only on two or three occasions have they been demonstrated in the brain itself.

Dr. Pickworth has produced abundant evidence that there may occur a very gradual non-suppurative invasion of all the contents of the cranial cavity with organisms, which in more acute infections are pyogenic. Having quoted a mass of cumulative evidence from the work of other pathologists *à propos* the persistence in the body of avirulent strains of organisms, descended from virulent infections under certain conditions of recovery from the acute stage, he puts up a convincing case for the recognition of pyogenic organisms masquerading under a new morphology in the bone forming the walls of the sphenoidal sinus and other neighbouring situations, which by nature are adverse both to inflammatory repair and to the growth of the normal types of the organism. The results of such insidious invasion (of structures which one feels instinctively should be above the possibility of such taint) are to be observed particularly in the blood-vessels concerned with the supply of nourishment to these nobler tissues. Granted that we accept the fact of a chronic extension of sinus infection into the brain-tissues (the reviewer, having made the pilgrimage to Birmingham, certainly accepts it), we must expect an incalculable variety of clinical phenomena therefrom, depending upon which portion of the brain be invaded.

Based upon this monumental work, Dr. Pickworth has evolved a particularly logical and reasonably-based theory of the production of mental disorder by impairment in the vascular supply of the brain. In the case of chronic vascular lesions, the hypothesis is susceptible of histological analysis and hardly admits of doubt. Evidence for the existence of mental disorder caused by vasomotor changes in the brain is naturally harder to come by; but the theory contains nothing outside previous physiological and pathological experience, and deserves the most serious consideration.

The case for the causal association of sinusitis with many types of mental disorder is overwhelming. One must either accuse Dr. Pickworth of faulty technique, or admit that we are witnessing the birth of an important new concept of disorders of the brain.

INSULIN: ITS PRODUCTION, PURIFICATION AND PHYSIOLOGICAL ACTION. By DOUGLAS W. HILL, B.Sc. (Brit.), Ph.D., and FREDRICK O. HOWITT, M.Sc., F.I.C., Ph.D. (London). (London: Hutchinson's Scientific Technical Publications, 1935.) Price 12s. 6d.

The authors of this book state clearly in the preface that their object in writing it was to collect and sift the evidence which has

accumulated during the past ten years on the subject of insulin, and not to write a text-book. It is only fair, therefore, to criticize their work in the light of this statement, and not to be disappointed because there is but little in it to assist the doctor in the treatment of his diabetic patients. It is a scientific book, written primarily for those who take a scientific interest in the chemical, physiological and pharmacological properties of insulin, and as such provides a most comprehensive survey of existing knowledge on a subject of ever-increasing magnitude.

The opening chapter contains a short historical account of diabetes mellitus and brief references to the clinical aspects of the disease, including the changes in the urine. It is doubtful whether, even in a book of this character, the description of the nature of the sugar in diabetic urine should be dismissed in three lines, and even more doubtful whether, as the authors state, acetone is one of the commonest ketone bodies in the urine of diabetics.

The account of the isolation of insulin is particularly full and interesting, even to those without special chemical knowledge, as also are those of its physiological properties and mode of action, but the remainder of the book is highly technical, and written for the pure biochemist.

The great majority of the experiments quoted in connection with the action of insulin have of necessity been carried out on animals, and the authors rightly emphasize the difficulties in the interpretation of results consequent upon the use of such differing animals as rabbits, rats, dogs, mice and cats, and the lack of standardized conditions of experimentation. The recent work on the relationship of the pituitary, adrenal and thyroid glands to insulin is described in detail, but here, as elsewhere, the authors refrain from drawing any conclusions, which is probably wise, but makes the arguments put forward difficult to follow.

The last chapter is devoted to an account of possible substitutes for insulin, and leaves one wondering whether there is anything else to try or any avenue left to explore. Any shortcomings in the text are more than compensated for by the excellent and comprehensive bibliography which follows each chapter, and includes over 1500 references.

FOUNDATIONS OF SHORT WAYE THERAPY. By WOLFGANG HOLZER and EUGEN WEISSENBERG. Translated by Justina Wilson, F.R.C.P. (Edin.), D.M.R.E. (Cantab.), and Charles M. Dowse, B.Sc. (Eng.), Lond., A.M.I.E.E. (London: Hutchinson's Scientific and Technical Publications, 1935.) 12s. 6d. net.

The first section of this book takes up nearly two-thirds of it and is written by Dr. Holzer. It is much the better of the two, and contains a clear account of the physical principles involved in short-waye therapy and of the technical aspect of the subject. The methods used for dosage estimation are also described, and it is made clear that accuracy in this respect has not yet been attained. Dr. Holzer becomes more theoretical when discussing the action of the ultra-high frequency field on living tissues. Considerable space is devoted to the theory of "point heating", which forms the basis for the conception of a specific effect in short-waye therapy.

It is difficult to find much praise for the second section of the book, which is written by Dr. Weissenberg and deals with therapeutic results. In the first few pages an attempt is made to show that the effects of the treatment are due partly to a specific action on nervous tissue, but the evidence adduced is fragmentary and inconclusive. The rest of the section comprises 46 pages, and describes the effects of short-waye therapy on about 80 diseases and syndromes of varied aetiology. Leaving aside the fact that, in view of this phenomenally wide field of application, the term "specific action" seems peculiarly meaningless, the space devoted to each entry is far too small to permit the author adequately to discuss or the reader to judge the value of the method. One feels that the hope expressed at the end of the book that interest in the method will be stimulated would have been more surely fulfilled if Dr. Weissenberg had allowed himself more room.

The illustrations and diagrams are excellent, and the work of translation, which must have been very arduous, has been ably carried out.

PRACTICAL BIOLOGY FOR MEDICAL STUDENTS. By C. J. WALLIS, M.A. (Heinemann, 1936.) Price 12s. 6d.

This text book has as its subtitle, "A Laboratory Manual Covering the Syllabus in Biology of the First Medical Examinations for Medical Degrees and the Pre-medical Examination of the Conjoint

Board of the Royal College of Physicians and the Royal College of Surgeons". In the preface the author makes two highly commendable statements: first, that "an attempt has been made to make this book more than a mere list of morphological characters", and in the second place he stresses the necessity for exact observation, and deprecates the tendency to copy diagrams from a book. With regard to the former it is noticeable that the classification of plants and animals, and especially of the Cryptogams, is apt to suffer, but it is a welcome change from text-books which are composed entirely of a list of names and a list of characteristics. The diagrams in the morphological sections have been selected from a number of sources, and many of them are quite familiar; those in the section on plant physiology are probably of most value.

The book is in three sections—*Elementary Biochemistry, Plant Biology and Animal Biology*, besides an introduction and various appendices. The first section comprises tests for demonstrating the composition and metabolism of the various foodstuffs. The section on botany includes morphological and physiological chapters, of which the latter is the better. A book of this size must of necessity be incomplete, but some mention might have been made of confifers, as also of animals intermediate between the Cockroach and the Dogfish in the zoological section. The early development of *Amphioxus*, the frog and the hen complete this section. There are appendices on apparatus, "biological methods", and stains, etc. An indication, perhaps, of the tissues stained by the various reagents would have been of value in this place. The book has a stout, black cover which should withstand effectively the rigours of a laboratory bench.

ELEMENTARY MORPHOLOGY AND PHYSIOLOGY FOR MEDICAL STUDENTS. By J. H. WOODGER, D.Sc. (Oxford University Press.) Pp. 472. 12s. 6d.

It is seldom that one finds a text-book of a preliminary science which, being of use to the student, is written with an intelligent understanding of the course just commenced. This is an example of such a book, and the author would justify the complexity of the modern curriculum by showing "the mutual dependence of the sciences upon one another" in these days of specialization.

For those commencing the study of biology and to remind others, this book starts with the first principles of vital activity as exhibited in the frog, and passes to a detailed study of differentiated tissues common to the animal kingdom. From these introductory chapters one turns to the Protozoa, *Amoeba*, *Paramecium* and *Euglena*, then up to the Metazoa, *Hydra* and *Obelia* being taken as typical of the most primitive. The flatworm is chosen as an introduction to the trilateral type with the common parasites well described.

Amongst the animals one considers sufficiently to satisfy every student are "the Dogfish, Frog and Rabbit". The final chapters on Racial Development and Individual Development are clearly and interestingly written, whilst as a foundation for later work there are sections on Comparative Physiology and Scientific Method.

In conclusion a word might be said on the general "make-up", which is good; throughout, each new term is picked out in heavy type and is followed by definition. The illustrations are numerous, well placed and annotated, although in some places this tends to be more confused than one would imagine were really necessary. An excellent book for the student.

TEXT-BOOK FOR NURSES. By E. W. HEY GROVES, M.S., F.R.C.S., and J. A. NIXON, M.D., F.R.C.P. (Oxford University Press, 1936.)

This, the fifth edition of Groves' and Brickdale's *Textbook for Nurses* (the medical section now revised by Dr. J. A. Nixon), is sufficient evidence of its continued popularity with nurses. Although not nearly full enough to be a complete text-book, its "all in one" nature makes it irresistible to many. The illustrations are especially useful.

We have also received the following:

PRACTICAL ZOOLOGY. By H. R. HEWER, A.R.C.S., M.Sc. (Hutchinson, 1936.) 5s.

ELEMENTARY ZOOLOGY By I. A. BORRADAILE, Sc.D. Third Edition. (Oxford University Press, 1935.) 10s. 6d.

MANIPULATIVE MEASURES IN THE TREATMENT OF FUNCTIONAL DISEASE. By EDWIN L. HOPWELL AND M.D. (John Bale, Sons & Danielsson, Ltd., 1935.) 3s. 6d.

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

BURROWS, HAROLD, C.B.E., M.B. F.R.C.S. "The Influence of Estrogenic Compounds in Causing Hernia and Descent of the Testes in Mice." *British Journal of Surgery*, January, 1936.

FRASER, FRANCIS R., M.D. (Edin.), F.R.C.P. (Lond.), "The Modern Treatment of Toxic Goitre." *Practitioner*, December, 1935.

GAISFORD, WILFRID F., M.D., M.R.C.P. (W. A. THOMPSON, M.Ch., F.R.C.S., and W. F. G.), "Congenital Pyloric Stenosis." *British Medical Journal*, November 30th, 1935.

GARROD, LAWRENCE, P., M.D., M.R.C.P. "The Testing of Disinfectants in the Presence of Organic Matter." *Journal of Hygiene*, XXXV, 1935.

"The Effect of Bacterial Numbers on Minimum Bacteriostatic Concentrations." *Journal of Infectious Diseases*, LVII, 1935.

GAUVAIN, SIR HENRY, M.A., M.D., M.Chir., F.R.C.S. "Sea Bathing in the Treatment of Surgical Tuberculosis." *British Medical Journal*, December 7th, 1935.

GIUSEPPI, P. L., M.D., F.R.C.S. "The Method of Dealing with Accidents at Moscow." *Clinical Journal*, November, 1935.

GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Carcinoma of the Colon." *Practitioner*, February, 1936.

HALDIN-DAVIS, H., M.D., F.R.C.P., F.R.C.S. "Winter Dermatoses." *Practitioner*, January, 1936.

HALL, SIR ARTHUR, M.A., M.D., D.Sc. (Hon.), F.R.C.P. "On the Treatment of Lobar Pneumonia." *Practitioner*, January, 1936.

HARTSILVER, J., M.R.C.P. "A Note on High Blood-pressure." *British Medical Journal*, September 27th, 1935.

HEWED, C. LANCETON, M.B., B.S. "Anaesthesia for Operations for the Relief of Toxic Goitre." *Liverpool Medico-Chirurgical Journal*, xliii, Part 3, 1935.

HORDER, LORD, K.C.V.O., M.D., F.R.C.P. "Medical Education: An Address given at Adelaide University on the Occasion of the Jubilee of the Medical Faculty." *Lancet*, November 2nd, 1935.

"Clinical Medicine: A Farewell Lecture." *St. Bartholomew's Hospital Journal, Lancet and British Medical Journal*, January 25th, 1936.

HOSFORD, JOHN P., M.S., F.R.C.S. "Cysts of the Semilunar Cartilage of the Knee." *Lancet*, November 23rd, 1935.

"Kummell's Disease." *Lancet*, February 1st, 1936.

HUDSON, BERNARD, M.D., M.R.C.P. "Some Observations on Artificial Pneumothorax." *Practitioner*, December, 1935.

KEYNES, GEOFFREY, M.D., F.R.C.S. "The Surgical Treatment of Toxic Goitre." *Practitioner*, December, 1935.

KLABER, R., M.D., M.R.C.P. (A. M. H. GRAV, M.D., F.R.C.P., and R. K.) "Involuntary Dyeing of the Hair." *British Journal of Dermatology and Syphilis*, February, 1936.

LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "Integration of the Endocrine System." *Lancet*, November 23rd, 1935.

MACMURDO, CORTLANDT, M.A. "The Treatment of Stammering." *Practitioner*, January, 1936.

MAINGOT, RODNEY, F.R.C.S., Editor of *Post-Graduate Surgery*. With an Introduction by the Right Hon. Lord Moynihan of Leeds, K.C.M.G., C.B., M.S., F.R.C.S. Vol. I. London: Medical Publications, Ltd., 1935.

MAXWELL, JAMES, M.D., M.R.C.P. "Well's Disease in a Sewer-worker." *Lancet*, November 2nd, 1935.

MÉTIVIER, VIVIAN M., F.R.C.S. (Edin.), D.O.M.S. "A Case of Atropine Poisoning." *Lancet*, November 30th, 1935.

MORGAN, C. NAUNTON, F.R.C.S. "Haemorrhoids." *Practitioner*, February, 1936.

MORLOCK, H. V., M.C., M.D., M.R.C.P. (A. J. SCOTT DUNCAN and H. V. M.) "Influenza." *Practitioner*, January, 1936.

- NELIGAN, A. R., M.D. "Rheumatoid Arthritis with a Large Number of Subcutaneous Fibrous Nodules." *British Medical Journal*, November 30th, 1935.
- NEWMAN, SIR GEORGE, K.C.B., M.D., F.R.C.P. "Readjustments in Medical Study: The Medical Curriculum." *British Medical Journal*, October 10th, 1935.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. VIII. Hutchinson's Triad: The Teeth." *British Journal of Surgery*, January, 1936.
- SCOWEN, E. F., M.R.C.P. See SPENCE and SCOWEN.
- SLOT, GERALD, M.D., M.K.C.P., D.P.H. (and FRIDJOHN, M. H., M.B.). "Sarcoma of the Duodenum." *Lancet*, January 25th, 1936.
- "A Note on the Treatment of Osteo-Arthritis of the Hip." *Practitioner*, February, 1936.
- SPENCE, ALLAN W., M.A., M.B., B.Ch., M.R.C.P., and SCOWEN, E. F., M.R.C.P. "Gonadotropic Hormones in Treatment of Imperfectly Migrated Testes." *Lancet*, December 14th, 1935.
- STALLARD, H. B. "Corneal Grafting (Keratoplasty)." *British Medical Journal*, January 18th, 1936.
- STUART-HARRIS, C. H., M.D., M.R.C.P. "A Study of Hemolytic Streptococcal Fibrinolysis in Chronic Arthritis, Rheumatic Fever and Scarlet Fever." *Lancet*, December 28th, 1935.
- TAYLOR, HERMON, M.Ch., F.R.C.S. "Appendicitis in the Aged." *Lancet*, October 26th, 1935.
- WALKER, KENNETH, M.B., F.R.C.S. "Trophoblasts in Malignant Growth of the Testicle." *Lancet*, December 21st, 1935.
- "Treatment of the Malignant Prostate." *British Medical Journal*, February, 1936.
- WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Tumours of the Bladder." *Post-Graduate Medical Journal*, November, 1935.
- WERPE, F. PARETS, M.D., F.R.C.P. "Idiopathic Striae Atrophice of Puberty." *Lancet*, December 14th, 1935.
- "What is Disease?" *Practitioner*, January, 1936.
- "Inborn and Familial Tendency to the Development of Hepatic Cirrhosis." *Lancet*, February 9th, 1936.
- WEST, RANYARD, M.D., M.K.C.P., D.P.H. "Intravenous Curarine in the Treatment of Tetanus." *Lancet*, January 4th, 1936.
- WITTS, Prof. L. J., F.R.C.P. "Therapeutic Action of Iron." *Lancet*, January 4th, 1936.
- "Prognosis in Asthma." *Lancet*, February 1st, 1936.
- WOODWARD, SIR STANLEY, C.M.G., C.B.E., M.D., F.R.C.P. (and MINDLING, J., M.D., M.R.C.P.). "Favourite Prescriptions, No. XIV. The Pharmacopœia of the Westminster Hospital." *Practitioner*, February, 1936.
- WOOLLARD, Prof. H. H., M.D., D.Sc. "Observations on the Terminations of Cutaneous Nerves." *Brain*, lviii, Part 3, September, 1935.

EXAMINATIONS, ETC.

Royal College of Physicians.

The following has been admitted a Member:

Jones, F. Avery.

CHANGES OF ADDRESS.

- AMSEER, M., Delmonden Manor, Hawkhurst, Kent. (Tel. Hawkhurst 2.)
- CROSS, E. W., 16, St. Ann's Court, Hove 2, Sussex. (Tel. Hove 3090.)
- FRANKLIN, A. W., 24, De Walden Street, W. 1. (Tel. Welbeck 4042.)
- HUGGINS, S. P., Hughenden, Salvington Hill, Worthing. (Tel. Swandean 568.)
- TABOE, A. C., Breachwood, 57, Clifford Road, New Barnet, Herts. (Tel. Barnet 4116.)
- TRACEY, H. A., 703, Carrington House, Hertford Street, W. 1.

APPOINTMENTS.

- NELSON, H. P., M.D., F.R.C.S., appointed Assistant Surgeon to the London Hospital.
- ROPER, R. D., M.B., B.Chir.(Cantab.), appointed Honorary Anaesthetist to Charing Cross Hospital.

BIRTHS.

- BACH.—On February 18th, 1936, at 20, Devonshire Place, W. 1, to Matine (née Thompson), wife of Francis Bach, M.D., of 49, Wimpole Street, W. 1—a son.
- McMENEMY.—On February 16th, 1936, at "Stonefield", Blackheath, to Robina and William McMenemy—a daughter.
- THROWER.—On February 10th, 1936, at 8, Belvidere, Weymouth, to Violet Beatrice (Betty), wife of William Rayner Thrower, M.D., M.R.C.P.—a son.
- WESTWOOD.—On February 17th, 1936, at Chesterton Terrace, Cirencester, Glos. to Gretta (née Evans), wife of Dr. Matthew Westwood—a son (David Matthew).

MARRIAGES.

- ENRIGHT—SHEPHERD.—On February 20th, 1936, William Enright, M.R.C.S. Eng., L.R.C.P.Lond., 143, Croydon Road, S.E. 20, to Jessie Gray, youngest daughter of the late Mr. and Mrs. T. A. Shepherd, of Ly-ee-Moon, S.E. 19.
- REECE—PETRIE.—On February 15th, 1936, at St. James's, Piccadilly, by the Ven. Archdeacon Lambert, Richard Harold Reece, M.A., M.R.C.S., L.R.C.P., elder son of the late Richard James Reece, C.B., M.A., M.D., to Janet Anderson Petrie, B.Sc., only daughter of Mr. and Mrs. John A. Petrie, Inveraven, Mearns Road, Clarkston, Glasgow.

DEATHS.

- BOSWELL.—On February 6th, 1936, at 11, York Avenue, East Sheen, S.W. 14, Alexander Boswell, M.D., aged 82.
- FAVELL.—On February 4th, 1936, suddenly, at Penberth, St. Buryan, Cornwall, Richard Vernon, the beloved husband of Alice Molyneux Favelle.
- GAYTON.—On February 18th, 1936, at Much Hadham, Herts, Dr. Francis Carteret Gayton, M.D., only surviving son of the late George Gayton, of Much Hadham, aged 81.
- PRUEN.—On February 10th, 1936, peacefully, after a long illness, Septimus Tristram Pruen, M.D., M.R.C.S., of 2, Lansdown Terrace, Cheltenham, aged 76.
- SMITH.—On February 15th, 1936, at Kirkby, Surtees Smith, M.R.C.S., L.R.C.P., elder son of the Rev. and Mrs. J. W. Smith, of Kirkby-in-Ashfield, Notts, aged 32.

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. XLIII.—No. 7.]

APRIL 1ST, 1936.

PRICE NINEPENCE.

CALENDAR.

Mon., April 13.	Easter Monday.
Tues., " 14.	Dr. Graham and Mr. Girling Ball on duty. Rugby Match v. Bristol. Away.
Fri., " 17.	Dr. Geoffrey Evans and Mr. Roberts on duty.
Tues., " 21.	Prof. Witts and Prof. Paterson Ross on duty.
Thurs., " 23.	Last day for receiving matter for the May issue of the Journal.
Fri., " 24.	Dr. Hinds Howell and Sir Charles Gordon-Watson on duty.
Tues., " 28.	Dr. Gow and Mr. Wilson on duty.
Fri., May 1.	Dr. Graham and Mr. Girling Ball on duty.
Tues., " 5.	Dr. Geoffrey Evans and Mr. Roberts on duty.
Fri., " 8.	Prof. Witts and Prof. Paterson Ross on duty.
Sat., " 9.	Hospital Sports.

EDITORIAL.

IT is with great regret that we announce Mr. Vick's resignation from his appointment as Warden of the College. When he was appointed in 1920 the Residential College was still in existence and, in fact, did not close until 1923. Since that time Mr. Vick has carried out the duties of the Warden in so far as the Medical College is concerned.

With his resignation one of the great traditional offices of the Hospital passes. Until 1923 the Residential College was an integral part of the Hospital and was under the control of the Treasurer and Almoners, to whom the Warden was responsible for the administration and discipline.

When the new Residential College opens—and it is an event we hope not far distant—the Warden will be entirely an officer of the Medical College and not of the Hospital. Mr. Vick, however, will remain as co-Treasurer of the Hospital.

During the sixteen years of his Wardenship Mr. Vick has been in touch with many successive generations of Bart's men, a great number of whom will remember him gratefully for his forbearance and personal interest, and deplore the fact that their successors will not have his help, as secretary of the Committee of Physicians and

Surgeons, which nominates the Resident Staff. Another function of the Warden, which concerns us personally, is that of Censor of the JOURNAL. And it is a credit both to him and to us that, in the whole sixteen years, there has never been a serious difference of opinion nor protest about matter published in the JOURNAL. We hope in our next issue to publish an article by him on the history of the Office of Warden, and are sorry to lose his services.

He is to be succeeded by Dr. C. F. Harris, who will hold the appointment of Warden and Sub-Dean of the Medical College and will live in the new Medical College.

We congratulate Sir George Newman, G.B.E., K.C.B., on the degree of Doctor of Laws, which was conferred on him on the occasion of the centenary celebrations of the University of London.

We also congratulate Dr. Mervyn Gordon, F.R.S., on the honour of the degree of LL.D., which has been offered to him by the senators of the University of Edinburgh.

As we go to Press, we read with regret of the death of Sir Archibald Garrod. An obituary notice will appear in our next issue.

The Eighth Annual Dinner of the 11th Decennial Club will be held at the Café Royal, Regent Street, on Friday, May 1st, at 7.15 for 7.30 p.m. Wilfrid F. Gaisford, M.D., M.K.C.P., will be in the Chair.

The Annual Dinner of the Tenth Decennial Contemporary Club will be held at the Café Royal, Regent Street, W. 1, on Friday, May 8th, with P. Jenner Verrall, Esq., F.R.C.S., in the Chair. Cards will shortly be sent to members, and any member not receiving one should communicate with Mr. Arnold W. Stott, 58, Harley Street, W. 1.