

nothing himself. This objection is insuperable, and one analogous to it has compelled us, at the West London, to reluctantly refuse to admit any more ladies to the general post-graduate classes. We found the ladies modestly unwilling to press to the front, and the gentlemen equally resolved to "behave as sich." I hope you would not regard this as a "prejudice" for which a speedy "natural death" was desirable.

Secondly, post-graduate tuition is essentially different from undergraduate. It should be far less dogmatic and more conversational, more deferential, and less influenced by the examinations which dominate undergraduate teaching.

You may be correct, at least in some instances, in suggesting that the teachers at a special post-graduate school would be less experienced in general tuition than, e.g., the staff of St. Bartholomew's; but what is wanted is special experience. Dr. Darley Hartley, of Cape Town, a very able man of large experience as a post-graduate, recently described two members of the staff of one of the London hospitals which has no school, "As having mastered, more than anyone else he had met, the art of utilising the out-patient department for post-graduate teaching."

And now, on the other hand, I would ask you. Have not the staff of a great school like St. Bartholomew's quite enough to do without doubling their duties by undertaking post-graduate tuition?

In a general hospital with an active and zealous staff the material furnished by 150 beds is, for practical purposes, no more limited than in a hospital of 700 beds. The fewer the beds the more careful are the staff about the cases they admit into them. In these days in an active London hospital of 150 beds, on an average thirty operations are performed per week in the theatre. What post-graduate with surgical inclinations can find time and energy to watch more? Further, he has often opportunities of assisting, and can nearly always find a place in the circle next the operator. He does not require an astronomical telescope to make out whether the field of operation is the pharynx or the pelvis.

The hospital in which I have gained that practical experience of post-graduate tuition which emboldens me to address you on the subject is the West London. The staff on the surgical side, including the ophthalmic surgeon, the three house surgeons, and the four anaesthetists, numbers fourteen. Ten of these fourteen are St. Bartholomew's men. If, therefore, your JOURNAL exists, as I believe it does, in the interests of the students past and present of St. Bartholomew's, the West London Post-Graduate School has no small claim on you for justice, or even for sympathy and support.

I remain, Sir, your obedient servant,

C. B. KEETLEY,

Surgeon to the West London Hospital:
formerly Assistant Demonstrator of
Anatomy at St. Bartholomew's.

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

SOME COMPLICATIONS FOLLOWING ABDOMINAL OPERATIONS.

SIR, I have read with great interest in the ST. BARTHOLOMEW'S HOSPITAL JOURNAL of February last the paper by Mr. Williamson on "Some Complications following Abdominal Operations." Like him, I have had a large number of laparotomies under my care. I have a firm belief in the efficiency of intra-venous saline injections, to which I am in the habit of adding 1 oz. of brandy and 5 minims of liq. strychnine. Where the abdomen is not drained (and every year drainage is employed less), it has been in some cases filled with hot saline solution, thus converting the peritoneal cavity for the time being into an internal hot-water bag. This fluid is not of much immediate use to the patient for circulatory purposes, and may, therefore, have to be supplemented by intra-venous injection. If the peritoneum is filled with saline solution it cannot secrete any large amount into its cavity, which in one case appeared to be the immediate cause of death in a patient a few hours after operation for a ruptured tubal pregnancy. The woman was fairly well after the operation, but at the end of four hours she collapsed and died. I opened the abdomen at once, to satisfy myself that there was no hæmorrhage, and found the peritoneum distended with quarts of peritoneal fluid. Filling the abdomen with saline solution possibly also tends to prevent adhesions. The injection of warm water *per rectum* as a "thirst enema" is most useful. I have a strong suspicion that many of the so-called "nutrient enemata" act largely by supplying the patient with fluid. Another advantage of supplying the patient with large quantities of fluid is that it stimulates renal secretion, and so

enables the patient, if infected, to excrete large doses of poison. I have recently operated on a ruptured tubal pregnancy in which the extravasated blood was infected, probably from the rectum. I filled the peritoneum with 2½ pints of hot saline solution, and injected 8½ pints with 1 oz. of brandy intravenously. The patient excreted large quantities of urine, and was thus saved from a fatal septicæmia.

With Mr. Williamson, the more abdominal cases I see the more am I convinced of the importance of the pulse as a danger-signal. It is not easy to convince nurses that a rising pulse, with a temperature slightly raised or even falling, is a cause for any anxiety. Morphine, by relieving pain and slowing the pulse, masks but does not prevent the poisoning process, which the surgeon is then apt to appreciate too late.

I am, yours faithfully,

C. HAMILTON WHITEFORD.

5, SUSSEX TERRACE, PLYMOUTH.

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

ABERNETHIAN SOCIETY'S ELECTIONS.

SIR,—Many of those who listened to the farewell speech of the outgoing President of the Abernethian Society, at the Annual General Meeting, must have been glad that for once the custom of mere compliment was departed from. The reform of the franchise is certainly urgently needed at this Society's elections. It is to be feared that he advocated a counsel of perfection in suggesting that no one should be entitled to vote who has not attended some of the meetings during the session. But the last election brings out one of the absurdities of the present system very vividly. The average attendance during the session was 44, yet the votes recorded at the election of officers was 321! This means that those who are really interested in the Society can play little part in the choice of their own officers. Yours, &c.,

ABERNETHIAN.

Appointments.

BELDING, D. T., L.R.C.P.Lond., M.R.C.S., has been reappointed Medical Officer of Health by the East Dereham Urban District Council.

CORBEN, CHARLES, L.R.C.P.Lond., M.R.C.S., has been appointed Public Vaccinator for the Caldicott District by the Chepstow Board of Guardians.

DODSON, G. E., M.R.C.S., L.R.C.P., appointed House Surgeon to the Norfolk and Norwich Hospital.

O'SULLIVAN, H. D., M.R., B.C. (Canab.), appointed Assistant House Surgeon to the Wolverhampton and Staffordshire General Hospital.

ROWLAND, P. W., M.B. (Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the Out-patients at the Children's Hospital, Great Ormond Street.

VAUGHAN, H. LL., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the County Hospital, Guildford.

Birth.

FURNIVALL.—On March 18th, at 39, Welbeck Street, W., the wife of Percy Furnivall, of a daughter.

ACKNOWLEDGMENTS.—Middlesex Hospital Gazette, St. Thomas's Hospital Gazette, Nursing Record, Guy's Hospital Gazette, London Hospital Gazette, Charing Cross Hospital Gazette, The Student, St. Mary's Hospital Gazette.

St. Bartholomew's Hospital



JOURNAL.

VOL. VI.—No. 7.]

APRIL, 1899.

[PRICE SIXPENCE.]

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, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY, Advertising Agent, 20, Wood Lane, Uxbridge Road, W.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

APRIL 14th, 1899.

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



WHEN the serious historian of the future comes to deal with our scientific, social, and economic advances made during the nineteenth century, he will find himself confronted by a curious growth that has sprung up alongside these, and made itself especially conspicuous through the closing decades of the last hundred years. This strange product we would like to term exotic, but we dare not; it is terribly indigenous. Habitation we have given it, but not a name; Linnæan nomenclature knows it not. We refer to what we may call the "Anti" mind. Such is our suggested generic name; the species are better recognized, anti-vivisectionists, anti-vaccinators, anti-Pasteurites, anti-alcoholists, anti-meat-eaters, to mention only the more corporate or organic groups. There are others

of less widespread distribution, apt, however, to affect the same soil as either or several of these. For the "Anti" mind illustrates the law of symbiosis to an astounding degree; no hitherto studied fungus more so. Indeed, we know some men in whom this phenomenon is so remarkably seen that the scoffers amongst us have been known to sum them up as anti-everything-except-humbag. But the peculiarity of mind which enables a man ("from sheer cussedness" it would almost seem; "from honesty of conviction" we are asked to believe), to run counter to the most generally received and proved principles of human knowledge, often wrested from nature through the toil of ages, is, scoffing apart, of no small interest. And not of interest merely, there's a humour in the thing. We can fancy how Charles Lamb, that prince of humourists, would have loved to add this man also to that motley company he was wont to gather together for the sake of their divers mental twists.

There's a humour in the thing, we said; yes, but there's a danger also. We have opened our gates to these and other strange guests, so that to-day sees us actually discussing matters with that strangest set of them all, the Christian Scientists, whose weird doctrine is able to deprive its believers, and those in their power, of the simplest and most obvious human assistance. However, this is perhaps but a small danger: Major Lesters and Harold Frederics cannot be every-day patients. But when the "Anti" mind gets hold of our system of party politics, it attacks us in a very weak spot. It has done so, and, for a mere party catch-word to get votes, we find ourselves sacrificing the safety of the country's hygiene, and becoming a laughing-stock among the nations. Our "conscience-clauses," "freedom of the subject," and what not, are very fine things to talk about, but not so safe for basing our public health upon.

Doubtless the "Anti" mind, like the poor and the rickets, will be always with us; there's a perversity about the mental attitude we are discussing that bespeaks it born for an existence co-equal in time with that of human nature itself. Yet the fantastic shapes so often adopted in the course of its life-history should, one would suppose, appeal to its reason at times. If a man finds, with Dr. Johnson, that it

is "easier to abstain than be abstemious," he is wise if he abstains; but to proceed forthwith to vociferate himself needlessly hoarse by declaring that alcohol is "distilled damnation," is a confusion of the man with the means. And if he proceeds to contribute to a temperance hospital in the firm belief that alcohol has no uses whatever in proper hands, he does but encourage the physician to handicap himself in his treatment of his patients. If a person discovers that by avoiding butcher's meat he "saves his toe from shoots" and better fits himself for his life's duties, let him eschew the fleshpot accordingly; but to announce as the result that meat is the cause of all the physical ills and half the evil passions that flesh is heir to, and that nuts and figs should be the universal diet of mankind, is bad logic and very silly. If a lady has a poodle and she loves him very well, as a lady with a poodle is very apt to do, it does not require much argument to convince her that the muzzling order is an iniquity or, indeed, that rabies is a disease existing solely in the doctor's imagination; but for a journalist of repute to disseminate her conclusions for purposes of popularity is a pernicious practice, even though pecuniarily satisfactory. We were going to say, to conclude, that if anyone holds that vivisection involves a false ethical principle, let him argue the question along that line, and not upon the error still adhered to, that the utility of this method of research has never been proved, when the victories of serumtherapy and bacteriology are just now so evident. But the following extract from the *British Medical Journal* of April 8 stayed our pen on its obviously errant course.

I claim, then, to have shown that the poisons of variola, vaccinia, and syphilis are not and cannot be the product of a bacillus; that Loeffler's bacillus is not a constant, and therefore cannot be the essential element in the production of an attack of diphtheria; that the essential element in the case of gonorrhoea is not the gonococcus; that the essential element in the case of typhoid is not the bacillus typhosus; that this bacillus cannot live but a few hours in ordinary sewage; that not a single specimen of this bacillus has ever been discovered in sewer air, and hence that typhoid fever cannot be attributed to it, because of its contained germs; that, in the cases of the epidemics at Maidstone and King's Lynn, there exists no proof of the contamination of the water by typhoidal matter, as indicated by the presence of the bacillus typhosus; that there is no evidence worthy of the name that tuberculosis is due to the ravages of the tubercle bacillus; that the comma bacillus cannot be regarded as the essential element in the production of an attack of cholera; and that the same can be said of the plague and its special bacillus; that the so-called pathogenic micro-organisms are constantly found under conditions consistent with perfect health, and that in more than one notable instance they not only appear to, but actually do, exert a beneficial influence.

All these things—which are facts, not opinions, capable of demonstration and proof—go to show that the modern doctrine of bacteriology is a gigantic mistake; that we are already at the parting of the ways, and that it is safe to predict that, ere long, it will come to be recognised that these various bacilli play a beneficial rôle in the economy of Nature.

Then we rubbed our eyes, and pinched ourselves, to make quite sure we were awake and not dozing. Satisfied as to this, we turned to the date of issue of the periodical containing this petard to our fond delusions, but it really

was the current number, and the 1899 was *anno domini* too, we could scarcely help supposing. So we laid it aside with a groan for the cheated mortals that we are, and thought of the capital the "Anti" mind would make out of Dr. Bantock. Then we remembered that we could "draw breath freelier outside," so we withdrew into the open air.

Illustrative Cases of Granular Kidney.

By SAMUEL WEST, M.D., F.R.C.P.

A REAL knowledge of any disease can only be acquired in one way—by the study of cases; at the bedside if possible, if not in carefully written records, best of all, in both these ways. Especially is this true of a disease of protean character, such as granular kidney. The following cases will illustrate the diverse forms which this disease may assume, and the clinical difficulties which arise in consequence:

CASE I.—*Granular kidney, appearing as subacute parenchymatous nephritis, but presented all the signs of advanced granular kidney; extreme ascites, with peculiar fluctuation in intercostal spaces; frequent paracentesis; death from asthenia; post-mortem.*

Charlotte H—, aged 31, a housemaid, was admitted into the Royal Free Hospital on January 28th, 1889.

She was in good health until five months ago, when she first began to complain of pain in the back, which came on without obvious cause, and has continued more or less ever since. There had been amenorrhoea for the same period. Two months ago she first had swelling of the ankles, worse at night, and the swelling gradually extended up the legs; but during the last month there had been swelling also of the abdomen and face, especially round the eyes, and most marked in the morning.

During the last month she had passed more urine than normal.

Since the commencement of her illness she had got paler, lost flesh, and had felt very much weaker; and during the last two or three months her sight had been impaired. She described a darkness which came before her eyes, and prevented her from reading or doing fine work. During the last twelve months she had occasionally had attacks of epistaxis.

The appetite had been good, the bowels regular; she had slept well, and had no sickness or headache, but her breath had been short on exertion, and she had suffered sometimes from beating at the heart. But this had been so for some years, and was not much worse since the illness began.

She was at work until January 23rd.

The patient was a well-developed young woman, with a characteristic renal appearance; the face white and puffy,

general œdema of the legs and body, with the exception of the arms and hands.

The pulse 100, regular, of very high tension, and the arteries were much thickened.

The urine was acid, 1013, containing a third of albumen and a number of hyaline and granular casts.

The area of cardiac dullness was somewhat enlarged, the first sound a little prolonged at the apex, the second accentuated at the base, especially over the aorta, but no murmurs.

The abdomen was distended, containing fluid, and measuring 39½ inches round.

Dullness extended on the right side of the chest some distance up the back, but was probably in great part due to the displacement upwards of the liver, though in part also to the presence of fluid.

Both eyes showed well-marked albuminuric retinitis; the optic discs blurred and indistinct, some large, irregular, retinal hæmorrhages and white patches near the yellow spot.

The patient evidently was suffering from a subacute attack of nephritis; but the character of the urine, the hardness of the artery, and the changes in the discs showed that there was something more than chronic parenchymatous nephritis to deal with.

The amount of dropsy and the history of the onset of the affection suggested that a great deal of the anasarca was of cardiac origin.

The chief complaint of the patient was of the swelling, of pain in the back, and of failing vision.

In the course of the next few days the fluid on the right side of the chest increased, and the dullness reached up to the second rib. The intercostal spaces were wide and bulging.

It was decided to tap the right pleura; an exploring needle was inserted, and serous fluid was easily obtained. A trocar was then inserted in the sixth space in the mid-axillary line, and the fluid withdrawn by syphonage. It flowed readily; 150 ozs., 200 ozs., and 300 ozs., and ultimately 505 ozs. were withdrawn. It was then found that this surprising result was due to the fact that the abdomen had been emptied through the puncture in the pleura. This was very extraordinary, because the needle had been inserted in the usual place and passed only a very short distance through the chest walls, and it seemed difficult to understand how, if the diaphragm had been penetrated, the liver could have been avoided.

After the tapping the right side was found to have fallen in considerably, so that the ribs were close together and the bulging had disappeared. The liver could now be felt in its usual place, somewhat below the ribs. The fluid withdrawn was of the usual character, and contained about one sixth of albumen and 0.05 per cent. of urea.

The case ran a very slow course. The patient was in the hospital seven months, getting gradually weaker and more

dropsical. The chief feature of the case was the recurrent ascites, which required frequent tapping about once a fortnight, so that she was tapped about fourteen or fifteen times. The patient suffered frequently with severe headaches and from occasional attacks of epistaxis and vomiting.

The only special event to note was that on April 15th the patient had a slight attack of pericarditis, but this subsided without special symptoms. The temperature was normal throughout. The pulse tension was interesting on account of its constant variation, so that it was hardly the same on two consecutive days.

The patient died of exhaustion on August 6th, after having been in the hospital nearly seven months.

The albuminuric retinitis slowly progressed, but was throughout more marked in the left eye than in the right.

In the middle of March there was extreme optic neuritis of the left eye, so that the disc could hardly be made out, and round about it were several small hæmorrhages. The central part of the retina also was a good deal blurred, but the white patches were not so numerous as in the opposite eye.

The right eye was not so much affected, but there were numerous hæmorrhages scattered about over the retina, and many very characteristic white patches.

The vision was as follows:—Right eye: J. $\frac{1}{12}$ at 20 feet, with -7 D.; type 8 at 11 inches. Left eye: J. $\frac{1}{6}$ at 20 feet, with -5 D.; type 10 at 12 inches. There was no marked diminution of the field of vision.

The urine remained throughout of much the same character; it averaged about 70 to 80 ounces daily; the specific gravity 1010, contained about one third of albumen and about 1.5 per cent. of urea with numerous casts, chiefly granular, but occasionally epithelial. Even to the last the urine retained these characters without change.

The chief peculiarity of the case was the ascites, which was out of all proportion to the general anasarca, so that the abdomen required to be tapped, as has already been stated, about every fortnight. The girth of the abdomen was considerable—40 to 43 inches,—and the amount of fluid removed very large; thus, on the first paracentesis it was 25½ pints, and on other occasions it measured 26, 27, and even on one occasion as many as 33 pints.

The thoracic organs were of course greatly displaced, so that the heart was pushed up to the second rib, and dullness on the right side reached as far as the second rib in front. This was thought to indicate a large pleuritic effusion on the right side; but when the pleura was tapped on the first occasion the abdomen was emptied; and with the return of ascites, the dullness in the chest became the same and no other evidence of fluid within the chest was obtained.

After the first paracentesis the liver could be felt in its usual place below the ribs, but on subsequent occasions it was not to be detected at all.

The next point of interest was the curious fluctuation that was obtained on several occasions between the intercostal spaces and the abdomen. The lower intercostal spaces were all dilated, and bulging, and they felt tense and elastic.

Very distinct fluctuation could be obtained in the intercostal spaces between the sixth in front and the tenth behind, on the same level that is to say; evident though much less distinct fluctuation could be obtained in the lower intercostal spaces behind by percussing the abdomen. This is a very remarkable condition, and one which I have never seen in any form of pleuritic effusion, or indeed in any other case of ascites.

On March 15th, when paracentesis was performed and 240 ounces of fluid removed, the intra-abdominal pressure was 4.7 inches of water, and what was curious was that, although the fluid was removed from the abdomen, no change was made in the lines of dullness on the right side of the chest which reached up to the third rib; but the bulging of the lower intercostal spaces disappeared, and there was, after the operation, marked inspiratory recession of those spaces.

As the fluid reaccumulated, the symptoms described all returned more or less according to the distension of the abdomen, and disappeared with each paracentesis.

Although the case was regarded throughout as one of granular kidney, still it was thought there must have been some other supplementary condition to account for the predominance of ascites. Cirrhosis was thought to be a possibility, but there was no evidence of it, for the veins of the abdomen were not distended, and there was no history of alcoholism.

Although rare, it is well known that in general dropsy the stress of the effusion may fall on one or other of the serous cavities.

As in this case it seemed to fall upon the peritoneum, so in another case I can recall, I remember it fell chiefly upon the right pleura, which had on several occasions to be tapped. This was a case of morbus cordis, and though the patient ultimately recovered and lost all the general oedema, the fluid persisted in the right side of the chest for some time, and required paracentesis two or three times after all general signs of dropsy had disappeared. In the end this disappeared also, and the patient recovered so far as the morbus cordis permitted.

The patient died, as stated, on the 7th August, having been troubled during the last few days with frequent diarrhoea and vomiting, but there were no other signs of uræmia.

On the *post-mortem examination* there was some general anasarca, and the abdomen was found greatly distended with fluid.

The diaphragm on the right side reached up to the third rib.

The spot where the paracentesis was made on the first

occasion was in the sixth space in the mid-axilla, and in this line the diaphragm reached well up into the fourth space.

There was no adhesion of the lung or pleura in this part, and the lung was collapsed, but not diseased; there was no fluid actually in the pleura, or any signs of there having been any there.

The liver was normal, except for one or two little streaks of capsular thickening.

The heart was greatly hypertrophied, and weighed 18 ounces; there was no valvular disease, but there were a few firm pericardial adhesions here and there.

The kidneys were very granular, but irregularly so; in some parts the whole of the cortex seemed to have been completely destroyed; in the other parts there were coarse and fine granulations, and the cortex in these places was very considerably reduced.

This case illustrates an important clinical fact, viz. that in adults granular kidney not unfrequently presents itself under the guise of acute nephritis; in other words, that what appears to be a first attack of acute parenchymatous nephritis is really but an intercurrent acute nephritis in the course of chronic disease, i.e. granular kidney. Hence it follows that if in a case of granular kidney a history of antecedent acute nephritis be obtained, it must not be assumed that the acute nephritis has caused the interstitial nephritis, for the relation between the two conditions may very probably be the exact converse, viz. that the patient had an attack of acute nephritis, because the kidneys were already diseased, i.e. granular. The importance of this conclusion from a pathological point of view is obvious.

CASE II.—*Granular kidney—First grave symptom angina—Occasional fits for three years before—Rash, bulle, and erythema—Hæmorrhage from bowel—Restlessness, noisy delirium, coma, death, post-mortem. Remarks.*

William W., aged 44, was admitted into the hospital on account of attacks of dyspnoea, which seized him suddenly at night. He gave this history:

He had been a maker of lead pipes for twenty years. During the last fifteen years he had suffered three times from lead colic, being ill for about a week. The last attack was three years ago. One year ago he had his first attack of gout, and he had had two or three slight attacks since. One month ago he began to notice that he was passing rather more water, having to rise five or six times during the night.

In other respects he was well until one month ago (September 30th), when, having gone to bed well, as he thought, he was awake in the middle of the night with a violent attack of dyspnoea; he awoke fighting for breath, and continued to suffer for half an hour. He was able to go to his work next day, and felt well for a fortnight, when he had a similar attack at night; and again, a fortnight later, he had a third attack, for which he came to the hospital, and was admitted.

The patient was a well-developed, strong-looking man, except that he appeared rather pale, and his hands were a little tremulous. There was a well-marked blue line on his gums, both on the upper and lower jaw. The pulse was 92, a little rapid, and of high tension; the artery considerably thickened, and rather tortuous.

The heart's apex was in the normal place, the cardiac dullness not obviously increased, and the sounds normal.

The urine was clear, 1008 specific gravity, contained a cloud of albumen, and about 1 per cent. of urea.

There was a little rhonchus over the chest, and a little crepitation at both bases. There was also some grating in the joints of both great toes.

Examination of the eyes showed early albuminuric retinitis in the form of small white patches round the yellow spot. There was one hæmorrhage not far from the disc in both eyes.

The case was evidently one of granular kidney, and the attacks of dyspnoea cardiac in origin.

The patient improved, and nothing special occurred until November 18th, when the patient, who had not been feeling very well the day before, was seized during the night with a violent attack of cardiac pain, but without any shortness of breath. This lasted some time, and did not completely pass off for the whole of the next day. The following night he was attacked with a similar spasm. Three days later an attack of gout in both great toes showed itself.

These attacks were, no doubt, cardiac in origin, and of the nature of angina. The occurrence of gout a few days later throws a light upon what is sometimes called "gout of the heart," which, no doubt, in the majority of cases is angular.

The gout rapidly subsided under the use of salicylate of soda and iodide of potassium.

Nothing further happened until December 7th, when the patient was attacked by a fit of an ordinary epileptic character, which lasted about four minutes. Inquiry then elicited the fact that he had been occasionally subject to fits at irregular intervals during the last three years, and that the last fit occurred fourteen days before admission.

For the last few days the patient had been complaining of pain over the dorsum of the right foot, and on December 7th some small bullæ were found there containing a blood-stained fluid; these were incised and dressed with boracic acid ointment.

On the 13th the patient seemed to be weaker and to be a little wandering.

On the 14th he began to be sick, and vomited from time to time.

On the 17th his tongue got dry, and he complained of great thirst. That evening he had another fit.

At the end of the month the cardiac dullness was found to be increased and the apex outside the nipple line,

showing that some dilatation of the left ventricle had occurred.

On January 2nd and 7th he had other fits.

On January 14th the patient began to complain of general irritation over the whole body, which was followed in a few days by an erythematous eruption. The temperature now began to rise. Bullæ continued to form upon the feet, and had been opened and dressed in the way described.

On January 18th the patient complained again of great thirst and of drowsiness. The albumen was somewhat increased, and the urea continued, as it had been for some time, at 1.4 per cent.

On January 19th the patient became very restless and more drowsy; he passed water in bed, and began to suffer from diarrhoea. That evening he passed a large blood-clot, and the next day a considerable amount of blood from the bowels, which, apparently, was not due to piles. The temperature, which had gradually risen to between 102° and 103°, now began to fall.

On January 22nd the patient was very feeble, passed but little water (19 ozs. in the twenty-four hours), became delirious and noisy for a time, and subsequently passed into a condition of coma, and died unconscious on the 23rd.

There had been no change in the character of the urine throughout, except one, which was rather an improvement, for on admission the urea was 1 per cent., but during the whole of the later stages of his illness it had reached 1.4 per cent.; the quantity of urine averaged between 50 ozs. and 60 ozs. daily, the specific gravity was 1008 to 1010, and the amount of albumen about an eighth. It was only during the last two days of life that the quantity of urine fell much, and even then averaged about 18 to 20 ozs. The general erythema, which began on the 14th, and spread all over the body, caused a great deal of irritation and distress. It presented no special characters, but was of the ordinary kind, and attended with a fair amount of fine desquamation.

The usual treatment was adopted throughout, but was of little permanent benefit.

The *post-mortem* showed nothing except the ordinary symptoms of granular kidney. The kidneys were small and contracted, granular on the surface, with small cysts; they weighed only 7 ozs. together.

The stomach and small intestines were congested, but showed no evidence of the source of hæmorrhage. The heart was a good deal hypertrophied, and weighed 20 ozs. The liver was rather large (4½ lbs.), but otherwise normal.

The points of interest in the case are the following:

1. The fits, which had developed during the last three years, were of an ordinary epileptic character of only occasional occurrence, and not very severe. So little importance was attached to them that they did not transpire in the history until the occurrence of the first fit in the hospital caused special inquiry to be made. Granular kidney as a

cause of epileptic fits in the adult is not recognised; yet not infrequently they are the first grave sign of illness.

2. With the exception of these fits, the patient thought himself to be in good health until the attack of dyspnoea developed a month before admission.

3. The attack of dyspnoea was evidently cardiac in origin, and of the nature of angina; it had nothing of the asthmatic character about it, and could not properly be called asthma.

4. General rashes are rare. The rash in this case was of the kind that is common in the later stages of granular kidney, viz. an erythema, and, except for the irritation it caused and its grave significance, it was not serious in itself. The bullous eruption which occurred upon the feet is very unusual, and in this case the contents were blood-stained, though the erythema itself was not hæmorrhagic.

The rash was probably of a septic or toxic character, and this is confirmed by the rise of temperature which accompanied it, for the tendency in the last stages of granular kidney is for the temperature to be subnormal—often remarkably so.

5. The later symptoms could in no way be connected with any obvious change in the urine. There was more albumen and less urea on the patient's admission than subsequently, and until the last two days of life elimination by the kidneys seemed to be satisfactory. Though the patient had had fits previously, and died comatose, nothing of the nature of uræmic fits occurred.

6. The albuminuric retinitis, though slight, was characteristic. The hæmorrhages which were noticed on admission were slowly absorbed, and no fresh ones occurred, but the white spots remained as they were.

It is interesting to note that the albuminuric retinitis was what would be called "early," though the granular kidney was in its last stages. The patient complained of no defect of sight; the field of vision was taken, and found normal in both eyes.

7. The association with granular kidney of both lead-poisoning and gout raises the question of the relation of these lesions to each other.

The man had been working with lead for twenty years; the gout had only developed during the last few months, so that it was obviously subsequent to the granular kidney. Except for the lead-line and the history of one or two slight attacks of colic, the evidence of lead-poisoning was not marked, and the working with metallic lead does not usually lead to lead-poisoning; so that in this case the development of granular kidney was probably quite independent of the lead. In many cases it is not so much that gout and lead-poisoning cause granular kidney as that patients suffer from gout and lead-poisoning because their kidneys are already granular and elimination defective.

8. Hemorrhage from the bowel is of very rare occurrence, although the general tendency to bleeding is so marked a feature.

9. Gradual cardiac failure is common, as shown by shortness of the breath, œdema of the feet, &c.; yet for angina to be the first symptom is rare.

10. This case illustrates an important fact in the clinical history of granular kidney, the suddenness with which grave symptoms often develop in the midst of apparent health, for this patient thought himself well, or, at any rate, in his usual health, up to two months before his death; yet from the time the angina developed his fate was sealed.

Some Rectal Diseases.

By F. C. WALLIS, M.B., F.R.C.S., Surgeon to the Metropolitan Hospital and Assistant Surgeon to Charing Cross and St. Mark's Hospitals.

VI. PROLAPSUS ANI AND PROCIDENTIA RECTI.

THE permanent protrusion of the bowel beyond the anal orifice is designated by one of the terms at the head of this paper. If the protrusion is slight in character, and consists only of mucous membrane, it is called a *prolapsus*; if, on the other hand, it is more extensive, and involves the other tunics of the bowel—procidentia recti is the name given to it.

Prolapsus ani is a common trouble in small children, and anyone who has held a resident post at a large hospital will have seen many cases.

Causes in children.—Among hospital patients the commonest cause is in the first place bad or improper food. This by its action on the intestine produces diarrhoea and great straining, which latter is the cause of the prolapse. Other causes are polypus and ascariæ, phimosis, and vesical calculus.

The custom of sitting a child on a commode, and letting it sit and strain, quite irrespective of any desire the child may have is also a not infrequent cause of prolapse even in the better-class patients. When prolapse in children is due to the last-named cause, the sphincters are generally much more relaxed and flaccid than when any other cause produces it. The reason of this is that it is a mere chronic production, and there being no acute symptoms to call attention to any local condition, it is eventually discovered by accident.

Causes in adults.—Before going into these, it will be as well to state that the condition is not a common one in adult life, and is oftener met with in women than men.

Internal hæmorrhoids are a common cause, perhaps the most common, of prolapsus others are polypus, stricture, enlarged prostate, calculus, and, in fact, anything which

necessitates great straining of these parts, including parturition, and the occasional evils which attend it.

The appearance of the prolapsus will, in children, depend upon the cause. If it has been brought about by any sudden or violent straining, the prolapsed mucous membrane will be gripped by the sphincter, and soon becomes livid in colour, and may rarely become gangrenous, or, short of this, may be so much damaged that more or less ulceration will occur.

When the cause is a chronic one, as mentioned above, the mucous membrane is normal in colour, as the sphincters being lax do not in any way grip it. In these cases the mucous membrane is apt to suffer superficially, but no serious damage is done to it.

The treatment of prolapse in children depends upon the conditions of its production. If this is a recent affair, and is caught by the contracted sphincter, it must be reduced. This is easily done by placing the child prone on the nurse's lap, then applying firm pressure for a minute or so, after which a little manipulation with the fingers previously vaselined generally brings about the desired result.

The bowels should only act when the child is lying down (or standing up as suggested by some, although this would seem a very awkward performance), and if the prolapse still occurs, it should, each time after being cleaned with cold water, have a plentiful application of some astringent lotion, such as alum gr. x to ʒj, and then the bowel should be returned, and a pad and perineal bandage applied. In bad cases it is better that the child shall be kept in bed for a time, and encouraged to lie on its face.

Constitutional treatment must be carefully carried out; the intestine should be treated by judicious doses of Hydr. \bar{c} Cret. and rhubarb, and the diet carefully looked after. Cod liver oil is an excellent thing in these cases, not only for its nutritive properties, but because it helps materially to prevent constipation, which is to be carefully avoided.

Under such treatment as this most cases get well, although sometimes rather slowly. If after a fair trial the prolapsus still occurs, some more energetic form of treatment is necessary.

The free application of strong nitric acid to the mucous membrane has been recommended, and is said to be beneficial. I have had no experience of it, but I cannot say that it appears to me a satisfactory method of dealing with this trouble, and I should not propose to try it. The actual cautery applied in the manner which will be described directly, is quite effective; it does relatively such a small amount of damage to the mucous membrane, and is not, when properly carried out, followed by any suggestion of stricture.

In experienced hands the best surgery would be to remove the prolapsed mucous membrane in the method suggested by Whitehead, bringing down the cut edge and the external

sphincter, and sewing it to this. But here again I would warn anyone who is not in constant operative practice that this is an operation which must not be lightly undertaken. It was only recently that a woman under forty years of age came to me at St. Mark's for a prolapse, which had been produced by an operation for piles, which she said had been done by the house surgeon in a provincial hospital for "Whitehead's piles" (*sic*). The whole of the external, and a large part of the internal sphincter had been removed, and the woman had permanent incontinence. Hard lines on the surgeon whose name and operation had both been "taken in vain," and the worst of disasters for the patient! *Procidentia recti* usually occurs in adult life, and three varieties are described, viz. partial, complete, and intussuscepted. The treatment depends to a great extent upon the variety.

Causes other than those already mentioned for prolapsus are the lax condition of the supporting pelvic muscles, viz. the levatores ani, and a long meso-rectum.

Symptoms are straining at the time of evacuation, with protrusion of the bowel. This can at first be reduced, but gradually, as the tenacity of the sphincter wears out, the reduction is less permanent, and then the procidentia comes down when the patient walks about, and gradually becomes a permanent thing.

The ordinary disadvantages are obvious; in addition, however, to these, two others of importance should be mentioned, one being the tendency of the prolapse to get worse, the other quite remote, certainly, but most serious if it occurs, the rupture of the procidentia with extrusion of the small intestine.

In the first variety partial procidentia, which is in most cases easily reduced, may be recognised by the longitudinal lines radiating from the anal margin along the bowel, showing a marked difference to the second or complete variety where the lines are circular.

The third variety may be divided into two classes, depending upon the intussuscepted part remaining inside the bowel, or protruding outside. In the first or partial form the protruded bowel will not include any peritoneum, if the prolapse is under three and a half inches anteriorly, this being the lower limit of the peritoneum here. In the other two the peritoneum is certain to be involved in the procidentia—a fact to be borne in mind when considering the plan of treatment. The treatment of these cases is either palliative or radical.

There is not a great deal to be said for the palliative method, and it can only be employed for the slighter forms. Ball and Cooper speak well of a conical vulcanite pessary with a narrow neck; this is said to keep the prolapse up, and to have a stimulating effect on the sphincter. If it does not prove a source of irritation and can be borne by the patient, the mechanical support is no doubt helpful. This method is credited with having effected a complete

cure in some cases, but it is a little difficult to see how this can be brought about.

Another form of treatment which is written about, but not as far as one can make out with any strong desire of advocacy, is the submucous injection of various irritating fluids, the aim being to procure inflammatory matting of the various coats of the bowel, and by this means preventing the procidentia. Ergot, nuxvomica, and carbolic acid have all been tried, and also many other fluids. Ergot seems to have been the only one with which any success has been achieved. The disadvantage of using carbolic acid and the like in this manner is that inflammatory action may end in suppuration, and then not cure the procidentia. The more one thinks of this method, the less does it seem desirable, except in such cases where it is urgent that something should be done, and yet from some cause or another any regular operation cannot be undertaken.

The operations which have been from time to time undertaken for the cure of this complaint are fairly numerous, and all more or less ingenious.

It does not come within the scope of this paper to detail all of these, but they will be briefly mentioned, and those more in favour of the present day surgery will be more fully discussed.

Kleberg describes a difficult and elaborate operation for the removal of the procidentia by means of *elastic ligatures*.

Reduction of the calibre of the rectum, and the production of a narrowed muscular ring is aimed at in an operation carried out by F. Lange, of New York.

Verneuil's operation raises the bowel and attaches it to the sacrum.

Macleod, of Calcutta, describes an operation for attaching the upper part of the rectum to the wall of the abdomen, and although the operation is one which appeals to the surgeon in many ways, it would almost seem that the method of Allingham's is much simpler, and just as effective. Allingham makes a small incision through the anterior wall on the left side just above the outer third of Poupart's ligament, pulls the rectum up to straighten it, and then fixes it in this position by passing silk ligatures through the mesentery, and fastening this to the abdominal wall.

Roberts, of Philadelphia, claims success by an operation in which he removes a large V-shaped piece from the posterior wall of the rectum and skin including the sphincter, and then drains. Treves and Mikulicz have both devised operations which in the main are similar, and the object is to remove the whole procidentia, and then to bring the cut edge of the mucous membrane above to the skin margin below, much after the method of Whitehead's operation.

Billoth and Nicoladini have recorded successful cases of the same sort. The patient being placed in the lithotomy position and the pelvis well raised, the inner tube of the procidentia is pulled down by forceps to its full extent.

The mucous membrane is cut through at the muco-cutaneous margin and turned back; next the inner tube is divided circularly at a level with the anal margin, care being taken to push back any small intestine that may intervene. The serous coats are then united, and the mucous and muscular coats brought down and sewn to the anal margin. If this is done by small pieces at a time, no ligatures are necessary, and the whole of the circumference can be sutured with very little loss of blood.

Some such operation as the above seems to be the best when any operation is advisable.

The *actual cautery* is in a very large percentage of cases undoubtedly the most effective and least dangerous method of treatment which can be adopted in all forms of prolapse. This treatment was first recommended by Van Buren.

The intestine is pulled down to its fullest extent, and a full-sized Paquelin's metal cautery, at a dull red heat, makes four longitudinal stripes, deepening as they come near the base; the intestine is then well vaselined and returned. If the external sphincter is relaxed, a fine-pointed cautery is stabbed into it at various points. The patient keeps in bed for some weeks, three to four, and the bowels are confined for seven to eight days; the patient is not allowed to sit up to have them opened.

The results of this treatment are so very good, that it would seem right always to try it first of all before proceeding to any of the more severe methods mentioned above. The pain is very slight after the operation, especially if the sphincter or skin around is not burnt. Except in severe cases, one operation usually succeeds, but when this is not so there is no objection to repeating the cauterisation.

(To be continued.)

Tuberculin.

A Paper read before the Abernethian Society on
March 9th, 1899,

By M. W. COLEMAN, M.B.



R. PRESIDENT AND GENTLEMEN.—No subject at the present time occupies more attention than that of tuberculosis, especially in regard to the "open-air treatment of phthisis." Any agent, therefore, which could with advantage be used with this for curative purposes, or would aid the early diagnosis of this disease, should not fail to be of interest. Both of these properties have by various authorities been claimed for tuberculin, and it is my object in reading this paper to attempt to set before you how this subject stands at the present moment, and also to give my own very limited experience of this material which I was enabled to obtain whilst house physician to Dr. Heon at the City of London Chest Hospital.

As I think it is essential in using a substance of this kind that one should have a clear idea of its nature. I trust you will excuse me if I recall to your memory as briefly as I may Koch's work in connection with this subject.

Soon after his discovery of the tubercle bacillus he commenced his

researches to find some means of combating its effects. He first of all conducted his experiments on cultures, and has drawn up a long list of substances which he found to have the power of arresting the growth of the bacilli. None of these, however, when applied to tuberculous animals, were found to have any effect.

Continuing his researches, however, he at length made the following discovery:—He found that when a healthy guinea-pig and a tuberculous one are both inoculated with a pure culture of tubercle bacilli, the effect on the two animals is different. In a healthy guinea-pig, in from ten to fourteen days after the inoculation a hard nodule is formed. This soon opens, leaving an ulcerating spot, which persists until the death of the animal. On the other hand, if a tuberculous guinea-pig be inoculated, no nodule is formed; but on the first or second day after the operation the area around the point of inoculation becomes hard and dark-coloured; a small patch of epidermis is finally thrown off, leaving a flat ulcerating surface. This ulcer, however, usually quickly and completely heals. It is seen, therefore, that in the one case the ulcer persists until death, whilst in the other it usually heals. He next found that it was not necessary to inject living tubercle bacilli, but that dead ones act also in the same degree.

Experiments made with injections of dead tubercle bacilli suspended in water proved the following points:

1. That they may be injected under the skin of healthy guinea-pigs, even in large quantities, without producing anything but local suppurative.

2. Tuberculous guinea-pigs are killed by injection of much smaller quantities of such cultures, the time being from six to twenty-eight hours, according to the dose.

3. If, on the other hand, the suspended matter be still more diluted, so that it is scarcely turbid, and this is injected into a guinea-pig already rendered tuberculous by inoculation of living cultures, the animal remains alive; and if the injections be continued at intervals of one or two days, a noticeable improvement in their condition soon sets in. The ulcer at the point of the original inoculation becomes smaller, and finally cicatrises. This never happens without such treatment. The swollen lymphatic glands become smaller, nutrition improves, and the progress of the disease is arrested if it is not already so far advanced that the animal dies of debility.

Before this material could be put to any practical use there was one great obstacle to be overcome, namely, the abscesses which were set up at the points of inoculation. These were found to be caused by the dead bodies of the tubercle bacilli remaining unabsorbed in the tissue into which they had been injected. To overcome this, attempts were made to extract the active principle from the bacilli, and this was finally accomplished by the help of a 40 per cent. to 50 per cent. solution of glycerine. This glycerine extract of pure cultivations of tubercle bacilli is filtered through porous porcelain, and forms what is known as the "old tuberculin."

Although the tuberculin that Koch had thus produced was proved to have the power of conferring immunity to the tubercular poison, it was found in animals that it did not confer immunity when the living bacilli themselves were injected. This led Koch to the conclusion that immunity against tuberculosis is not single, as formerly thought, but is at least of two kinds. There is an immunity against the bacterial products and an immunity against the bacteria themselves. Thus an individual may become immune to the tubercular poison and the lesion heal, but such a person is not proof against a fresh infection. It was an immunity of this first kind only, namely, against the tubercular poison, that he was led to believe his old tuberculin conferred. He therefore continued his researches, with the object of obtaining a material which would also confer immunity to a fresh infection.

The results of these were published in the *Deutsche Medicinische Wochenschrift* for April 1st, 1897, under the head of "The New Tuberculin." Of this there are three varieties.

The first—T.A., as it is called, or "tuberculin alkaline"—is obtained by acting on the tubercle bacilli for several days with a 10 per cent. soda solution. Almost all the bacilli are then removed by filtration, and the filtrate is injected in ascending doses. The few remaining bacilli were at first absorbed, and the animal reacted in a manner exactly similar to that following injections of the old tuberculin, except that the stage of fever was longer. Before immunity was obtained the dose reached an amount that invariably caused an abscess, which interfered with the procedure.

Koch next attempted to so act upon the bacilli mechanically that their bodies themselves might be absorbed. This he succeeded in doing by pulverising dried cultures in small amounts with a pestle and mortar. This was then mixed with distilled water and centrifugalised. The upper layer of the fluid thus obtained he called T. O. ("tuberculin obera"). This fluid he found, on injection, to act in a similar

way to the old tuberculin, but it possessed very little immunising power.

The sediment after this T.O. had been removed was again dried and pulverised, distilled water added, and again centrifugalised. This process was repeated until but little residue remained, the bulk of the culture having been rendered soluble. The several fluids thus obtained were added together, and 20 per cent. glycerine added to preserve it. This material he called T.R. ("tuberculin remainder"). T.R. is the preparation recommended for clinical use, and is practically what is meant when one speaks of the "new tuberculin."

Koch made a long series of experiments with this material, and from them was led to believe that it possessed strong immunising powers, the protection being both against the bacterial products and the bacteria themselves.

We will now consider the local and general phenomena which follow the injection of this material. These are very similar both with the old and new tuberculin, except that in the latter they are very much less pronounced. The local phenomena are best observed in a case of lupus. Under this treatment the lupus spots begin to swell and redden, and this may reach a high degree with the old tuberculin, but is always slight with the new. The swelling slowly again subsides, and the crusts covering the lupus spots tend to separate and fall off, leaving a clear red cicatrix behind.

In phthisis early injections are followed by a slight increase in crepitan rates and increased expectoration. After a few injections in favourable cases these disappear, and the cough and expectoration diminish, and ultimately cease. This same local activity is seen in other tuberculous conditions; for instance, in diseases of joints. Under this treatment the joint at first becomes swollen, red, and tender.

Occasionally this activity gives rise to signs in parts which before appeared healthy, but these, as treatment is continued, usually quickly disappear. Crepitations may thus appear in the opposite apex to that known to be affected. Dr. McCall Anderson quotes a case of lupus; the second injection lighted up pain and inflammation in the right elbow-joint. This disappeared again in a few days. Besides this activity in the tuberculous area, there is also a slight reaction set up at the point of inoculation. A few hours after the injection a small tender swelling forms, but this has usually quite subsided within twenty-four hours.

The general phenomena consist, firstly, of a rapid rise of temperature, sometimes up to 105°, or even higher. This occurs when the dose has reached a certain strength, which varies with the individual. It usually occurs about two hours after the injection, and lasts about six hours. Occasionally this rise of temperature is preceded by a rigor; it is frequently followed by slight headache and pain in the back. Sometimes these are severe, and marked nervous symptoms, such as persistent vomiting or delirium, have occurred. These severe reactions are, however, hardly ever seen with the new tuberculin, though they were fairly common with the old. As the treatment continues the patient ceases to react to doses which at first produced a marked reaction, and at the end of treatment 20 mgrs. of T.R. may have no effect upon a patient in whom, at the commencement, a dose of 1 mgr. would send the temperature up to 105°. The gradual immunity which is established to this toxin is one of the most striking phenomena noticed with this treatment.

Although the above are the only phenomena usually met with, certain observers have noted with the old tuberculin other and more serious effects. Small tuberculous nodules have been seen to arise on the tongue and larynx during this treatment, and the statement that these are simply the lighting up of activity around bacilli already in these situations has not been proved. It was Professor Virchow, however, who brought forward the most serious objections to this old tuberculin. His views were based on the results of twenty-one necropsies which were made on patients who died whilst under this treatment. Of these twenty-one cases, sixteen were pulmonary. The conclusions he came to were—that, firstly, he was unable to make out any changes indicative of cure in the tubercles themselves, these for the most part being well formed. Of the pulmonary cases, the large majority exhibited recent changes of great extent. Caseous consolidation was sometimes most extensive, and a condition much like septic pneumonia was met with in some cases. In one case, during life no trace of consolidation of the lower lobe was made out, but after six injections persistent fever came on, and infiltration of the lower lobe was diagnosed, which, at the necropsy, was found to be the case. Virchow goes on to advise that this treatment should not be performed on patients so debilitated as to be unable to cough up the increased sputum caused at first thereby, as he believes it is in such cases that previously healthy lung becomes infected by inspiration. Another important observation was that in some of these cases

he had found recent tubercles in unusual places—for instance, on the pericardium.

In weighing this evidence one must remember that these were mostly very advanced cases of tuberculosis in whom the treatment had been tried, and, although suspicious, any of these conditions may be met with in such advanced cases quite apart from the influence of tuberculin. Certainly, in the cases which died whilst under this treatment at Victoria Park Hospital no unusual condition was found *post mortem*. With the new tuberculin, I cannot find that so far any of these objections have been brought forward. The greatest objection at present appears to be its price, every full dose costing 17s., whilst the full dose of the old tuberculin now costs less than a penny. Various organisms have also been stated to have been found in this fluid, and abstracts are said to follow its use. I have myself, however, in some 500 injections never seen this occur.

For practical purposes there are two uses to which tuberculin has been applied, namely, curative and diagnostic.

We will firstly consider its curative properties. With regard to the old tuberculin, I have very little to say, as I have no personal experience of it; and, indeed, it is now but little used. Chosen cases, however, seem to have done better under this treatment than if treated otherwise, but this does not seem sufficiently marked to counterbalance the discomfort and possible risks attending it. Malcolm Morris, however, speaks very well of it in lupus, especially when combined with scraping, several cases which had recurred again and again after scraping alone healed up once and for all under this combined treatment. Soon after its introduction, Dr. Heron commenced this treatment at Victoria Park Hospital. The doses given ranged between 1 and 1000 mgrs. Thirty-seven patients were treated in this way; of these five were cases of lupus and thirty-two of pulmonary tuberculosis. Of these thirty-two cases about three quarters showed improvement; in the remaining quarter the disease remained unaltered or continued to progress. The improvement was shown by a gradual disappearance of cough and night-sweats, by increased freedom of breathing power, by gain in weight, and by a decrease both in the dry and moist sounds. The remaining five cases of lupus all showed improvement.

As regards any bad effects arising in these patients whilst under treatment. One patient suffering from lupus—in fact, the first case of lupus treated in England by this method—had a very severe reaction, preceded by severe rigors, nausea, and delirium. His treatment had been commenced with the large dose of 10 mgrs. After this much smaller initial doses were used, and no such severe reaction was again met with. One case developed pleurisy of the left side, with a moderate amount of effusion; and in another case a pneumothorax occurred two weeks after treatment. Both of these patients recovered from these conditions, which were probably quite independent of the tuberculin.

Dr. Heron has tried to trace these patients, to see whether the improvement gained was or was not permanent. He informs me that all the five cases of lupus have since relapsed. Of the remaining thirty-two cases of tuberculosis of the lung eight have died, ten are fairly well, of the other fourteen there is no trace.

We will now turn to the new tuberculin. To obtain good results with this the selection of suitable cases only is most important. The disease should be localised, and not too extensive, and the patient should not be in a very debilitated condition. Another most important point is that the disease should be apyretic, the temperature being seldom or never over 99° at night.

As regards the treatment itself, a four-hourly chart should be kept, and this started at least one week before the commencement of the injections. The material is obtained in small bottles, each containing 1 c.c. of fluid containing 10 mgrs. of T.R.

An initial dose of $\frac{1}{10}$ mgr. should be given. For these small doses it is necessary to make a dilution of the original fluid. To do this a 10 per cent. dilution is first prepared by withdrawing from the bottle with a pipette .73 c.c. and mixing this with 27 c.c. of a 20 per cent. glycerine solution. From this 10 per cent. dilution a 1 in 1000 is readily made, and $\frac{1}{10}$ c.c. of this therefore contains $\frac{1}{1000}$ mgrs. of T.R. These manipulations must, of course, be carried out with strict aseptic precautions.

This solution keeps well for three or four days in a cool place. As soon as a slight cloudiness is seen in it must be discarded.

If no reaction follow this initial injection of $\frac{1}{1000}$ mgr. on the day next but one following, a second injection of double this amount, namely, $\frac{2}{1000}$ mgr., should be given. This doubling of the dose in an injection given every other day should continue till a reaction occurs, when it will be found necessary to increase the dose less rapidly, or even to keep at the same for several injections. It is well to consider a rise of temperature to 100° as an indication that the

dose should not be increased. When a dose of 2 mgr. is reached the fluid may be injected direct, without any dilution, till this has reached a maximum dose of 20 mgrs.—that is, two bottles full of this tuberculin.

For giving these injections I prefer myself the ordinary hypodermic syringe, with a metal piston, to the Koch's syringe usually used. This instrument must be thoroughly boiled before each injection. The area selected for injection is best cleansed by thoroughly rubbing with absolute alcohol.

As soon as this treatment with the new tuberculin was brought out it was commenced at Victoria Park Hospital by Dr. Heron, whom I wish to take this opportunity of thanking for allowing me to make use of his cases in this paper, and also for assisting me in other ways. The inoculations were performed by my former colleague, Mr. Emanuel, and myself.

Ten cases only were treated in this way, as it is necessarily of long duration and very expensive. Hardly one of these was a really favourable case for the treatment, as it is almost impossible in hospital practice to obtain such.

I will now refer briefly to these. E. B.—was a girl of twenty-one years of age, who, on admission, was very anæmic and emaciated. The upper half of both lungs gave the physical signs of consolidation, and tubercle bacilli were present in her sputum. After having been ten days in hospital, injections of T.R. were commenced. The temperature remained unaltered until, after an injection of 125 mgrs., it suddenly rose to 105°. The patient felt cold, and afterwards for some hours suffered from severe headache. Some difficulty was experienced before tolerance to this dose could be acquired, and it was not till some five weeks later that the injections could be again increased. This point having, however, once been reached, the increase continued, with only one rise of temperature, to 102° after a dose of 10 mgrs., till treatment was completed. The final dose injected was 20 mgrs. This patient received a total of 353 mgrs. of T.R., contained in eighty-eight injections, the treatment lasting twenty-six weeks. Under this treatment cough, expectoration, and night sweats, which were present on admission, completely ceased. She gained 1 st. 10½ lbs. in weight, was no longer anæmic, and her catamenia, which had been absent for many months, returned. The physical signs also greatly improved, only a few dry crepitations being audible at the left apex.

A week or two back I again had the opportunity of seeing this patient, and she looked and said she felt in perfectly good health. During the eighteen months since she had left the hospital she had had no return of cough or any of her old symptoms. On examining her chest, the expansion under the left clavicle was seen to be defective, the heart's apex was drawn up to the fourth interspace, the pericardium over the upper portion of the left lung was impaired, and a few dry, creaking sounds could here be heard; in fact, there was no sign of active disease, but only of fibrous lung. Nothing else abnormal could be discovered. That hygienic conditions have taken no part in contributing to her recovery may be gathered from the fact that till quite recently she has been living in a small street in the east end of London, nursing her mother, who had just died of phthisis.

The next case I wish to draw your attention to I shall call L. W.—. She was a girl, aged 24, who was admitted complaining of loss of appetite, weakness, night sweats, and slight cough in the morning. She gave a history of a definite hæmoptysis on four occasions. Although somewhat obese on admission, she stated that she had lost two stone during the last six months. This history with some doubtful crepitations at the left apex, and the fact that her temperature reacted to such small doses of tuberculin as 125 mgrs., were the only evidence that this patient was suffering from phthisis. She had no expectoration, so tubercle bacilli could not be found. She received a total injection of 1065 mgrs., commencing with $\frac{1}{1000}$ mgr., and going up to 5 mgrs. In all forty-eight injections were given, extending over a period of fifteen weeks. She left the hospital apparently in perfect health, and having gained seven pounds in weight. This patient has been in service since leaving the hospital, and has remained quite well up to the present time.

G. O.—was a man aged 43, with well-marked disease of both lungs. His treatment lasted twenty weeks, during which time he received 90 mgrs. in 67 injections. Immunity to the virus was so slow in being established that he had by this time only reached a dose of 65 mgrs. The treatment had then to be stopped on account of the want of funds of the hospital. He had, however, under this treatment, already much improved, his cough, expectoration, and night sweats having markedly decreased. The physical signs however, except for a decrease in crepitations, showed no very great improvement.

Since leaving the hospital this improvement has until recently persisted, but I hear that he has now again a return of his old symptoms.

A. M.—was a very advanced case of phthisis, with great cavitation of both lungs; this treatment was tried on him as a last resource. Shortly after treatment had commenced he had a hæmoptysis, lasting about four days, of about twenty ounces of blood in all. Whether or not this was caused by the local congestion tuberculin undoubtedly produces it is impossible to say, as he had a history of a former hæmoptysis. This, however, completely ceased, and the treatment was persisted in for six weeks. He, however, made no progress, but rather became worse, and finally died about ten days after treatment had ceased. At the *post mortem* very careful search was made to find out whether any dissemination of tubercle had taken place, but no sign of this or any other unusual condition was found.

E. G.—was a girl, aged 24, with advanced disease in both lungs. She was treated for about ten weeks, but made no real progress, so that the treatment was discontinued. She had a history of appendicitis, and whilst under this treatment a painful swelling occurred in the right iliac fossa, which may have been due to the lighting up, by the tuberculin, of activity in some ulcer in that situation.

I learn that she was later on operated upon, the appendix being removed, but the wound never healed, and she finally died in March, 1898. At the *post mortem* advanced disease of the lung was present, and some slight tuberculous ulceration of the cæcum.

The remaining four cases of phthisis all left the hospital before the treatment had in any way neared completion, and although treated for eight or nine months they still reacted to such small doses as 2 or 3 mgrs. They mostly showed improvement, but not more so than patients treated by other means.

The case of lupus was a man aged 27, who came to the hospital with the history that the condition commenced three months previously with a small pimple on the left nostril. At the time of admission the disease involved both nostrils, there being also a round nodule about the size of a sixpence on the upper lip, and another about the same size on the cheek, three quarters of an inch in front of the lobe of the right ear.

Under this treatment the condition began to heal, and in about eleven weeks the scabs had separated, and scar tissue only was seen over the sites of the lupus patches, except that on the lip, and this had healed entirely sixteen days later.

There has been a good deal of doubt felt as to whether this was after all a case of lupus, and not one of syphilis.

In favour of the latter the man had a history of gonorrhœa, followed by sore throat, and had one or two brownish stains on his shins. For one week also during his treatment with tuberculin he also received five grains of potassium iodide, as he had set up a little periostitis by knocking his shin against the sharp edge of a chair. On the other hand, in favour of lupus, he stated that he had never had any previous skin disease. Also under the tuberculin, not only did the scabs tend to separate and fall off the lupus patches, and the ulcers thus left cicatrised, but a general reaction was also set up, his temperature, for instance, rising to 102° with so small a dose as 1 mgr. With regard to the potassium iodide, this was not given till July 5th, by which time the whole disease, except the patch on the lip, had healed.

I hear that there has been no recurrence in this case up to the present time.

Whilst house surgeon at this hospital, I treated one patient only by this means. He was a boy with very chronic and extensive cutaneous ulceration about the face, which had in parts led to great contraction. He had also extensive ulceration of the soft palate and chronic inflammation of both knee-joints. For some months he had been treated with anti-syphilitic remedies, but as these had no effect, it was thought the condition might be, in part at least, tuberculous. He was treated with T.R. for four weeks, and reached a dose of 3 mgrs., but as his condition showed no improvement whatever, and as he complained of a good deal of headache, it was discontinued.

In reviewing these cases you will see, gentlemen, that my experience of T.R. has not been very encouraging. Excluding the possible case of lupus, in not two others can the treatment be considered to have been carried to completion, that is, until no reaction followed large doses, and these are the only two who are known to be still quite well. On the other hand, I think the treatment must be considered to have had a fair trial in the other cases, as in all of them it was persisted in for many weeks.

Finally, there remains the diagnostic properties of tuberculin to be considered. The old tuberculin has, on the recommendation

of Koch, been the only one used for this purpose, the reaction to it being far more definite than to T.R. Again, it has been far more widely used in veterinary than in medical practice, and in the former the results are most satisfactory. Immense numbers of cattle have now been tested in this way, and of these large numbers, both of reacting and non-reacting animals, have been slaughtered and examined. A correct diagnosis by this means has been proved to be given in over 90 per cent. This alone is a most important use of tuberculin, when the large number of cattle which suffer from tuberculosis is remembered, and also the fact, which I believe is now admitted, that tuberculous enteritis of infants is practically always due to milk from tuberculous cows. In connection with this, an amusing story appeared in the *British Medical Journal* a week or two ago, where a farmer refused to sell a tuberculous cow at any price, as he said, "it ate so little and gave such quantities of milk." It appears true that the milk in tuberculous cows is not diminished, and farmers are therefore not very ready to have them slaughtered. Legislation in various countries abroad is in force to ensure the testing of animals in this way, and now in England steps are beginning to be taken with the object, at any rate, of encouraging farmers to use this test, and so separate the healthy from the unhealthy animals. In certain towns dairies have been instituted, the milk from which is guaranteed to come only from cows which do not react to this test, and it is important for the physician to have some idea as to the value of such institutions.

In man the results do not, so far, appear to be quite so satisfactory. I have collected 1000 cases thus tested from various sources, without any regard as to whom the operator was, or the result obtained. I find I thus have 634 cases of undoubted tuberculosis, and 366 cases in whom no clinical evidence of tubercle was present. Of these 634 cases of undoubted tuberculosis, 609 reacted, there being thus 25 failures, or rather less than 4 per cent.

Of the 366 cases in whom there was no clinical evidence of tubercle, 300 did not react and 70 reacted; that is about 19 per cent. of failures. The total percentage of failures in the 1000 cases is thus seen to be 95.

This compares very unfavourably with the less than 1 per cent. of failures in cattle, and the point to be decided is whether the tuberculin itself or its method of administration is at fault. In the first place the matter of dosage appears to be quite inadequate, as some cases of undoubted tuberculosis fail to react to this dose, though they give definite reactions to somewhat higher ones. Drs. Martin and Robins, of Montreal, for instance, record three cases out of twenty-four tuberculous ones who failed to react to this dose. None of their thirty non-tuberculous patients reacted.

On the other hand, 10 mgrs. seems too large. In support of this I may quote Dr. Franklin White's cases; he had no failures with his forty-five tuberculous patients, but thirteen out of seventy non-tuberculous patients also reacted. It is seen, therefore, that with a maximum dose of 3 mgrs., the failure lies in the fact that some of the tuberculous cases do not react, whilst on the other hand, with a dose of 10 mgrs. it is that some of the non-tuberculous also react.

Secondly, some of these failures, I think, have been caused by working up to the maximum dose with two or more smaller doses. This certainly provides against one of those severe reactions which sometimes occur when a large initial dose is given, but, on the other hand, the opposite extreme may be reached, immunity being established to the maximum dose, and thus no reaction following.

Other sources of fallacy are, that in tuberculous patients with pyrexia the test is untrustworthy, and again in those exhausted by protracted disease a reaction may fail to occur. Lastly, the tuberculin, although standardised by finding the amount that will kill a certain weight of tuberculous guinea-pig in a definite time, is not always of exactly the same strength.

In none of the above 1000 cases have I found reported any dissemination of tubercle or other serious effect following its application.

I think, therefore, that this test is of use in an apyretic case, not greatly exhausted, if the dose be kept within the limits mentioned. I would suggest that 1 mgr. be first injected to guard against any severe reaction due to special susceptibility to this drug, and if no reaction follow, on the day next but one following a dose of 2 mgrs. be injected, a reaction to this to count as positive, no reaction as negative.

The conclusions I think we may draw from the foregoing are:—Firstly, that T.R. is harmless, and probably beneficial in the treatment of certain selected cases of tuberculosis, but its expense and the inconvenience to the patient are at present against its more

extensive use. There is, however, reason to hope that some material, on this basis, may yet be obtained for the treatment of tuberculosis.

Secondly, tuberculin as a diagnostic agent in cattle has already proved of undoubted use, and by this means tuberculosis in cattle, even if it cannot be stamped out, may yet be kept well within bounds.

Thirdly, in man, now that more experience has been obtained, and the fear of tuberculin to a great extent diminished, I think it would prove a valuable aid to the diagnosis of this disease in the early stages, when diagnosis is of such extreme importance to the patient.

With the V.M.S.C. at Aldershot.

A VOLUNTEER'S DIARY.



7 JULY 1st.—I am rudely aroused by an energetic hammering on my bedroom door, and am informed that it is 9 o'clock. I feel extremely comfortable and disinclined to get up, so I lie still and think over what is to be done today. The vacation has started, and there is no necessity to put in an appearance at the Hospital; and what is more to the point, this is the day on which the Volunteer Medical Staff Corps proceeds to Aldershot for a week's camping out under canvas. My meditations appear to have ceased here, for the next thing I remember is being ordered to turn out, as I am leaving the work of the household by not having my bed made. It is half-past ten; there is plenty to be done, so I deem it advisable to get up and set about it. Having duly washed and breakfasted, I commence the task of cleaning up my war equipment—polishing helmet, pipe-claying belt, &c. I have a method of doing this which, I think, possesses some advantages, although I will not vouch for its originality. I just collect all the polishing and cleaning apparatus I can find into one spot (preferably the drawing-room), and, with a pot of pipe-clay and some water, sit down in the middle and proceed to operate. The chances are that very soon I am swooped down upon by an irate parent, attended by a body-guard in the shape of a domestic or chambermaid, who take the job out of my hands very completely, in order that I shall not make any more mess and spoil the carpet with pipe-clay—so they say. They really manage to clean those things quite well, too, considering that they have not had any training at it. This being satisfactorily arranged, I have time to think of more personal matters. I want shaving very badly; it would not do to turn up on parade with three days' growth. But then I realise that my shaving-rack is in my kit-bag, and miles away up at head-quarters. This is indeed an oversight; but I must exhibit my soldierly instincts and make the best of a bad job, so I interview a local barber. It's over now, but I am afraid my soldierly instincts are leading me into considerable danger.

I start to don my uniform, and realise in the very beginning that I am but a recruit after all. For a display of complicated gymnastic exercises, my putting on of the war-paint, I fancy, would be hard to beat. The haversack is intended to be worn on the left hip; mine persistently turns up on the right side of my chest, the water-bottle strap gets round my neck somehow, and the bottle itself dangles down in the small of my back. I give the strap a vicious tug in front, the only result being that the hard, wooden, iron-bound bottle comes up and impinges on my external occipital protuberance. In despair, I consult a book supplied for our guidance, and try to follow a diagram which it contains. Worse and worse! My sword gets on my right side, haversack round my neck, and my water-bottle jammed tightly up under my left armpit. I get furious at this, and fight my way clear of the beastly things.

To my surprise, my maternal parent makes one or two suggestions about putting on field equipment, which seem to come off. I wonder if my late governor had anything to do with volunteering. Perhaps my soldierly instincts are hereditary; be that as it may, with the assistance I have mentioned, my war-paint appears to fall into its right place in a magical manner, and I admire my martial aspect with great complacency. It reminded that I have three quarters of an hour to go a journey usually occupying one hour.

4.45 p.m.—I have reached Waterloo Station in time, but it's a record. I think regretfully of those cab fares I was forced to pay; but the fact that I was addressed as "captain" by a newspaper boy, whilst in a hansom opposite the Bank, rather consoled me.

The fellows are parading in force, and being considerably smartened up by their non-commissioned officers as regards their dress; and I must say it is necessary, e.g. it rather spoils the look of a line when one or two helmets are put on with the back to the front. It seems

to interfere with the wearer's power of utterance, and does not give one a very good view of his face. About the wearing of overcoats, too, there appeared to be some difference of opinion. Some said they were to be rolled and worn over the right shoulder, others over the left; and men lost their temper about it, and called each other names. However, we receive the order to entrain at last, and all differences cease; in fact, everybody becomes quite friendly. With eight able-bodied men in a compartment, just released from work and off for a holiday, pipes glowing, chaff flying about, good humour the order of the day—it is impossible to be low-spirited. And thus we move out of London, away from the smoke and worry of everyday life down to the country where England's army exercise and train for the defence of our island home.

7 p.m., Aldershot.—We march out of the town to the strans of "Washington Post," the men looking very smart in their blue uniforms and clean white belts. I hear one or two favourable criticisms on our appearance as we pass along the streets, and feel quite proud that I am a volunteer. I say nothing of a few other little remarks, which, of course, I ignored, as coming from spectators with bad taste. We pass several military camps by the roadside after leaving the town, the white tents and free-and-easy costumes of the men off duty looking very picturesque in the summer evening light.

We reach our own camp at last, which we find pitched in a sweetly pretty spot on a small common, and surrounded by a circle of thick woods.

The camp is pitched ready for us, our advanced guard having come down three days ago for that purpose. Our advanced guard I looked out for them, but for a time could see no one whom I recognised. I inquire what has become of them, and my attention is directed towards a group of ruffianly-looking men in cricketer flannels, and with faces as black as Kaffirs. The sun seems to have been powerful in these regions since Wednesday. The ruffianly-looking men give us a cheer as we march in; and, on closer inspection, they do indeed turn out to be our own friends.

Told off to our tents, blankets and macintosh sheets appear from somewhere; and, what is better, the hot rations for our evening meal. The cool evening air has created a big appetite on every one, presumably: for the way the supper disappears is truly bewildering.

My next experience is making my bed. I find it mighty difficult; in fact, I had to call in the help of a good Samaritan who had camped last year, or I never would have mastered the intricacies of the operation.

I am dead tired when at last I can undress and lie down in my newly-made bed.

Another experience—sleeping on the ground. How hard it seems! The earth feels as though it is trying to flatten out certain prominent points on my body; my left hip seems much too large, the point of my shoulder, I feel certain, will be bruised in the morning. But gradually these discomforts get less and less, and I sleep the sleep of the weary.

Sunday, 31st.—A pattering over my head rouses me up; it is rain on the canvas. The other fellows are snoring in harmony, so I add a little whistling melody of my own composition, just by way of a treat. For the next ten minutes an onlooker would have given me up for lost, and would have judged me a hopeless criminal if he went by what my bedfellows said of me.

Breakfast is partaken under cover of canvas, for the rain comes down steadily. But what do we care for rain? Are we not volunteers, with healthy appetites, sworn to good fellowship, and to take the rough with the smooth? Besides, in this *al fresco* mode of living there is much to laugh at; so, when A—sits up the edge of an inverted pal and sends his sardines shooting up into the tent-ventilator, and C—, in trying to jump to his feet to salute the orderly officer, puts his foot in the butter and uses language about it, the condition of the weather is quite overlooked in the general merriment that prevails.

Breakfast being over, and the rain still coming down, we lounge on our folded blankets very much at our ease, and smoke the convivial and sociable pipe. London seems far away, the dissecting-room and Phys. Lab. things of the past, and we are becoming "Soldiers of the Queen."

The rain has ceased, and we are ordered to parade for service. This, I find, is a drum-head service, where the big drum is used for a pulp, and we are formed up in hollow-square about it. During the singing of a hymn my attention is attracted towards my next-door neighbour. His vocal powers are very fine, and I am lost in admiration. So, it appears, is a particularly fine wisp, who is drawn nearer and nearer by my friend's melody. His nose offers an inviting perch. The invitation is accepted, the melody ceases abruptly, and for the

rest of the service my friend's remarks on wasps are very strongly delivered and to the point, although compelled to utter them in a suppressed voice.

Dinner is the next event, and again I marvel at the keenness of the Aldershot appetite. The afternoon passes off very pleasantly. The weather is now fine and sunny, so we are not confined to our tents. After tea there is a reunion of Bart's men in the tents of the transport section; the proceedings are very lively, and go on until a staff sergeant appears and puts a stop to them, with the remark that the music is not of a devotional character.

8.30 p.m.—I begin to prepare for guard-house duty; overcoat, forage cap, leggings, belt, and sword are duly put on with some difficulty, to the satisfaction of the orderly officer. It is quite dark when I go on sentry duty; it is somewhat lonely. I can hear the fellows inside the lighted tents talking and laughing, and wish I could creep into mine. The wind blows somewhat chilly, too, so I keep perseveringly on the move.

Ten o'clock strikes; a distant gun is heard, and then there arises from all around our little common, beyond the dark circle of woods, the singing of innumerable bugles. From camp after camp goes up the shrill "tattoo," until the night air seems full of weird sound. Louder and louder it swells with greater volume, and then dies gradually away, one or two bugle calls lingering after the others, till at last they cease, and a silence succeeds almost oppressive. I can now hear the order in camp, "Lights out," and one by one the little lighted cones become dark, the voices of their inmates get fewer and fewer, and I am left more lonely than before.

Tramp, tramp! At last I am really a soldier, and a sentinel responsible for the safety of others, watching whilst they sleep. I have counted the steps it takes me to get from one end of my beat to the other; I have tried to count the stars. I must not whistle or smoke. Oh, for something to break this monotony! Hullo, here it is. "Halt! who comes there?" No answer. I try again, with the same result. I must investigate. I thank my stars that I am by myself, or I should have never heard the last of it. What I had been challenging so industriously was a hawk's donkey, which had strayed on to the common, and was quietly cropping the grass near my beat.

I am a trifle humble after this. Previously I had rather prided myself on the military way in which I challenged and passed the late-comers into camp. As I before said, I am a sentry with some responsibility and authority, like the policeman in town who holds up his hand and stops the traffic; so I can stop any man approaching my beat, from the colonel downwards, and make him give an account of himself.

What a thing authority is! When I was at school I was made a prefect, and grew several inches in a day. Put a man into a coat with one or two stripes on the arm, and he assumes unbounded dignity. Why, I once knew a man who—

"Halt! who comes there?" "Relief." That's a blessing, and very welcome to a weary sentry. I go off duty for four hours, but must not undress; so I lie down in the guard-tent and try to get a little much-needed sleep.

J. J. S. S.

(To be continued.)

Notes.

The event of the month in the medical world is undoubtedly the election of our Senior Physician, Dr. W. S. Church, as President of the Royal College of Physicians. All Bart's men will be delighted that the high position which Dr. Church has always held in the esteem of the profession has thus received public recognition. The JOURNAL of the hospital for which he has done so much, and with which he has been so long associated, may fitly join in the chorus of congratulation to Dr. Church.

The last Bart's man who occupied the Presidential chair of the College was Sir George Burrows, who was elected in 1871, and continued in office till 1876. His successor, Sir Risdon Bennett, was the first to break through the

tradition that the President should be a member of one of the older universities. The precedent established has been followed in each subsequent election.—Sir William Jenner, Sir Andrew Clark, Sir Russell Reynolds, and Sir Samuel Wilks. With a return to a Bart's president there is a return to the older tradition, for Dr. Church is an M.D. of Oxford.

DR. HORTON-SMITH has been appointed Assistant Physician to the Hospital for Consumption, Brompton.

THE next meeting of the Rahere Lodge will be held at Frascati's, on Tuesday, May 9th.

THE Annual View Day is fixed for Wednesday, May 10th.

WE regret to have to announce the death of G. F. Reynolds, L.R.C.P., M.R.C.S., who succumbed to an attack of blackwater fever on Ash Wednesday. Mr. Reynolds was acting as medical officer to the Tainah and Abosso Gold Mines on the West Coast of Africa—an appointment he had held since September, 1897.

THE Kirkes Scholarship and Gold Medal in Clinical Medicine has been awarded to C. J. Thomas.

THE Senior Scholarship in Anatomy, Physiology, and Chemistry has been awarded to F. Grönc.

THE Junior Scholarships in Anatomy and Biology have been awarded to A. Hamilton, T. H. Harker, and C. C. Robinson, æq.

THE Harvey Prize in Practical Physiology has been awarded to N. E. Waterfield, H. N. Kidner *proxime accessit*.

THE Treasurer's Prize in Practical Anatomy has been awarded to C. C. Robinson.

THE Foster Prize in Practical Anatomy has been awarded to N. E. Waterfield.

THE Hichens Prize for an examination on *Butler's Analogy* has been awarded to S. G. Mostyn.

THE current number of *The Practitioner* takes the form of a "Special Cancer Number," on the lines of the successful "Special Tuberculosis Number" issued last year. We commend it to such of our readers as are seeking a conveniently concise and up-to-date review of our knowledge on the subject. Mr. D'Arcy Power contributes a section dealing with "The Local Distribution of Cancer and Cancer Houses." Mr. Plimmer's chapter on "Ætiology and Histology" contains some good illustrations of "Cancer Parasites."

Amalgamated Clubs.

CRICKET CLUB.

FIXTURES, 1899.—FIRST ELEVEN.

Date.	Opponents.	Time.	Ground.
Sat. May 6	Practice Game		Winchmore Hill
Wed. " 10	Wanderers	11.30	Winchmore Hill
Sat. " 13	M.C.C.	11.30	Winchmore Hill
Thur. " 18	Crystal Palace	11.30	Crystal Palace
Sat. " 20	Henley on Thames	11.30	Henley
Wed. " 24	Beckenham	11.30	Beckenham
Sat. " 27	Richmond	11.30	Richmond
Sat. June 3	Kennington Park	11.30	Winchmore Hill
Wed. " 7	Hornsey	11.30	Hornsey
Sat. " 10	Past & Present	11.30	Winchmore Hill
" 17	R.I.E.C.	11.30	Cooper's Hill
" 24	Kennington	11.30	Wormwood Scrubs
July 1	Addlestone	11.30	Addlestone
" 8	Hampstead	11.30	Winchmore Hill
" 15	Kennington Park	11.30	St. Quentin's Park
" 22	Surbiton	11.30	Surbiton

SECOND ELEVEN.

Date.	Opponents.	Time.	Ground.
Sat. May 6	Practice Game		Winchmore Hill
Wed. " 10	London Hospital 2nd	2.30	Edmonton
Sat. " 13	St. Mary's Hosp. 2nd	2.30	Winchmore Hill
Wed. " 17	R.I.E.C. 2nd	11.30	Cooper's Hill
Wed. " 24	Blackheath School	2.30	Blackheath
Sat. " 27	Royal School of Mines	2.30	Winchmore Hill
Wed. " 31	Banstead	11.30	Banstead
Sat. June 3	Guy's Hospital 2nd	2.30	Honor Oak Park
Wed. " 7	Virginia Water	11.30	Virginia Water
Sat. " 10	Claybury	11.30	Claybury
Wed. " 14	Harringay	2.30	Winchmore Hill
Sat. " 21	St. Mary's Hosp. 2nd	2.30	Winchmore Hill
Sat. " 24	Maidenhead	11.30	Maidenhead
Wed. " 28	Guy's Hospital	2.30	Winchmore Hill
Sat. July 1	Hospital Employees	2.30	Winchmore Hill
Wed. " 5			
Sat. " 8	Banstead	11.30	Banstead
Wed. " 12	Blackheath School	2.30	Winchmore Hill
Sat. " 15	St. Thomas' Hosp. 2nd	2.30	Chiswick Park
Wed. " 19	Harringay	2.30	Winchmore Hill
Sat. " 22			

Review.

ATLAS OF BACTERIOLOGY, containing 111 original photo-micrographs, with explanatory text, by CHAS. SLATER and EDMUND J. SPITTA. (London: Scientific Press, Limited, price 7s. 6d. net).

The first feeling aroused by this book is one of surprise at its extraordinary cheapness, considering the amount of work and the excellence of the plates. The scope of the atlas is indicated in the preface as follows: "It is hoped, on the one hand, that it may be a laboratory handbook to direct the attention of the student to the points which he should observe in his own preparations, at the same time helping the teacher by providing a series of grouped illustrations; whilst, on the other hand, it is thought it may find a place in the library of the Medical Office of Health and other practitioners as an atlas to which on certain occasions he (*sic*) may find it convenient to refer." Two of these reasons appear to us sound. It is not proposed to replace the examination of actual specimens by the student; nothing can do that satisfactorily; but as a guide to the study of his own preparations it may be of great value. Again, its usefulness to the teacher for illustrative purposes must be considerable. But we tremble to think of a Medical Officer of Health doing his work by the rule of thumb method here suggested; he should be a trained observer independent of such aids—if he is not

there are plenty of men that are, who, it is to be hoped, will shortly replace him! A description of the photographic methods employed is added which should be of interest and of use to those essaying to work on similar lines. The binding and printing of the book leave nothing to be desired.

Ganthack Memorial Fund.

The following additional subscriptions have been received towards this fund. Dr. J. H. Drysdale (25, Welbeck Street, W.), the Hon. Secretary, wishes us to state that it is proposed to close the list shortly; will those desirous of subscribing who have not yet done so please note this fact?

	£	s.	d.		£	s.	d.
H. P. Cholmeley, M.A.	1	1	0	A. F. Stubb, M.D.	5	5	0
M.B.				E. W. Brewerton,			
J. S. Edkins, M.D.	5	5	0	M.R.C.S., L.R.C.P.	2	2	0
W. E. Sargent,				Mabyu Read, M.D.			
M.R.C.S., L.R.C.P.	1	1	0	M. L. Hepburn, M.D.			
T. R. Smith, F.R.C.S.	2	2	0	J. Hobday, M.B.			
R. C. Ackland,				R. Farrar, M.D.			
M.R.C.S., L.R.C.P.	2	2	0	W. J. Horns, M.B.			
Wm. Osler, F.R.S.	10	10	0	C. J. Briggs, M.R.C.S.			
F.R.C.P.	10	10	0	T. H. Molesworth,			
Lord Lister	10	10	0	M.B.			
A. Willett, F.R.C.S.	10	10	0	P. Horton Smith, M.D.			
Sir Richard Thorne-				F. W. Robertson, M.B.			
Thorne, K.C.B.	2	2	0	F. Belben, M.B.			
Stephen Paget,				C. Balfour Stewart,			
F.R.C.S.	1	1	0	M.B.			
John Fawcett, M.D.	1	1	0	Chas. Niell, M.B., B.C.			
C. H. Cozens,				C. Addison, F.R.C.S.			
M.R.C.S., L.R.C.P.	5	5	0	W. B. Addison, M.B.			
J. R. Lawson, M.D.	1	1	0	E. F. Trevelyan, M.D.			
James Calvert, M.D.	5	5	0	A. Cuddon-Fletcher			
G. C. Garratt, M.B.	3	3	0	G. H. Sowry, M.B.			
R. A. Walter,				R. Sevestre, M.D.			
M.R.C.S., L.R.C.P.	2	2	0	E. W. G. Masterman			
J. D. Rawlins, M.B.	2	2	0	Miss Burrell			
W. Black Jones, M.D.	1	1	0	John Gutch, M.B.			
J. Ackery, M.R.C.S.	3	3	0	F. M. Burnett, M.D.			
A. Latham, M.B.	10	10	0	L. T. Gites, F.R.C.S.			
Mrs. Unwin	5	5	0	H. B. Tait, F.R.C.S.			
A. B. Green, M.B.	5	5	0	M. Armand Ruffer,			
G. Walker, M.D.	1	1	0	M.D.			
H. S. Wellcome, Esq.	5	5	0	G. A. Crace-Calvert,			
C. F. Marshall, M.D.	1	1	0	M.B.			
E. Clifford Beale, M.D.	3	3	0	Mervyn Gordon, M.D.			
T. P. Legg, M.B.	1	1	0	S. West, M.D.			
A. B. Kendel, M.B.	5	5	0	E. Cautley, M.D.			
Anonymous	1	1	0	Howard Marsh,			
J. H. Churchill,				F.R.C.S.			
M.R.C.S., L.R.C.P.	1	1	0	W. de E. Emery, M.D.			
Claud Worth,				J.C.			
M.R.C.S., L.R.C.P.	1	1	0	L. R. Baies, M.R.C.S.			
Ernest Clarke,				G. B. Nicholson,			
F.R.C.S.	2	2	0	M.R.C.S.			
H. J. Dunsted, M.B.	3	3	0	R. A. Dunn, M.D.			
D. H. F. Cowin,				E. J. Cave, M.D.			
M.R.C.S., L.R.C.P.	0	10	0	T. Anstey - Chave,			
J. G. Forbes, M.B.	1	1	0	M.R.C.S.			
Albert Norman,				A. P. Woodright			
L.R.C.P., L.R.C.S.	5	5	0	J. Nield Cook, M.D.			
A. M. Mitchell, M.B.	2	2	0	Lt.-Col. David Wilkie,			
H. H. Tooth, M.D.	5	5	0	I.M.S.			
A. Lyndon, M.D.	2	2	0	Capt. F. P. Maynard,			
J. L. Maxwell, M.R.	1	1	0	I.M.S.			
R. A. Yeld, M.B.	0	10	0	Volunteer M.R.C.S. per			
T. G. A. Burns,				E. W. Miles, F.R.C.S.	4	18	2
M.R.C.S., L.R.C.P.	5	0	0	Amount already ac-			
A. G. Penny, M.B.	1	1	0	knowledgeed in			
E. C. Frend, M.R.C.S.,				JOURNAL	267	11	0
L.R.C.P.	0	10	6	Total	£532	14	2
A. L. Ormerod, M.B.	1	1	0				
E. W. Ormerod, M.B.	1	1	0				

Junior Staff Appointments.

The following appointments have been made, dating from April 1st:

HOUSE PHYSICIAN TO—	SENIOR.	JUNIOR.
Dr. Church...	H. W. Henshaw, M.R.C.S., L.R.C.P.	E. H. Scholefield, B.A. (Oxon.), M.R.C.S., L.R.C.P.
Dr. Gee ...	J. H. Churchill, M.R.C.S., L.R.C.P.	C. S. Myers, B.A., M.B., B.C. (Cantab.), M.R.C.S. L.R.C.P.
Str Dyce ...	C. V. Knight, M.R.C.S., L.R.C.P.	E. C. Morland, M.B., B.Sc. (Lond.), M.R.C.S., L.R.C.P.
Dr. Hensley ...	R. W. Jameson, M.R.C.S., L.R.C.P.	I. K. S. Fleming, M.R.C.S., L.R.C.P.
Dr. Brunton ...	Clive Riviere, M.B. (Lond.), M.R.C.S. L.R.C.P.	H. A. Scholberg, M.B. (Lond.) M.R.C.S., L.R.C.P.

HOUSE SURGEON TO—	SENIOR.	JUNIOR.
Mr. Willett ...	M. A. Cholmeley, M.R.C.S., L.R.C.P.	A. E. Carsberg, B.A. (Cantab.), M.R.C.S., L.R.C.P.
Mr. Langton ...	T. Lither-Jones, M.R.C.S., L.R.C.P.	F. K. Weaver, B.A. (Cantab.), M.R.C.S., L.R.C.P.
Mr. Marsh ...	C. G. Watson, M.R.C.S., L.R.C.P.	W. D. Harmer, M.A., M.B. (Cantab.), M.R.C.S., L.R.C.P.
Mr. Butlin ...	W. T. Rowe, M.R.C.S., L.R.C.P.	S. P. Pollard, B.A. (Cantab.), M.R.C.S., L.R.C.P.
Mr. Walsham ...	P. Wood, M.R.C.S., L.R.C.P.	E. S. E. Hever, M.R.C.S., L.R.C.P.

OPHTHALMIC HOUSE SURGEON:	INTERN MIDWIFERY ASSISTANT:	EXTERNAL MIDWIFERY ASSISTANT:	RESIDENT ANÆSTHETISTS:
K. A. Yeld, M.A., M.B., B.C. (Cantab.).	J. L. Maxwell, M.D., B.S. (Lond.), M.R.C.S., L.R.C.P.	S. Bousfield, B.A. (Cantab.), M.R.C.S., L.R.C.P.	SENIOR.—A. Granville, M.R.C.S., L.R.C.P. JUNIOR.—W. F. Cross, M.R.C.S., L.R.C.P.

H.S. (Co.) required.

H WAS the voice of the porter—I heard him with pain—
No sooner to bed than I'm wanted again.
It's acutely malignant when tired out to hear—
"There's a case in the surgery waiting you, sir."
The day had been heavy and weary, and then
Two emergency "ops." in the theatre since ten;
And the sleep of exhaustion was easy to woo
As I staggered to bed at a quarter past two.

But relentless necessity gives one no rest,
And with muttered anathema soon I was dressed.
Yet it gave me a start, tho' I'd no time to pause,
When I noticed my jacket was cyanide gauze.
Still, I waived all objections to texture and tint,
Though my boots were of strapping, my trousers of lint;
And adopting my medical manner with pride,
I hurried downstairs with a long spastic stride.
Now I'm bound to admit I was filled with amaze
At the horrible sight that encountered my gaze;
On the couch in the back room was seated a beast
(He defied any other description at least).
But the look of his face—like one hunted and wronged—
Proved the Cœlomate group unto which he belonged.
With the wrath of a night-dresser roused from his lair,
I asked automatically why he was there.
With harsh borbyomi he answered and said—
"Oh, doctor, I really do wish I was dead,
I'm all of a tremble whatever I do;
I heard of your fame so I come to see you."
His clothes were all shabby, ragged, and torn,
His "general condition" wretched, forlorn.
But what pleased me most—"which I blush to relate"—
Was his hopeless, malformed, incurable state.
He'd a large fissured fracture from vertex to base,
And lupus vulgaris emblazoned his face;
Impetiginous eczema matted his hair,
And his eye had a wicked protuberant stare.
I told him to strip, and beheld with surprise
The horrible sight that then greeted my eyes;
His chest was transparent, 'twas evident quite
No commonplace case was before me that night.
His sternum was bifid, the organs transposed,
His neural canal had not properly closed.
His lungs, all cavernous, gave physical signs
Of splendidly typical bruits d'airain(s).
On his body were ulcers that never would heal,
He'd a painful untappable hæmatocele.
There were pulsating growths all over his head,
And his fetal lanugo but partially shed.
Carcinomatous nodules embellished his skin,
His hand was a retrograde pectoral fin.
He'd a Nægele pelvis, the palsy of Bell,
His ductus venosus was patent as well.
He'd a double aorta—kyphosis and tic,
And pediculi crawling all over him thick.
His joints were distended the size of your head,
He'd classical symptoms of poisoning by lead;
He'd a Harrison's sulcus, a rickety chest,
(The "strumous diathesis" also I guessed).
He'd pleuritic effusion added to these,
With peritonitis and Hodgkin's disease,
To sum up the list of his sufferings and woes,
He'd œdematous legs and gangrenous toes.

His case was unique, and a puzzle to me,
So I sent the night porter to fetch the H.P.,
Who quickly appeared, and together we tried—
Infusions, tobacco, potassium bromide,
Thyroid extract, hot bottles, and hospital "phizz,"
Till the whole of the surgery seemed in a whizz.

But the jeers grew very loud from the fastly gath'ring crowd
Of nurses and of porters all around,
And I felt a sense of wrong from the carping of the throng,
For students they were thick upon the ground.
And one said, "Give him beer, just his dying thoughts to cheer."

And some said, "Give him brandy," "Give him gin;"
But I turned him upside down, his awful groans to drown,
And pricked him well all over with a pin.
The Warden standing by tried the reflex of his eye,
And he said, "It's no good doing any more;
I much object to force, but as a last resource,
We'll roll him sideways up and down the floor."

Now the crowd had disappeared with a silence that was weird,
And the darkness made it difficult to see;
But I thought of all the cases I had seen in different places,
And I put an aspirator in his knee.
The man was sinking fast, and I knew he couldn't last,
So I shook him very roughly though he bled;
But he caught me such a crack that he laid me on my back,
And I woke to find I'd tumbled out of bed.

* * *

And the waiter's raucous tones were the dying patient's groans,
And the London sun was struggling hard to shine;
And the man politely said, as I scrambled back to bed,
"Good morning, sir; it's just gone half-past nine."

Correspondence.

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

DEAR SIR,—May I be permitted to point out the illogical *non sequitur* in "Abernethian's" letter? He says that, since the average attendance at the Abernethian meetings was 44, and the votes recorded 321, "those who are really interested in the Society can play little part in the choice of their own officers."
Surely it must be obvious to "Abernethian," from the mere fact of 44 being the average, that more members than that number attended meetings, since it is inconceivable to suppose the audience to consist of the same men each time; and also since (as a fact) the average attendance for four of the meetings was over 200.

It would be as reasonable for me to assume a perfectly different audience for every meeting, when, since there were twenty-one meetings, the attendance would come to $44 \times 21 = i.e. 924$.

Yours, &c.,
LILLIPATE VOTER.

Appointments.

WAKE, A. M., M.A. (Cantab.), M.R.C.S., L.R.C.P., appointed Assistant House Physician to the General Hospital, Birmingham.

BRICKWELL, F., M.B. (Lond.), M.R.C.S., L.R.C.P., appointed Junior Assistant Medical Officer to the Cumberland and Westmoreland Asylum.

VAUGHAN-PRYCE, H. R. A. (Cantab.), M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Royal Hospital, Portsmouth.

PEARSON, M. G., M.B., B.Sc. (Lond.), F.R.C.S., appointed District Surgeon at De Aat, Cape Colony.

MANLOVE, J. F., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the Farringdon General Dispensary.

JORDAN, A. C., B.A., M.B., B.C. (Cantab.), appointed Fourth Resident Medical Officer to the Sussex County Hospital.

Births.

BOSWELL.—On March 13th, at Ashbourne, Derbyshire, the wife of Alexander Boswell, M.D., of a son.

HAMER.—On April 7th, at 73, Dartmouth Park Hill, N.W., the wife of W. H. Hamer, M.D., of a son.

HOGARTH.—On April 13th, at the Rowewalk, Nottingham, the wife of R. G. Hogarth, F.R.C.S., of a son.

Marriages.

BURNS—BAINES.—On April 8th, at Christ Church, Emery Down, Hants, by the Rev. E. F. Letts, Rector of Newton Heath, Manchester, cousin of the bridegroom, Theodore G. A. Burns, M.A. Oxon., M.R.C.S. Eng., 73, Wimpole Street, W., younger son of the late Gilbert Burns, of Knockmoran Lodge, co. Dublin, to Rosamund, third daughter of E. Talbot Baines, of Emery Down.

CROSS—BERGUER.—On the 5th April, at Holy Trinity Church, New Barnet, by the Rev. G. E. Gardner, Ernest William Cross, M.R.C.S. Eng., L.R.C.P. Lond., of Leytonstone, Essex, son of William Henry Cross, of St. Bartholomew's Hospital, to Constance Mary, daughter of the late Rev. H. J. Berguer, of St. Philip's, Islington. No cards.

STEPHENS—BROWNE.—On February 14th, at St. George's Cathedral, Cape Town, by the Rev. W. Sarkley, Henry Woolcott, M.R.C.S., second son of the late Daniel Woolcott Stephens, of Woodford, Essex, to Margaret Mabel, third daughter of Joseph Laing Browne, of Cardiff.

Death.

REYNALDS, GEORGE FREDERICK, M.R.C.S., L.R.C.P., of 4, Normandville, Church Road, Teddington, almost suddenly, at Taynah, West Africa, on Wednesday, February 15th, aged 30.

ACKNOWLEDGMENTS.—*St. Thomas's Hospital Gazette*, *Charing Cross Hospital Gazette*, *Medical and Surgical Review of Reviews*, *The Stethoscope*, *Nursing Record*, *The Hospital*, *London Hospital Gazette*, *St. Mary's Hospital Gazette*, *Guy's Hospital Gazette*, *M.R.I.*

St. Bartholomew's Hospital



Journal.

VOL. VI.—No. 8.]

MAY, 1899.

[PRICE SIXPENCE.]

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, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY, Advertising Agent, 29, Wood Lane, Uxbridge Road, W.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

MAY 14th, 1899.

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

SUFFICIENT time has now elapsed since the convention of the Army Medical Staff into a Royal corps to justify the question being asked as to the benefits that have been derived from the change, and more especially to inquire whether the social status of the officers of the Royal Army Medical Corps has been improved thereby. As is well known by all interested in the medical department of the army, the undressed grievances under the old régime resulted in a veritable boycotting of the service by the medical schools of the United Kingdom, and led to a serious undermining of the commissioned ranks. This state of affairs has now, to a

large extent, been corrected by the recent War Office concessions, but nevertheless there is much to be desired in regard to the number of candidates for commissions in the Royal Army Medical Corps. On this account an inquiry into the present condition of the medical department of the army is advisable, in order to set forth the desirability of recently qualified men entering upon a military career. Inquiry in those quarters from which reliable information could be obtained has brought this much to light, that while the recent changes made by the War Office authorities concern the medical department of the army as a whole, rendering it more effective as a unit in the field, the social status of the individual officer remains practically unaltered. It might in consequence be argued that, in face of this, there is no inducement for men to enter the medical branch of the service; but a little reflection will show that such a conclusion would be hasty indeed, and unreasonable. At the present time much uncertainty prevails in the minds of possible candidates in regard to the social standing they would assume should they enter the service, and it must be confessed that no definite answer can be given on this point. It is regrettable that the idea should be so prevalent that army medical officers are not treated with that courtesy and respect which they deem their due by their fellow-officers in other branches of the service. To a certain extent this may be the case, but it is open to question whether the fault does not lie with the medical officers themselves, and that they are estimated at their own valuation. There is, indeed, good reason for assuming that carelessness on the part of the medical officers in matters of social etiquette is responsible for a great deal of the strained relations between them and their combatant *confrères*, and it should be remembered that no legislature can be adopted to confer good manners upon individuals, however desirable that might be, such matters depending in great measure upon the man himself. There is undoubtedly a tendency among medical students to pay little heed to the cultivation of good manners, they being content that excellence in a professional respect will compensate for social shortcomings. It is doubtful whether

such a conviction is wise in any walk of life; certainly it is unwise where the army, proverbially hypersensitive in all matters of "*comme il faut*," is concerned. It is probable that much of the ill-feeling complained of is begotten of uncouthness.

The following incident may, perhaps, be taken as an example. An officer of the Royal Army Medical Corps was in medical charge of a regiment, and became, by courtesy, a member of the regimental mess. Now it is customary in the ante-room that all officers present should rise when the commanding officer enters. On this occasion the medical officer, considering that he did not belong to the regiment, remained reclining on the sofa smoking his pipe, thereby ignoring the presence of the colonel. By so doing he failed in the courtesy incumbent upon even a visitor, and it is small wonder that he was subsequently looked at askance by the officers of the regiment. Instances such as this, and they are, unfortunately, innumerable, sufficiently explain the "snubbing" to which the average army medical officer is subjected. Supposing, then, that those who contemplate entering the medical service of the army can school themselves to paying close attention to social obligations, then the conviction is justifiable that there is no finer career open to the impecunious young surgeon than the military. There he has the *entree* to the best society, is given an opportunity of seeing various parts of the world, has time to devote to original research if so disposed, is enabled to enter into sport of all kinds, and above all receives regular pay which increases with each grade of promotion, and if he lives his old age is provided for. Contrast this with the lot of the majority of those who have to earn their living by the profession. For them, an ill-paid assistantcy in a town or country practice, in which there is little chance of bettering their position or providing for declining years! When the choice lies between two such as these, it is indeed surprising that there should ever be any faltering, and yet how many hesitate and regret their decision when the age limit has been passed! Let those, then, who are yet on the threshold of their true professional life pause before rejecting too lightly a military career. When decided, however, to adopt the army let them see that they are possessed of that width of learning and depth of general culture so essential in this, as in other walks of life, to command the esteem and respect of their fellow-men. Let those, too, who hesitate on account of disinclination to submit to the restraint entailed in a military career, remember that the discipline learnt in youth during the "fagging" days of our public schools created a Wellington, a Peel, and a Pitt.

The President of the Royal College of Physicians.

By NORMAN MOORE, M.D., F.R.C.P.

THE College of Physicians was constituted on the 23rd of September, 1518, by Letters Patent of King Henry VIII. Dr. John Chambre, Dr. Thomas Linaere, Dr. Ferdinand de Victoria, Dr. Nicholas Halsewell, Dr. John Francis, and Dr. Robert Yaxley were declared, in fact and in name, a body corporate and perpetual society or permanent college, and the said college or society was granted the right of electing every year from among their body "*aliquem providum virum et in facultate medicinae expertum*" as president to govern for that year the aforesaid college. Dr. Thomas Linaere was the first president, and was re-elected till his death in 1524. During his tenure of office an Act of Parliament (14 Henry VIII) was passed which restricted the election of president to the eight senior fellows, called Elects. He was to be chosen by them, and in this way all subsequent presidents were appointed till 1860, when the statute of 1522 was repealed, and the original method of election by the whole body of fellows restored.

Every year the fellows are summoned to meet on the day after Palm Sunday for the election of a president. By the statutes of the college any fellow of ten years' standing is eligible. The president whose year of office has come to an end takes off his gown, and leaves the chair. The regulations of the election are read. Every fellow present writes on a piece of paper the name he chooses, and the papers are collected in a silver bowl by the registrar. When all have voted the senior censor reads out the votes; if anyone has obtained a majority of two thirds he is declared president; if not, the fellows vote again in the same way on the two names which have received most votes, and an absolute majority decides the election. The choice is thus as free as possible, and the honour conferred on the president the highest in his profession.

The first member of the staff of St. Bartholomew's Hospital to receive this honour was Dr. John Clarke, who was chosen president in 1645. He was educated at Christ's College, Cambridge, where he graduated B.A. in 1603, and M.D. in 1615. He was elected a Fellow of the College of Physicians in 1622, and became Assistant Physician to Harvey at St. Bartholomew's in 1634, and Physician in 1644. He was re-elected President during five successive years, and died April 30th, 1653.

Harvey himself, the most illustrious person who has ever held office at St. Bartholomew's, was elected President of the College of Physicians on September 30th, 1654. He was absent, and the college was adjourned to the next day. He then attended, and thanked the college for the dignity conferred upon him, which he felt was not merely that of

presiding over the college, but of the first place among English physicians. His feeble health and his age, he said, made it right for him to decline the office, and he hoped that the president of the year before might be re-elected. The college immediately complied with his wish.

John Micklethwaite, afterwards Physician in Ordinary to King Charles II, by whom he was knighted, was appointed Assistant Physician to Dr. John Clarke at St. Bartholomew's, May 26th, 1643, and became Physician May 13th, 1653. He had studied at Leyden and at Padua, where he graduated M.D. in 1638, and was incorporated at Oxford April 14th, 1648. He was elected a Fellow of the College of Physicians November 11th, 1643, and was chosen President in 1676, and in successive years up to and including 1681.

He died in 1682, and his monument is still to be seen in the church of St. Botolph, Aldersgate. The "*pietissima conjux*" by whom it was erected was daughter of the Dr. John Clarke above mentioned.

After the death of Sir John Micklethwaite Dr. Edward Browne was elected Physician to St. Bartholomew's in 1682. His father, Sir Thomas Browne, whose name is famous in English literature as the author of *Religio Medici*, was the chief physician at Norwich, and there Edward Browne was born in 1644. He went to the Norwich Grammar School, and afterwards to Trinity College, Cambridge, where he graduated M.B. in 1663. He then devoted himself to general study, to comparative anatomy, and to medicine in his father's house. A MS. journal of his is preserved, and in it he records "February 16th, 1663, Mrs. Anne Ward gave me my first fee, ten shillings." He came to London, studied medicine at St. Bartholomew's, and attended the lectures of Dr. Christopher Towne, Assistant Physician 1653 to 1669, whose daughter he afterwards married. After finishing his education he went on his travels, which extended as far as Thessaly. "The country of Thessaly," he says, "seemed the more considerable to me, in regard that it hath formerly been the seat of great actions, and produced many worthy persons, and particularly because the famous Hippocrates, the father of physicians, lived and practised here."

He afterwards published his travels, which contain much amusing reading, and are illustrated by his own sketches. He was one of the eight Fellows of the College of Physicians who took part in the translation of Plutarch edited by Dryden, and undertook in it the lives of Themistocles and Sertorius.

In 1675 he was elected a Fellow of the College of Physicians, and September 7th, 1682, became Physician to St. Bartholomew's. He was President from 1704 till 1708, the year of his death. His London house was in Salisbury Court, Fleet Street.

Dr. Richard Tyson, who was President 1746—1750, was son of Dr. Edward Tyson, also a Fellow of the College of

Physicians, and one of the first English comparative anatomists. He was educated at Pembroke College, Cambridge, of which he became a Fellow, and took his M.D. degree in 1715. He was elected Physician to St. Bartholomew's in 1725, and held office till his death in 1750.

Dr. William Pitcairn was President 1775—1785, was Physician to the Hospital from 1750 to 1780, and was elected Treasurer of the Hospital 1784. Pitcairn Ward is called after him. He had studied medicine at Leyden under the great Boerhaave, and graduated M.D. at Rheims. When the Radcliffe Library was opened at Oxford there was a great academic ceremonial, and the degree of M.D. was conferred upon him. He had a large practice, and used to live in Warwick Court, off Warwick Lane, till, as Treasurer, he came to reside within the Hospital walls. Islington, though a little more populous than when Cowley compared its solitude to the throng of London—

Even thou who dost thy millions boast,
A village less than Islington wilt grow,
A solitude almost,—

was still a rural district, and there he had a house and garden of five acres, where he grew rare plants, and continued the botanical studies which had been his amusement through life. He there died on St. Catharine's Day, 1791, and was buried in the Church of St. Bartholomew the Less. His nephew, David Pitcairn, succeeded him as physician to St. Bartholomew's, and was himself succeeded in 1793 by Dr. John Latham, the next of our staff to become President of the College of Physicians. He was of Brasenose College, graduated M.D. at Oxford in 1788, and was physician to St. Bartholomew's from 1793 to 1802. He was President of the College of Physicians from 1813 to 1819, and died in 1845. He wrote a book on rheumatism and gout in 1796, and another on diabetes in 1811, and contributed ten papers to the *Transactions* of the College of Physicians. Dr. Latham's son, Dr. Peter Mere Latham, became physician to St. Bartholomew's in 1824, and when he resigned in 1841 Dr. George Burrows succeeded him as physician. He had been assistant physician from 1834. He was tenth wrangler in 1825, and obtained a fellowship at Caius College, Cambridge. In 1832 he became a Fellow of the College of Physicians, and was President from 1871 to 1875. He died in 1887. His chief work was on disorders of the cerebral circulation, and his labours on this subject are indicated by the model of a brain which is represented on the table behind him, in his portrait in the great hall of St. Bartholomew's. Dr. Church was one of his clinical clerks, and is the eighth member of our staff who has held office as President of the College of Physicians. One other President was educated at St. Bartholomew's, but was never on its staff, the famous Sir Thomas Watson. He held office 1862 to 1867. He was a Fellow of St. John's College, and graduated at Cambridge. His lectures were admirable, and his book on medicine based upon them

was long the chief English treatise on the subject. One other president is connected with our Hospital in that he lived and died within it, Dr. John Caius, the founder of the college which bears his name. He was President from 1555 to 1561, again in 1562 and 1563, and again in 1571. He caused a caduceus or sceptre of silver, with four serpents at its head, to be made, which has ever since been one of the insignia of the President. This very caduceus was entrusted to Dr. Church on his election on Monday, March 27th in this year. The President holds it in his hand as he enters the room in which the Comitia are held, and all the fellows present rise. When he is seated, and the meeting constituted, he lays it upon a cushion of red velvet, edged with gold, the successor of one designed by Caius, on which is also placed a copy of the statutes, and beside it the College seal. When the meeting is ended he takes up the caduceus again. Dr. Caius says, "Neque inanes certe sunt honores isti," and proceeds to explain, in language characteristic of his period, what each of those things is to be taken to signify. As to the caduceus, it is to remind the President, by its material silver, that he is to govern mildly and with courtesy, and not as with a rod of iron; while the serpents at its summit, the symbols of wisdom, show that he is to rule and act wisely. The courtesy and good sense of the latest bearer of this caduceus are well known to us at St. Bartholomew's, and we feel that the College of Physicians could not have chosen any one more certain to exercise these qualities, and to maintain ancient and honourable usages, than Dr. Church.

On the Pathological Examination of Nervous Tissue.

By FREDERICK E. BATTEN, M.D., Pathologist to the National Hospital for Paralysis and Epilepsy.

INTRODUCTION.

THE examination of nervous tissue is generally regarded as a long and tedious performance, not to be undertaken in the routine of ordinary pathological work; and it is with the object of demonstrating that the process, owing to the introduction of new and the modification of old methods, is by no means so long and tedious as is generally supposed that I have put down the following routine methods by which the various parts of the nervous system should be examined. But before proceeding to do so I would say a few words on the removal of the tissue from the body.

REMOVAL OF TISSUES FROM THE BODY.

Brain.—This should be removed after the spinal cord, for the reason given below.

Spinal cord.—The removal of the spinal cord before the

brain allows it to be cut transversely across in the cervical region, and not obliquely, which frequently damages the cord for one or two segments in that region, and in certain cases this part may be one which it is of interest to examine. The spinal cord should be removed to the extreme end of the cauda equina; it is, as a rule, cut across at the tip of the cord. The advantage obtained by removing the cord to this distance is that the various levels in the lumbar region can be fixed by the exit of the roots from the dura mater; if these are cut off it is impossible to localise with exactitude the level of a given portion of the cord in the lumbosacral region. It is easy to fix the level in the cervical region, either by counting down from the first cervical root, or if that has been damaged by counting from the first dorsal root, there being a marked difference in size between the first and second dorsal roots, the former being very much larger than the latter.

Posterior root ganglia.—While removing the cord in the above manner, some portions of the posterior root ganglia in the lumbosacral region are removed at the same time, and if a little care be taken the lower ganglia can be removed with the cord without the use of bone forceps. In the upper lumbar, dorsal, and cervical region it is necessary to use the bone forceps to free the ganglion.

It is most convenient to remove one or more ganglia in the dorsal and cervical region with the cord, and in the end it saves time, owing to the additional amount of time involved in labelling the ganglia when they are removed separately.

After removal, the dura mater of the spinal cord should be opened on the anterior and posterior surface, and the cord divided into two equal parts by a transverse incision in the dorsal region, and each part should be pinned out on pieces of wood. It will be found that the wood from cigar boxes and small tin tacks are the most convenient for this purpose. No other section should be made across the cord until after hardening.

Peripheral nerves.—The selection of nerves depends on the nature of the case. The vagus and phrenic are easily accessible; the anterior crural and the median are also easily removed. It is advisable to take pieces three to four inches in length, and pin them out on a piece of board six inches long. The advantage of this procedure is twofold: firstly, in cutting the nerve in a longitudinal direction the axis cylinder is likely to be cut more truly in its long axis; and secondly, the board can be marked with ink indicating the nerve and its side, *i. e.* V.R. indicates the vagus of the right side.

In removing the vagus and phrenic it is much better to dissect them out carefully at once rather than remove them with all their surrounding tissue. By the above method several nerves can be placed on a single board and accurately and quickly labelled.

Hardening fluid.—The brain, pons, and medulla should

be hardened in Jores' formalin solution. The spinal cord, nerves, and all other parts should be placed, pinned out on wood as above directed, into formalin solution 10 per cent.—

Formalin	...	...	...	...	3j
Water	..	...	...	...	to 3x

After hardening for six to seven days pieces are removed from the cord in a transverse direction about 2 mm. thick, three pieces are removed in each region of the cord, *viz.* from the cervical, dorsal, and lumbar region; one of these pieces from each region is placed into absolute alcohol for staining by Nissl's method, one piece from each region into Weigert's chrome alum solution—

Pot. bichromate	...	...	...	5 parts
Chrome alum	...	...	...	2 "
Boiling water	...	...	...	100 "

where they are allowed to remain for seven to ten days, and one piece from each region into Marchi's fluid—

Osmic acid 1 per cent.	...	...	...	1 part
Muller fluid	...	...	...	2 parts

where, in the case of the cord, they may remain for five days, and for the pons and medulla seven to eight days; these pieces should be turned over every day.

Portions of the cortex, basal ganglia, pons, medulla, and nerves are treated in exactly the same manner.

The pieces stained by Marchi's fluid require to be washed in running water for forty-eight hours or more, according to the size of the piece, otherwise after mounting the surrounding medium becomes discoloured.

Imbedding and cutting.—After being treated in the above manner the pieces are placed in rotation into the following: (1) alcohol, (2) ether and absolute alcohol, (3) thin celloidin, (4) thick celloidin, each for twenty-four hours, after which they are placed on small pieces of wood and allowed to dry for about five to ten minutes, and then placed into methylated spirit, and after three to four hours they are ready to cut. I have given only the celloidin method, as I consider it to be the best, but there is no reason why the sections should not be cut on a freezing microtome or in paraffin, though the latter method appears to make the sections very brittle, and personally I have had very little experience in it.

STAINING.

1. **Nissl's method.**—Sections prepared for this method are placed into a saturated solution of thionin for five minutes to twenty-four hours (I generally leave the sections for twenty-four hours, and it does no harm); they are then removed, washed in methylated spirit, and differentiated in a mixture of equal parts of aniline oil and absolute alcohol, cleared in cajuput oil, transferred to xylol, and mounted in Canada balsam. This method demonstrates the finer structure of the nerve cell. By this method the cells of the cortex, nuclei of the cranial nerves, the cells of the spinal cord, and of the posterior root ganglion may be examined.

It will be noticed that the method here given differs largely from that originally given by Nissl; it gives, however, good results, and ones which are permanent for some months at any rate.

2. **Marchi's method.**—Sections prepared by this method require no further staining. After being cut and placed in methylated spirit they are cleared in xylol and carbolic (three parts of xylol and one part absolute phenol) and mounted in xylol Canada balsam. By this method recent degeneration is demonstrated in the medullated portions of the brain, spinal cord, anterior and posterior roots, and the nerves.

3. **Weigert-Pal method.**—Sections prepared for this method* are placed into the following solution for twenty-four hours—

Haematoxylin	...	...	...	2 grms.
Absolute alcohol	q. s.

Acetic acid 2 per cent. solution in distilled water	100 c.c.
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washed in water and placed for a quarter to three minutes in—

Potassium permanganate solution '75 per cent.
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washed in water and differentiated in—

Oxalic acid	1 gm.
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Sulphate of potash	1 "
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Distilled water	100 c.c.
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washed in water for twenty-four hours, dehydrated and mounted in Canada balsam.

By this method degeneration of long standing is shown in the brain, spinal cord, anterior and posterior roots, and in the nerves, the medullated sheaths failing to stain.

4. **Stroeb's method for axis-cylinders.**—Sections prepared as for the above method stain well by Stroeb's method, but the portion of the nervous system giving the most satisfactory results are longitudinal sections of nerves and of the spinal cord.

Sections are placed into a saturated solution of aniline blue (Grübler's) for fifteen to thirty minutes or longer, and are then decolourised in methylated spirit to which ten to thirty drops of caustic alcohol (caustic potash 1 gm., alcohol 100 c.c.) have been added; after being placed in this fluid the sections become a reddish colour, and when sufficient colour has been removed they are transferred to distilled water, where they again become blue. The degree of decolourisation necessary must at first be estimated by examination under the microscope—with practice one is generally able to judge when the sections are sufficiently decolourised; they may be counterstained with safranin, dehydrated in absolute alcohol, cleared in xylol (not xylol and carbolic), and mounted in Canada balsam.

5. **Connective-tissue and vascular changes.**—For this pur-

* It will be noted that the four to six months' hardening in Muller's fluid is unnecessary in the method here given, and the whole process can be accomplished in fourteen to twenty-one days.

pose many methods in ordinary use are applicable; van Gieson's stain gives very good results.

Aniline blue-black stains the connective tissue and the spinal cells well, and is very simple. Sections prepared as for the Weigert-Pal method are placed into distilled water to which twenty to thirty drops of a saturated solution of aniline blue-black have been added, and allowed to stain for twenty-four hours; the sections are then washed with methylated spirit till no more stain comes out of them, they are then cleared in xylol and carbolic and mounted in Canada balsam.

I am fully aware that I have omitted many methods which by others may be considered preferable to those given; my object, however, in this short note is simply to give the methods for the routine and systematic examination of the nervous system, and for further and more detailed methods I cannot do better than refer the reader to *Methods of Staining the Nervous System*, by Pollack.

The Treatment of Enlarged Glands in the Neck.*

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SURGERY, it will be allowed by all, has advanced greatly in the past twenty years, and perhaps none will be so ready to give expression to this fact as those who in their professional career have been able to trace its course through the closing decades of the century. Nearly eighteen years have passed since Mr. Frederick Treves published his work on *Scrofula and its Gland Diseases*, and more than thirteen years since the essays by Professor Clifford Allbutt and Mr. Teale, and almost thirteen years to the day since Mr. Kendall Franks read his paper on the "Nature of Scrofulous Glands in the Neck, and their Surgical Treatment." Therefore I may not be wrong in dealing with a subject which has shared in the advance of thought together with other and perhaps weightier matters. At the commencement of this paper I may at once say that I have purposely avoided a more definite title than "The Treatment of Enlarged Glands in the Neck," because I desired to rather review "treatment" than to debate "pathology."

I would, however, venture to trespass thus far into the domain of the latter as to say that enlargement of the cervical lymphatic glands may be occasioned by inflammation and by new growth, but it is not my intention to discuss in this paper other than the treatment of enlargement due to inflammation.

Inflammation of the gland tissue is dependent upon infection by micro-organisms, and this, I think, can be said to be the invariable rule in the neck. The glands act as filters, retaining that which should not pass into the general system, and thereby often suffering as a consequence. The principal bacteria thus arrested are the pyogenic cocci and the tubercle bacilli. The sources of infection will be chiefly found in the ring of adenoid tissue that surrounds the naso-pharynx and the fauces. Here it will be remembered are situated the pharyngeal, the palatine, and the lingual tonsils. The mucous membrane of the mouth, carious teeth, and other sites of

* A paper read before the Beckenham and Penge Medical Society on April 14th, 1899.

entrance need only be alluded to. Up to within the last few years the fact of primary infection of the tonsils with the tubercle bacilli was disputed, but, as has been shown in the case of the palatine tonsils by Dr. Hugh Walsham, such deposit of this variety of bacteria is by no means infrequent.

Now this source of tubercle is a very important one, and in the present day must be never overlooked, but must be clearly recognised if prophylactic treatment is to be of avail.

I believe myself that in a certain proportion of cases the bacilli may enter the system through the tonsillar adenoid tissue without causing any glandular enlargement. But, on the other hand, the presence of tuberculous glands is always a possible centre from which the bacilli may pass to remoter regions, or become generalised.

I am quite prepared to admit that a considerable number of chronically enlarged lymphatic glands in the neck are not the site of tubercle, but of some other infection. Still it remains an undoubted fact that the majority of these large glands are in reality the seat of the deposit of the bacillus of tubercle. This being so frequent a circumstance, it may not be without advantage to once again review the question of treatment of these enlarged lymphatic glands. I would divide this into the prophylactic and the actual.

Tuberculous infection must be resisted at every point where it is likely that it may occur. Food and air carry the bacilli across the viscid surface of the mucous membranes of the fauces, the pharynx, naso-pharynx, and the larynx. At the entrance of both the naso-pharynx and the pharynx there is a collection of adenoid or lymphatic tissue which is peculiarly on the alert in the young to prevent infection of the respiratory and the alimentary tracts by micro-organisms. In this beneficent action the tissue is itself prone to suffer by direct inoculation, with the result that inflammation and often hypertrophy of cells result. Witness as the truth of this the enlargement of the tonsils and the growth of "adenoid vegetations." How easily and how readily this safeguard of the ring of lymphatic tissue suffers in the fray, and how annoying may be the consequences of the damage done!

It behoves us, therefore, to be fully alive to the possibility there is of preventing such an infection. I need hardly remind you of the precautions that require to be observed, for they will recur to every mind. Suffice it only to say that impure milk is probably, in the majority of instances, the enemy that must be dreaded and avoided. With the present-day simplicity of apparatus, the sterilisation of milk should be carried out in every house, particularly that which is the abode of children.

Another source of infection to be carefully shunned is bacilli-laden air. Children especially should not be allowed to sleep in the same apartment with any person who has already become the subject of a tuberculous deposit in the lungs.

There now comes an interesting question, and one upon which there may be some difference of opinion.

Still having in mind the desire to prevent secondary infection of the cervical glands, what is to be the line of treatment that should be adopted if the lymphatic tissue in the upper portions of the respiratory and alimentary tracts has already become the site of a local deposit of bacteria? In other words, what ought to be done for the enlargement of the palatine tonsils, and for adenoid vegetations of the naso-pharynx? Some would say, seeing that this mass of tissue—and it may be very considerable in amount—has played the part of arresting bacteria, and even if injured in so doing, that it should be left untouched, in order that it may continue to act in a similar manner.

But there are two most serious objections to this suggestion. The first is that the infected tissue, though originally a bar to the entrance of bacilli and cocci, is now unfortunately an actual source from which deeper infection may occur,—as, for instance, that of the cervical lymphatic glands.

The second is that the hypertrophied tissue may act as a very effective obstruction to the proper entry of air, and thus to a want of full development of the air-passages and thorax. It is said that naso-pharyngeal growths of adenoid tissue predispose to the production of phthisis. It would seem, however, that the arrest of tubercle bacilli by this tissue, as presumably occurs, is in itself rather a factor against pulmonary affection; but as soon as the tissue becomes loaded with bacteria and inflammation and hypertrophy follow, then there is a source of lung infection which remains permanent, and the want of chest development in addition adds to the possibility of phthisis.

I think, therefore, that it is a generally accepted dictum that these chronically enlarged tonsils and the hypertrophied adenoid tissue of the naso-pharynx should be thoroughly removed. Further, I would say that their removal is, to my mind, a prophylactic measure against

the development of tuberculous deposits in the cervical lymphatic glands. I have said enough, perhaps, with regard to the means to be adopted to prevent the infection of the glands of the neck, and now pass to the subject of the treatment of the glands when they have already become affected.

It is important to realise what are the possible terminations of the inflammation set up by the deposit of tubercle in the lymphatic glands, for these have a great bearing on the line of treatment to be adopted. It may be said that there are at least five known endings to the affection.

(1) Caseation. The tubercle bacillus does not of itself produce pus, but the cells which compose the tuberculous granulation tissue are very prone, from a want of adequate nourishment, to undergo a fatty degeneration—in other words to caseate. Thus there will be formed cheesy masses together with some amount of fluid. This result is probably the most usual one to occur.

(2) Suppuration. Any caseating focus in an excellent nidus for a pyogenic organism, and the secondary infection of caseating glands with the *Staphylococcus pyogenus aureus* is likely to lead to acute inflammation and subsequent suppuration. This, as may be well known to every one present, is also not an infrequent termination, with the resulting matting together of the preadenoid tissues, discharge of pus through the skin, and unsightly scarring.

(3) Calcification. This but rarely happens in the case of the cervical lymphatic glands.

(4) Fibroid degeneration or atrophy. Again not a common termination in the neck.

(5) Resolution. It is doubtful whether a return to the original condition of the gland tissue ever forms the ending of tuberculous inflammation. Those instances in which chronically enlarged glands subside and regain their usual size may have been those of glands the site of a simple, or at any rate a non-tuberculous, inflammation, for it is impossible to be certain that they were of a tuberculous nature without a microscopic examination. Resolution may, perhaps, result in a few cases where tuberculous disease has not advanced very far. Seeing, therefore, that we are forced to believe that in the majority of instances the glands when infected will caseate, and remaining in this condition for a considerable length of time form a source of danger, of deeper infection, or of acute inflammation with its dire consequences, it behoves us that that very direct treatment be employed.

Dividing this into the general and local, it will be seen that much good may follow rational measures.

The general treatment consists in the measures which should be adopted in every case of early tuberculosis. Of these there are two which stand out prominently, food and air. Good food, plenty of it, often taken and happily varied, will do more to enable the patient to overcome the ravages of the bacilli than any amount of medicine. I verily believe that we tend to dose our patients with all the nauseating drugs in vogue, cod-liver oil, creosote, petroleum emulsions, and the like, with the unhappy result that we make them turn not only against the drugs, but also against their very life-preserving food. If a patient has an acquired liking for cod-liver oil, by all means let him have it as a food, but I venture to think that the majority will be vastly more pleased with an equivalent quantity of fresh pure butter or cream. Is not the dyspepsia of some of these patients actually induced by this injudicious treatment? It is astonishing how the habit of taking more food will grow upon a patient who has perhaps developed a contrary disposition to nearly starve himself.

Fresh air, all day long and at night, is another sheet-anchor. No keeping in closed rooms, no shutting of the windows at night, must be countenanced. These patients require every breath of fresh pure air that they can inspire. If possible, sea or mountain air should be obtained, and they must be taught not to fear to live in it, always at the same time avoiding chills by careful attention to clothing. A few rays of direct sunshine will do more to kill the bacteria than any amount of fireside flicker. While all will allow that this is the mode of treatment to be adopted in the case of pulmonary tuberculosis, yet some are apt to think that it is hardly necessary in the case of cervical gland disease, but I may assure you that it is indeed so. It is only by such means that we can hope for that resolution which is all too rare.

Recently I had the opportunity of inspecting very closely the Cotswold sanatorium on the watershed of the Thames and Severn, and about seven miles from Cheltenham itself, of which my friend Dr. S. T. Preen, of Cheltenham, is one of the visiting physicians.

Here there is to my mind a most excellent attempt to carry out the open-air treatment of phthisis, and although it is at present confined wholly to that of pulmonary tuberculosis, yet I hope that, either here or elsewhere, before long we shall have similar sanatoria ready for the reception of children and adults who are the subjects of

other tuberculous lesions, such as that of enlarged glands in the neck. I believe that already trials have been made at Norwich and at Margate along these lines.

The local treatment is quite as important as the general treatment. For many a long year counter-irritation has held the field as the only method of local treatment to be used before softening of the gland took place, and, I fear, even in some instances after such a change had occurred. This counter-irritation is usually attempted by the application of a solution of iodine, and this in many cases a very weak one, producing nothing more than a mere discoloration of the skin. I confess to my mind the painting on of iodine not only without the prospect of doing any real permanent good, but it is likely to create a false impression of benefit, which will, perhaps, allow much valuable time to be lost, and the opportunity of radical treatment at the most propitious period to slip past. To any rational mind, how can the causing of the skin to assume a brown colour have the remotest effect upon a gland lying beneath the deep fascia, and even deep to the sterno-mastoid muscle? It seems sheer folly to treat cases thus. As Mr. Treves has quaintly put it, the laying on of iodine appears to have taken the place of the laying on of hands which has in the past been thought to give kings the privilege of curing the complaint. I have ventured to draw attention thus prominently to this treatment, for old methods are proverbially long-lived, and this one is dying very slowly if one may judge by the popularity which it still has in the lay mind. Surely the iodine covers a multitude of pathological errors! If this means of "doing something" is taken away, there are still left other measures which should undoubtedly be undertaken.

But little chance of resolution in a gland once infected will occur unless all sources of irritation or further infection are removed. Whereas tonsillectomy and the currying of vegetations was used as a prophylactic necessity, so the same are not only consistent with, but essential for the proper treatment of the deposit in the gland tissue. As long as irritation in the way of fresh supplies of the infective virus is kept up, just so long will all treatment, local as well as general, be valueless. And in connection with this fact of irritation, it is highly important that all carious teeth should be dealt with, either by cleansing and filling or by extraction. Likewise also, especially amongst the poor, an examination of the scalp must be made, so that all irritation from the presence of pediculi may be entirely removed, for unless this is seen to, recovery is very uncertain. All inflamed parts need rest, both mechanical and physiological, and the affected glands in the neck are no exception to this rule. During the hours of wakefulness, to obtain complete rest without discomfort or encroachment upon necessary actions is almost impossible, but during sleep this can be more efficiently secured. The child, when recumbent, should have the head and neck surrounded by the horse-shoe of a sand-bag, which will considerably assist to restrain the movements of the parts. To put it briefly, the major part of the local treatment consists in removal of all irritation, and the keeping of the affected parts at rest as far as is practicable, but it must be clearly understood that this method of treatment should not supersede operative measures, if the case is one that is unlikely to benefit from palliative treatment. Passing now to the local treatment by operation, there can be no doubt that an operation for the removal of enlarged glands in the cervical region may be one that is most simple or one of the most difficult in surgery. A single gland lying above the cervical fascia shells out most readily; a chain of deeply-situated glands may exercise the utmost skill of the dissector. Perhaps nowhere in the body is an intimate knowledge of anatomy more needful than when one is dealing with glandular swellings in the neck. The vessels and nerves of the region are numerous and important, and their anatomical relations are by no means infrequently considerably disturbed.

Practically the operative measures that have to be undertaken may be divided into two classes—excision, or incision and scraping. Excision is the ideal operation, and is to be employed when the glands are either non-caseating, or if they have caseated have not become secondarily infected with pyogenic organisms. Incision with scraping is what has to be done when a caseous gland has become adherent to the skin, and is tending to discharge its contents through a fistula, or in those cases in which a perforation of the integument has already occurred.

I am convinced in my own mind that if tuberculous glands in the neck cannot be submitted to treatment by the methods indicated under the heading of general treatment, and this at an early stage in their existence, the best and most satisfactory method of dealing with them is by excision. By this means all the diseased structures are removed, and suppuration with unsightly scarring prevented.

It is, however, difficult to say in any given case with certainty

whether the enlarged glands are the seat of tubercle or not; but I would go so far as to say that any glands which, when all sources of irritation have been done away with, remain stationary or increase in size, in spite of local and general palliative treatment, should be excised. In preparing a patient for operation for removal of glands from the neck, asepsis is of extreme importance, for any suppuration will inevitably lead to a very disfiguring scar.

I may perhaps briefly give the method of obtaining this that I have found to be very satisfactory.

The first cleansing of the skin should, if possible, be undertaken at least two days before the operation. The whole neck, and particularly the region near the scalp, is to be thoroughly scrubbed with soap and water, and if the skin encroach upon the hair, then it is well to shave the parts near by. Afterwards the soap and water is washed off with boiled water, and the skin treated either with ether or turpentine, and then with a solution of 1 in 2000 biniodide of mercury, and immediately covered with an antiseptic dressing consisting of the double cyanide of mercury and zinc gauze. This must be securely fastened so that it may not shift from the region that it is intended to protect. The next day the whole process is to be repeated, and the dressing left untouched until the operation itself. By this means the septic material in the depths of the glands has time to be brought to the surface of the skin, while no fresh infection can occur. On the operating table the cleansing is once more performed.

The incision or incisions that have to be made in order that the diseased glands may be reached should be so planned as to cause the minimum amount of damage to the overlying tissues. The actual skin wound should be as short as possible consistent with an adequate exposure of the glands, and so placed that the resulting scar will be as little noticeable as can be.

Occasionally it is requisite to divide partially, or even completely, the sterno-mastoid or other muscles, so that deeper dissection may be more easily carried out. Such division should, if feasible, be avoided, as there is always a tendency to some deformity, however well and accurately the fibres are sutured. Often, by an incision along both the anterior and the posterior borders of the sterno-mastoid, enough room will be obtained, and thus in the end less disfigurement will ensue.

A gland lying superficial to the deep cervical fascia merely requires to have the tissues over it divided in order to allow of its being shelled out with comparative ease. The separated tissue are then brought into contact very accurately and completely with horse-hair or fine silk-worm-gut sutures.

It is in the deeper dissection that the utmost care is needed so as not to damage important vessels and nerves.

If there has been little or no peridistitis, even those glands which are hidden away beneath the muscles can be fairly easily removed, provided that their surface is freely exposed.

Sometimes, owing to previous inflammation of the tissues around, the glands become, as it were, incorporated with the adjacent structures, and in certain instances it is impracticable to separate them. These are the cases in which the somewhat heroic measure of removal of part of the internal jugular vein has to be carried out. It is rare for the more important nerves, such as the spinal accessory, the vagus, and others, to be so incorporated as not to be clearly seen, and capable of being dissected out of the mass of glandular structure. It is not of much consequence when the superficial nerves have to be severed.

Hæmorrhage is apt to be troublesome during the actual dissection, but it soon ceases if properly dealt with. All arterial twigs should be promptly secured with pressure forceps, and these, if possible, left on for a certain length of time, so that they may occlude the patent mouth of the vessel, and thus prevent the necessity for the application of a ligature. I am sure that the fewer ligatures there are in the wound the better. If it happens in the course of the dissection that a tributary of the internal jugular is cut across close to its entrance into the main vessel, a lateral ligature may be required, though in many cases the plugging of the wound with dry antiseptic gauze for a short while will effectually control the venous bleeding. Occasionally it may be necessary to leave the wound plugged for twenty-four hours, but this is to be avoided if it can be, as it tends to interfere with rapid healing.

In operating in the lower part of the posterior triangle of the neck there is always a possible danger of air entering the veins, an accident which is nearly always fatal.

If some of the glands are so adherent that it seems impossible to remove them without a considerable amount of danger to other parts, it is well to open their capsule and to scrape out the contents very thoroughly. If this is done, there is not much likelihood of the healing of the wound being seriously delayed.

The edges of the wound require very accurate adjustment with silk-worm-gut interrupted sutures, and subsequent firm pressure by means of the dressing that is applied.

It is only requisite to insert a drainage-tube when it is thought that the deeper parts of the wound surface cannot be sufficiently brought together by the pressure of the dressing. If a tube has to be inserted, it should be removed at the end of the first twenty-four hours, otherwise it will delay healing.

The neck is to be kept at rest within the horseshoe of a sand-bag, which, in addition to the bandages, tends to steady the parts. The dressing in the majority of cases does not need to be touched until the sixth or seventh day, when it may be removed, and the stitches cut out. The neck should be still maintained at rest for another three or four days, after which it may be released, but care should be taken to avoid any very extensive range of movement for a much longer period.

With regard to the recurrence, or what is more accurate, the appearance of freshly-infected glands in the neck after such an operation: when they occur it usually means that all those originally infected have not been removed; but it must not be supposed that this is the fault of the operator, for they may have been so small, or so hidden away, as not to be seen at the time of the first operation. I have in several cases had to remove other glands at later periods.

In a case that I have lately again had under my care, I excised a large mass of tuberculous glands from the right side of the neck some three years ago, then the patient developed some in the right axilla, which I removed from the left side of her neck, all of the glands showing the typical characters of tuberculous.

As I have said previously, I am convinced that by the removal of such glands that are at once placed the patient in a very much sounder condition, and in many instances prevent all the deep unsightly scarring that used to be even more frequent than it is in the present day.

With the V.M.S.C. at Aldershot.

A VOLUNTEER'S DIARY.

(Continued from page 109.)

AND now an event took place which turned out to be the sensation of the week. I have not been more than half an hour in a horizontal position, and am just feeling drowsy, when Sergeant M—, in charge of the guard, springs to his feet as if an electric battery had been applied to him, and stands listening intently; we all follow suit, then from the other side of the sleeping camp there comes a faint "Halloo! Turn out the guard." It is the sentry over by the transport tents. "Turn out the guard," is repeated by a voice near at hand, and the sentry out duty before the guard tent appears at the doorway. "Come on, you chaps, sharp," says our sergeant, "there's something going to happen." We tumble out forthwith, and form up outside the sentry hall-way. He it appears, got anxious, thought we hadn't heard his cry, so proceeded to come and fetch us, thereby disobeying express orders by leaving his beat, and nearly falling into the ash-pit by the way. From him we hear what has happened, rather vaguely told certainly, but still when we are hurrying through utter darkness among tent ropes and across ditches, allowances must be made for a certain amount of incoherence. His news is startling. "The horses have been stolen." We reach the place at last, and find the sentry's tale confirmed; two of our horses have gone, in truth, and no one knows whither. The sentry is now called upon for full particulars, and he says that on returning from the far end of his beat he saw two men in uniform appear mounted on the horses; where they came from he didn't know, but there they were on our nags, which were unloosed, and the next moment horses and men had disappeared at a gallop, the sentry being treated to a laugh of derision, and the information that "Us is the military perleece." This is a pretty fine go; our sergeant, after ordering his guard to turn in again, goes reluctantly off to make his report to the commanding officer; we do not envy him, but he is in luck's way, for the C.O. is very sleepy, and appears to take his report for a bad dream, and so the sergeant leaves him.

The guard tent after this occurrence is very lively; we discuss the

matter at full length. That sentry is asked when he is relieved to repeat his yarn, which he does, but he now adds one or two incidents of quite a thrilling character. For three mortal hours the discussion goes on, and then I leave for my second duty.

There is not likely to be any more challenging now; it is near day-break, and perceptibly lighter. I can now more fully appreciate the accounts I have heard and read of the difficulty which is experienced by sentries in keeping awake at this period of the twenty-four hours. It is this time, about 3 or 4 a.m., which the tired soldier, ordered to watch, fears most. For myself, I feel dead tired. I walk my beat with my mouth stretched in one continuous yawn, the wind is piercingly cold, and my vitality seems at zero. There is one person who'll hail the morning with gladness at any rate, and it comes at last. Gradually objects get more and more distinct, the little bell tents around become a ghostly silver white, the grey dawn breaks, the distant woods and hills appear one by one, a flight of rooks passes over my head, and settle down noisily to their morning meal in a field hard by, and then the sun shoots up; things look more cheerful now, and signs of life begin to appear in the sleeping camp. A head here and there pops out under the canvas and surveys the weather critically, then disappears to make a report. The morning gun is fired from head quarters, and then the bugles which I heard last night sound reveillé. Their singing this morning seems to lack the drowsiness which it had last night; I presume it is the association of the early morning with it; at any rate, it is cheerful, crisp, and enlivening. Scarcely has the sound ceased when I perceive a little squad of overcoated men coming across the common; it is the relief, and I go off sentry duty a second time.

Monday, 3rd.—Yes, it is really Monday, but events have followed each other so closely that I scarcely know when the week began.

There is nothing for me to do now in the way of sentry go, but sleep is out of the question a brilliant morning like this. We are served with coffee and biscuits, of which we cheerfully partake, and watch the men parade for early morning drill. Our sergeant, who is of the irrepensible sort, refuses to be overawed by the past night's catastrophe; the matter is really very serious, but he seems to have discovered a humorous side to it. He even prepares a rough account of it for future insertion in the HOSPITAL JOURNAL, and asks our opinion on how it sounds when read out. We are in fits of laughter when we are confronted by an officer. "Guard, attention! Sergeant, what do you know of the disappearance of the horses?" Our sergeant looks as if he'd like to read his paper, but thinks better of it, and answers with due respect. The sentry is next cross-examined, and still a little more detail is added to his tale. If this mystery is not soon cleared up, goodness knows what this yarn will develop into. We are inclined to envy his importance, but change our minds when he is marched off to the C.O.'s tent just as breakfast is brought, he has our sympathy, and we take it in turns to sit on the camp kettle, which contains his coffee, so as to keep it warm against his return.

It is nine o'clock, and the time at which we go off duty in favour of the day guard, but through some idiotic blundering the relief guard keeps us waiting more than an hour; at last they arrive, and halt a few paces to our front. "Old Guard, attention!" "Carry swords!" "Now Guard, carry swords." These words of command follow each other quickly as the two guards pay the usual compliments and exchange duties. All ceremonial being gone through we get "Old Guard, right front, forward," and off we march clear of the guard tent and its present occupants. "Halt, return swords, right turn, dismiss." Finally free, we make straight for our respective tents, strip off our uniforms, and appear clad in cricket flannels, which I must say feel delightfully comfortable after our night's watching in regulation clothes. We are let off work for the rest of the day, which is a very pleasant prospect; the weather is superb, and my companions bask in the sun on their blankets, with their pipes going, and one or two even drop off to sleep. I collect the plates, knives, forks, camp kettle, &c., which are dirty, and stroll off to the standpipe to try my hand at washing them. I get myself in a bit of a mess over the job, it is true, but what does it matter after all? I haven't got to appear in a drawing-room to-day. Dinner consists of roast beef and potatoes boiled in their skins,—plain fare, some would say, but we have now quite learned to dispense with sauces, entrées, &c.; in fact, our wholesome food seems quite luxurious to us with appetites sharpened with this out-of-door life. I forgot to mention certain cans which, coming from the canteen, seemed with their contents to materially add to the joviality of the meal. Our after-dinner pipes are enjoyed while we watch a spirited and interesting game of Ducky; this is played by rival teams of three or four, who have tent mallet heads at a pile of similar mallet heads erected at some distance; the team who disorganises the pile the

greater number of times wins. My enthusiasm for my team is at its height when an energetic player lands a mallet-head just three inches in front of my nose as I lie on the grass. I go and find my helmet and put it on; it's just as well to be prepared against accidents.

At 4 o'clock our lost horses turned up—they had been utilised by two enterprising Tommy Atkinses, who, finding themselves belated near our camp and some distance from their own, had hit on the ingenious idea of appropriating our horses to finish their journey on. Well, experience's thought is better than experience's taught, and it will have to be a smart Tommy who gets our horses again.

Tea? why, dinner's only just over! Three hours ago? How the time does fly! After tea we stroll over to the canteen: all the fellows are there, and the musical tinkle of a piano sounds very inviting. A chairman is appointed, who knocks down men for a song. He uses a mallet to do it with. I, being a recruit, am forthwith knocked down, but a natural bashfulness renders my endeavours to remember a song useless; I should certainly have had to pay the penalty but for a lucky occurrence. I am racking my brain when the voice of our irrepensible sergeant of the guard is heard from a far corner to pipe up the company war song—"King George he was." The tune is taken up and roared with gusto, and under cover of this diversion I modestly retire.

The evening is a very jolly one, and when tattoo sounds we are quite ready for bed.

(To be continued.)

J. J. S. S.

A Case of Cystinuria.

By G. V. BULL.

THE following case is interesting on account of the rarity of cystin in the urine.

A. C—, æt. 21, was admitted February 6th, 1899, with epididymitis.

Past history.—During the past five years patient has passed small stones per urethram, and on four occasions has had stones removed from his urethra, twice by cutting operations. Stricture followed the first of these. The last occasion was September, 1893. The stone consisted largely of cystin, with an outer coating of phosphates.

On admission.—Right epididymis inflamed and adherent to the skin. Urine 1023, neutral; much pus.

February 13th.—Urotropin given in gr. x doses thrice daily. 17th.—Urine 1022, acid; less pus; deposit consisting almost entirely of cystin crystals. This condition continued to March 3rd, when patient was discharged.

A similar case occurred in the Hospital two years ago. The appearance of cystin is said to occur with the excretion of diamines in the urine and feces, and in some cases to be hereditary. In this case there is no family history of calculus obtainable. Since writing the above, patient has been readmitted. His urine was in the same condition. On April 17th a stone the size of a small almond was removed from the urethra, in which it was impacted about four inches from the meatus. It consisted of cystin almost entirely.

I am indebted to Mr. Willett for permission to publish this note.

Notes.

SIR HENRY FREDERICK NORBURY, M.D., K.C.B., Inspector-General of Hospitals and Fleets, and Director-General of the Medical Department of the Navy, retired on May 7th. He received his medical education at this Hospital, and qualified in 1860 at the age of twenty-one, entering the Royal Navy as Surgeon in the same year. He was principal medical officer of General Sir C. Pearson's column in the Zulu war of 1879, and afterwards principal medical officer of the Naval Brigade with General Crealock's

column. He was Sir Gilbert Blane's Gold Medallist in 1879, and has been mentioned in despatches several times.

In the last volume of the report of the Medical Officer to the Local Government Board are some interesting observations by Dr. Klein and Mr. Mervyn Gordon on the microbes associated with scarlet fever. The *Streptococcus conglomeratus* of Kürth has been shown to occur constantly in the throat in this disease, and they claim that its presence is as diagnostic of scarlet fever as is the diphtheria bacillus of diphtheria. Further, this microbe also, like that of diphtheria, is apparently apt to remain in the throats of convalescent patients for some considerable period after the acute stage is past. Cases are given where the organism was found six and nine weeks after the beginning of the attack. This should have an important bearing on the question of the duration of isolation. The *Streptococcus conglomeratus* of Kürth appears to be identical with the *Streptococcus scarlatinae* isolated some years ago by Dr. Klein from the blood in cases of scarlet fever, and from the teats and udders of cows, the milk from which had been concerned in the dissemination of an epidemic.

DR. HORTON-SMITH and Dr. W. H. R. Rivers have been elected Fellows of the Royal College of Physicians.

CONGRATULATIONS to one of our Surgical Staff on his recent engagement to the Matron of Parkwood Convalescent Home, better known here as Sister Abernethy.

AS an example of the wonders of modern journalism we may quote the following, specially cabled over to England on April 23rd:

"A new anæsthetic called eucaine, resembling cocaine, is being employed in New York hospitals with remarkable results. It drives away all pain.

"During a recent operation for hernia the patient remained fully conscious, and calmly watched the doctors for an hour while they worked, experiencing neither sensation nor nervous shock.

"The operation was a complete success." Prodigious! How fortunate that the cable enabled us to hear of this several days before the news could have otherwise reached us! Soon we shall have a District Messenger boy specially sent over to announce that chloroform is being employed in New York.

DR. HIDLEY, the Vicar of Wighill, Yorkshire, who is about to publish his *Memories of Half a Century*, has dedicated them to his old friends Dr. W. S. Church, our Senior Physician, and Dean Storey Farrar, of Durham.

MR. E. H. HANKIN has written a pamphlet on the bubonic plague specially for the natives of India; and

through his knowledge of the workings of the native mind, attempts to enlist their intelligent co-operation in the measures that Government is undertaking. A difficult enterprise surely, and one that in most hands is doomed to failure. But if anyone can succeed in such a task it is Mr. Hankin, and this pamphlet is most skilfully written to the designed end. He even points out that some of the measures adopted in checking plague are similar in many respects to the rules formulated in the past by their own writers. This pamphlet is published by the Pioneer Press for 4 annas, and deserves to be widely read.

IN our last number we predicted that the "Anti mind" would make capital out of Dr. Bantock's address before the British Gynaecological Society on March 9th. Our prediction has been fulfilled. *The Abolitionist*, a new magazine, the modest aim of whose existence is the "absolute suppression" of vivisection, gives considerable prominence to the final paragraphs of the address. But though the lecture provided most opportune copy, it is interesting to observe that even such willing readers as the "abolitionists" find Dr. Bantock somewhat difficult to swallow. "It will be plain to all thoughtful abolitionists" (runs the comment) "that if Dr. Bantock can make good his position" (the italics are ours) "the discredit into which his success will plunge the method of bacteriological research will immensely strengthen our hands, if it does not actually bring immediate victory." The detail of requiring a position to be made good before it is accepted as fact is usually too insignificant a thing for the notice of anti-vivisectionists. But perhaps this is an instance of the old adage that "a new broom sweeps clean"?

AS regards Dr. Bantock's address, the most appropriate criticism is surely the kind we attempted at the close of our editorial last month. Dr. Bantock tells us "we are already at the parting of the ways;" we should feel that the metaphor was more fitly used if Dr. Bantock said he was already a good distance down one of them.

THE Kanthack Memorial Fund will be closed ere long, and all those who wish to make it a worthy memorial of one whose loss is quite irreparable are reminded of this fact. Dr. J. H. Drysdale (25, Welbeck Street, W.) is the Hon. Secretary of the Fund raised in connection with this Hospital; the total at present stands at £603 5s. 8d. Dr. W. H. Gaskell, the treasurer of a similar fund which is being raised in Cambridge, tells us that the amount he has in hand is rather more than £850.

MR. GALE'S New Zealand experiences recently published in our columns have been received with a chorus of approval by our contemporaries. The *London Hospital Gazette* is kind enough to say that "it is one of the richest

items we have ever seen in the staid *Times*-like columns of this journal." On another page of the same issue is a parody beginning "The surgeon and his new H.S.," one stanza (the 6th) of which suggests even sincerer flattery when compared with a poem which appeared in our columns in August, 1895, entitled "The H.P. and the Casualty." Perhaps, however, it is merely another literary coincidence.

AT the recent examination for the M.D. degree given by the University of Durham to practitioners of fifteen years' standing, the following Old Bartholomew's men were successful—Mr. Henry Cripps Lawrence, M.R.C.S., L.R.C.P., Mr. Leonard Portal Mark, M.R.C.S., L.R.C.P., Mr. W. T. Freeman, F.R.C.S., L.R.C.P., Mr. W. Slater, M.R.C.S., L.S.A., Mr. F. T. Thistle, M.R.C.S., L.R.C.P. Only twelve degrees were conferred.

THE Braekenburg Medical Scholarship has been awarded to C. J. Thomas.

THE Annual Dinner of the Eighth Decennial Club will be held on Wednesday, June 28th, at the Café Royal, at 7.30.

THE Past v. Present Cricket Match is fixed for Saturday, June 10th. The Hon. Secs. would be glad to hear as soon as possible of any Old Bart's men who wish to play. This event has been a great success in the past, and it is hoped that, both as regards the cricket and the social function accompanying it, this year will see that success more than maintained. Bart's men, old and present, are always welcome on the grounds upon these occasions.

THE Amalgamated Clubs' Dinner will take place after the Past v. Present match at 7.45 at the Holborn Restaurant; Tickets, 4s. each. Particulars relating to the match and dinner will be found in the slip enclosed with this JOURNAL.

THE Hon. Sec. of the Tennis Club would be gratified to see a wider interest taken in the game. Will intending players kindly communicate with him?

"PRESENTATION DAY" at London University fell upon May 10th. Unfortunately this event always falls upon View Day. That circumstance, however, does not prevent Bart's being well represented at Burlington Gardens. This year, too, the chief honours (in Medicine) fell to Bart's men. The new Chancellor, Lord Kimberley, presided.

DR. A. T. DAVIES, Physician to the Metropolitan Hospital, and a former Casualty Physician at St. Bartholomew's, has been appointed Medical Officer to the North British and Mercantile Life Assurance Company.

It was recently announced that owing to Professor Kanthack's death the Cambridge Summer School of Medicine would not be held. Professor Sims Woodhead wishes us to call attention to the fact that this does not apply to the Long Vacation Classes in Pathology. Very complete arrangements have been made for this course, which will begin on Thursday, July 6th.

WE have received the first issue of a new contemporary entitled *The Polyclinik*, devoted, as its name suggests, to the interests of the new Post-Graduate School in Chenies Street. The publisher is Mr. H. K. Lewis, of Gower Street.

THE Mid-Sessional Address of the Abernethian Society will be delivered in the Anatomical Theatre by Dr. Klein on Thursday, July 6th, the subject being "The Relation of Bacteriology to Medicine." The address will be illustrated by lantern slides.

DR. F. J. WALDO, Medical Officer of Health of the Temple and Southwark, has been appointed Milroy Lecturer by the Royal College of Physicians of London for the year 1900. The subject of the lectures will be "Summer Diarrhoea, with Special Relation to Causation and Prevention."

Amalgamated Clubs.

CRICKET CLUB.

ST. BART'S v. THE WANDERERS.

Played at Winchmore Hill on May 10th. This, the first match of the season, ended rather disastrously for the Hospital. Pank began the season well by winning the toss, and the Hospital batted first, but were only able to score 48, owing to the good bowling of Lugg and Jephson. The Wanderers soon passed our total, and it may be noted that out of the first 76 runs for them Mr. Jephson made 64. The Wanderers had a very good team, including some well-known men, and the Hospital is to be congratulated in getting them out as cheaply as they did; this, we may say, was chiefly owing to the excellent bowling of L. B. Bigg, who took 5 wickets for 32 runs—a very creditable performance. In their second innings the Hospital scored 112 for 7, to which Anderson, with 44 not out, was the principal contributor.

SCORES.

ST. BART'S.		THE WANDERERS.	
1st Innings.	2nd Innings.	1st Innings.	2nd Innings.
C. Anderson, c and b Jephson.....	0	not out	44
H. B. Hill, b Lugg	0	c Richardson, b Lugg ..	4
L. B. Bigg, b Jephson	5	c and b Fisher	9
E. F. Brunner, c Ladell, b Lugg.....	0	b Wheeler	8
J. C. Sale, b Lugg	13	b Lugg	0
T. H. Fowler, b Lugg	11	not out	19
C. J. Nicholas, st Richardson, b Jephson	0	b Wheeler	0
H. E. G. Boyle, c Dillon, b Jephson ..	6	c Dillon, b Wheeler ..	0
J. H. Thurston, b Lugg	1	} did not bat.	
H. W. Pank, not out	0		
H. S. Greaves, absent	0	b Lugg	22
Extras	6	Extras	6
Total	48	Total (for 7 wks.) ..	112

WANDERERS.

D. L. A. Jephson, c Thurston, b Bigg.....	64
S. Coleman, c and b Bigg.....	12
H. B. Richardson, b Bigg.....	23
H. Wheeler, b Bigg.....	0
C. A. Beldam, b Greaves.....	10
H. S. Ladell, b Greaves.....	5
H. W. Dillon, c Bigg, b Greaves.....	0
J. Faulkner, 1 b w Bigg.....	3
E. H. Fisher, c Fowler, b Sale.....	19
P. Colman, retired hurt.....	2
A. E. Lugg, not out.....	5
Extras.....	10
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ST. BART'S v. M.C.C.

Played at Winchmore Hill on May 13th. This, our second match, like the first, also ended in defeat. The M.C.C. batted first, and, thanks to some good bowling by Pank and Sale, they only made 86, but the Hospital XI were unequal to this. In the second innings of the M.C.C. they made 61, their downfall being brought about by Sale and Bigg. Sale did the hat trick, and Bigg took 5 wickets for 19. Our batting was very feeble, and had it not been for the stand made by the last wicket our total would have been a poor one. This is the second time against the M.C.C. on which Pank has gone in last but one, and with the last man doubled the score for the ninth wicket. The last time, it may be remembered, was two years ago.

SCORES.

M.C.C.		2nd Innings.	
1st Innings.		c Pank, b Bigg..... 16	
N. Bonham-Carter, b Sale.....	31	c Nicholas, b Bigg.....	19
— Brown, c Nicholas, b Sale.....	5	b Bigg.....	1
A. H. Hornby, c Ward, b Pank.....	4	b Bigg.....	1
E. Bayford, c Fowler, b Pank.....	1	b Bigg.....	0
F. Fitzgerald, b Pank.....	0	c Fowler, b Sale.....	8
Butt, b Pank.....	15	c Bigg, b Sale.....	0
G. A. Herm, b Pank.....	21	b Sale.....	1
E. H. Wales, b Sale.....	0	c Bigg, b Sale.....	2
A. S. Oppenheim, not out.....	0	not out.....	0
Needham, b Sale.....	2	b Sale.....	0
C. Hutton, b Sale.....	0	b Bigg.....	1
Extras.....	1	Extras.....	3
Total.....	86	Total.....	61

ST. BART'S.

W. H. Randolph, b Brown.....	7
H. B. Hill, b Brown.....	12
L. B. Bigg, b Brown.....	0
J. C. Sale, c Butt, b Needham.....	1
C. J. Nicholas, b Brown.....	9
H. E. Scoones, b Brown.....	0
H. S. Ward, b Needham.....	5
T. H. Fowler, b Brown.....	0
H. E. G. Boyle, c Bonham-Carter, b Brown.....	0
H. W. Pank, not out.....	18
H. E. Stanger-Leathes, b Brown.....	11
Extras.....	6
<hr/>	
	69

HOCKEY CLUB.

February 21st.—v. EPSOM COLLEGE.

Played at Epsom. A fast and pleasant game ended in defeat by 3—0. For Bart.'s, Jeffreson, Glenny, Orton, and Boyd played well behind, but the forwards did not get together till too late.

March 1st.—v. TUNBRIDGE WELLS.

Bart.'s arrived one short, but Dr. Madew, an old Bart.'s man, who was on the ground, kindly consented to fill the vacancy at half-back. The game was fast and evenly contested, nothing being scored in the first half. Early in the second half Tunbridge Wells scored rather

luckily from a corner, and scored again shortly before the close. Bart.'s nearly scored more than once but could not get through, so were beaten by 2—0. For us, Muirhead in goal, Jeffreson, and the three half-backs were good.

March 8th.—v. BLACKHEATH SCHOOL, assisted by P. A. Robson.

Played on the Kidbrook Ground. A close and fast game resulted in a win for the School by 3 goals to 2. The referee's decisions did not give universal satisfaction. Goals for Bart.'s scored by Bull and Hallows.

March 15th.—v. LONDON HOSPITAL.

Both sides started one short, and before the absentees arrived London scored twice. After this the game was evenly contested. Bart.'s scored once in each half by Bull and Glenny, and the game resulted in a draw of a goals all. The Hospital team were not at their best, combination being conspicuous by its absence.

March 18th.—v. FINCHLEY A.

Finchley had the best of the first half, and crossed over leading by 2—1. In the second half the Hospital forwards got together and scored three times, thus winning by 4—2. Goals for the Hospital: Beckett 2, Wilmot and Hunt.

March 22nd.—v. A TULSE HILL TEAM.

This, the last match of the season, resulted in a victory by 3—1. The Hospital played with ten men after half-time (Boyd being injured), but had more of the game than their opponents. Goals by Adam (2) and Van Lawn.

RESULTS.—Twenty-five matches have been played, of which 9 have been won, 12 lost, and 4 drawn. Sixty-one goals have been scored for and 73 against. The defence has been our strong point, the continual changes among the forwards being against combination. Our best thanks are due to Mr. Leverton-Spy, who has given up so many afternoons to referee for us.

RIFLE CLUB.

President.—Mr. H. J. Waring.
Vice-Presidents.—Mr. Marsh, Dr. Edkins, Mr. Miles.
Captain.—R. J. Morris.
Committee.—W. R. Read, T. H. Gandy, A. C. Brown.
Hon. Secretary.—C. R. V. Brown, 14, Great Ormond Street, W.C.

FIXTURES FOR 1899.

Wed. May 17 ...	Silver Spoon Competitions ...	Runemed.
" " 24 ...	Bulwich College ...	"
" " 31 ...	Silver Spoon Competitions ...	"
Th. June 1 ...	Whitgift Grammar School ...	Woldingham.
Sat. " 3 ...	Royal Indian Engineering College ...	Cooper's Hill.
Wed. " 14 ...	Inter-Hospital Match ...	Runemed.
" " 23 ...	Silver Spoon Competitions ...	"
Sat. July 1 ...	St. Paul's School ...	Bisley.
Wed. " 5 ...	Rifle Club, Prize Meeting ...	Runemed.
Th. " 13 ...	Inter-Hospital Challenge Cup ...	Bisley.

SILVER SPOON COMPETITION.

Conditions.

- Seven shots at 200, 500, and 600 yards (Queen's, 1899).
 - A spoon will be given for every eight entries.
 - Entrance fee, 1s.
 - Winners will be penalised two points (but not more than eight points altogether) for each spoon won.
 - All members are eligible to shoot on Spoon Competition Days, entry for spoon optional.
- Trains for Runemed Range: from Paddington to Runemed, 1.5 p.m.; from Waterloo to Wraybury, 12.40 p.m.

Amalgamated Clubs.

BALANCE-SHEET, 1897-8.

To Members' Subscriptions.....	£ s. d.
" Grant from Medical School.....	171 18 0
" Special Grant from Medical School.....	100 0 0
" Profit on the JOURNAL.....	85 0 0
" Profit on the JOURNAL.....	23 14 5

By Grants to Clubs.....	£ s. d.	£ s. d.
Rugby Football Club.....	21 9 1	
Association Football Club.....	15 12 3	
Boxing Club.....	23 4 0	
Shooting Club.....	12 13 0	
Swimming Club.....	12 11 6	
Lawn Tennis Club.....	4 5 8	
Hockey Club.....	1 17 10	
Crick Club.....	17 13 4	
Athletic Club.....	40 1 6	

Audited and found correct according to vouchers and bank pass book.

JAMES CALVERT.
PERCY FURNIVALL.
H. DOND.

By Abernethy Society, 94 members at £1 1s.....	149 8 2
" Musical Society.....	98 14 0
" Subscription returned.....	20 0 0
" Maintenance and Reserve Fund.....	6 6 0
" Maintenance and Reserve Fund.....	646 4 3

25th April, 1899.

£920 12 5

MAINTENANCE AND RESERVE FUND, 1897-8.

To Balance from 1896-7.....	£ s. d.
" Funds as per General Account.....	144 10 3
" Sale of Refreshments.....	640 4 3
" Sale of Refreshments.....	5 12 0

By Stamps for cheques and commission.....	£ s. d.
" Subscription to Hare and Hounds.....	3 3 0
" Special Grant to Swimming Club.....	2 0 0
" Relaying cricket pitch, &c.....	94 0 0
" Rent of ground.....	300 0 0
" Cricket stumps.....	10 10 0
" Rates, taxes, and water.....	37 8 8
" Coal, &c.....	12 15 0
" Refreshments, luncheons to visiting teams, &c.....	7 5 6
" Wages of ground men and boy, keep of horse, and general maintenance of ground and pavilion.....	118 13 0
" Wages of clerk.....	5 0 0
" Secretary's petty cash.....	9 10 0
Balance at bank.....	189 18 5

Audited and found correct according to vouchers and bank pass book.

JAMES CALVERT.
PERCY FURNIVALL.
H. DOND.

25th April, 1899.

£796 12 6

The Bahere Lodge, No. 2546.

AN ordinary meeting of the Bahere Lodge, No. 2546, was held at the Frascati Restaurant on Tuesday, May 9th, 1899. W. Bro. T. G. A. Burns, the W. M., being in the chair. Bros. Tucker, Lewis, and Kennedy were raised to the third degree. Bro. Stalk was passed to the second degree, and Mr. C. J. Heath was initiated into Freemasonry. Bro. R. J. Reece, M.D., was elected W. M. for the ensuing year. W. Bro. Godson was re-elected treasurer, and Bro. P. F. Madden, tyler. It was decided that for the present no steps should be taken to establish a R.A. chapter in connection with the Lodge. Bros. Cross, West, and the Rev. Sir Bourdault Savory, M.A., were elected auditors of the Lodge accounts. Forty brethren, with their guests, afterwards dined together, and in the course of the evening Bro. Godson presented to Bro. Burns, the W. M., a handsome silver bowl and a pair of candlesticks, which had been subscribed for by one hundred members of the Lodge on the occasion of his marriage. The next meeting of the Lodge will take place in the Great Hall of St. Bartholomew's Hospital on Tuesday, June 13th, 1899, at 5.30 p.m.

since the writer can remember the fountain has been dyed on View Day with permanganate of potash. The effect obtained was more peculiar than pleasing. This year, with that tendency to progress which characterises our profession, some one dyed the water with methylene blue. From the interest taken in the effect by one of the Senior Staff we may safely infer that the result was appreciated. It is true that an attempt was made by a retrograde party (who shall be nameless) to introduce a variegation in the colours by putting permanganate in, but we are pleased to be able to record that the attempt failed—the methylene blue carried all before it.

The wards were charming—they always are, and the only difficulty is to point out any ward which was pre-eminent. Hospitality was lavishly dispensed by the nurses; whilst the patients watched, with evident amusement, the attempts made by visitors to carry off the burden of tea and cakes without appearing too embarrassed. There appeared to be more visitors than usual this year, and they all seemed to be enjoying themselves. The theatres, judging by the number of people who collected in them, were an especial attraction.

The View Day Dinner.

THE evening of the View Dinner took place in the Great Hall, with the Treasurer, Sir Trevor Lawrence, in the chair. Among the visitors present were the Master of the Temple, Dr. Weir Mitchell, Mr. Justice Bruce, the Right Hon. Leonard Courtney, M.P., to mention a few of the most prominent. The menu was, as usual, excellent, and the fare provided for the mind was also very good. In the interval between the speeches Miss Louise Dale sang, and Miss Leonora Jackson played the violin. It

View Day.

THE unusual crowd of ladies in the square, the Staff waiting around the wards for the coming of the Treasurer, the fountain playing merrily—these are the signs of View Day. Better weather than last year made the day more enjoyable from a visitor's point of view. An innovation was introduced which was decidedly a change for the better. Ever

is hard to criticise where every item was so good, but "May Day," a pretty song with words by R. H. Bloor, and music by Richard Walker, was sung with especial charm.

Miss Leonora Jackson's violin playing is superb. On a previous occasion we have had the pleasure of hearing her, and we consider her to have few equals in her art. She is not the slave of technique, but retains such control of the human side of her instrument, that she appeals to her audience most powerfully. The energy with which her *encores* were supported justifies us in believing that our admiration for her playing was shared by every one present.

The View Day Dinner is the one annual occasion when the Treasurer, the Governors, the Medical, Surgical, Administrative, and Teaching Staff meet together, and to these are added the Junior Staff and the Prizemen of the School for the current year.

After the usual loyal toast of the Queen and Royal Family had been proposed and drunk, Sir Trevor Lawrence proposed "Prosperity to St. Bartholomew's Hospital, and health and ease to the poor patients." Sir Trevor proceeded to say that this toast had always been given at this dinner as long as one could remember. It was also the time when it was customary to give a *résumé* of the past year's work of the Hospital.

In 1898 there had been treated 8067 in-patients as compared with 6017 in the previous year; 14,777 out-patients as against 15,884 of last year. In the Casualty Department 129,298 as against 128,517. In the Maternity Department 1714 cases of midwifery have been attended.

An interesting fact in connection with this department was that the number of plural births had been steadily increasing for the last four years. During the past year there have been 13 cases of twins and 1 case of triplets. The proportion of plural births in 1898 was 1 in 75; in 1898 it was 1 in 42. (Loud cheers.)

One of the most excellent features of the Hospital was the Samaritan Fund. It was started in 1835. During the last year 124 persons had been succoured by it: 494 were granted money, 192 received clothes, 136 money and clothes, and 502 limbs and surgical appliances.

If Mr. Alexander Bennett, who was once treasurer to the Magdalen Hospital and who started this fund, could see how it progressed, he would be well satisfied. He took a special interest in unfortunate women. Since the fund has been started 1200 of those women had been helped to an honest living or returned to their families. Altogether 45,677 deserving cases had been relieved. A testimony to the value of the fund was afforded in the fact that Mrs. Owen (a late sister of the Hospital) had bequeathed to it £250.

At the Swanley Convalescent Home there had been during the year 975 patients. There were, at present, 65 patients there. The average stay was 22 days.

Swanley had one great drawback—it was not easy to drain. There had been no epidemic, but the disposal of the sewage was always a difficult question.

In connection with Swanley he (the Treasurer) might mention that complaints had been made of the laundry. Clothes were said to be soiled, and it was opened that chemicals were used. So he asked the head laundry-maid if it were so, and received in reply the assurance that she had not seen "one penn'orth of chemicals during the year." This statement, he hoped, would be found reassuring. The expense of the Home for the year had been £3515—an average cost of £1 2s. 11d. a head per week.

Passing to another subject—a subject which always gave him great pleasure to allude to—he would like to say that for the last eight centuries the Hospital had had the inestimable advantage of the services of the most eminent men in the medical profession. Nothing conferred greater honour on the profession than the fact that they gave their time and skilled labour to the sick poor without reward.

The attention of the Governors had, during the last year, been specially drawn to the difficulties of getting the patients out of the wards in case of fire. They had had the benefit of the advice of Commander Wells in the matter, and he (the speaker) took that opportunity of thanking him in the name of the Governors. On his recommendation they had reconstructed the sisters' rooms in the south wing so as to make them, as far as possible, unflammable. The same would be done in the west wing this year, and the other wings would be subsequently dealt with. There were now fire alarms all over the Hospital, new fire appliances, and a resident fireman. Commander Wells, on the whole, had expressed himself as satisfied, but strongly advised that in case of fire we should not attempt to control it ourselves, but send for the fire brigade and place the responsibility on them.

The re-flooring of the wings had been proceeded with. The south

wing was done in 1892, the east in 1897, and the west was now being done. These new floors were very greatly ahead of the old ones. They were of hard wood, easily cleaned, and did not harbour dirt.

Much had been done for the School buildings, the pathological laboratory, scientific workshop, and physiological laboratory especially benefiting. It was in the interest of the School that these special departments should receive attention. The London University required much, but the Governors were glad to meet its requirements. Personally, he, the Treasurer, was as anxious for the school as anyone. He was an old pupil, and would feel he was indeed ungrateful if he did not do as much as he could for it.

He was glad to say there were no changes in the Staff during the past year. Dr. Calvert was Warden of the School. (Loud cheers.) The applause persuaded him that he need not enlarge on this point.

With respect to finance. The Hospital has never been in financial difficulties in the past, and the way to escape in the future was to use great care in administering its funds. The net income available for Hospital purposes for the year 1898 was £79,422. Last year began with a balance in hand of £133, this year there was a balance of £1026 to start with.

The small house property used to be let out in blocks. This was very unsatisfactory. The man who took over a block of houses got as much as he could out of them, sweated his tenants, and left the property in shocking condition. A few years ago the Governors took them into their own hands.

The St. Luke's property was not very high class. He believed many of his west-end friends would wonder where St. Luke's was. At the present time there are 157 houses in hand. They produced a rental of £6784. The excellency of the tenants would be easily shown when he stated that the total of irrecoverable arrears for the year was £25. The Southwark property of 60 houses produced £2833, with irrecoverable arrears of rent amounting to £27.

In 1897 the legacies amounted to £950; in 1898 to £4839. (Great cheers.) He hoped that the gentlemen who applauded, when in the fulness of time they departed this life, would follow the example thus given. It was the rule to carry their legacies on to the Income account. He was not quite sure whether he approved of this. A large sum—£8220—had been spent on improvements of the property. A somewhat peculiar disaster overtook their agricultural property in November, 1897. A very terrible storm, the worst for sixty years, had produced a tidal wave which swept away their sea-wall in Essex, causing damage amounting to £1400. They possessed a small island property called New England, on the Crouch River; here so much damage had been done that it had been necessary to abandon the property.

Exclusive of ordinary outlay on repairs, &c., upwards of £84,700 had been spent during the past twenty-five years on altering and improving the Hospital buildings, and upwards of £60,000 had during the past thirty-one years been similarly spent on the School buildings. This was an expenditure which caused one to think carefully; of the £60,000 spent on it the School paid interest at 3 per cent. on £95,000. He might say that the Hospital just paid its way. They hoped to be able soon to buy a portion of Christ's Hospital land. The casualty department required razing to the ground and reconstructing. He always felt great sympathy for the gentlemen who had to see their patients in what he might call "tents." They ought to have proper rooms.

The Hospital possessed the best nursing staff in the world, and it ought to have the best home. In an official capacity he (the Treasurer) had had occasion to visit St. Thomas's Hospital, and in going over the Nightingale home there he felt ashamed of the odd and end way we housed our nurses. The Resident Staff ought to have better quarters. (Applause.) It was unnecessary for them to enforce their views, the Governors were well aware of them. More isolation rooms and laboratories were also required. But for all these changes there was the money to come from? We could not buy land from Christ's Hospital without paying full value. That was one of the disadvantages of being supposed to be enormously rich. As it was we should not be able to buy the land without encroaching on our capital. This was the only occasion when it was possible to put before everybody the position of Hospital matters.

In conclusion, Sir Trevor considered the Medical and Surgical Staff second to none in the world. Every medical officer of the Hospital received a small honorarium. The honorarium, he need not say, was in no proportion to the services rendered. It was impossible to exaggerate the value of these services. The greatest willingness and skill were shown. He congratulated the Senior Physician on the great honour which had fallen to his lot. (Applause.) To the Nursing Staff also we owed a great debt. We were always losing our nurses, some by marriage—and they had our best wishes,—

some by promotion; we were sorry to lose them, but we would not stand in their way. Whether they went to Sir Sidney Waterlow's hospital at Canons or elsewhere, they would always carry with them the imprimatur of the hospital training.

Too high a tribute could not be paid to the Administrative Staff, and to Mr. Cross at their head. His services were so great and so well known that it was unnecessary to say anything about them. In the whole of London it would be indeed hard to find anyone to replace him.

He, as Treasurer, wished to tender his thanks to his colleagues the Almoners. They showed a spirit of self-denial and devotion that it was impossible to praise too highly.

In conclusion he thanked his audience for so patiently listening to him, and assured them it was only the necessity of putting these matters clearly before them which had made him trespass so long on their time.

Mr. Leonard Courtney, M.P., proposed the health of the Surgical and Medical Staff in kind words. He alluded to the antiquity of London whose citizens dwell for security behind their walls, and contrasted it with the feverish restlessness of to-day. In happy terms he alluded to the "Apostolical succession of good men and women, who, from the very first, had done good work for the suffering poor." He finished an interesting speech with an anecdote. As he was leaving his house that evening he saw a lady who had just arrived from the Antipodes, and when she heard where he was going she said, "Tell them that in New Zealand when a man comes out from Bart's, he comes with the highest reputation." He coupled the names of Dr. Church and Mr. Willett with this toast.

Dr. Church in his reply alluded to the difficulty London schools had in putting before their students the same advantages for study as were found at provincial schools. At Liverpool the medical faculty had lately been endowed with magnificent scientific laboratories through the munificence of one single individual.

He alluded to the death of Professor Kanthack, and the loss we, especially, estimated thereby. He had founded and strengthened our Pathological Department. Though still a young man he was foremost among the pathologists of the world.

The Treasurer had spoken of the honour which had been conferred on him (the speaker) in being elected President of the College of Physicians. The last time the office had been held by a St. Bartholomew's man was in Sir George Burrow's period, and he (the speaker) was then one of his clinical clerks. He felt that he owed his position at the College of Physicians to his position at St. Bartholomew's, and he took the opportunity of thanking his colleagues for their support and consideration.

Mr. Willett said that he, like the Treasurer, had recently been visiting other hospitals, and like him he had been much struck by the shortcomings he had noticed in us. The in-patient arrangements were at a very high level, but he referred to the special departments. They had sprung from the initiative of voluntary efforts of members of the Staff. Sir Thomas Smith started the Aural Department, and Mr. Langton the Ophthalmic Department. The Aural, Ophthalmic, and Electrical Departments were separately officers, but as for the other Departments he felt ashamed of the way they were conducted, owing to the insufficient accommodation provided. He urged the Governors to take a comprehensive view of the needs of the Hospital, so that it should be second to none in England or in the world.

Mr. Justice Bruce proposed the health of the "Treasurer and Almoners."

Sir Trevor Lawrence in replying recognised the difficulties Mr. Willett had spoken of, but pointed out that he had, to a great extent, accounted for them in his opening speech.

Mr. Almoner Flux returned thanks for the other almoners, and proposed the health of "The Visitors," coupling with it the names of the Master of the Temple and Dr. Weir Mitchell.

The Master of the Temple said that when he was invited he was told that, unlike other occasions of a similar nature, he would not be asked for a donation, but it seemed to him that what had been given with one hand was being taken away with the other, and that the apothecary's ointment contained one fly, that was that he should have to make a speech. He alluded to the position he occupied on the Council of King's College Hospital as making him more able to appreciate the amount of labour and care of minute details bestowed on the Hospital by its Committee.

Dr. Weir Mitchell said, "I have here a strange feeling of being at home. You and I belong to a famous tribe which, centuries before this hospital began its work, and even before Christ our Saviour was born, was hard at work for the good of humanity. When our ambassadors speak on such occasions as these, they usually make

remarks about the relations of the two countries, and their being closely bound together by a common bond of language and origin. I am not going to run on those lines. I believe that the possession of one language in common gives rise to a lot of trouble. Things said in German or French do not trouble us across the water, but echoes from one end to the other of the Anglo-Saxon world, and all possible mischief comes out of it. Many years ago, on the Continent, I was talking, for some two hours, to a very eminent personage. It was most interesting, as she was a very intelligent lady. In the course of this conversation she asked me if I did not think the Germans were the best doctors in the world. I told her that I might be inclined to say something which would not altogether please her, and as she was a royal personage I should be unwilling to do so. At her invitation I was frank, and I told her that, although the Germans of forty years, medicine was an art and not a science, and that a man might know the science very well and practise the art very badly. Two of the most famous men I have known on the Continent were the worst doctors, and so I replied that, in my opinion, the best doctors were the English and Americans. (Applause.) You can realise I believed it, or I should not have told a royal personage so.

Following the example of Mr. Courtney, who reported to you a following conversation I heard on the ocean as I came over. I was charmed at it, and I am sure you will be. Two young American ladies from the Far West were collecting knowledge of the countries they were about to visit. They were asking questions of a young doctor with a malarious countenance, coming home from one of her Majesty's colonies with an enlarged liver. 'What is the meaning of "Bart," after a man's name?' 'It means,' was the answer, 'that he is a baronet.' 'But you told me you came from Bart's.' 'Oh! that is easily explained. It is the largest medical school, and is so called because the greater proportion of the medical men there eventually become baronets.' (Loud cheers.)

Mr. John Murray proposed the toast, "The Prize Students," and coupled with it the name of the Lawrence Scholar and Gold Medalist, Dr. Horder. In the course of an interesting speech he told of a young medical student who crossed to study in Europe, and when asked why he preferred Continental schools to the English ones replied that he found it suited his purpose better, as he found the autopsy followed the diagnosis much more shortly than in England.

Dr. Horder, in replying, said: "A limited experience of dinners and dinner speeches has brought me to the conclusion that there is one great difference between the veteran and the novice at these functions: the speech of the veteran is often enhanced by the recollection of the dinner; the dinner of the novice is often spoilt by the anticipation of the speech. I have known predecessors of mine to whom this excellent dinner has proved but a worthless thing, the only consolation left being the opportunity of realising how forcible a veto emotions can put upon appetite. I should suggest, sir, that this toast be proposed, in future, before the dinner; if my suggestion be entertained generations of my successors will probably rise up and thank me. Now the gaining of prizes is not the most coveted thing at this Hospital; there is a higher end we most of us hope to attain—a reward akin to the wages the poet sings of as the "glory of going on and still to be." I refer to the appointments on the Resident Staff. So that I do not think it would be at all inappropriate if this toast were, in future, coupled with the name of the senior member of that hard-working body, as well as with that of the senior scholar. This, too, even though another dinner be thereby put in jeopardy. And when the millennium comes, which is not yet, as Mr. Willett has reminded us, if our Hospital is thought worthy of occupying a place in it—as it must be if half the eulogiums passed upon it by our guests to-night be true—this addition to the toast will probably take place. But this matter of getting prizes, sir, is really very simple. If you will allow me I will explain how it is done. I might liken it to a drama in two acts: time, to-day; scene, this Hospital; dramatic persons, the leading actors—our teachers,—and those who take the minor parts—ourselves. Act 1 consists in our asking our teachers questions and their answering them. Act 2 reverses the dialogue,—our teachers ask us questions, and we try to answer them. It is owing to certain possible contingencies that may arise in the second act that the drama is apt to be a tragedy. The play differs in some details from other plays—for instance, there is no prompting allowed during the second act,—but in most features they are alike. And it is base ingratitude in us scholars if, with such good acting on the part of our teachers (if I may be allowed to carry the simile thus far), we fail to do our part. On behalf of my

fellow-prizemen and myself I thank you for the flattering words with which the toast has been proposed, and for the cordial way in which it has been drunk."

Examinations.

UNIVERSITY OF CAMBRIDGE.

Third Examination:

Medicine.—Bassano, H. F., Browne, G., Hay, K. R., Kemp, J. H., Mayo, T. H., Parker, H. F., Rose, F. A.

Midwifery and Surgery.—Bainbridge, F. A., Branson, W. P. S., Elliott, H. St. C., Gillespie, T., Nixon, J. A., Truman, B. R. B., Walker, R. A., Willoughby, W. M.

UNIVERSITY OF DURHAM.

M.D. for Practitioners of Fifteen Years' Standing.—Lawrence, Henry Cripps, M.R.C.S., L.R.C.P., Mark, Leonard Portal, M.R.C.S., L.R.C.P., L.S.A., Slater, William, M.R.C.S., L.S.A., Freeman, W. T., F.R.C.S., L.R.C.P., Thistle, F. T., M.R.C.S., L.R.C.P.

M.B., B.S.—Vincent, R. H., M.R.C.S., L.R.C.P.

Third Examination.—Perkins, P. M.

First Examination.—Drawbridge, W. L. M. (Elementary Anatomy and Biology).

CONJOINT BOARD.

The following have received the Diplomas of M.R.C.S., L.R.C.P.—Browne, G., Talbot, E., Bassano, H. F., Eyerington, H. D., Moorhead, N. F., Walker, L. A., Willett, J. A., Gibbins, A. B., Vincent, R. H., Campbell, G. G., Burrows, H., Leonard, W. H., Court, E. P., Gruber, R., Borrow, F. C., Long, W. C.

Second Examination.

Anatomy and Physiology.—Atkinson, L. B., Ball, C. R. H., Connor, F. P., Corbin, J., Ewen, G. S., Ferguson, L. C., Galsworthy, L., Gill, G. F., Macfadyen, N., Neville, F. C., Noke, F. H., Toswill, L. R., Waterfield, N. E.

First Examination:

Chemistry and Physics.—Square, W. R.

Practical Pharmacy.—Green, L. B., Hughes, L. E., Leverton-Spry, E., Paget, W. G., Pank, H. W., Pollock, A. K. H., Turner, C. H., Waters, A. C. S., Woodward, C. S.

Elementary Biology.—Aldred, W. A., Ash, B. N., Bateman, A. H., Bell, J. A., Bell, K. D., Chaff, T. W., Chambers, L. F., Cleveland, J. W., Douglas, R. L., Drury, G. D., Giragosian, V. H. J., Gray, H., Gribbon, E. A., Haggard, T. B. A., Ingonsille, J. G., Kemp, J. R., Lister, F. S., Mountain, F. G., Nicholas, C. F., Purcell, H. E. H., Rosten, L. M., Salt, A. P., Thurston, L. V., Turnly, G. E. L. A., Verry, G. T., Whitehead, F. E., Williams, A. S., Wilson, N. M.

Appointments.

ROVAN, JOHN, Surgeon R.N., has been appointed to H.M.S. Crescent, Flagship on the North American Station.

DAVIES, A. T., M.D. (Cantab.), F.R.C.P. (Lond.), appointed Medical Officer to the North British and Mercantile Life Assurance Company.

FOULETTON, A. G. R., F.R.C.S. (Eng.), D.P.H. (Camb.), has been appointed Lecturer in Public Health at the Middlesex Hospital Medical School, W.

IREDALE, I., L.R.C.S., L.R.C.P. (Edin.), has been reappointed Medical Officer of Health to the Mablethorpe Urban District Council.

LLOYD JONES, E., M.D. (Cantab.), appointed Assistant Physician to Addenbrooke's Hospital, Cambridge.

MARKS, L. F., M.R.C.S., L.R.C.P., appointed House Physician to the Swansea General and Eye Hospital.

WYNTER, W. E., M.D. (Lond.), B.S., F.R.C.P. (Lond.), F.R.C.S. (Eng.), has been appointed Lecturer on Pharmacology and Therapeutics at the Middlesex Hospital Medical School, W.

Births.

HARDING.—On April 30th, at West House, Eastbourne, the wife of C. O'Brien Harding, of a son.

HARPER.—On March 18th, at 25, Rosary Gardens, South Kensington, S.W., the wife of James Harper, M.D., of a son.

NEWBOLT.—On April 12th, at 42, Catharine Street, Liverpool, the wife of George Palmerston Newbolt, M.B. Durb., F.R.C.S., of a daughter.

RENDE.—On April 20th, at Buckland Terrace, Plymouth, the wife of C. E. Russel Rendle, L.R.C.P. Lond., M.R.C.S., of a son.

SCHOLEFIELD.—On May 7th, at 1, Eastcombe Villas, Blackheath, the wife of Dr. R. E. Scholefield, of a son.

Marriages.

COLBY—MANDELL.—On April 19th, at St. Cuthbert's, Haydon Bridge, Carlisle, J. G. Ernest Colby, M.A., M.B. Oxon., F.R.C.S. Eng., of Malton, Yorkshire, to Grace Adela, third daughter of the Rev. J. H. Mandell, M.A., Vicar of the parish.

TRECHMANN—SWALES.—On April 11th, at St. Paul's Church, York, by the Rev. Reginald Echallaz, Vicar of the parish, Maximilian Lincoln Trechmann, M.B., C.M. Edin., F.R.C.S. Eng., of 131, St. George's Road, S.W., seventh son of the late Otto Trechmann, of Stockton-on-Tees, to Mary, only daughter of William Swales, Holgate Hill, York.

Deaths.

HUSSEY.—On April 23rd, at 24, Winchester Road, Oxford, Edward Law Hussey, F.R.C.S., aged 83 years.

ORR.—On April 27th, at 204, Earl's Court Road, S.W., Andrew Aylmer, M.B. Oxon., eldest son of the late Rev. R. Holmes Orr, of Stramore, co. Down, Ireland, aged 40. Friends will kindly accept this, the only intimation.

PAGET.—On May 7th, at Litchfield Lodge, Hereford, Clara, widow of Sir George E. Paget, K.C.B., M.D., F.R.S., of Cambridge, in her 74th year.

ACKNOWLEDGMENTS.—*St. Thomas's Hospital Gazette, Charing Cross Hospital Gazette, Medical and Surgical Review of Reviews, The Stethoscope, Nursing Record, The Hospital, London Hospital Gazette, St. Mary's Hospital Gazette, Guy's Hospital Gazette, M.R.I., Journal of the Women's School of Medicine and Royal Free Hospital, The Polyclinic.*

St. Bartholomew's Hospital



JOURNAL.

VOL. VI.—No. 9.]

JUNE, 1899.

[PRICE SIXPENCE.]

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, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY, Advertising Agent, 29, Wood Lane, Usbridge Road, W.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

JUNE 14th, 1899.

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



FEW months ago we referred the increased number engaged in consulting work to the many additional teaching posts at medical schools which encouraged men to wait on. It has been objected that this is only one and not a very large factor in the increase. It is urged that every one with a fad to promulgate, and many a one whose private means no longer render general practice necessary, now tries to find a local habitation in the environs of Cavendish Square. This may be so, but after all the question only affects a limited number of the profession. For the vast majority of medical students the destination after qualification is and must be general practice.

It will be admitted that whichever type of practice is aimed at, the best thing for a man to do after qualification is to hold a resident appointment, preferably at his own hospital. In no other way can experience be obtained so rapidly, or responsibility learnt so well. Assuming that each junior house physician and house surgeon at this hospital sees the same number of cases, last year each would have seen 5387 in his six months of office—assuredly a fine foundation for clinical experience. And it is in this casualty department that the type of case is seen which the general practitioner has to deal with all his life. Commonplace and dull many of them may be, but such will form the back-bone of his practice.

Perhaps the surgical appointments are sought after with greater avidity than the medical, as being more interesting. But it must not be forgotten that the medical appointments certainly do not yield in value to the surgical for the work of life. Of casualties and minor surgery the general practitioner will see something; of major operations scarcely anything. Fractures and trivial accidents will comprise the vast proportion of his surgical work, and of these he gets a unique experience as junior house surgeon. Obscure nervous diseases may delight the house physician, but in after life he will value even more highly the experience he obtained of sore throats in the surgery. The indefinite medical cases, which are so trying to those who are anxious to fill up the headings of their bed-boards soon, are just those which will test tact and judgment in practice. And throughout life he will reap the benefit of undertaking here the ordinary routine management of a case. He will soon find the difference, however, of writing on a blue-board "peptonised milk" in one column, or "massage daily" in the other, and giving exact instructions for the manufacture of the former and making arrangements for the application of the latter.

There is one appointment here, the extremely practical value of which, we think, is occasionally overlooked, and that is the extern midwifery assistantship. In no branch of medical work do emergencies rise so rapidly and call for such immediate treatment as in midwifery. We do not

envy the man whose sole experience in this department is twenty cases of normal labour when he is called to a case of hemorrhage in pregnancy, for example. Underpaid and exacting as the work may be, no general practitioner can afford to neglect midwifery, for in the ordinary course of events every child at whose appearance into this world he assists becomes his patient afterwards. As each extern is responsible for over four hundred cases, he has every chance of seeing and dealing with abnormalities, and, at any rate, of obtaining a facility in dealing with such which will stand him in good stead. We have heard it declared that it is always easy to distinguish a man who has had the training of a resident appointment from one who has not.


In whatever capacity a man may find himself on the junior staff, he will have as many opportunities of gaining experience as his time and strength will allow. For his reign is but brief. Twice a year St. Bartholomew's performs the feat of putting new wine into old bottles. All too soon he will have to join the ranks of the "outside doctors," upon whose diagnoses he was wont to pour such contempt in the surgery.

His reign is but brief, we say; like the Roman general, in the hour of triumph a "memento mori" is ever at his elbow. He knows, and should remember, that his place shall be taken away from him and given unto another. Another's name will adorn the door on the winding staircase in the "quarters;" another will write on the blackboard at its foot. When he revisits his wards his left hand will instinctively shoot out to pull down the "board" that indicates his presence in the block, only to find that another has already done so. Unkindest cut of all, he cannot even sign a casualty paper! The same crowd seems to be in the square waiting for his chief's carriage; yet not the same, for it contains hardly one familiar face. Before long he will be lucky if some one vaguely remembers that he "used to be on for So and so;" and, should he meet one of his colleagues of those bygone days, the words of the old Persian tent-maker will instinctively rise to his lips:

Some little talk awhile of Me and Thee
There was; and then no more of Thee and Me.

Selecta ex Scriptis.

I. CHEMICAL.

 We are indebted to Mr. Womack for the following set of novel but interesting opinions upon certain matters of chemistry. We agree with our contributor that they are too good to be lost. At first we could hardly refrain from supplying a running commentary of our own; but on second thoughts we considered the sentences

were better left in their native beauty and simplicity; to attempt to improve them would be a more ambitious task than we care to undertake.

Mr. Womack prefaces the collection by remarking that "whatever may be said derogatory of the present-day student of science, it can hardly be said that he is lacking in the gift of imagination. The following answers, culled from a collection made during the last few years, will bear out this assertion. As the answers may not in all cases lead to a reliable inference as to the question, it is desirable in some cases to give this also."

Q. Describe the preparation and properties of nitrous oxide gas.

A. It is a colourless tasteless inodorous gas having very peculiar properties, as when inhaled it causes insensibility and is for this purpose greatly used for the painful distraction of teeth.

Other answers were—

Nitrous oxide or the laughing gas is prepared by collecting it. This may be done by collecting it from a cave near Naples.

Nitrous oxide has a sweet taste, has a soothing influence, is an æsthetic.

Nitrous oxide is often called laughing gas. With this gas they pull out teeth, this is the reason they call it laughing gas.

Nitrous oxide produces temporary insanity.

Q. What is meant by allotropy, or allotropic modification?

A. We mean by allotropy an element or compound that has no particular shape.

What is meant by allotropy is that it contains 3 volumes. Allotropy is meant real stuff or matter.

Allotropy means the degrees at which sulphur or anything else becomes a fluid, and again becomes thick.

Q. Properties of sulphur?

A. When sulphur is heated and allowed to cool in water, it forms a soft pugnacious mass.

Heat sulphur it goes black forming carbon.

It is sold as flour of sulphur which is used for medicine commonly called Brimstone and Treacle which is very good for summer.

Sulphur is a gas, tasteless, an awful smell, it is noted for its inflammability, and owing to that is largely used as a bleaching agent.

Tinuous or plastic sulphur is obtained by pouring S on water.

Q. Why is air regarded as a mixture of two elements?

A. I think air is not a chemical compound because it would throw extra work on the lungs.

O supports combustion well, N does not support combustion at all; and air supports combustion between the two, namely middling.

The reason why air is a mixture of two elements is

On the Causation of Summer Diarrhoea.

A Paper read before the Abernethian Society on March 2nd, 1899,

By F. W. ANDREWES, M.D., F.R.C.P., Lecturer on Pathology and Pathologist to the Hospital.



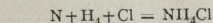
R. PRESIDENT AND GENTLEMEN,—Diarrhoea is a symptom which may depend upon the most various causes—from the administration of house physic to nervousness at the Final College. It may occur in a vast number of different diseases, even in chronic constipation from the irritation of scybala. Irritation of the bowel lies at the root of most of the conditions under which it is present. The irritation may be nervous, mechanical, chemical, or inflammatory, or it may depend upon structural lesions of the intestinal tract. Not at all rarely the diarrhoea is eliminative—an attempt to get rid of the cause of irritation—and so far it is, of course, beneficial. An acute attack of diarrhoea is usually much more rationally treated by helping nature with a smart purge than by interference with the bowel by astringents or chalk mixture.

Amongst the causes of diarrhoea bacteria take an important place, and they probably act in virtue of the chemical irritation produced by their toxins. Diarrhoea is common in septic cases. Sometimes there is a specific relation between a given organism and diarrhoea. Some bacilli, such as those of typhoid fever and tuberculosis, cause definite ulcerative lesions of the bowel, and may thus set up diarrhoea indirectly. But in at least one important disease—Asiatic cholera—the relation is a direct one, the toxins produced by the specific vibrio being, in all probability, the immediate cause of the diarrhoea.

My special subject to-night is *Summer Diarrhoea*. This kind is not merely a symptom, but a disease—a substantive malady perhaps as truly specific as Asiatic cholera. It has been known by many names—epidemic diarrhoea, choleraic diarrhoea, English cholera, cholera nostras, infantile diarrhoea, gastro-enteritis, &c. &c. It is obvious that the various causes of diarrhoea are operative in hot as well as in cold weather. Thus by no means all the cases of diarrhoea occurring in summer are necessarily "summer diarrhoea" in its restricted sense. If, in August, you eat to excess of unripe apples and get colic and diarrhoea, it is no more necessarily a true epidemic diarrhoea than if you had taken a dose of castor oil. The reasons for regarding "summer diarrhoea" as an independent specific disease are almost entirely statistical. It is by statistics that it has hitherto been chiefly studied, and the facts ascertained are a remarkable illustration of how much may be indirectly inferred—and inferred with great certainty—about a disease by this method alone. We owe a very great deal of our knowledge on the subject to Dr. Ballard, whose elaborate researches, extending over many years, were published in the 'Local Government Board Reports' for 1887-8.

Let me now point out to you some of the most important facts which have been proved about epidemic diarrhoea. The most certain data from which conclusions may be drawn are furnished by mortality statistics. The Registrar General, in his annual summary for 1890, gives a diagram on which he has charted the average number of deaths attributed to diarrhoea in London for each week in the year, based on the records of the twelve deaths from diarrhoea occur weekly in London—and they are mostly infants; from the end of November to the end of May the line scarcely fluctuates when the average of fifty years is taken. In June the mortality begins to rise, and it rises with increasing rapidity throughout July, till at the end of the latter month 218 diarrhoea deaths are registered in a week—or more than eighteen times the death-rate for the cooler periods of the year. This is the average: in individual years the number of deaths may be much greater or much less than this. During August the average diarrhoea death-rate begins to decline, slowly at first, more rapidly during September, till, by the end of October, it has nearly, and by the end of November quite, fallen to its normal level of twelve deaths weekly. These facts about diarrhoea mortality probably correspond pretty closely with the facts of its incidence, though we have no such exact data as to the latter. Every house physician who has been on duty in the surgery in July, August, and September knows that he has nearly twenty times as many cases of diarrhoea to treat then as in other months of the year, and that most of the fatal cases with which he meets occur in those months.

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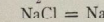
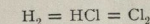


Kitchen salt. Formula KNO_3 .

H_2S is fairly soluble in water and though poisonous to breathe, water with SH_2 in it is very nourishing to drink.

When Sulphuretted Hydrogen is brought into the air it fumes. These fumes are called Phosphoric anhydride.

The proof that $NaCl$ is a constituent of HCl is because it has no action on it at all



The gases in the air are Oxygen and $\frac{1}{2}$ Hydrogen.

The conclusion from the above facts is sufficiently plain. Either there is a specific form of diarrhoea occurring only at this time of year, or else a special form of the disease acquires sudden and explosive energy during the summer months. The latter is the more probable supposition. This is what is meant by "epidemic" or "summer" diarrhoea. The Registrar General's curve represents the average mortality of fifty years. The actual mortality may vary considerably; in 1878 no less than 25,103 persons died of diarrhoea in England and Wales, while in 1879 only 11,463 died of that affection, but the broad lesson is always the same.

Mortality statistics teach, then, that there is a fatal kind of diarrhoea with a very striking and definite seasonal incidence. But you will see that they teach much more than this. The main facts may be summarised under the following headings:

Age incidence.—In the decade 1871-80, 63 per cent. of the diarrhoea deaths were in infants under one year old, and 80 per cent. in children under two. Under the age of three months there are comparatively few deaths; the highest mortality occurs at the age of three to nine months. It then gradually diminishes till the twentieth year, when it begins very slowly to rise again up to the end of life (the mortality being calculated upon the population living at the several ages).

These figures relate only to diarrhoea mortality—not to the age incidence of the non-fatal disease. Dr. Tomkins of Leicester, judging from medicine given gratuitously, gives it as his opinion that "infants and young children form but a small proportion of those attacked, though they furnish nearly all the fatal cases." The fact appears to be that in infancy and old age moderate attacks will kill, while in older children and adults only the most virulent attacks are fatal.

Most house physicians who have had experience in the surgery will confirm Dr. Tomkins' opinion. You know, too, that while post-mortems on fatal cases of infantile diarrhoea are common enough, we do not, at this hospital, see more than two or three fatal cases of cholera nostras in adults each summer, even if we see so many.

Food plays a very important part in the production of epidemic diarrhoea—so much so that statistics on this point alone are able to give an important clue as to the ætiology of the disease. It is a notorious fact that, even amongst the lowest classes, breast-fed infants are remarkably exempt from fatal diarrhoea. Infants partially breast-fed, but partially fed artificially, suffer considerably, but much less than those who are wholly fed on artificial food. Bottled infants suffer the heaviest mortality of all. These were the conclusions of Dr. Hope of Liverpool, who investigated the subject for Dr. Ballard, and they correspond with universal medical experience. Maternal neglect comes in this way to be an important factor in the causation of diarrhoea, and so indirectly does illegitimacy. Social position plays also an obvious part—the poorest classes suffering most.

Temperature.—The months in which diarrhoea mortality attains its maximum are the hottest of the year. Yet Ballard showed that the air temperature, though not without effect, was subsidiary in this matter to the temperature of the soil. By a long series of observations he proved that the rise in diarrhoea mortality began when the earth temperature, four feet below the surface, reached 56° F., and that the maximum mortality generally occurred in the week in which the four foot thermometer attained its mean weekly maximum. The decline of the diarrhoea death rate similarly follows the fall of the four-foot thermometer, which declines much more slowly than that of the atmosphere. In Leicester Tomkins found that the rise of the diarrhoea mortality began when the one-foot thermometer reached 60° F. Rainfall has an indirect effect, lowering the soil temperature and so the diarrhoea mortality. The latter is heaviest in dry seasons—as, for instance, last year.

Locality, finally, is a factor of first-rate importance. Diarrhoea is shown by statistics to be essentially a disease of towns and crowded areas. In large towns the mortality is twice as high as in the country and in small towns. The mortality varies directly with the density of population, and with general insanitary conditions. It does not, however, appear to have undergone any very definite improvement as the result of sanitary advances, such as has been shown in some other diseases. As regards soil, porous soil seems to favour it; sand and mould are worse than clay, a rock subsoil is the best.

All the preceding statistical facts, which I have taken from various articles and text-books on the subject, are practically beyond dispute, whatever interpretation we may choose to place on them. Not only is there a fatal kind of diarrhoea with a special seasonal incidence, but we are also justified in asserting that its incidence follows the tempe-

perature of the upper layers of the soil rather than that of the atmosphere; that, in its fatal form, it chiefly attacks infants—those in particular which are artificially fed—purely breast-fed infants escaping; and that it is a disease especially of crowded areas and towns.

No explanation of the causation of the disease is complete unless it takes all the statistical facts into account. There is a popular impression that an excessive consumption of fruit in summer is the cause of summer diarrhoea. We know that, in individual cases, a surfeit of fruit may cause an acute attack of the complaint, but, tested by the above criteria, it is apparent that the fruit hypothesis fails, absolutely, to explain the facts. It fails to explain the relation of the disease to density of population, and the fact that the heaviest mortality is in infants under one year old. These two statistical facts alone put the fruit hypothesis out of court.

As the result of his researches Ballard framed a "provisional hypothesis" as to summer diarrhoea, which, put shortly, is as follows (Whitelegge):—"That the essential cause of diarrhoea resides ordinarily in the superficial layers of the earth, where it is intimately associated with the life processes of some organism not yet isolated. That the vital manifestations of such organism are dependent . . . on conditions of season, and the presence of dead organic matter which is its pabulum. That such organism is capable of getting abroad from its primary habitat, the earth, and, having become air-borne, obtains opportunity for fastening on non-living organic material (especially food, whether inside or outside the body), which serves as nidus and pabulum. That from food, and from organic matter in certain soils, it can manufacture a virulent chemical poison, which is the material cause of epidemic diarrhoea."

It must be admitted that Ballard, writing more than ten years ago, displayed very great sagacity in his conclusions, especially in his recognition of the probable bacterial causation of epidemic diarrhoea. It has become more and more apparent that no agency, other than a bacterial one, is likely to satisfy all the requirements of the epidemiological statistics. And as a matter of fact various bacteriological researches have been made on the stools of diarrhoea cases, with a view to determining the specific microbe of the disease. Tomkins devoted his attention to the microbes of the air and soil during the period of diarrhoea prevalence, and showed that at this time larger numbers than usual of micro-organisms liquefying gelatin were present, and he found that certain small bacilli were present which when swallowed caused diarrhoea. It is now well known that the microbes present in air, water, and sewage are vastly more numerous in hot dry weather than at other times, and no sufficient definiteness attaches to Tomkins' results to warrant our accepting them as a full explanation of the phenomena.

Several observers have devoted a large amount of time and trouble to the investigation of the bacteriology of the intestinal discharges in infantile diarrhoea. In America, Dooker has carried on a series of researches for many years, and has described a number of micro-organisms, most of which appear to be varieties of *Bacillus coli communis*. He concludes that no single organism is the specific cause of the summer diarrhoea of infants, but he attaches most importance to a streptococcus and to *Proteus vulgaris*. Baginsky concludes that the causes of the inflammatory changes found in the bowel are not specific germs, but the ordinary saprophytic bacteria of the intestinal canal, which under certain circumstances take on a special action; he admits, however, that under other circumstances other bacteria, not normally present, may gain access and set up more severe structural changes. Libbert investigated some of the spore-bearing microbes in milk, and showed that certain of these decomposed milk with the production of toxic bodies, which he regarded as the chemical causes of infantile diarrhoea. More recently Escherich has sought to prove the relationship of a virulent streptococcus to infantile diarrhoea. Yet other observers have fathered the disease on other microbes, from the discredited "vibrio" of Finkler and Prior to the "bacillus of green diarrhoea" of Lesage.

Now I have pointed out that the causes of diarrhoea are numerous, and there is no reason to doubt that there may be several different bacteriological causes of the complaint. The different authors whom I have quoted may very likely be, all of them, in a measure right in their conclusions. But I have also tried to point out that there are epidemiological grounds for assuming the existence of a specific summer diarrhoea, which in its incidence and mortality towers above other varieties of the disease; and it is not too much to suppose that there is a specific bacterial cause for this, such as Ballard demanded, there is a specific bacterial cause for this, such as Ballard demanded, whom I have mentioned. One must demand of the hypothetical organism that it should be very widely distributed, that it should bear some relation to the soil, and that it should be capable at times of attaining such a high degree of virulence as to explain the fatal

character of certain attacks. If, moreover, in view of the special liability of bottle-fed infants, it could be shown to have a common connection with milk, its claims as the specific cause of summer diarrhoea would be strengthened. It is clear that such an organism might act in one or both of two ways. It might itself gain access to the alimentary canal, and by multiplying and producing its toxins there might cause the phenomena of the disease, or it might propagate itself outside the body in articles of diet, and produce toxins which, when ingested, might set up a purely chemical poisoning. The difference between these two modes of action would not be very great; both would ultimately be chemical poisonings, but in one case the poison would be formed within the body, and in the other case outside it. Analogy with Asiatic cholera would point to the former hypothesis as the more probable.

Within the last few years an organism has been described which in many important points conforms to the above postulates, and certainly fulfils the conditions demanded by Ballard to a much greater extent than any previously described microbe. You ought to take a special interest in it, for it is essentially a handling of Bart's, first discovered in 1891 in an epidemic of diarrhoea in our wards, investigated by Dr. Klein in the Public Health Laboratory, and studied constantly here for the past three years. Dr. Klein named it *Bacillus enteritidis sporogenes*, and it belongs to the group of anaerobic bacilli. (It has nothing to do with the bacillus enteritidis described by Gärtner in certain meat poisonings; this is an aerobic bacillus allied to *B. coli communis*.) I do not wish to pretend to you that the whole matter is perfectly clear and straightforward. It is not; but in my opinion the facts already established are so striking that we can hardly refuse to consider the evidence very carefully. Let me first state the facts, and then draw such conclusions as seem legitimate, not omitting the difficulties which have to be encountered.

I will first briefly recount the circumstances under which the bacillus was discovered. During the night of Sunday, October 27th, 1895, no less than fifty-nine patients in this hospital were seized with severe stomach-ache and diarrhoea in the course of a few hours. They were mostly ordinary attacks, such as we all are occasionally liable to, but in a few blood and mucus were passed; no case was fatal, and all were well again in a few hours or days. It fell to my lot to investigate the matter. Some form of food poisoning was irresistibly suggested, but with a latent interval of several hours. The only articles of diet which I could find common to all those attacked were milk, bread, and butter. Milk fell most under suspicion, especially as it was on a Sunday night, when there had been no second delivery. Dr. Klein asked me to furnish him with several specimens of the stools, and on examining them he found large oval spores—a quite unusual appearance. By cultivation he proved these spores to be those of an anaerobic bacillus, hitherto undescribed, and this bacillus was found to be intensely pathogenic to certain animals, especially guinea-pigs, causing, when subcutaneously injected, a widely spreading hæmorrhagic œdema and necrosis, with death in twenty-four hours or thereabouts. Feeding experiments produced no results. The bacillus was found to produce a very characteristic appearance when grown in milk—intense coagulation in twenty-four hours with extensive gas production. I show you milk tubes exhibiting the characteristic reaction, which forms one of the most important tests for the recognition of the bacillus. The same bacillus was readily isolated a few days later from a sample of milk from the same source as that which had been supplied to the hospital on the day preceding the outbreak of diarrhoea.

You will at once see that this series of observations was definite and striking. On the one hand we have an unusual circumstance—an extensive outbreak of diarrhoea in the wards. On the other hand we have evidence that a peculiar spore-bearing bacillus, of great virulence to rodents, was abundantly present in the stools of the affected persons, and that this same bacillus was to be found in the milk which they had consumed on the day before the outbreak. It seemed impossible to avoid the conclusion that the bacillus was the cause of the diarrhoea, in spite of the fact that feeding experiments upon animals did not produce diarrhoea. It is as a matter of fact exceedingly difficult to produce diarrhoea in rodents, even with such a pathogenic organism as the cholera vibrio.

But it is commonly enough found that a matter which seems simple enough at the outset, becomes, on further investigation, more complex and difficult than had been first supposed. And in this case, although in my opinion the original conclusion was correct, and is supported by subsequent discoveries, yet we now know the bacillus in question to be so abundant and almost universally distributed that there is difficulty in believing that its mere presence in the alimentary canal is alone sufficient to set up diarrhoea.

I will first detail to you the principal facts which seem to confirm

the conclusion that *Bacillus enteritidis sporogenes* is a common, and, perhaps, the main cause of acute diarrhoea, and then deal with the difficulties which have arisen.

Since the original diarrhoea outbreak in the wards in March, 1895, two other precisely similar and even more extensive outbreaks have occurred—both in the course of last year. On the night of March 6th, 1898, no less than 140 patients were attacked; only six wards out of twenty-eight escaped. Again *Bacillus enteritidis sporogenes* was found abundantly in every diarrhoea stool examined, and again it was found in the milk which had been taken, a sample of the actual milk having been saved. This outbreak, like the first, was on a Sunday night. On the night of August 5th, 1898, another epidemic took place, involving 80 persons. This was on a Friday night, and the attacks were very definitely traced to the consumption of rice pudding. In some wards every patient who had eaten rice pudding was affected, while the rest escaped. Here again the same bacillus was present in all the stools examined, and I was able to demonstrate its presence in a sample of rice pudding which had been thoughtfully kept by one of the sisters.

Our three epidemics thus combine to support the conclusion drawn from the first. The case is clearly rendered stronger. In addition, a very considerable number of cases of diarrhoea of all kinds, especially in the summer months, have been investigated for *Bacillus enteritidis sporogenes*, and generally with success. I have examined, I think, all the fatal cases of "cholera nostras" in adults which have been in the post-mortem room during the last two years, and I have never failed to find the organism. In nearly all the cases of acute diarrhoea, mild and severe, which I have examined, it has been demonstrable. On the other hand, Dr. Klein was only able to cultivate it in four out of ten fatal cases of infantile diarrhoea. It must, however, be remembered that the methods by which it is possible to cultivate it are based on the resistance of its spores, so that it would be overlooked if it were not in the sporing condition. On the whole, the case which which the bacillus is demonstrable in acute diarrhoeal conditions is all in favour of its causal connection with the disease.

I pass now to some points which raise difficulties in the way. On investigating the distribution of the bacillus outside the body, it is found to be a very common organism indeed. The great resistance of its spores, its characteristic growth in milk, and its definite and quite peculiar pathogenic effect upon the guinea-pig enable one to recognise it, at least in the sporing form, with the utmost ease and certainty. It has been found to be a common inhabitant of cultivated soil; to be abundant in the excrement of some animals, e.g. horse-dung; to be a constant constituent of sewage; and generally to pervade everything which is liable to contamination with earth or dust. In drinking-waters it may be found, and in particular it is very common in milk, even good milk. When, in 1895, the same organism was found in the milk-supply as had been isolated from the stools of the diarrhoea cases, it was felt that a very conclusive link had been forged in the chain of evidence. But now we know that it is an exceptional thing not to find the organism in milk. After the diarrhoea outbreak last August I took samples of the hospital milk for six days in succession, and certainly on five days out of the six, possibly in all six samples, I found the bacillus, which when tested proved highly virulent. I thought that this might be due to the hot weather, and even imagined to myself that the epidemic prevalence of summer diarrhoea might directly depend upon the prevalence of the bacillus in milk. But a month ago, in February, I repeated the experiment, and on three successive days found my old friend in the Hospital milk just as virulent as ever. I may say that the Hospital milk is exceedingly good milk, and comes up from the country straight to the Hospital kitchen. It was consumed without the slightest ill effect, and I have no doubt that we all daily consume such milk without any harm arising, though laboratory experiment may show it to contain spores of a highly virulent organism. Here, too, is another difficulty: I have said that the diarrhoea outbreak last August was clearly due to rice pudding. I pass over the objection that the spores would have been killed in the cooking, because I went to the kitchen with a thermometer and ascertained that at no stage in the process did the temperature actually touch 100° C., and we know that the spores of *B. enteritidis sporogenes* can survive this and more than this. The pudding must have derived its infective properties from the milk with which it was made. Yet this same milk, drunk by the patients who had no rice pudding, produced no effect. Clearly, if the bacillus is the cause of acute diarrhoea there must be some other factor at work, something that makes it harmful at times, though, as a rule, we escape any damage. As a matter of fact, we do find that its virulence in the guinea pig varies; it is not always fatal, and the animal may recover from the local œdema and necrosis produced.

Moreover, its virulence may diminish with prolonged culture in the laboratory.

It may also be urged that, if *B. enteritidis* be the cause of diarrhoea, and it we put forward its occurrence in diarrhoea stools as evidence to that effect, we ought to be able to show that it does not occur in the normal stools of healthy persons. The observations hitherto made are not, I think, sufficiently exhaustive to settle this point. They show, however, that we cannot assert the absence of the organism from normal stools. It can certainly be demonstrated in them in some, but not in all cases. But this, at least, may be said, that whereas in the stools of diarrhoea cases they are commonly abundant, so that the smallest trace of the material yields the organism on cultivation, and they can sometimes be demonstrated microscopically in incredible numbers, in the normal stool they are scanty, and considerable amounts of the material are necessary in order to obtain cultural evidence of their presence. So that on the whole I think it is fair to say that the facts as to its occurrence in human excreta support its relation to diarrhoea. If the bacillus is so widely distributed a saprophyte as I have stated, and if it is not necessarily virulent, its occurrence in normal stools need not prove that it has no causal connection with diarrhoea.

I have endeavoured to put before you the evidence on the question as clearly and impartially as possible—perhaps not altogether concealing my bias in favour of the *Bacillus enteritidis sporogenes* as the common cause of summer diarrhoea, but, I hope, stating fairly the objections that may be raised against it.

Let me, in conclusion, recapitulate the evidence. Ballard's hypothesis as to the essential cause of summer diarrhoea, supported by very strong epidemiological and statistical evidence, demands the demonstration of a pathogenic micro-organism, related to the soil, widely distributed, and capable at times of a high degree of virulence, and having a certain relation to food. Does the organism I have described fulfil these conditions? I think that it does—at least better than any which have been hitherto put forward.

Bacillus enteritidis sporogenes is certainly a highly pathogenic organism in certain animals—one of the most virulent with which we are acquainted. It is difficult to believe that the toxins which produce such intense effects in the subcutaneous tissues of the guinea-pig can be without action upon the mucous membrane of the human intestine when they happen to be produced there. The bacillus is certainly sufficiently widely distributed in nature not only to account for all cases of the disease, but to make anyone, disposed to scoff, inquire why the whole population of the country has not long ago been swept from the face of the earth. It is further an inhabitant of the soil, and may be presumed to vary in its activity there according to the soil temperature, thus bringing it into line with the requirements of Ballard's hypothesis. And it is very conclusively shown to have an intimate relation with milk—the very article of food which would best explain its relation to infantile diarrhoea in particular. Finally, its occurrence in human stools is such as, on the whole, to support its connection with diarrhoea.

It is to be regretted that there is as yet no satisfactory experimental evidence of the production of diarrhoea by feeding experiments with the bacillus or its spores. But this very objection applies equally to the cholera vibrio.

Nevertheless, the evidence I have mentioned seems to me to point distinctly to the conclusion that *B. enteritidis sporogenes* may be at least one cause, and I think, probably the most important cause of epidemic diarrhoea, and perhaps of many sporadic cases too. I do not wish to suggest that the toxins of many other pathogenic micro-organisms may not also be equally irritant to the intestinal mucous membrane, and may not, at times, be responsible for the production of acute diarrhoea. They certainly are so,—as, for instance, in Escherich's streptococcus cases in infants, and probably also in the gastro-intestinal forms of anthrax and influenza. But we know of no other organism the characters and distribution of which are such as to explain the main epidemiological features of summer diarrhoea. The arguments I have used may be fallacious, and it is certain that we do not yet at all understand why the bacillus should at one time be harmless and at another poisonous. These are matters for future observations, which may support or disprove the contention of this paper. The matter is, at least, one likely to afford a considerable amount of argument before it is finally settled.

A Case of Fulminating Appendicitis.

By C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.,
Medical Officer to the Provident Branch of the Plymouth
Public Dispensary.

THE patient, a girl *æt.* 9 years, had been ill for four days, possibly longer, before I saw her. She then had symptoms of peritonitis in the lower abdomen. Pulse 160, temp. 103°5', very foul diarrhoea, pain, and colic. I explained to the mother that operation was her only chance, and that a small one. The mother asked me to operate. I opened the abdomen through the right rectus. The omentum was bound down over the right iliac fossa by recent adhesions, the small intestines were moderately distended with flatus, and inflamed with a little recent lymph on their surface. There was no pus. Loose adhesions imperfectly shut off the rest of the peritoneal cavity. The appendix was inflamed and swollen to the thickness of an adult's little finger. A cuff of peritonium was made, the appendix amputated, and the cuff sutured over the stump. The few flakes of lymph were swabbed away, and flatus removed by punctures with a fine hypodermic needle. The abdomen was closed without drainage. The operation appeared to in no way alter the condition of the patient, who gradually sank, and died seven hours afterwards. The appendix, on being slit up, was very œdematous and inflamed with a hemorrhage on its inner surface, quarter of an inch from the tip. There was no perforation, stercolith, fluid, or stricture.

In this class of case the difficulty lies not so much in the removal of the infecting focus as in dealing with the toxins which have been absorbed. Nature in this case had tried to evacuate the toxins by a profuse diarrhoea, and had so far succeeded that the intestines contained practically nothing but flatus. Since this case I have had two others of toxæmia starting from a focus within the abdomen, and in these I combined operation with large intra-venous injections of saline solution containing 1 oz. of brandy. In one of these the abdomen was, in addition, filled with 5½ pints of saline solution. Both these cases recovered in spite of pyrexia and a pulse of over 130 prior to operation. The large amount of saline solution compensates for the loss of fluid by diarrhoea and vomiting, from which these patients are suffering, and gives the emunctories, especially the kidneys, a chance of eliminating the toxins from the circulation. In both these cases the kidneys secreted freely during the twenty-four hours following operation. It has been a cause of regret to me that I did not adopt this treatment in the above case of appendicitis. The more I see of these cases of advanced toxæmia, the more is the conclusion forced upon me that mere removal of the infecting focus is not sufficient, and that the patient must

be helped to excrete or neutralise the toxins already absorbed. From analogy it seems possible that bacteriology may in the future be able to provide us with an efficient series of antitoxins.

Double Parotitis following Influenza.

By LAURENCE A. WINTER, M.R.C.S., L.R.C.P.

A Case of Influenza, with Pneumonia occurring during convalescence; sudden development of Double Parotitis; death.

K—, *æt.* 26, farm labourer, first consulted me on April 7th. He showed the usual symptoms of uncomplicated influenza; temperature 100°. He was put on quinine, and the next day was much better; temperature 99°. The following day his temperature was normal, and he said he felt almost well. On the next day, April 10th, and again on April 12th, he came to see me, and on the latter day said he had no feeling of illness and had a good appetite.

After leaving my house on that day he stopped out of doors an hour or more on the top of a hill.

On Friday, April 14th, I was sent for to see him, and found him in bed, complaining of feeling worse since the previous day. I found his temperature 102°, and on listening to his chest heard fine crepitations at the apex of the left lung.

On April 15th there were distinct signs of pneumonia in the left apex; temperature 103°.

On Sunday, April 16th, there were signs of the pneumonia spreading to the lower lobe of the left lung; temperature 104°.

On Monday, April 17th, he said he felt better, his pulse had improved, and his temperature was 102°8'. He was propped up in bed, and it was necessary for me to warn him that he was really very ill. He was throughout of remarkably sanguine temperament.

On Tuesday, April 18th, he said he felt better, he had taken food fairly well, and slept comfortably for a short time that morning and at intervals during the night; temperature 102°. Nevertheless his pulse was not so good as previously, and I detected fine crepitations in the right base. The left lung was, by now, pneumonia in every part, and he was spitting up characteristic sputum.

On Wednesday, April 19th, at 8 a.m., I found him much worse. Both parotid glands were very much swollen; it was with difficulty that the tip of a spoon was inserted between the teeth, and he could only swallow with the greatest difficulty. He had passed urine and feces under him. His pulse was very bad, and his countenance ashy and anxious. Temperature in the axilla (hitherto it had been taken by the mouth) was 102°2'. He was just able to swallow. I was told that he had seemed very much better the previous evening, but about midnight he grew worse, and first complained of swellings in the neck. At 11 a.m. his condition was worse; there was distinct pneumonia of the right base (I had not examined his back at 8 a.m.).

At 1 p.m. Dr. Aubrey Fox, of Chatham Asylum, kindly saw him with me and concurred in the diagnosis: pneumonia of the whole of the left lung and the right base, parotitis probably due to septic infection.

I saw him again at 3, 7, and 10 p.m. At each visit he was obviously worse, and at the last one he was dying. Death occurred at 2 a.m.

No post-mortem examination could be obtained. I take it that the parotitis was merely a local and accidental manifestation of a very acute general septic condition depending upon the original disease—influenza. I was much struck by the extremely sudden onset of the parotitis and the very rapidly fatal issue.

I have seen it reported occasionally that influenza does give rise to a condition of septicæmia as a sequela, but I think this must be uncommon relatively to the prevalence of the disease. This case seemed to me to be of considerable interest, and points the moral that even the slightest cases of influenza should be kept indoors for some days (even against their will) after they seem to have recovered from the attack.

Notes.

We would again remind our readers of the mid-session address of the Abernethian Society, on Thursday, July 6th, when Dr. Klein will speak on "The Relation of Bacteriology to Medicine," in the Anatomical Theatre at 8 p.m. The address will be illustrated by lantern slides.

* * *

Dr. CHURCH has resigned his position as the representative of Oxford University on the General Medical Council.

* * *

Dr. GARROD has been elected Physician, and Mr. J. H. Thursfield Medical Registrar, to the Hospital for Sick Children, Great Ormond Street.

* * *

It is to be hoped that among the minor improvements, resulting from the London Local Government Bill becoming law, will be a better arrangement for the payment of notification fees. We have previously referred to the unsatisfactory practices of many vestries, and since then correspondents have called our attention to others. The demand for a statement of notifications made by several vestries is not justified by the London Public Health Act (1891), which simply says the Sanitary Authority "shall pay." The very demand admits a liability. But what shall we say of vestries that send a cool intimation that if the medical man will call on a stated day, between the hours of 12 and 2, he will receive a shilling? We have even heard of instances where a note is sent to the effect that if a receipt is returned the fee will be forwarded; the request has been complied with, and the fee has not been forthcoming. Such conduct we do not care to characterise, and by its side payment by a crossed cheque for a shilling, with a peremptory request that it will be cleared within eight days, seems courtesy indeed.

* * *

In the last volume of the Hospital Reports, of which a review appears in another column, Dr. Andrewes gives an interesting account of the growth and work of the Pathological Department of this Hospital. Our present post-mortem records date back only to 1867, but there are accounts of autopsies in the volumes of old ward notes which date from 1820, and post-mortem examinations are known to have been performed here 200 years ago. The Museum was founded in 1726, though the oldest known specimens in it date from the time of Percival Pott, in 1728. The study of microscopic pathology was practically begun here by Sir James Paget, when, as curator of the museum, he was responsible for the catalogue published in 1846; Mr. Morratt Baker followed in his steps. When the present museum was built the collection was re-catalogued by Mr. Eve, who was then curator; he and Mr. Walsham examined many of the specimens microscopically, and determined

their true nature for the first time; but even now a large number of the older specimens in the museum are without a microscopic diagnosis, and every year, as they are gradually cut, errors in description are being one by one corrected. At the present day a microscopical section of every specimen placed in the museum is preserved for future reference as a matter of routine—a valuable practice first systematised by Dr. Kanthack.

DR. ANDREWES next describes the growth of the teaching of pathology. Dr. Norman Moore in 1879 inaugurated weekly demonstrations of morbid anatomy in the post-mortem room, and in the same year demonstrations in microscopic pathology. In October, 1881, Mr. Bowlby was appointed curator of the museum, and the room which now serves as the pathological laboratory (then used by the staff for any work they might desire to carry on) was appropriated by Dr. Norman Moore, Mr. Eve, and Mr. Bowlby for the purposes of microscopic pathology. In those days the pathological clerks had the pleasure of section-cutting by the tedious method of freezing the tissues with ice and salt in a "Williams" microtome.

MEANWHILE an entirely new branch of pathology was growing up,—bacteriology. Dr. Klein, whose book on *Micro-organisms and Disease* was the first work on bacteriology published in any language, held a small class in 1886 at the Brown Institute; but the first systematic instruction in bacteriology here was begun by Dr. Vincent Harris and Mr. Lockwood, who continued to hold classes up to 1892, when the Public Health Laboratory was instituted and placed under the charge of Dr. Klein.

A VERY important change was now at hand in the position of pathology at St. Bartholomew's. Instead of the different branches of the subject being practised and taught in different departments, with no necessary connection with each other, by different members of the teaching staff, it was decided to centralise the work in the hands of one man, who should devote himself entirely to the subject. On this understanding Dr. Kanthack was appointed Lecturer on Pathology in 1893. This Hospital may claim the credit of being the first in London to create a post of the sort, and it may also congratulate itself on the sagacity with which it chose the first incumbent of the post. The pathological laboratory was handed over to the lecturer. It is alleged to have contained two mounted needles, a duster, and a broken microtome! The apparatus previously used had been the personal property of those who worked there, and a grant of £100 a year from the school funds was established with a preliminary grant of £30 for the purchase of necessary apparatus.

FURTHER changes in the direction of centralisation fol-

lowed when, in January, 1895, the lecturer on pathology was made curator of the museum. In this department Dr. Kanthack introduced several important innovations, the chief being the employment of the new methods of fixing the colour of specimens by means of formalin, and their preservation in glycerine. He also developed the study of clinical pathology by every means in his power. At first this was done unofficially, but in April, 1895, he was appointed Pathologist to the Hospital by the Governors. The enormous development of the work necessitated official assistance in the department, and in April, 1897, a Demonstrator of Pathology and two Assistant Demonstrators were appointed; and even before this an Assistant Curator of the Museum had been provided. The Research Studentship in Pathology and Bacteriology, founded by our present Treasurer, has been of great value to the department as an incentive to original work.

IN this necessarily brief *résumé* of Dr. Andrewes' article many interesting points have been omitted, and we refer our readers to the *Reports* for further particulars. Dr. Andrewes modestly says that when he succeeded to Dr. Kanthack, in 1897, he found little to do except to continue the work on the lines already laid down. Be that as it may, he has laid us under an obligation by the interesting history he has given us of the department he now controls. A reference to the concluding portion of his article, in which its present work is summarised, will be a convincing proof of the important part it now plays in the activities of the Hospital.

THE *London Hospital Gazette* quotes a parody of Rudyard Kipling from the *Australasian Medical Gazette*, which is so much to the point that we venture to reproduce a couple of stanzas:

We bolt our meals, we scamp our sleep, we little know of rest,
Through four-and-twenty hours we wait the club patient's behest.
You ring us up at midnight, you rush us all the day;
You wear our souls and bodies out, and then refuse to pay.

For it's Doctor this, and Doctor that, and "What a monstrous bill!"

But it's "Doctor, won't you save her?" when the only child is ill—

When your only child is ill, my friends, your only child is ill,
Oh, it's "Save her, never mind the cost!" when the only child is ill.

We face the plague and pestilence, greet danger with a laugh;
We win our V.C.s day by day, and get repaid in chaff.
The very depths of human life, the foul and mean we scan;
But bitterest of all we find the ingratitude of man.

Oh, it's Doctor this, and Doctor that, and "Lazy, careless brute!"

But it's "nobles of professions" when the pains begin to shoot—

When your pains begin to shoot, my friends, your pains begin to shoot—

It's "nobles of professions" when your pains begin to shoot.

WE are always glad to find any of our articles appreciated, but is it too much to expect acknowledgment when *verbatim* reports are taken from our pages? The same

contemporary that copied the major part of Mr. Berry's address, now appears with a long excerpt from the Treasurer's View Day speech. We may be glad to assist a lady in search of "copy," but we do expect her to acknowledge the source of her indebtedness.

F. C. WALLIS has been appointed Surgeon-Lieutenant, and H. G. RAMSAY, late Scots Guards, Surgeon-Captain, in the 12th Middlesex (Inns of Court) Rifle Volunteer Corps.

Esprit de corps: "A phrase used to express the attachment which one feels for the class, body, or profession to which one belongs, combined with a feeling of jealousy for its honour." "The animating spirit of a collective body of persons."

WE looked up the definitions on our return from the Amalgamated Clubs' dinner, because we wished to see if they really represented what had previously been our ideas on the subject. And they *did* represent them fairly well. But perhaps a more recent dictionary than ours is might add a newer definition, thus:—"A phrase also used by those who are intimately associated with any collective body wherewith to stimulate outsiders to be interested in that body too, so that their own interest may lapse upon occasion."

THE newer definition seems to be fashionable just now. We publish a letter (from a prominent member of the Amalgamated Clubs) which puts this matter more baldly—figures are always bald. But we have some figures which seem worth mention also. Presumably the men interested in cricket at Bart's must be, at fewest, 11 + 11 = 22; so that when the whole cricket interest is represented at the clubs' dinner by a trio consisting of the captain and two hon. secs., it is time some other text than "*Esprit de corps*" be taken to preach upon,—unless our latest definition be really justified.

ON another page we review a little publication by the S.B.H.A.D.C. We learn that if any friend of the club is sufficiently interested, a copy of the book is obtainable from the Acting Manager, Mr. A. R. Tweedle, price half a crown.

"ENOUGH, enough! Lump the whole thing. Say the Creator made the world from designs by Michael Angelo!" So Mark Twain's tourist, when the great Florentine's name was reiterated as the author of every work of art that met the eye.

THE latest ill that owes its existence to uric acid is scarlet fever, for Dr. Haig, in a letter to the *British Medical Journal*, states that "those whose diet keeps them free

from uric acid may escape both the fever and its sequelæ; and the reason for this" he hopes "to demonstrate *still more conclusively* [our italics] at the Portsmouth meeting [of the British Medical Association] in August."

WELL, it was bound to come; one had but to wait. Once fairly afloat upon the crazy current of a favourite "diathesis," the progress is easy, and no bouée reached until the whole range of disease has been compassed. This "more conclusive demonstration," of course, we shall await with befitting patience. Meantime we read that the use of sodium salicylate has in a few cases seemed to "diminish the general dangers of the fever." But we take exception to this being considered demonstration at all, still less "conclusive demonstration."

MR. W. M. COLEMAN has been elected Surgeon to the Reading Dispensary.

THE annual dinner of the 8th Decennial Contemporary Club will be held at the Café Royal, Regent Street, on Wednesday, June 28th, at 7.30 p.m. Mr. Waring is the Hon. Sec.

THE Junior Staff and the Musical Society announce their Annual Summer Concert in the Great Hall for Thursday, June 29th, at 8 o'clock. Hon. Secs., Messrs. Henshaw and Rowe.

THE "Kanthack Memorial Fund," which now amounts to £650, must be definitely closed at the end of the month. Subscriptions should be sent to the Hon. Sec., Dr. Drysdale, 25, Welbeck Street, W.

THE Matthews Duncan Prize has been awarded to C. J. Thomas. The Medal has not been awarded.

With the V.M.S.C. at Aldershot.

A VOLUNTEER'S DIARY.

(Continued from page 121.)

UESDAY, 4th.—"Show a leg," 14p, 14p. "Show a leg here." What does it mean? I sit up and listen; some one is unlatching the door of our tent, and soon the face of a staff-sergeant appears at the opening. "Now then, here, show a leg." I ask him which he requires to inspect—the right or the left? He reprimands me for disrespect to a superior: our staff-sergeants can't stand cheek. Having partially dressed and annexed some soap, a sponge, and towel from my bedfellows, I wend my way to the tap to perform my ablutions. The cold water is very reviving, and I greet with a cheer the sight of coffee and biscuits.

We go on parade and are put through infantry drill, then back to breakfast. This meal dispatched, we again fall in. "Form fours, right, quick march," and off we go across the common, followed by a wagon; we march some three miles, and arrive at a patch of ground which, covered by rank grass and heather, appears to me to be useless, and I wonder why we are brought here.

I am soon enlightened; out of the wagon come pickaxes and

shovels, and we are told off in squads of four and ordered to dig camp kitchens. A prize is offered for the best kitchen dug in forty-five minutes, and we set merrily to work; soon the turf is cleared off and the earth loosened; then two fellows go down on their knees and throw out the mould, for all the world like a dog scratching at a mole-hill; the other two, meanwhile, are engaged on the architectural work of erecting the chimney. When it is finished we present the appearance of navies just out of a clay-pit.

We do not get the prize; I fancy the officer who judged the work can't tell a good kitchen when he sees it.

Back to dinner with the usual twist on my appetite—my weight must be increasing. After dinner I put on a pipe, spread my blanket on the grass outside the tent, and, with a book, proceed to make myself comfortable; my appearance is now more that of a brigand than anything else,—dirty cricked flannels, a wideawake hat, sunburnt face, and a short pipe; I wonder what my friends in town would say if they saw me now? what a sensation it would cause if I walked into the Hospital square in my present get-up! It's comfortable, however, and—"Hullo! tea." I must have fallen asleep during my meditations. Tea over, we again adjourn to the canteen; some regulars have turned up, and one or two of them sing very well indeed, and are quite worth listening to.

Bedtime comes in due course, and every one seems ready for it.

Wednesday, 5th.—The morning's performance can be described in a few words thus: wake up, wash, dress, partake of coffee and biscuits, fall in, drill, breakfast, drill, dinner. Having dined, I go and watch a cricket match which is absorbing the interest of the camp. We have staying with us some Scotch companies of the V.M.S.C. from Aberdeen and Edinburgh. These have chosen a team to meet the London companies' representatives, and we collect to cheer our side on to victory. I greatly admire the bowling of a particular Englishman; the analysis of one over could be described as: first four balls hit the batsman, the fifth bowled him out. The match is unfinished when we adjourn for tea, but during the meal we hear that England lost; they ought to have kept that bowler on longer. I spent the evening with an exploring party, and we had a fine tramp over the country towards the Fox Hills, returning just in time for a much-needed drink at the canteen and then to bed. I have now learnt to make my bed and turn in in a most business-like manner, and am surprised at the amount of comfort and sleep a man can get out of a rough shakedown on the ground after a little use.

Thursday, 6th.—The same morning programme as yesterday; at least, this is the working part of the day. Drilling, of course, is different, for the object of this camp is to instruct the men in all the different uses of our particular part of the service, but after dinner we are free to follow our own inclinations.

To-day, after dinner, I challenge a man to play me "duddy" and lose. In a cynical frame of mind I visit our friends of the transport, and pass disparaging remarks on their horses and general appearance. I have to run for it, but with a good start reach a place of safety without any bodily injury. Like the staff-sergeants, the transport men can't stand cheek.

I am greatly honoured this evening by an invitation to go to the sergeants' mess. There is a swaying concert, and on condition that I sing a song I am smuggled in, arrayed in a cast-off sergeant's tunic. It may seem ungrateful, but somehow I don't feel happy over the arrangement, and not at all proud of my borrowed plumes. These grandees, the sergeants, have easy chairs in their mess and sit up to tables at meals, and altogether do things in style. It must be very fine to be a sergeant. I accomplish the short journey to my tent with some difficulty. At last, crawling into my tent, I roll over the sleeping form of one of its occupants in the dark, and to escape his frantic efforts at revenge I make myself very small in my corner of the tent and quickly fall asleep.

Friday, 7th.—"Show a leg now, sharp. Come on, up you get." This is strange, 4.30 a.m. "Why, staff, you are early this morning!"

It's the voice of the recruit, I heard him complain, You've waked me too soon, I would slumber again.

"No you don't now, show a leg," and up I have to get. This is to be a great day, sham fight, and a march past to end up with.

Breakfast is soon over, and all is bustle and preparation. Water-bottles are filled, very few with water neat I should say, and off we go to join our army, and look out for an enemy. We find both, and have a glorious day in each other's company. The marching of the troops, the galloping of field artillery, the hitting past of gorgeously dressed staff officers, our own work of tending the wounded "under fire," all form a grand spectacle for our admiring gaze; to me, a recruit, it is novel in the extreme, and to describe it is quite beyond me. The bugles sound "Cease fire" at last, and the volleys and

more executed skirmishers become silent. I rather fancy our side won, but will not be certain. We are now formed up for the grand finale, the "march past." The corps in front of us moves off, and we follow "in line, left, right, left, right," we approach the saluting post "eyes right." Now for it. We have a reputation for marching past well, shall we maintain it? I could almost swear that that military figure at the saluting flag is staring full at me. I get nervous. "Am I in step? Am I in line? Is my boot-lace undone?" "Eyes front." Thank goodness it's over, and we march off the field down a defile, round the corner of a wood, and there we are quite close to our camp. There is but one desire now in the mind of every man of the corps, and that is "liquid refreshment." A thirstier lot of men I never saw before, the brief commands "Halt, right turn, dismiss," were never obeyed more promptly, men scamper to their tents, uniforms are torn off, flannels dragged on, and then the canteen is stampeded.

Dinner to-day is a festive meal. We are ravenous, and make tremendous inroads into the hot rations provided; my flannels feel delightfully easy and cool after the hot, dusty morning's work, and I am at peace with all the world.

We pass a restful afternoon; I, for one, drop off to sleep with my pipe in my mouth, and wake up to find a hole burnt in my cricket shirt. The call to tea finally rouses all hands, after which we put in an appearance at the canteen, for to-night we give an invitation smoker. It is packed with fellows, and the visitors are there in strong force. The programme is a long and a good one, so that it is eleven o'clock before we wind up. Some of our visitors require seeing part of the way home, and they eventually wish us good night, swearing eternal friendship to the V.M.S.C.

Saturday, 8th.—Our last morning, I am sorry to say. We are inspected by some great man, but there is a sadness over us and we don't seem to take much interest in him. Breakfast is a solemn meal; somehow we've got used to each other, and the thought that we break up the party to-day gets on our spirits. It comes on to drizzle slightly, which adds to the depression.

Our Scotch friends leave before we do, and we line up and give them three cheers as they march out of camp.

It is soon time to fall in for the home march, and off we go to the tune of "The Girl I Left Behind Me." In the train our spirits rise somewhat, and there is a general shaking of hands as we separate at Waterloo, to meet again next October.

Well, we've had a glorious week, not a slow moment the whole time, and what with good appetites, sunburnt faces, and general good health, we feel a heap the better for our week in camp with the Volunteer Medical Staff Corps.

L. J. S. S.

Past v. Present.

FORTUNATELY for this function the weather was all that could be desired. Early in the morning the sky was overcast, and the wind high and cold. Soon after ten, however, the sun shone out brightly, and throughout the day those who visited the ground were favoured with heat tempered by a light breeze. Winchmore Hill consequently looked its very best, and those interested in the ground could not have gone away with any but favourable impressions of its beauty and size, if not of its accessibility to the West End.

The late hour of starting the cricket match will probably be alluded to elsewhere, but we must add our strong protest against this prevailing custom. Mr. Bowly, who is always "second to none" in his desire to encourage the athletics of the Hospital, was the first member of the staff to appear, and was followed shortly after lunch by Mr. Willett, who stayed with us some time. Later on many others arrived, amongst whom were Mr. and Mrs. Walsham, Dr. West, Dr. Herringham, Mrs. Calvert, Miss Butlin, Dr. Roberts, &c.

This year there were two new additions to our programme, a band, and tea, &c., in the tent. From personal experience we most strongly approve of the latter, and hope that this innovation will never be dropped. Speaking also on behalf of the fair sex, we are sure that the tea, ices, &c., were most acceptable. As regards the band, we are of two minds. For our visitors, no doubt it was pleasing to the ear, but for those intent on playing is this the case? When you are batting in form, and driving fours and sixes, no doubt it is fit and becoming that your prowess should be accompanied

by sounds of martial music and shrill re-echoings of bagpipes; but the affair is of another colour when the "past" medico with his trembling knees faces the ardent and fiery student, and after seeing his middle hurled into the air to the tune of "Yankee Doodle," walks back to the pavilion to the accompaniment of "See the conquering hero come." No doubt this is rather exaggerated, but a band cannot possibly be conducive to good cricket. Still, taking it all in all, it was a good addition, and well worthy of repetition. The band furnished by the police played exceedingly well, though their tunes were of a rather lugubrious nature.

Three "braw Hieland laddies" played at intervals on the bagpipes, and during the respite for refreshments paraded round the ground. We hope sincerely that the committee arranged that the "dry throats" so produced were treated *pro re nata*.

Everybody seemed to enjoy himself, but we earnestly hope that next year more of the nursing staff and students may find time to be present.

The Amalgamated Clubs Dinner.

THE Annual Dinner of the Amalgamated Clubs was held at the Holborn Restaurant on June 8th. Dr. Church, our Senior Physician, presided, and was supported by many members of the Hospital and Teaching Staff. The clubs can hardly be congratulated upon the attendance, as has been elsewhere said, for the representation of the junior section of the School was extremely meagre. But for this the function was quite a success, and as enthusiastic as the smallness of the numbers could make it. The total number sitting down to dinner was fifty-one.

After the usual loyal toasts the Chairman proposed "The Amalgamated Clubs." Dr. Church began by emphasising the important rôle athletics played in the development and maintenance of personal and national strength,—strength of mind as well as strength of body. It was physical culture which had helped so much to make England the most resourceful of nations. Dr. Church then sketched the success of the various clubs individually; we held the cup for water polo, and in the inter-hospital athletic contests for the quarter and half mile and the hundred yards races. We also won the hurdle race and the hammer-throwing contest. Cups recently lost, we were stimulated to strive to regain, and for our fate in the Association football match there was deep sympathy. We do not hold that position in the Rugby game that the Chairman would like to see. In conclusion Dr. Church said he could answer for it that as regards the *mens sana* we at Bart.'s were not lacking.

The toast was responded to by the Hon. Secretary, Mr. Whitaker, who offered as a possible explanation why the library table no longer groaned with cups the librarian's not permitting it because it stopped the men working! There were some good freshmen up this year, who, despite the fact that parents were now wont to send up their children before the age of ripeness, ought to do well in the clubs. He would mention Fowler and Hill particularly.

The clubs owed a great deal to their President, and their Treasurers, Dr. Shore, Mr. Bowly and Dr. Calvert,—how much only those behind the scenes could fully appreciate. Last year's expenditure exceeded £200, and with every secretary of every club trying his utmost to tear as much money out of the Committee as possible, these gentlemen's posts were no sinecures! Mr. Furnivall's loss was to be regretted; he was a thorough sportsman. Whilst the President of the Royal College of Physicians found time to take the Chair at their dinner they could not go far wrong.

Mr. Tweedie also responded with the following characteristic speech:

"MR. CHAIRMAN AND GENTLEMEN,—In the most ecstatic moments of my wildest dreams I had never hoped to have the privilege of 'the floor' at a dinner of the Amalgamated Clubs of St. Bartholomew's Hospital, still less the honour of proposing the health of the Medical and Surgical Staff. Still, 'in maxima fortuna minima licentia est,' and I found it to be one of the pleasurable duties of the Hon. Secretaries.

"Words of mine criticising these august bodies would, I fear, be futile where they are so well known, if not from me impudent, when our relative positions are considered. Their long-suffering tolerance must often be sorely taxed by the anecephalic student, and yet it is

always with a Socratic reverence of age for youths that so many blunders are treated.

"Evidence of their professional skill is every day before us in the theatres, the wards, out-patient departments, and—autopsy chamber, and their numbers here to-night are a graphic illustration of the manner in which they care for our sports and social welfare. Gentlemen, I give you the Medical and Surgical Staff coupled with the names of Dr. Church and Mr. Willett."

Mr. Willett responded on behalf of both Medical and Surgical Staff, and assured the students of the perennial interest all the members of the Hospital Staff took in them, in their play as well as their work. It was the Staff and the students combined that made the Medical School, and it was the Medical School that brought St. Bartholomew's Hospital its renown. Neither the Hospital's antiquity nor its wealth, but its School, accounted for its world-wide popularity. "Long may it continue, and more power may it boast." Mr. Bowly then proposed the health of "Past Students," and especially those connected with the clubs. That day "the Past" had shown it could maintain its reputation. Much of the benefit at present derived from the ground at Winchmore Hill was owing to the past students. There was a time not long since when our clubs were but a heterogeneous mass, and several of them had no existence at all. He would couple the toast with the name of one of their most distinguished old students—Mr. W. G. Heasman.

Mr. Heasman, in responding, expressed regret at the smallness of the company present. The result of the cricket match that day had fulfilled his prophecy that they would never be able to beat "the Present" till they could get "the Present" to beat "the Past."

Dr. Champneys proposed "The Chairman," and referred to Dr. Church's doings as an athlete in years gone by. This and the fact that he was at the head of the profession to-day made him an ideal chairman. The qualities typical of the English race were pre-eminently Dr. Church's own qualities. Without a stalwart body and a sound digestion it was impossible for a President of the College of Physicians to last out longer than a year! Long might the chairman survive not only the honours, but also the dinners of the profession! Dr. Church responded in pity terms, and the evening closed with three cheers for the Staff and the usual topical choruses.

During the evening Mr. Percival Wood and Mr. T. B. Davies sang several songs, which were much appreciated. Mr. H. T. George presided at the piano.

The Bahere Lodge, No. 2546.

THE Installation Meeting of the Bahere Lodge was held in the great hall at St. Bartholomew's Hospital, E.C., on Tuesday, 13th June; Mr. G. N. O. Slater, Dr. F. W. Tunncliffe, and Dr. H. W. C. Austin were initiated into freemasonry. The Worshipful Master Bro. Burns then installed W. Bro. Reece as his successor. Bro. Reece appointed Bro. Gripper and Bro. Ahearn to the principal offices in the Lodge. Bro. Godson was re-elected as Treasurer and Bro. D'Arcy Power was reappointed Secretary. A P.M. jewel was then awarded to Bro. Burns for the services he had rendered to the Lodge during his year of office as W.M., and at the request of the W.M. he was decorated with it by Bro. Godson, the first W.M. The report of the Audit Committee was received and adopted. It showed that the Lodge now numbered exactly 150 members, an increase of 125 since its foundation in 1805, and that its funds had increased proportionately, although considerable sums of money had been expended annually in the cause of charity. A proposition in regard to Lodge guests was referred back to the Standing Committee of the Lodge for further consideration. W. Bro. the Rev. Sir Borradaile Savory, Bart., M.A., W. Bro. Dr. West, and Bro. Cross were appointed members of the Standing Committee for the ensuing year. The brethren with their guests to the number of eighty afterwards dined together at the Praxtel Restaurant, where a most agreeable evening was spent.

Amalgamated Clubs.

CRICKET CLUB.

ST. BART'S v. CRYSTAL PALACE.

This match was played on Thursday, May 18th, at the Crystal Palace, and resulted in an easy victory for the Palace.

Table with columns for ST. BART'S and CRYSTAL PALACE, listing players and scores for a cricket match.

ST. BART'S v. HENLEY.

This match was played at Henley on Saturday, May 20th, and ended in a win for Henley. At one time during the game it looked as though we were at last going to win a match, but several catches were missed, and Henley won as stated. H. W. Pank bowled well, taking six wickets for 42 runs.

Table with columns for ST. BART'S and HENLEY, listing players and scores for a cricket match.

Total (for 9 wickets) 102

HENLEY.

Table listing Henley players and their individual scores.

ST. BART'S v. BECKENHAM.

This match was played at Beckenham on Wednesday, May 24th, and is chiefly noticeable for the number of catches missed by the Hospital XI. The light on the Beckenham ground is not good in the evenings, but this can hardly account for the great number of catches missed. Fowler, Carson, and Boyle were the chief scorers for the Hospital, and Bigg with eight wickets for 50 runs—out of a total of 207—was quite the best bowler.

SCORES.

Table with columns for ST. BART'S and BECKENHAM, listing players and scores for a cricket match.

ST. BART'S v. RICHMOND.

Played at Richmond on Saturday, May 27th, and won by Richmond with three wickets to spare. Richmond batted first, but runs came very slowly, as both Pank and Bigg were bowling well. It was not until Bodington joined Bull that anything like a real stand was made. Eventually Richmond declared their innings at an end with seven wickets down, and left us 203 runs to make, and two hours and a half to play. Sale played a very good innings of 47, but with the exception of Boyle, he could get no one to stay in with him.

SCORES.

Table with columns for RICHMOND and ST. BART'S, listing players and scores for a cricket match.

ST. BART'S v. KENSINGTON PARK.

The above match was played at Winchmore Hill on Saturday, June 3rd, and resulted in a win for Kensington Park by 24 runs. For us Pank bowled well, taking eight wickets for 70; whilst Hill, Boyle, and Scoones were the only ones who showed any form with the bat.

SCORES.

Table with columns for KENSINGTON PARK and ST. BART'S, listing players and scores for a cricket match.

BOWLING ANALYSIS.

Table with columns: Overs, Maidens, Runs, Wickets. Lists bowling figures for St. Bart's players.

ST. BART'S v. HORNSEY.

This match was played at Hornsey on Wednesday, June 7th, and resulted in a victory for Hornsey by four wickets. We batted first, and, thanks to some splendid batting by Scoones and Fowler, who broke the bowling, ran up a total of 201. Hornsey went in, having about two and a half hours to get the runs, and four wickets were soon down for 21 runs; but on Swinstead and Hancock becoming partners the bowling was mastered, and the runs were obtained on the stroke of time.

SCORES.

Table with columns for ST. BART'S and HORNSEY, listing players and scores for a cricket match.

BOWLING ANALYSIS.

Table with columns: Overs, Maidens, Runs, Wickets. Lists bowling figures for St. Bart's players.

PAST v. PRESENT.

Played on June 10th, resulting in a draw in favour of the Past, who scored 210 for four wickets, H. S. Greaves being top scorer with 72. The Present had scored 93 for five wickets when stumps were drawn, Scoones being not out 37.

PAST.

Table listing Past players and their scores.

PRESENT.

Table listing Present players and their scores.

Total 216

BOWLING ANALYSIS.

Table with columns: Overs, Maidens, Runs, Wickets. Lists bowling figures for St. Bart's players.

[The following items were received too late for insertion in our last number.]

LAWN TENNIS CLUB.

This club opened the year with two trial games at Winchmore Hill, which were very well attended, about forty men taking part. It is intended to hold a tennis tournament in Singles and Doubles (handicap) during this term.

President.—Howard Marsh, Esq. Captain.—J. K. N. Marsh. Hon. Secretaries.—J. Stirling Hamilton, C. M. Pennefather. Committee.—H. Burroughs, G. V. Bull, C. H. Barnes, H. N. Marrett, F. E. Murray, H. Walker, H. L. Nedwell.

LIST OF FIXTURES.

Table listing tennis fixtures with columns for date, match name, and location.

There are a few new team matches being arranged in addition.

The following matches have been played: St. Bart's v. Tufnell Park.—May 13th. Lost 6 to 3 matches. St. Bart's v. Winchmore Hill.—May 17th. Won 6 to 0 matches. Three matches were drawn on account of the bad light.

SWIMMING CLUB.

The Swimming Club this year are hoping for a successful season, as they have the whole of last year's water polo team still available, and, in addition, command the services of H. W. Masterman, President of the Cambridge University Swimming Club, and E. H. Hunt and W. H. G. Thorne, who have represented Oxford and Aberdeen Universities respectively.

They have improved their fixture list by including two matches with Oxford University, whom they have not played for some time.

The headquarters have been changed from the Fitzroy Baths to those of the Northampton Institute, St. John Street Road, which are very near the Hospital, and an improvement on the old baths in many ways.

MATCHES.

St. Bart's v. Cambridge University S.C.—This match was played on May 10, View day, in our baths, and resulted in a win for Cambridge by 3 goals to 1. We were without the services of H. W. Masterman, who played for Cambridge. F. E. Taylor played as

substitute for the Cambridge captain, who failed to turn up. The game was even, and at half time the score was 1 goal all. Our goal was scored by Hunt as the result of a fine piece of combined play, in which he was finally left unmarked. The Cambridge goals were got by H. W. Masterman (2) and W. S. Masterman (1).

Team: H. E. Thomas (goal); H. G. Winder, L. B. Scott (backs); A. H. Bloxsome (half back); A. M. Amsler, E. M. Niall, E. H. Hunt (forwards).

St. Bart's v. Oxford University S.C.—Played on May 13th at Oxford. A well-contested game was marked by the inexperience of the referee. Our team was not quite at home in the narrow and somewhat shallow baths. In the first half we had, if anything, the best of the game, the first goal being scored for us by Amsler. On changing over the Oxford forwards made more use of the shallow end than we had done, and getting the better of us, finally won a pleasant game by 3 goals to 1. A. H. Bloxsome and H. E. Thomas played well for us. Niall and Winder were unable to leave town.

Team: H. E. Thomas (goal); A. H. Bloxsome, L. B. Scott (backs); H. W. Masterman (half-back); A. M. Amsler, F. E. Hunt, F. E. Tayler (forwards).

St. Bart's v. Richmond S.C.—Played in our baths on May 17th, and resulting in a draw, 1 goal all. Richmond were the first to score by a long dropping shot from Grenville at back. We had the best of the game all through, but our forwards were peculiarly unable to score, and we did not equalise until the beginning of the second half, Masterman getting the goal. After this the ball was chiefly in front of the Richmond goal, but our efforts to add a winning point were frustrated, mostly by the Richmond goal-keeper.

Team: H. E. Thomas (goal); L. B. Scott, A. H. Bloxsome (backs); H. W. Masterman (half-back); A. M. Amsler, E. M. Niall, E. H. Hunt (forwards).

St. Bart's v. Cambridge University.—This return match was played at the Cambridge bathing sheds on June 5th. In spite of the warmth of the weather, a representative team could not be induced to visit Cambridge, and we turned up with a weak team, and one man short. A substitute was given us in Mr. Jackson. Cambridge had much the best of the game, their centre forward (Powell) repeatedly getting away and scoring. Jackson once got away for us, and should have scored, but just failed. Cambridge finally won by 5-0. The water was at 65°, and was extremely pleasant.

Team: M. B. Scott (goal); L. B. Scott, A. H. Bloxsome (backs); H. E. Thomas, F. E. Tayler, J. C. Jackson (forwards); W. H. G. Thorne (half-back).

St. Bart's v. St. Mary's.—This match, the first round of the Cup competition, was played on June 6th at the Paddington baths. The A.S.A.'s new rules were enforced by the referee for the first time in our experience, and much surprise was caused when a penalty throw was granted to St. Mary's four yards from our goal because our goal-keeper held on to the side. From this St. Mary's scored the first goal. Soon after Masterman equalised, and at half-time the score was 1 goal all, Bart's having had slightly the better of the game. On changing over Bart's were seen to great advantage. A penalty throw was given to Masterman for a foul within four yards of the St. Mary's goal, from which he scored. He shortly after scored again, and near the finish Scott twice in succession swam up from back and shot through. Bart's thus won by 5-1.

Team: H. E. Thomas (goal); A. H. Bloxsome, L. B. Scott (backs); M. G. Winder (half-back); A. M. Amsler, H. W. Masterman, F. E. Tayler (forwards).

UNITED HOSPITALS SWIMMING CLUB.

The United Hospitals Swimming Club, which this year is in a very flourishing condition, have played two matches.

v. Oxford University.—Lost by 0-1.

For the U.H.S.C.—Feddou (George's), Newby-Smith (London), Nesfield (Mary's), Emmerson (Mary's), H. W. Masterman (Bart's), A. H. Bloxsome (Bart's), H. E. Thomas (Bart's).

v. Cambridge University.—Lost by 1-2.

For the U.H.S.C.—Nesfield (Mary's), Newby-Smith (London), H. W. Masterman (Bart's), H. E. Thomas (Bart's), A. H. Bloxsome (Bart's), L. B. Scott (Bart's), F. E. Tayler (Bart's).

Cases in Hospital.

The following are a few surgical cases of interest as we go to press:

Harley, bed 1.—A. T., aged 19, maid servant—Sacro iliac disease. According to Eriksen's statistics, the frequency of this disease, as compared with hip disease, is 1 to 50.

Hemly, bed 4.—J. W., aged 10, schoolboy—Perforation of intestine, due to band of adhesions; enterotomy; recovery.

Lucas, bed 19.—L. M., aged 44, housewife—Intestinal obstruction, caused by gall-stone; enterotomy; recovery.

Darker, bed 25.—S. H., aged 7, schoolboy—Nævus of tongue. This is stated in "Treves' System" to be one of the commonest innocent tumours of tongue.

Darker, bed 21.—T. B., aged 3, Proptosis, left; swelling in left parietal and temporal regions; ? sarcoma; ? cephalhematoma.

Faget, bed 11.—K. M., aged 31, laundress—Actinomycosis of abdominal wall.

President, bed 7.—J. G., aged 38, washerwoman—"Elephantiasis," left leg.

Reviews.

We have received for review an inviting little volume bearing the letters "S.B.H.A.D.C." An account of this club, to which we owe so much at Christmastide, should always prove acceptable within the Hospital walls; and, in view of the fact that ours is one of the oldest amateur dramatic clubs in London, possibly even outside them, amateur pamphlets, published from time to time by prominent members of the club, giving an account of its origin and history, are reprinted, and with them some hints on stage management and the art of acting by Mr. Stephen Townsend, the founder of the club, which are, of course, of especial value. Some suggestions for the guidance of future officers in the management of the club are also likely to prove useful. New matter completes the history of the club to the present time on the same lines as former pamphlets, and gives lists of past and present members and officers, pieces which have been played, and a copy of the club rules, which should increase the value of the book for purposes of reference. It is to be regretted that the method of preserving the various pamphlets intact should have prevented the compilers from placing together in order the different periods of the club history. We think, too, that a useful index might be made by placing against the name of each play in the list at the end of the book the number of the page on which the performance of that play is described. However, although the book is somewhat disconnected, its modest proportions render this fault less evident, and we hope that the success of the present venture will enable the club to be rather more ambitious with its next issue.

We are surprised to see at the end of the book some remarks defending the members of the A.D.C. against the charge of being "idlers." We should have thought it hardly necessary to do more than ignore such a charge, whatever its source; for a glance through the list of "Past and Present Members" printed at the end of the book reveals many hard workers, whose memories smell sweet to those familiar with the history of our school during the past few years, and to whom a combination of honest toil with honest relaxation makes a strong appeal.

The volume has been tastefully bound in black cloth, with silver facings, and bears on its upper cover the club initials and Hospital crest. The thanks of the Hospital community are certainly due to the compilers, whose energy has given us so dainty a record of a prominent hospital institution.

MATERIA MEDICA AND THERAPEUTICS, by J. MITCHELL BRUCE, M.D. Lond., F.R.C.P. (Messrs. Cassell and Co. 7s. 6d.)

This favourite manual, brought up to date and revised according to the new British Pharmacopœia, should have no difficulty in maintaining its place in the front rank of text-books upon this subject. The author emphasises his desire to attempt to render "pharmacology and therapeutics not only intelligible and rational, but at the same time a more agreeable subject of study to the pupils and practitioners of medicine." We certainly think he has achieved

greater success in his aim than most of those who are responsible for works upon materia medica, always excepting the larger and more comprehensive treatise of Dr. Lauder Brunton. In the Materia Medica section the extremely useful paragraphs dealing with the source and characters of each drug are most carefully written, and form an invaluable means of reference. An unstinted selection of useful but not official drugs is also given. This last includes an account of the various antioxins that have been prepared, with the methods of obtaining and standardising them. Incidentally, in this connection we notice that our old friend the anti-streptococcus serum goes by the false synonym "septicæmia antitoxin," surely an unfortunate misnomer, and one not infrequently guilty (we think) of bringing honour to whom honour is not due. The section upon General Therapeutics, perhaps the best part of the book, because more thorough and more painstakingly compiled than in any other manual that we are familiar with, must still be considered worthy of the student's prolonged attention. We are but repeating our long-conceived opinion when we recommend the book as being the best text-book we know in Materia Medica.

AIDS TO THE DIAGNOSIS AND TREATMENT OF DISEASES OF CHILDREN (Medical), by JOHN McCRAW, M.D., L.R.C.P., &c. (Baillière, Tindall, and Cox. 3s. 6d.)

The second edition of this little work, honestly admitted by the author to be "nothing more than a compilation," deserves nothing but praise. A wise and forbearing compilation is after all no mean task, nor one into which a large experience may not enter with great advantage. Combined with the ever essential teaching of clinical observation, these 200 odd pages should prove very useful to the student who aims at something more than a bald and stunted appreciation of children's diseases. The appendix contains much useful matter, including a reliable set of formulae. The general merits of the book are so high that we refrain from one or two minor grumbles as to matters of detail. "Aids" are usually so repellently akin to mere cramming publications that we confess ourselves agreeably wrong in our anticipations with regard to this one.

From the same series of "Aids" we have also received the second edition of Messrs. Pearmain and Moor's *Aids to the Analysis of Food and Drugs*, and have no hesitation in recommending it as an excellent handbook on the subject. Several important addenda have been made to the first edition, and it has generally been brought up to a modern date. We quite agree with the authors, who in their preface object to the use of their book as a "cram book," that food analysis is not to be acquired from a few weeks' course of lectures, and that a competent knowledge of the subject is only to be attained by some years of practical laboratory work; but at the same time we regard a book of this sort as most useful to those candidates at public health examinations whose object in practising analytical processes is rather one of "interpretation of data and results of experiment" than "actual experience in the intricate details of accurate analysis."

The information on the analysis of milk, butter, cereals, &c., will be found to be lucid and concise.

The estimation of albuminoid nitrogen is limited to Kjeldahl's process, which is wise, as practically no other method is ever practised in this connection. In the description of this process it would be well, perhaps, to have advised the use of a small fragment of paraffin wax with the oxidising fluid, as although with substances like milk residues, &c., little frothing occurs, with flours, meals, &c., some such addition is absolutely necessary, and a novice will certainly save himself a great deal of trouble by always adopting this precaution.

In conclusion, we can only repeat that we recommend the work, both as a handbook for the analyst and as a text-book for the public health student.

ST. BARTHOLOMEW'S HOSPITAL REPORTS, Vol. xxxiv, edited by NORMAN MOORE, M.D., and D'ARCY POWER, F.R.C.S. (London: Smith, Elder, and Co.)

We fear that this review is somewhat belated; the amount of work which this volume summarises is so enormous, however, that the mental digestion thereof requires time. Though, perhaps, no epoch-making research appears, there is much patient and valuable work which will repay any reader's expenditure of time. We should like particularly to instance Dr. T. A. Bowes' thesis on "The Study and Diagnosis of the Complications of Suppurative Otitis Media." It is based upon records of 300 cases, of which full statistical tables of 220 are appended. It is a first-rate exposition of a difficult and very important subject. The records of Mr. Butlin's cases of opera-

tions for cancer of the breast and for appendicitis, worked out by two former house surgeons, Mr. J. P. Maxwell and Mr. Douglas, with Mr. Butlin's comments thereon, cannot be neglected, considering how much the treatment of these two diseases is under discussion to-day. To Dr. Andrews' article on the "Growth and Work of the Pathological Department" we have referred elsewhere. As usual, the statistical tables with reports by the medical and surgical registrars are a mine of clinical information of great value to the inquirer on any medical or surgical point. In lighter vein we may mention the "Annals in the Life of a Country Doctor, 1852-1898," which portray a type of the everyday work of the profession. This article would have stood a little more arrangement with advantage, but from it we learn several facts of interest—such as that while the author has operated seven times for hernia, he has only once had to perform tracheotomy, and has never had occasion to tie an artery in consequence of aneurism, or for an accidental wound. He has scarcely ever had to treat a case of cholera! We have been forced to omit reference to many papers of interest, but Mr. Marsh's article upon "Various Forms of Abscess" demands more than a passing mention; we must refer our readers to the volume itself.

New Productions.

'TABLOID' ARTIFICIAL EFFERESCENT MINERAL WATER SALTS (Messrs. Burroughs, Wellcome, & Co.)

These 'Tabloid' Mineral Water Salts form pleasant effervescent draughts, one in a given quantity of water being equal in strength to the same volume of Carlsbad, Kissingen, Vichy, or Natural Seltzer Water. They are far more compact than ordinary salts or bottled waters, and render possible a continuous course of mineral water treatment in all lands and under all circumstances. By prescribing them in conjunction with a suitable dietary the physician is enabled to give the benefit of a course of spa treatment to those to whom it would otherwise be a difficult measure. At the same time the patient is constantly under the care of his own medical adviser.

The high standard of purity of constituents and accuracy of dosage characteristic of 'Tabloid' Drugs is maintained in these compressed mineral water salts.

'Tabloid' Carlsbad Mineral Water Salt.—One in two ounces of water represents an equal volume of Carlsbad Sprudel Water in all its essential constituents; one, two, or three, as required, should be dissolved in a tumbler of hot water and sipped slowly while dressing, or they may be placed in two thirds of a tumbler of cold water, and taken as the effervescence subsides.

'Tabloid' Kissingen Mineral Salt.—One, dissolved in two ounces of water, represents an equal quantity of Kissingen water in all its essential constituents.

'Tabloid' Seltzer Mineral Water Salt.—Contains all the essential constituents of Seltzer Mineral Water in correct proportion. One, or two, in half a tumbler of water forms an agreeable draught, possessing the refrigerant, tonic, diuretic, and aperient properties of the waters from the cold springs at Seltz (Nassau).

'Tabloid' Vichy Mineral Water Salt.—One dissolved in two ounces of water represents an equal quantity of Vichy Water (Grand Grille Spring) in all its essential constituents.

'Tabloid' Vichy Salt with Lithium.—Is a valuable antilithic. Each contains lithium citrate, gr. i, in addition to all the essential constituents of Vichy Water.

The 'Tabloid' Effervescent Mineral Water Salts are supplied in tubes of 25.

We can testify from experience as to the efficacy and the pleasant nature of these preparations.

Correspondence.

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

DEAR SIR,—My remarks, I know, will be regarded by most as pessimistic and captious, but I cannot help thinking that anyone present at the last Dinner of the Amalgamated Clubs will agree with me.

When, out of all the number of men connected with the Hospital, only 51 were present, and of these only about 24 were unqualified students, the remainder consisting of the staff and past men, it will surely be better in future to let the function lapse than for our Amalgamated Clubs, of which every one is now a member, to be represented by so small a minority.

It is regrettable that such a useful institution as our annual reunion should be so distasteful to the majority, but for a successful issue it is the wishes of the greater number that must be considered.—Yours truly,
P. B. PUBLICO.

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

SIR,—I think a few remarks on the state of the papers in the Abernethian Club rooms, although a question which at different times has already been theoretically thrashed out, will surely not be out of place in your columns, in order that some practical and radical steps may be taken to ensure a remedy. Notices from time to time have been posted up by the authorities keeping the illustrated, &c., papers in the covers provided for them, which appeal, I believe, to men who have a certain degree of common sense; but, unhappily, there are members of the Club to whom these notices have no (f) meaning. For the daily papers, of course, there are no covers, and consequently they are never seen by those men who come down to read them after lunch, except as scattered fragments, or unreadable from dirty footprints. These notices, then, being of no practical use, surely a fine, say of a shilling, imposed on any member found reading a paper without its cover, if it ought to glory in one, would gradually become a sure remedy. Of course it is hardly justice to impose a fine on a member who, perhaps, is not guilty of denuding the paper he is reading, but still it does not take much time in finding the proper cover: the thought of a fine might also make the real culprit more careful of maintaining the paper's proper state. The fine might be allowed to be imposed by any member of the committee, and the club-room attendant might be asked to report members seen destroying—for cutting out paragraphs seems quite the thing to do—or reading papers in the above way.

This may appear an unworkable remedy, but cannot steps be taken in some way by those in authority to reduce to a minimum the state of affairs never, I venture to hope, seen in other club reading-rooms than in our own?—Yours truly,

RADICAL CURE.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Diploma of Public Health (April).—Druitt, A. E.

LONDON UNIVERSITY.

Final M.B. Examination.

Second Division.—Beit, F. V. O., Bergin, W. M., Burrows, H., Woodbridge, E. W.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

Diploma of Fellow.

First Examination.—Gask, G. E., Stawell, R. de S., Smith, G., Ralston, R. G., Wessels, F. H., Carson, H. W.

Final Examination.—Crabtree, A. M., Douglas, A. R. J., Hewitson, —, Williams, —, Scharlieb, H. J., Modi, S. H., Fox, E. J., Harding, W. J., Tucker, A. B.

Changes of Address.

BEST, F. H. DE G., to Waltham Cross, Herts.

BROWNLOW, H. L., F.R.C.S., from Bournemouth to 19, Gay Street, Bath, in partnership with R. J. H. Scott, F.R.C.S.

MILLED, GEORGE, from the Stoke Newington Dispensary to 19, Station Road, Manor Park, E.

Appointments.

BREMIDGE, R. H., B.A. (Oxon.), B.Sc. (Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon and Registrar to the Royal Orthopaedic Hospital.

BUCK, A. H., F.R.C.S. (Edin.), M.R.C.S., L.R.C.P., appointed Assistant Surgeon to the Sussex County Hospital.

CHRISTOPHERSON, M.A., M.D. (Cantab.), F.R.C.S., appointed Surgeon to the Greenwich Seamen's Hospital.

CULERAN, M. W., M.B. (Lond.), M.R.C.S., L.R.C.P., appointed Surgeon to the Reading Dispensary.

GARROD, A. E., M.D. (Oxon.), F.R.C.P., appointed Physician to the Hospital for Sick Children, Great Ormond Street.

MADSHALL, C. F., M.D. (Vict.), F.R.C.S. (Eng.), appointed Assistant Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

THURSFIELD, T. H., M.A., M.B., B.Ch. (Oxon.), M.R.C.S., L.R.C.P., appointed Medical Registrar to the Hospital for Sick Children, Great Ormond Street.

Births.

FRANCIS.—On June 1st, at 84, Wright Street, Hull, the wife of A. G. Francis, B.A., M.B., B.S., F.R.C.S., of a daughter.

JONES.—On May 18th, at Claybury, Woodford Bridge, Essex, the wife of Robert Jones, M.D., of a son.

POLLARD.—On May 1st, at Tollesbury, Bearwood Road, Birmingham, the wife of W. H. Pollard, M.B., of a son.

ROUGHTON.—On June 6th, at Montagu Street, Kettering, the wife of J. Paul Roughton, of a son.

SCOTT.—On May 25th, at 3, Southgate Road, Winchester, the wife of Dr. T. W. Scott, M.B., of a son.

SKIPWORTH.—On May 21st, at 39, The Terrace, Gravesend, the wife of P. L. G. Skipworth, M.R.C.S., L.R.C.P., of a daughter.

STYAN.—On May 16th, at 2, Chapel Place, Ramsgate, the wife of T. G. Styan, M.A., M.D. (Cantab.), of a daughter.

Marriage.

ATTFIELD—HERKOMER.—On June 14th, at the Parish Church, Bushey, Herts, by the Rev. G. Montague Hall, assisted by the Rev. James Herbert Harvey, B.A., cousin of the bridegroom, Donald Harvey Attfield, M.A., M.B., son of John Attfield, F.R.S., of Watford, Herts, to Elsa Anna Iole Herkomer, elder daughter of Hubert Herkomer, R.A., of Bushey, Herts.

ACKNOWLEDGMENTS.—St. Thomas's Hospital Gazette, Charing Cross Hospital Gazette, Medical and Surgical Review of Reviews, The Stethoscope, Nursing Record, The Hospital, London Hospital Gazette, St. Mary's Hospital Gazette, Guy's Hospital Gazette, M.R.I., Journal of the Women's School of Medicine and Royal Free Hospital, The Polyclinic, The Broadway.

St. Bartholomew's Hospital



JOURNAL.

VOL. VI.—No. 10.]

JULY, 1899.

[PRICE SIXPENCE.]

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, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTH, Advertising Agent, 29, Wood Lane, Uxbridge Road, W.

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St. Bartholomew's Hospital Journal.

JULY 14th, 1899.

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

ANOTHER page we give a brief notice of the second edition of Mr. Lockwood's *Asseptic Surgery*. In this same issue is a brief account of Dr. Klein's address to the Abernethian Society on "The Relation of Bacteriology to Medicine," a full report of which we shall publish next month. Mr. Lockwood's book and Dr. Klein's address form the best kind of argument wherewith to meet what to-day seems but an astounding view of the causation and mode of prevention of disease. We refer to Dr. Bantock's recent paper before the Gynecological Society. Since that event Dr. P. Z. Hebert has taken the trouble to criticise Dr. Bantock's statements individually by a lengthy article in the *British Gynecological Journal*. We can pardon Dr. Hebert for what appears to be a reply lacking

many strong points that might have been set forth. We can even more readily excuse him for characterising Dr. Bantock's views as a mixture of ignorance and baseless conjecture. What we feel to be quite unpardonable is Dr. Hebert's offering any specific reply at all. The kind of argument indulged in by Dr. Bantock simulates very closely those drastic and disruptive perorations we occasionally have the sorrow of encountering in friends whose mental equilibrium has for some reason lost its stability. Those who have had this sad experience that we speak of know the condition of inarticulate powerlessness that creeps over the listener as piece after piece of what he thought to be solid masonry of fact and proved experience drop away under the fierce blows of the talker. And when cosmos disappears and chaos has come again, the effort of starting to build up the whole thing anew is not really worth the while. It is as little worth doing in the case of Dr. Bantock's weird hypothesis.

The argument of speech, we say, is not really called for. It is but necessary to point to the great mass of ascertained facts that have removed the "germ theory" of disease far away from the realm of hypotheses into that of the fixed and proved principles of science. Modern Surgery, and Modern Medicine too, are becoming based irrevocably upon the foundation stone of Bacteriology. If it interests Dr. Bantock to conceive how much of our knowledge of disease and how much of our power of coping with it are left to us with the foundation stone temporarily removed, the pastime is doubtless fraught with novel attractions, but hardly worthy of serious consideration further than this.

The only people who have gained by the so-called "argument" have been the folk we lately classed as the Anti-mind. To them Dr. Bantock has proved a friend in need and a veritable champion, for the victories of Bacteriology were pressing them hard, and a little breathing space has been most gladly welcomed. But because Dr. Bantock chooses to go back, others can hardly be expected to do likewise. The thing to do just now is to grapple the facts already revealed to earnest eyes and endeavour to fill up the gaps still left between them.

Convulsions in Children.

A Clinical Lecture by Dr. GEE.

[Reported by T. J. Horder, M.B., M.R.C.P.Lond.]

CONVULSIONS in children are a very common complaint, but such cases are seldom admitted into the wards of a hospital. However, we have had a few such cases lately. I shall speak of (I) the causes and (II) the treatment of convulsions in children.

I. CAUSES.

(a) *Inheritance.*—Bouchard narrates an instance of a family of ten people who all had convulsions in infancy; and one of these, who afterwards married, had ten children, of whom nine had convulsions. In epilepsy it is well known that there is an inherited tendency; in at least one third of all cases either convulsions or insanity can be discovered. The offspring of drunken parents are particularly liable to convulsions, and also to other nervous complaints—idiocy, &c.

(b) *The age of the patient.*—Under two years convulsions are really common, becoming less and less frequent; until over seven years convulsions are relatively uncommon. In some families there is a tendency for convulsions to occur at a certain age. I know a family whose children, at the age of twelve months, were particularly liable to convulsions for the first time.

(c) *Rickets.*—At least half the children who suffer from convulsions are rickety. On the whole, you would not be far wrong if you said rickets was the chief cause of convulsions. Now rickets is a complaint with which you should make yourselves thoroughly acquainted, especially when I say that at least one third of all English children are rickety. I say "English children" because I know nothing about other children. I doubt whether the especial tendency of English children to rickets, which is talked of, is altogether deserved. In large towns outside England it seems quite as prevalent. In Germany one of the names for rickets is "the English disease." I think one reason for this is that rickets was first studied in England. The first essay upon the disease was written by Whistler, one of the Presidents of the College. After Whistler came Glisson, who wrote a much more important work on rickets than Whistler's. Is rickets only a disease of old countries? On this question we are still in want of precise information. Rickets is as common in the rural districts as in the towns of England. Rickets rarely begins after twelve months of age. If there are no signs of the disease then, there is a high degree of probability that it will not occur at all. Again, rickets is rarely *active* over three years, though the results of the disease remain.

(d) *Diseases of the brain.*—The commonest is—

(a) Tuberculous meningitis; and in this disease con-

vulsions are common enough, though you seldom get them at the beginning of the disease. They are common at the end, when you know the patient must die. So if you see a child with convulsions, it is probably *not* suffering from tuberculous meningitis; it *may* be, but the convulsions are rather against the disease than for it. That is not the case with purulent meningitis, due to such microbes as streptococcus or pneumococcus. Here convulsions occur at any period—the beginning, the middle, or the end. They may almost occur throughout—*i. e.* be the chief symptom. There is a meningitis which attacks the membranes about the medulla oblongata and forwards about the foramen of Magendie. At the onset of this disease convulsions are not uncommon. It is a chronic disease, though, like many chronic diseases, it sets in suddenly. The indication of the disease is the holding back of the head—"cervical opisthotonos," as I called it from a purely clinical aspect. The child has a convulsion, the cause of which is not clear; and in a few days this cervical opisthotonos is noticed. You then know what you have to do with. The disease is apt to end in chronic hydrocephalus—effusion of fluid into the ventricles of the brain.

(β) Tumours of the brain, which are common in children, being tuberculous or gliomatous in nature. In them convulsions are tolerably common.

(γ) Abscesses within the *skull*, including abscesses within the brain.

(δ) Hypertrophy of the brain—not a common disease. Such children get convulsions and die.

(e) Injuries to the brain. These are especially apt to occur at birth from deformity of the pelvis or a very big head, and for this last reason especially with boys. One result of such injury is convulsions, perhaps associated with other symptoms—as spastic paraplegia or diplegia. It is remarkable how seldom injury to the head *after* birth causes convulsions. There is always a *history* of a blow in a case of convulsions, but it is usually an old wife's tale—not to be thought worth while listening to. It never seems to do any harm at all.

(ζ) Thrombosis of sinuses. I shall lay some stress upon this cause because one of our cases, admitted on account of cough and being convulsed, died of broncho-pneumonia, and the post-mortem showed thrombosis of the longitudinal sinus. It is a very obscure complaint, occurring especially in very miserable children; you can often have no notion of its existence during life.

In short, any disease of the brain is apt to cause convulsions in young children. More than that, in many diseases of the brain in very young children convulsions are the only symptom; and this being so, it is sometimes difficult to say if there is really any disease of the brain or not.

(e) *Irritation of alimentary canal.*—(a) Undigested things. A boy of seven was suddenly seized on September 2nd with violent convulsions. He had never had convulsions before.

He was given an aperient, and on September 5th he passed a piece of wash-leather, which had been used to tie down preserved fruit, and which he had eaten in a pie on September 2nd. Another boy of four and a half had convulsions, was purged, and passed a large quantity of cherry-stones. Another boy of fourteen months died whilst being brought to this Hospital, and post mortem there was found a number of pieces of orange peel in the stomach and intestines, some as big as a sixpenny piece. Raw apples, cheese, curds of cow's milk, have acted in a similar way. Occasionally the curdling of milk in a child's stomach may go so far, or the milk may be given to such an extent, that the organ may be full and distended by a mass of solid curd. The curd may even plug up the pylorus. It is only the milk of ruminants which produces this condition. Any of these things may cause the convulsions. Another irritant of the alimentary canal is—

(β) Worms. A little boy, aged a year and three quarters, had two convulsions at an interval of fourteen days. The day after the second convulsion a round-worm was removed from the throat. I mention this case because, in my opinion, worms are very seldom the cause of convulsions, because young children (under two years) are not very liable to worms. Threadworms are then uncommon, and I should disbelieve that threadworms *ever* caused convulsions; but round- and tape-worms are also uncommon, at least in England. A little girl of two years contracted a tape-worm in Egypt (she had been fed on raw meat on account of diarrhoea), but there were no convulsions whatever. This is a strong case on the other side.

(γ) Teething is a third form of irritant. Here, again, a great deal too much has been said. I do not think myself that teething, as a cause of convulsions, is much more than a superstition. You must remember that in rickets a child's teeth are backward, and molars which seem stuck in the gums may be blamed for convulsions which are due to rickets. Teething, therefore, is seldom or never the cause of convulsions.

(δ) Diarrhoea. A little girl of five months was quite well until she suddenly vomited several times, and passed several loose stools. There was then a rapid failure of the vital powers—*i. e.* a choleraic state. Next day she had convulsions, and soon died. Post mortem there was no explanation of the convulsions over and above the state of the alimentary canal. If it were queried that some specific poison was at work here, causing convulsions, I should admit the force of the argument. This leads us to—

(f) *Specific fevers and inflammations.*—These are a very common cause, especially at their onset. It is commonly said that a convulsion in children takes the place of a rigor in adults, and there is great truth in the remark. The list of such diseases in which I have known convulsions to occur includes whooping cough (rather common and rather serious), mumps, measles, scarlet fever (a very serious sym-

ptom if it indicate; renal disease, of which, however, I am not now speaking), chicken-pox, smallpox (when smallpox was common, convulsions were so common that Sydenham went so far as to say that if he were called to see a case of convulsions in a child he knew it to be sickening for smallpox), cow-pox, ephemera (so common and so difficult to explain), typhoid, influenza, pneumonia (an instance in the wards at present, a little boy of three, admitted for convulsions, whose disease is really pneumonia of the right apex; he had convulsions on the second and third days), febrile catarrhs, pleurisy, stomatitis, pericarditis, and, for want of a better name, the "bilious state" of children (a common condition, little understood, and usually ignored by the text-books, because difficult to describe).

(g) *Œmia.*—Occasionally in sundry kidney diseases, especially nephritis, acute and chronic. Acute nephritis is seldom met with as a cause of convulsions except in scarlet fever. If a child has convulsions, especially if it be a somewhat older child, it is important to test the urine; for convulsions may be the first indication of Bright's disease. Pyelitis, either secondary to stone or not, and often associated with extensive destruction of the kidneys, may cause the condition.

(h) *Cyanosis in congenital morbus cordis.*

(i) *Anæmia*, due to profuse hæmorrhage or to organic disease, especially of the spleen.

So much for the causes of convulsions in children. We now come to—

II. TREATMENT.

If summoned to see a case of convulsions in a child, the probability is that the convulsions will have ceased on arrival. If not, take the child's temperature, and take it in the proper place—the rectum. If the temperature be raised, it is always a good thing to apply cold to the head by means of wet cloths or by holding the child's head over a basin and pouring cold water over it. If the temperature be much raised (above 106°) the case is full of danger, because that is the way in which many cases of convulsions die—from hyperpyrexia. Put the child in a cold bath; it does not much matter what the exact temperature of the bath is. Perhaps it is as well to show a little caution, so begin at about 80°, and reduce this (if the convulsions do not soon cease) quickly to 60°. The object is to reduce the temperature, so you should not keep the child in till its temperature is normal; that is bad treatment. If a bath is given for this reason, the temperature falls several degrees after the child is removed from the bath, because the blood circulates through the cooled parts of the body; so reduce the temperature to about 101°, and then remove it from the bath. If you keep it in longer the temperature may fall to the other danger,—too low. If the temperature be not raised, and if people like it, you may put the child in a warm bath; it is not worth while to argue the matter. But if the tempera-

ture be raised, you must not *think* of doing this. Again, do not let the child be choked by its own tongue; so draw this well out of the mouth, and let the patient lie on its side or face. If convulsions continue, the best thing is chloroform; always take this with you. The effect of chloroform is sometimes permanent; if so, well and good. But if the convulsions recur and continue, return to the chloroform, but not for long. If the chloroform check the convulsions or not, get some bromide of potassium into the child as soon as possible. If it cannot be swallowed, give it as an enema; it acts well thus. The bromide of potassium is more permanent than chloroform. As a rule, too small doses are given in these cases.—4 grs. three or four times a day to a child of twelve months are not too many. It will not be necessary to keep this up long. If the convulsions have ceased, find out their cause; and if you cannot say any thing definite, an aperient will do no harm, and may disclose the cause (*vide supra*). Some good medical men give emetics to these children, and say the results are good, especially if curds of cow's milk are suspected. I think this is very reasonable treatment; the only thing against it is that it is often very difficult to get emetics to act in young children unless the emetic be apomorphia, which is an unnecessarily heroic remedy. Huge doses of ipecacuanha are often given without any effect.

On a Case of Aural Vertigo.

By W. P. HERRINGHAM, M.D.

An engineer, aged 41, had been completely unable to follow his employment for four years past owing to vertigo. On December 20th, 1894, he had a severe attack of giddiness in the street, and had to get help. From that time the attacks recurred more frequently and more severely, until now any rapid movement, however small, brings it on. He had been to physicians, had been to ophthalmic hospitals, and had been treated with electricity without effect. I need not go into all the details. I examined his ears, and removed a large lump of cerumen from each six months ago. He has never had an attack of vertigo since.

I mention the case because when a man has aural vertigo he is very often thought to have an incurable complaint. Ménière's disease has a formidable sound, but in the first place it is not a disease at all, but merely a symptom—vertigo from some auditory affection; and secondly, it sometimes arises from affections of the external ear, as in the present case. Probably even in such a case as this pressure is in some way exercised upon the canals of the internal ear; still, for all practical purposes the mischief is in the external parts. I need hardly say that life is rendered so wretched by vertigo that patients are most grateful for relief.

But there is a second point in this case. Though the vertigo was relieved six months ago, the man has not yet gone back to work. I believe this may be partly due to laziness, and partly, perhaps, to the difficulty of getting back into skilled employment after a long interval. But I am sure it is largely due to the hypochondria produced by his complaint. Vertigo is very frightening. I was once standing by the bedside of an old lady, when she suddenly cried out she was falling through the floor. Her terror was extreme, and she was nervous and upset for many hours. Repeat that several times a day, and life becomes almost unbearable. It destroys self-control more than anything I know. It is as well, therefore, to be prepared for this sort of moral weakness in the subjects of aural vertigo. This patient is gradually getting the better of it, and can do a good deal of work in his own garden now.

If we were to number the senses afresh, we should certainly have to go beyond five; and I suppose none would have a better claim than the sense of equilibrium, to which the semicircular canals seem especially adapted. It is undoubtedly to some disturbance of their power to report that aural vertigo is due. Vertigo may also be produced by conflicting reports from different senses. The best explanation of sea-sickness or swing-sickness is that we are confused by our eyes, which tell us we are going down and ought to be pressing hard something beneath us and our feet (or our rumps), which feel no pressure from the ship's deck or the swing's seat. In a third class of cases the symptoms arise from some disorder of the circulation; and in a fourth I believe dyspepsia—though I do not know how it acts—is alone to blame. These differ from aural vertigo, in which the special sense of position is diseased.

The treatment of those diseases of the middle and internal ear which cause vertigo is not my province. I have merely wished to call attention to a cause sometimes forgotten, and which, if once recollected, can be treated—and treated successfully—by any one.

Cerebral Hemorrhage.

By J. H. THURSFIELD, M.A., M.R.(Oxon.), Medical Registrar to the Hospital for Sick Children, Great Ormond Street.

THE following six cases were all admitted to Dr. Gee's wards in the month of February, 1890. They appeared to me to be worth recording, because such a sequence must be an unusual occurrence, and because two at least presented features, clinical and pathological, of more than ordinary interest. They are arranged in chronological order.

1. E. G., a female 50 years of age, was sitting at her work in the afternoon when she complained of a pain in her head, and a feeling of faintness. She was given a glass of water, and then felt sick; her friends noticed that she had lost the use of her right arm and leg. They laid her flat on the floor, and she became unconscious. When admitted she was partially conscious; she spoke, but not intelligibly, and moved all four limbs. An hour later she was all but unconscious, lying motionless, and breathing heavily. Her right

CASE 1.—CEREBELLAR HEMORRHAGE.

		Onset.	Symptoms.	Result.		
E. G.,	aged 50	Hæmorrhage the size of a walnut in left lobe of cerebellum, bursting outwards.	Gradual. Consciousness slowly lost; temporarily recovered; then coma.	Paralysis right arm. Aphasia (?). Marked rigidity arms and legs. No convulsions. Vomited once. Albuminuria: faint reduction with Fehling's solution.	Death in 42 hours.	P.M. Kidneys markedly granular. Arteries atheromatous. Great excess of cerebro-spinal fluid.
CASES 3 and 6.—HÆMORRHAGES IN TWO HEALTHY YOUNG MEN IN UNUSUAL SITUATIONS.						
W. G.,	aged 30	Hæmorrhage into meninges and brain substance posterior to the internal capsule—left side. ? Primary in meninges.	Sudden. Consciousness never lost.	Temporary hemiplegia. Aphasia. No convulsions or rigidity. Vomited once, just before death. Albuminuria. Sudden death.	Death in 12 hours.	P.M. Kidneys? very early granular change. Slight hypertrophy of left ventricle.
F. M.,	" 35	Hæmorrhage into left centrum ovale, bursting into the ventricle.	Sudden. Consciousness lost immediately.	Right hemiplegia. Marked strabismus. Convulsions and rigidity both sides. No vomiting. Albuminuria.	Death in 7 hours.	Kidneys and all other organs healthy.
CASES 2, 4, and 5.—HÆMORRHAGES INTO VENTRICLES.						
B. B.,	aged 57	No P.M., but almost certainly hæmorrhage bursting into right lateral ventricle.	Mode of onset unknown. Consciousness slowly lost.	Left hemiplegia. Convulsions right side. Rigidity left side. No vomiting. Albuminuria.	Death in about 6 hours.	No P.M. Arteries very tortuous and thick.
G. W.,	" 80	Hæmorrhage into left lateral ventricle; very extensive.	Sudden. Consciousness rapidly lost.	Right hemiplegia. Spoke after onset. No convulsions or rigidity. Vomited once. Albuminuria.	Death in 6 hours.	P.M. Kidneys granular. Arteries extremely atheromatous.
T. H.,	" 64	Hæmorrhage into right lateral ventricle.	Sudden. Consciousness lost rapidly.	Left hemiplegia. Convulsions and rigidity, especially left side. Vomited several times. Albuminuria.	Death in 13 hours.	P.M. Kidneys granular. Arteries atheromatous.

arm she could only just move. The arms were both rigid; the legs not at all. There was no paralysis of the face or legs discernible; the deep reflexes were easily obtained both in the arms and legs. Urine drawn off by catheter, was pale, sp. gr. 1008, haze of albumen, and a faint reduction with Fehling's solution. Her temperature was below 95°. No murmur heard in the heart. Radial artery thickened and tortuous. At 8 p.m. her legs were quite rigid, and she was sick. Her breathing gradually became stertorous, and she died early next morning without recovering consciousness.

Post-mortem.—A hæmorrhage about the size of a walnut was found in the substance of the left lobe of the cerebellum; and there was an unusually large quantity of cerebro-spinal fluid in the ventricles, so that the convulsions were markedly flattened. The kidneys were extremely granular. Hæmorrhage into the cerebellum occurs in about 5 per cent. of all cases of hæmorrhage into the brain substance. It is, however, only in exceptional cases that it is diagnosed, these being nearly always hæmorrhages into the middle lobe. According to Gowers vomiting would seem to be a more constant symptom in cerebellar than in cerebral lesions; and Ross agrees that it is almost always present; in the present case, though it occurred, it certainly was not a marked symptom, and of the other five cases recorded it will be seen that it occurred in three. Consciousness may or may not be lost, as in hæmorrhages in other parts of the brain; the severity of the initial lesion appears to determine its occurrence, the locality probably having very little to do with the matter. Hemiplegia, crossed or direct, may or may not be present, depending on the degree of pressure exerted on the medulla and pons; in the present instance there was apparently some right

hemiplegia at the first onset of the hæmorrhage, which quickly disappeared as the pressure became more evenly adjusted. Facial paralysis is said to be very rare. Rigidity of the neck muscles was certainly not present, though the arms were held quite rigid. *Con-* *vulsive* movements rarely occur, though spasmodic contractions of the facial and ocular muscles are sometimes noted. Lastly, articulation and deglutition are said to be scarcely ever affected; in the present case articulation was certainly imperfect, but her consciousness was so also; she was, as it were, talking in her sleep. I have purposely left out in the notes any reference to her power of swallowing, because, although she apparently swallowed when drink was given her, I could not quite satisfy myself that she got any of the liquid down. From this brief account it would appear that hæmorrhage into one of the lateral lobes of the cerebellum does not admit of diagnosis—an hypothesis borne out by the fact that such lesions are occasionally found in persons dying of other diseases, without the occurrence of any cerebral symptoms whatever during life. I can find no mention in the books, nor in the few recorded cases that I have perused, of the presence of a copper-reducing substance in the urine; whether it is, as I think probable, a mere coincidence, or dependent upon the onset of the hæmorrhage, I cannot say. In the post-mortem notes it is recorded that the cerebro-spinal fluid was in such excess, that the convulsions were markedly flattened, and that the liquid spirted out violently while the brain was being removed from the skull. This, again, is a phenomenon for which I can find no explanation, or parallel instance, but I think it was most probably the immediate cause of the increasing coma and death; for the hæmorrhage itself was not large, and had certainly not involved any of the vital centres in the medulla or fourth ventricle.

2. B. B.—, *et. 57*, was seen in his usual health about 11 a.m. on February 5th. At 1.15 he was brought in by the police, who had found him lying in the street. He had obvious left hemiplegia, was quite conscious, giving his name and address correctly, and said that he had no pain, and felt comfortable. His pupils were large, and reacted sluggishly. An hour later he was very cold; his colour bad, his pupils pin-point, his breathing stertorous, his left arm and leg rigid, his right arm twitching violently; he heard what was said to him, but only partly comprehended it, and muttered unintelligibly in reply. He was at this time constantly putting his right hand to his head as if in pain. At 4 p.m. his right pupil had become widely dilated, and he was quite unconscious; his left pupil, which at 4 p.m. was still small, became rapidly larger, and he died at 5.30 p.m. His temperature, which on admission was only 95°, had reached 100° at 2.30 p.m., and half an hour before death was 106° 8'; it was not taken after death. No post-mortem examination.

The chief point of interest in this case is its rapid course. When first seen there was nothing to indicate a severe lesion; but the lapse of one hour made the prognosis certain. The augury of a rapid rise in the temperature is, even in the absence of other signs, almost always fatal.

3. W. G.—, a butcher, *et. 30*, left home to go to work in excellent health. While at work he suddenly put his hand to his head, and sat down; he did not become unconscious, but he was unable to speak. On admission he was conscious; he understood what was said, but could not answer, and apparently could not move his right arm or leg. There was no facial paralysis. There were no convulsions or twitchings, and no rigidity of the limbs. He was put to bed, where he lay quietly curled up, shielding his eyes from the light. At times he held his head in his hands as if in pain, for now, about four hours after the seizure, there was no paralysis at all. He moved all four limbs freely and equally. He swallowed easily, sitting up in bed to do so. He answered "yes" and "no" intelligently, but mumbled inarticulately when he tried to answer at greater length. His pupils were of moderate size, and reacted actively to light. There was no nystagmus or strabismus. With the ophthalmoscope both discs were seen to be blurred, and on the left side there was evidence of some oedema of the disc. His respiration was sighing, and his breath had a urinous odour. Urine *sp. gr.* 1022; haze of albumen; no sugar. No other sign of disease. Radial artery not thickened. Pulse regular, full 80 per minute. At 7.30 p.m. his condition was precisely the same. He did not sleep, but lay quiet. At 10 p.m. he was suddenly and violently sick, and was found to be twitching and trembling in every limb. He was sitting up in bed, holding his head in his hands. His colour was bad, his respiration stertorous, and he foamed slightly at the lips. He was laid down, and his pulse and respiration gradually ceased. At 10.15 p.m. he was dead.

Post-mortem.—Kidneys natural size and colour; capsule slightly adherent; no other sign of granular change. Brain: on removing the dura mater the whole of the left surface of the brain was covered with blood beneath the pia-arachnoid, especially near the lower end of the fissure of Rolando. On section the blood was seen to extend from the posterior limb of the fissure of Sylvius into the brain substance through the external capsule at the level of, and as far as the posterior third of the posterior limb of the internal capsule, this part of the capsule being softened. The rest of the brain was normal.

This case presented probably the greatest difficulties of diagnosis of those recorded. A young man apparently in perfect health is suddenly seized with aphasia and hemiplegia, and a few hours later, when he is apparently recovering, dies suddenly. Embolism, which would perhaps best account for such a train of events, was improbable, because no origin of an embolus could be detected, and sudden death is, as a rule not caused by cerebral embolism. Thrombosis, which is probably in young men nearly always of syphilitic origin, does not give rise to symptoms at all resembling the present; and hæmorrhage, though possible, seemed improbable from the age of the patient, and still more from "the age of his arteries." Of the rarer causes of hemiplegia, followed by sudden death, there was no evidence whatever, though I thought it possible that a tumour might explain the sequence. Uremia was also suggested, but the manner of the patient's death seemed to negative this hypothesis decisively. On the other hand the family history showed a marked tendency to cerebral accidents. The patient's father died, aged fifty-eight, in an "apoplectic fit," two of his uncles died in "fits," and an aunt died "paralysed on one side." Nor, indeed, does the result of the post-mortem examination thoroughly explain the case. No cause was found which would account for hæmorrhage: the arteries were healthy; there were, even with the minutest search, no mitral aneurysms seen; and though there was a slight hypertrophy of the

left ventricle, and possibly very early granular change in the kidneys, neither lesion seemed to be sufficiently advanced to be the cause of the cerebral lesion. It was further impossible to determine whether the bleeding began in the meninges or in the brain substance, and nothing in the clinical features points decisively to the primary seat. Some writers on the subject state that convulsive movements almost always accompany meningeal hæmorrhages; but Fagge denies that this is true, and Ross and Gowers agree that no inference can be made from either their presence or their absence. Lastly, the cause of the sudden death remains totally unexplained; the lesion was not very extensive, and no vital portion of the brain was affected. No investigation was made into the condition of the sensation; as the posterior third of the posterior limb of the internal capsule was softened there should have been extensive if not complete hæmianæsthesia; the plantar reflex, however, is noted as good and equal on both sides.

4. G. W.—, a male *et. 80*, was at Liverpool Street Station when he was seen to stagger; he did not fall. He spoke to his daughter, who saw him raise his right hand with his left; soon afterwards he was sick, and then gradually became unconscious. He was admitted about an hour later, and died about four hours after the seizure.

Post-mortem.—All arteries of the brain markedly atheromatous; some aneurysmal dilations seen. A large hæmorrhage originating on the left side had completely destroyed the lenticular nucleus and the optic thalamus, and had filled both lateral ventricles with clot. Kidneys: capsule adherent; cortex diminished; a few small cysts in either kidney; surface only slightly granular.

In this case the great value of an accurate history of the onset of the attack is well illustrated. There was nothing in the patient's condition on admission which could not have been easily accounted for by an overdose of alcohol or opium, or by an injury, or lastly by uræmic coma. But the description given by the patient's daughter, an eye-witness of the seizure, made the diagnosis and prognosis equally certain.

5. T. H.—, a male *et. 60*, had been drinking most of the evening. About 11.30 p.m. he went outside the room and fell heavily, bruising and cutting his left eyebrow. When seen he was not unconscious; his articulation was indistinct, and his breath was strongly alcoholic. His pupils were unequal, the right larger than the left, and he had very slight left hemiplegia, scarcely perceptible in the face and leg; the left arm was very rigid. He had convulsive movements of his legs, drawing them up at frequent intervals, especially the left. He had apparently vomited copiously before, and this was repeated about half an hour after admission. His urine was very pale, *sp. gr.* 1008, trace of albumen. For about an hour the left side twitched incessantly, and then became quite flaccid. From the time he was put to bed he was absolutely unconscious. Next morning all the limbs were quite flaccid, and he died about midday.

Post-mortem.—Kidneys showed advanced granular changes; brain arteries atheromatous. Hæmorrhage had occurred primarily into right ventricle, which was filled and distended with clot. The clot had burst outwards through the right crus cerebri, and spread forward under the meninges of the base of the brain.

When first seen the diagnosis that presented itself was alcoholism, but the inequality of the pupils immediately suggested some more serious trouble. The paralysis of the left side was so slight that there was at the time some dispute as to its existence; the rigidity of the arm, however, and soon afterwards the convulsive movements of the legs, confirmed the diagnosis of intra-cranial mischief, and the now obvious paralysis, the vomiting, the increasing coma, and the dilatation of the right pupil were in favour of hæmorrhage. Lastly, the slight nature of his injury, and the wide extent of his paralysis, made it improbable that the hæmorrhage was taking place from a ruptured meningeal artery. This case raises the question whether hæmorrhage, which is primary in the ventricles, can be so diagnosed. The answer seems to be dubious: the onset of the apoplexy in these cases takes one of three forms. It is either of the "ingravescens" type, in which case there is no distinguishing point; or it is fulminating, true apoplexy, an event which appears to be rare in hæmorrhages situated elsewhere; or, in its most characteristic form, it comes on with violent convulsive movements of all the limbs, and of the head, eyes, and neck, accompanied occasionally by loud inarticulate cries. These phenomena seem to occur only in primary ventricular hæmorrhage, and are of course rapidly succeeded by coma and death. Finally, hæmorrhage bursting into the ventricles, whether primarily or secondarily, seems very often to give rise to either convulsive movements of the limbs or to marked rigidity, or both. Of these six cases three had convulsions, two had the ventricles filled with clot, in the third there was no post-mortem, but the hæmorrhage must

certainly have been very large. These same three cases also showed well-marked rigidity, as did also the cerebellar case, where there was an extraordinary amount of cerebro-spinal fluid in the ventricles. The fourth case, where there was also a large ventricular hæmorrhage, belonged to the group of cases in which the lesion is so severe that the patient ceases to live except in his medulla; the cardiac and respiratory centres surviving alone in the wreck of the nervous system.

6. F. M.—, a carpenter, *et. 35*, was sitting quietly at his work, when he complained that his hands felt numb; soon afterwards he became unconscious. He was admitted unconscious at midday; his corneal reflexes were present; his head was deviated to the right and held rigid; there was no conjugate deviation of the eyes, but a marked external squint of the right eye. The pupils were small, the left slightly larger than the right; neither reacted to light. Patient held both his arms and legs quite rigid, and occasionally his whole body became stiffened; his arms being rigidly flexed, and his legs drawn up and strongly adducted. In the intervals of these paroxysms the right arm and leg were not moved; the left arm and leg were moved actively. Urine 1018; trace of albumen; no sugar. At 3.30 the left pupil was widely dilated, and the temperature rising rapidly. At 6 p.m. he died. Temperature on admission 95.4°; at 1.30, 98.4°; at 3.30, 101.4°; at 5.30, 104.2°; and half an hour after death, in the rectum, 105.0°.

Post-mortem.—Brain: surface of left hemisphere much congested over parietal and occipital lobes. Large clot in the left centrum ovale beneath this congested area, not reaching to the surface. The internal capsule not involved. Left ventricle filled with clot; none in right. Fourth ventricle and aqueduct filled with blood. Third and sixth nerves nowhere involved. Arteries of brain healthy; no mitral aneurysms found. Kidneys: natural, twelve ounces.

This last case presents many points of resemblance to the third, both were young, healthy men, without any obvious signs of disease of the arteries or the internal viscera; in both the seat of the hæmorrhage was uncommon; and in neither did the lesions found after death afford a sufficient explanation of the symptoms observed during life. The marked degree of squint in this case, taken with the other symptoms, gave reasonable ground for locating the lesion in the neighbourhood of the pons, but nothing was found after death to confirm this diagnosis; and as to the cause of this prominent symptom I can offer no suggestion. No motor fibres have ever been traced, so far as I know, to any portion of the occipital lobe, and so far as their path is known, it appears to have been left untouched; and though the fourth ventricle was found occupied by clot at the post-mortem, the clinical symptom appeared so soon after the onset, and persisted unchanged so long, that it would seem impossible to attribute it to pressure on the nerve-nuclei in the fourth ventricle.

In the *Brit. Med. Journ.* for June 11th, 1898, Dr. R. Williamson, of Manchester, recorded the fact that of eight cases of cerebral hæmorrhage four showed retinal hæmorrhages on the same side as the lesion. It is worth remarking that in the above six cases I failed, even with the most careful examination, to find any trace of hæmorrhage in the retina of either eye.

Notes.

It is with very great regret that we have to announce Mr. James Berry's resignation of his post as Demonstrator of Practical Surgery. That regret becomes intensified when we realise this means that Mr. Berry, for the time being at all events, severs his connection with the Hospital, after being in close touch with it as a teacher for fifteen years. But we still cling to the hope we expressed in these columns eighteen months ago, when commenting upon the presentation made to Mr. Berry in recognition of his long and laborious term of office as Surgical Registrar. That hope referred to the time when, both as surgeon and as

teacher, Mr. Berry should be with us in the most permanent sense our Hospital makes possible.

* * *

TWENTY years ago last October Mr. Berry gained the Entrance Scholarship in Science, which began his series of achievements as a student at our Hospital. After qualification Mr. Berry became first House Surgeon to Sir (then Mr.) Thomas Smith, and afterwards House Physician to Sir (then Dr.) Dyce Duckworth. These duties ended, Mr. Berry entered "the Rooms," first as Assistant Demonstrator, then as Demonstrator of Anatomy, only leaving this post for the more arduous and responsible one of Surgical Registrar, which he held for more than five years. For the last three years of his registration Mr. Berry was also Demonstrator of Operative Surgery, and for the past two years Mr. Berry has been Demonstrator of Practical Surgery.

* * *

Thus it comes to pass that the teaching of anatomy and surgery at St. Bartholomew's has been intimately bound up with the untiring zeal of a familiar and deservedly popular figure in our midst for an almost continuous period of fifteen years. Some few older students amongst us can remember the crowding that took place round the table in "the Rooms" when Mr. Berry was due to demonstrate. Many of us recollect the kind assistance, the timely warning, and the unstinted advice associated with "Dressing" under Mr. Berry's supervision. Perhaps more still are harbouring pleasant thoughts of the teacher whose lucid expositions made the "final College" a thing to be less dreaded than ignorance had hitherto left it. No wonder Bart's students have idolised Mr. Berry, and no wonder this JOURNAL, the organ of the Amalgamated Clubs and of the School, feels this a fitting opportunity to offer some poor praise on their behalf.

* * *

We understand that Mr. Berry had long since determined not to again undertake a personal canvass of the Lay Governors of the Hospital on any future occasion. But whether this unenviable task may prove essential to the fulfilment of our hopes or not, we cannot bring ourselves to believe that Mr. Berry has said farewell to us, nor refrain from the desire to see him once more installed as our teacher, and the servant of the Hospital. We can only repeat how great is our regret that Mr. Berry has left us as Demonstrator of Practical Surgery three years before he would otherwise have vacated that office.

* * *

On July 4th a meeting of the National Committee for Great Britain and Ireland, formed to further the interests of the International Medical Congress for 1900, was held at the rooms of the Medical Society. The Congress meets at Paris. Dr. A. E. Garrod and Mr. D'Arcy Power are the Honorary Secretaries for the British Section.

THE Sixty-seventh Annual Meeting of the British Medical Association takes place at Portsmouth on Tuesday, Wednesday, Thursday, and Friday, August 1st, 2nd, 3rd, and 4th, 1899. In the Medicine Section Sir Dyce Duckworth takes part in a discussion on "The Medical Tests required for Admission to the Public Services." Dr. Samuel West offers a paper on "Forms of Albuminuric Retinitis and their Significance," and Dr. Hugh Walsham offers one on "The Relation of Tuberculosis to Pure Mitral Stenosis." Mr. Butlin is President of the Surgery Section, Mr. D'Arcy Power being one of the Hon. Secretaries. Mr. James Berry offers a paper on "Seventy Consecutive Cases of Gout treated by Operation (Exstirpation or Enucleation)." In the Pathology Section Dr. Morley Fletcher takes part in the discussion on "The Pathology of Renal Tumours." In the Diseases of Children Section a discussion on "The Treatment of Inguinal Hernia in Infancy and Childhood" is to be opened by Mr. John Langton, and Mr. D'Arcy Power follows as one of the speakers on the same subject. In the Pharmacology Section Dr. Lauder Brunton reads a paper, opening a discussion on "Headaches and their Treatment." In the Laryngology Section Dr. Jobson Horne offers a paper on "Pachydermia Laryngis."

We understand that Dr. West will give a Post-Graduate Demonstration for old Bartholomew's students during the Summer Vacation, as he did last year, on Wednesday afternoons at 4 o'clock in August and September.

MR. W. E. MILES has been elected Assistant Surgeon to the Cancer Hospital (Free), Brompton. Mr. Miles has also been elected Surgeon to Out-patients at the Gordon Hospital for Fistula.

DR. EDKINS has been re-appointed Demonstrator of Practical Physiology.

DR. HORTON-SMITH has been reappointed Assistant Medical Tutor.

MR. H. J. WARING has been appointed Demonstrator of Practical Surgery *vice* Mr. James Berry, resigned.

MR. R. C. BAILEY has been appointed Demonstrator of Operative Surgery.

MR. PHILLIPS has been appointed Demonstrator of Anatomy; Messrs. Mundy and Rawling have been re-appointed Assistant Demonstrators, and Mr. A. R. J. Douglas has been appointed to the same office, vacated by Mr. W. E. Miles.

DR. ORTON has been re-appointed Demonstrator of Chemistry.

MR. W. LANGDON BROWN has been appointed Assistant Demonstrator of Physiology.

DR. JOBSON HORNE has been reappointed, and Mr. F. A. Bainbridge has been appointed, Assistant Demonstrator of Pathology.

MR. R. C. ELSLIE has been reappointed, and Mr. F. N. White appointed, Assistant Demonstrators of Biology.

THE Shuter Scholarship in Anatomy, Physiology, and Pharmaceutical Chemistry has been awarded to H. W. Atkinson, of Caius College, Cambridge.

THE Sir George Burrows Prize in Pathology has been awarded to G. V. Bull, and the Skynner Prize in the same subject to H. Davies.

THE Lawrence Gold Medal and Scholarship have not been awarded this year.

THE Honourable Artillery Company of London was inspected by the Queen at Windsor on July 1st, and on July 8th this ancient corps led the London Volunteers at the review before the Prince of Wales. It will interest many of our readers to know that the H.A.C. numbers several Bart.'s students in its ranks, and that two out of the four medical officers are Bart.'s men, namely, Surgeon-Captain Reece and Surgeon-Lieutenant Myddelton-Gavey.

OUR excellent contemporary, *The Medical and Surgical "Review of Reviews,"* sent us our usual exchange copy last month with a request on the wrapper to "see page 1." Page 1 was heavily scored with blue pencil, and contained an excusable diatribe against certain "other journals" whose "wholesale appropriation of its abstracts without acknowledgment" was the subject of complaint. The lash was specially applied to the apparently insensitive hide of the *Canada Lancet*, which seems to have beaten the record by giving its readers "61 pages of closely printed matter, containing in all 90 articles and abstracts, 85 of which (41 pages out of 61) were taken verbatim from" a single number of the "Review of Reviews." "But there are others," added the editor in threatening italics, and the note on the wrapper, with the blue pencil, impel us to say that we plead "Not guilty." Our conscience is free from any recollection of having offended the "exigencies of professional comity." But we cannot help expressing sympathy with our contemporary in what is after all a clear infringement of the shortest clause of the decalogue, though the sin be a compliment notwithstanding.

ENTERPRISE in advertising meets with such a signal success that it has become familiar to all of us; importunity

to the degree of actual annoyance has now and again to be tolerated. But we think even this thing has its limits,—and we fancy they are reached when medical men receive a sombre-faced pamphlet setting forth the many benefits to be derived from patronising a certain necropolis. It savours far too much of a time-worn jibe that hints of collusion between doctor and undertaker.

OTHERWISE the book is interesting enough, even in awakening thoughts we are usually well content to let lie dormant. We notice that the ancient custom of embalming may be resorted to "on the most improved modern principle, and that for this branch a medical specialist is retained." Here seems scope for brother medicos who find the profession overcrowded, and who have a taste for gruesome work. It is also of interest to find that Dives and Lazarus are both catered for as efficiently after death as before it, for the former may secure a luxurious interment that involves "Open Car, or Glass Hearse and Pair, Three Broughams and Pairs, Elm Shell, Lined Swansdown, Lead Coffin, Oak Case, French Polished, Brass Fittings, Engraved Plate of Inscription, Memorial Service Books, Superintendent and Assistants;" and that the latter may be decently buried with "Elm Coffin, Black Fittings, Two Rows of Nails (*sic!*), Name Plate, Hearse, and Attendants." Whether the two rows of nails mean ornamentation, or whether their object is to frustrate any desire on the part of the dead man to return to the light of day and the pleasures of this life, is uncertain. Perhaps the fact that for an extra fee an "extra depth of grave" can be secured favours the latter, but in either case there seems an irony in stating this item in the poor man's specification rather than in that of the rich.

AFTER a short stoppage in the unconsecrated portion of the cemetery the train runs direct through the charming grounds to the consecrated portion." This reads like part of the descriptive programme of a Cook's personally conducted tour, and prepares us for the quotation from *The Illustrated London News* to the effect that "a visit to (the necropolis in question) will reconcile it to the feelings of the most fastidious." This may be; but the writer was not a doctor, which brings us to our original point, that "there's a decency required," even in advertising.

THE following pair of advertisements appeared in a recent number of *The Hospital Nursing Mirror*, with as close proximity as we reproduce them here:

G—COTTAGE HOSPITAL.—Certificated MATRON REQUIRED. Able to dispense and train a probationer. Eight beds. Comfortable home, all found, including washing. Servant kept. Salary £20 per annum. Applications, &c., &c.

G—COTTAGE HOSPITAL.—LADY PROBATIONER REQUIRED. Eight beds. Comfortable home, all found, including washing. Servant kept. Two years' service. Dispensing taught, and training by qualified and certificated matron. Premium £20. Applications, &c., &c.

Now it is of fundamental importance that public institutions, especially charitable ones, should be organised so as to "pay their way." And one sees at a glance that the balance-sheet of the G—Cottage Hospital, with respect to its nursing expenses, for one year at all events will be as clean as the most fastidious of Charity Commissioners could wish. But it was a curious lack of foresight that prevented it being made clean for ever by the simple substitution of £40 for £20 in the second advertisement. That would have been a master-stroke in hospital management.

THE following would seem to be the latest move on the part of the Antivivisectionists:

"The National Antivivisection Society,
20, Victoria Street, London, S.W.;

June 23rd, 1899.

"Dear Sir,—There are many supporters of our Society resident in — at the present time, and we not infrequently are asked to recommend a doctor who is known to us as an opponent of vivisection as practised in this country. As we do not appear to have the name of any medical man in — on our list of members and supporters, I should be very much obliged if you would inform me whether your views on this question are of the nature conscientiously to justify you in allowing us to say to our friends that you share our convictions.

"I remain, dear Sir,

Very faithfully yours,

"(Signed) STEPHEN COLERIDGE.

"P.S. The enclosed reprint of a recent controversy between Professor Schäfer and myself may interest you. You will observe that I have reproduced verbatim all that my opponent had to say."

Truly, "by their fruits ye shall know them."

THE "Hero of Medicine" in this month's *Practitioner* is Dr. John Radcliffe, a Governor of, and benefactor to the Hospital. Radcliffe seems to have had the same reputation for brusquerie of behaviour as a physician that Abernethy earned as a surgeon. Called in to treat Queen Mary, ill of the smallpox which killed her, he declared that "Her Majesty was a dead woman, for it was impossible to do any good in her case when remedies had been given that were so contrary to the nature of the distemper, yet he would endeavour to do all that lay in his power to give her ease." Five years later Mary's consort had occasion to consult Radcliffe on account of dropsy, and when the King showed the physician his swollen ankles and asked, "What think you of these?" Radcliffe replied, "Why, truly, I would not have your Majesty's two legs for your three kingdoms!" A third call from royalty occurred in 1714, when Queen Anne requested his attendance, but Radcliffe sent the astounding reply that he could not come as he had taken physic, guarding himself, however, by explaining that even his attack of gout would not have kept him from attendance had the request been sent by the proper authority. A man who could be rude to crowned heads could naturally be the same to meaner folk. "In refusing for some reason to prescribe for an elderly lady he said that he neither knew what was good for an old woman, or what an old woman was good

for." And "to a man who like the glutton feasted every day, and suffering from a surfeit, he made the encouraging remark: 'If happily you should escape Death's clutches to-night, I would advise you to hang thyself to-morrow; for he alone can rid you of your complaints.'"

* * *

To our Hospital we learn that Radcliffe bequeathed £500 a year "towards mending their dyette, and the further yearly summe of £100 for ever for buying linnen." Whence it is quite evident that Radcliffe must have dined with the Residents, though into what channel the "dyette" bequest has drifted merits the investigation of our friends the Almoners.

* * *

THE Inter-Hospital Athletic Meeting took place on Wednesday, July 12th. The detailed account we have been compelled to keep over to our next issue, as our columns are limited, and reports of earlier events must take precedence. The day was subtropical, the gathering fair, and perha s the most important factor of all towards a successful issue from our point of view—the Athletic Shield, the largest trophy contested for by the Metropolitan Medical Schools, now adorns our library table. Long may it remain, in company with its fellow goblets, where we have always been taught to consider its proper lodging.

* * *

So far the Lawn Tennis Team has obtained a good record this season, only losing the first match. The Inter-Hospital Cup has been won again this year. Messrs. C. I. Nedwill, E. H. Hunt, A. O'Neill, and L. E. Hughes, have received their colours.

* * *

We are glad to see not only an increased interest in the Rifle Club, but also that a better effort was made this year to secure the Inter-Hospital Cup. The prize fell to St. Thomas's with a score of 387 points, Bart.'s following with only 8 points less. Guy's came third with a big drop to 344. Captain Morris is to be congratulated upon this result of his unflagging energies.

Amalgamated Clubs.

CRICKET CLUB.

ST. BART.'S v. KENSINGTON.

Played at Kensington on June 24th, and resulting in a win for St. Bart.'s by 78 runs, which may be looked upon as a good performance, considering the strength of the opposing side and the fact that we were playing one man short. The result was in no small measure due to the batting of Boyle, who scored 89, being the last man out. Hill's innings of 43 was also a good one. For the Hospital Bank took four wickets for 41, and Boyle five for 60.

SCORES.

Table with columns for KENSINGTON and ST. BART.'S, listing players and their scores. Total for Kensington is 168, and for St. Bart.'s is 243.

INTER-HOSPITAL CUP TIE.

ST. BART.'S v. ST. MARY'S.

This match was played at Chiswick Park on June 22nd, and resulted in a win for St. Mary's. Bart.'s were not fully represented, but even this did not account for the collapse. Batting first, we were dismissed for the small total of 81, Bigg being the only one to do justice to himself. Mary's made the runs for two wickets, and eventually made 112 for three. Several adjournments were made during the day on account of the rain, the game at one time being delayed two hours.

SCORES.

Table with columns for ST. BART.'S and ST. MARY'S, listing players and their scores. Total for St. Bart.'s is 81, and for St. Mary's is 112.

ST. BART.'S v. COOPER'S HILL.

The above match was played at Cooper's Hill on June 17th, and resulted in a draw greatly in favour of Cooper's Hill, who, batting first, scored 266, of which total their captain, H. Tresawna, and C. G. Peterkin contributed 113 and 53 respectively. Bart.'s were left about two hours to bat, and in that time lost nine wickets for 128, Scoones, Sale, Turner, and Boyle being the only ones to score, the first-named going in first and carrying his bat for an invaluable 29.

SCORES.

Table with columns for ST. BART.'S and COOPER'S HILL, listing players and their scores. Total for St. Bart.'s is 128, and for Cooper's Hill is 266.

ST. BART.'S.

Table listing players for St. Bart.'s and their scores. Total for 9 weeks is 128.

ST. BART.'S v. HAMPSHIRE.

Played at Winchmore Hill on Saturday, July 8th, and resulted in a win for Bart.'s by 136 runs. Bart.'s batted first on a good wicket, and totalled 253, the batting throughout being good. Fouler's innings of 50 was by far the best. Hampstead were all out for 117, the wickets being shared by Pank (four for 33), Boyle (three for 33), and Turner (three for 22).

SCORES.

Table with columns for ST. BART.'S and HAMPSHIRE, listing players and their scores. Total for St. Bart.'s is 253, and for Hampshire is 117.

LAWN TENNIS CLUB.

ST. BART.'S v. WINCHMORE HILL L.T.C.

Played on May 17th. Won 6 matches to 0, and 3 drawn matches.

ST. BART.'S v. WANSTEAD L.T.C.

Played on May 20th. Won 5 matches to 4.

ST. BART.'S v. NORTH KENSINGTON 2ND TEAM.

Played on June 3rd. Won 6 matches to 3.

ST. BART.'S v. COOPER'S HILL.

Played on June 7th. Won 6 matches to 3.

PAET v. PRESENT.

Played on June 10th. Present won by 7 matches to 0.

ST. BART.'S v. HORNSEY L.T.C.

Played on June 15th. Won 5 matches to 4.

ST. BART.'S v. CONNAUGHT L.T.C.

Played on June 17th. Won 6 matches to 3.

CUP TIES.

ST. BART.'S v. GUY'S.

Played on June 20th. Won by 4 matches to 2, and 5 matches to 1.

Singles.—J. K. N. Marsh beat H. Wachter, 6-4, 6-1.

A. O'Neill beat L. Cooke, 6-1, 7-5.

C. M. Pennifather beat Mandy, 6-1, 7-5.

E. H. Hunt lost to Lacy, 5-7, 5-7.

L. E. Hughes lost to Jupp, 4-6, 4-6.

Stirling-Hamilton beat Webb, 6-1, 8-6.

Doubles.—J. K. N. Marsh and A. O'Neill—beat H. Wachter and L. Cooke, 6-0, 6-0.

beat E. N. Jupp and H. Webb, 6-2, 6-2.

C. M. Pennifather and E. H. Hunt—beat H. Wachter and L. Cooke, 6-1, 6-3. beat P. S. Mandy and H. K. Lacy, 6-3, 6-2. J. Stirling-Hamilton and L. E. Hughes lost to E. N. Jupp and H. Webb, 1-6, 6-4, 1-6. drew with P. S. Mandy and H. K. Lacy, 6-1, 4-4. Hughes played on account of Nedwill's unavoidable absence. Bart.'s won 9 matches to 3.

ST. BART.'S v. ST. GEORGE'S.

Second round, played on June 21st. Won by 4 matches to 2, and 4 matches to 5.

Singles.—J. K. N. Marsh lost to A. C. Pearson, 2-6, 3-6.

C. L. Nedwill beat M. Horne, 6-0, 6-3.

C. M. Pennifather beat M. O. Hunter, 4-0, 0-4, 6-0.

A. O'Neill lost to A. S. Bradley, 4-6, 8-6, 13-15.

E. H. Hunt beat C. R. S. Bradley, 6-1, 6-1.

J. Stirling-Hamilton beat McCaskie, 6-4, 6-4.

Doubles.—C. L. Nedwill and J. Stirling-Hamilton lost to Pearson and McCaskie, 3, 6, 3-6.

beat Horne and Hunter, 6, 1, 6 a.

lost to C. R. S. Bradley and A. S. Bradley, 7-5, 4-6, 4-6.

C. M. Pennifather and E. Hunt—lost to Pearson and McCaskie, 4-6, 6, 8.

beat Horne and Hunter, 6-0, 6-4.

lost to Bradley and Bradley, 6-2, 4-6, 4-6.

J. K. N. Marsh and A. O'Neill—lost to Pearson and McCaskie, 4-6, 4-6.

beat Horne and Hunter, 8-6, 6-0.

beat Bradley and Bradley, 6-4, 5-7, 6-2.

Bart.'s thus winning by 8 matches to 7.

Final Round.

ST. BART.'S v. LONDON.

Played on June 22nd. Won 3 matches to 3.

Singles.—C. L. Nedwill lost to J. H. Philbrick, 4-6, 6-3, 5-7.

J. K. N. Marsh beat C. C. Simson, 2-6, 7-5, 8-6.

C. M. Pennifather lost to L. Bousfield, 0-6, 0-6.

E. H. Hunt beat A. E. Gilmore, 6-2, 6-1.

A. O'Neill lost to A. R. M. Brenan, 5-7, 4-0.

J. Stirling-Hamilton beat H. P. Bradley, 6-2, 8-6.

(The Doubles were postponed, on account of rain, until the 26th.)

Won 6 matches to 1.

Doubles.—C. L. Nedwill and J. Stirling-Hamilton—beat L. Bousfield and A. R. M. Brenan, 6-4, 6-8, 6-4.

J. K. N. Marsh and A. O'Neill—beat Philbrick and Bradley, 4-6, 6-3, 6-4.

beat Simson and Gilmore, 4-6, 6, 2, 6, 4.

beat Bousfield and Brenan, 6, 3, 8-6.

C. M. Pennifather and E. H. Hunt—beat Philbrick and Bradley, 6-3, 6-1.

beat Simson and Gilmore, 1-6, 6-2, 6-4.

lost to Ransfield and Brenan, 1-6, 3-6.

Bart.'s won 9 matches and lost 4, 2 matches remaining unplayed.

UNITED HOSPITALS SWIMMING CLUB.

Before a large and fashionable company the finals in the Inter-Hospital team racing and water polo were held at the Bath Club, 54, Dover Street, on the evening of July 11th.

The Bath had been kindly lent by the members of the Bath Club, to whom, and particularly to Mr. Taylor, the United Hospitals are greatly indebted.

Among those present were the Duke and Duchess of Portland, Captain Hutton, Mr. W. H. Grenfell, and many members of the staffs of the different hospitals.

The programme comprised, besides the finals above mentioned, an interlude by members of the Bath Club.

In the team race St. Mary's (holders) opposed Westminster. The holders were the better team, H. C. Loco being particularly good, though for the losers C. H. M. Hughes regained much of the lost ground, but Mary's won rather easily by a third of the length of the bath, which is 75 feet in length.

St. Mary's team, H. C. Lees, O. Ievers, J. Webster, and V. R. Nesfield.

Westminster: S. Dodd, J. B. Hickley, W. C. Nimmo, and C. H. M. Hughes.

In the water polo match which followed, St. Bart.'s (holders) opposed Guy's. Both hospitals had their strongest teams out, the Bart.'s team being strengthened at the last moment by the inclusion of H. W. Masterman, who journeyed up from Salisbury for the match.

Bart.'s won the toss and decided to defend the deep end first. They were the quickest on the ball and were the first to press, but were quickly brought up by a foul. Their left pressed heavily, and from a neat pass from Masterman, Niall scored a good goal within the first minute. Play for the next few minutes was very fast and even, the Guy's forwards playing a pretty combination, and from a fine shot from Edwards, Guy's scored their first goal. Play now was confined to the Guy's end, but the shooting of the Bart.'s forwards was very wild, several shots going over the bar, and half-time came with the score one all. In the last half of the game Bart.'s men were frequently on the aggressive, but were unable to score, the shooting being erratic, several of the men losing easy chances of shooting which can only be put down to the excitement of the cup tie. More goals ought to have been scored, the ball hitting the cross bar several times. Bart.'s were put one ahead by a neat shot by Niall from the left-hand corner of the bath. The fastness of the game had by now told visibly upon several of the Guy's team, though they stuck to it pluckily. In the last thirty seconds one of the team had to leave the water owing to cramp, but nothing further occurred. Bart.'s ran out winners by two goals to one.

The game was a very fast one, but was not marked by good shooting. The passing at times was good, but the shooting scarcely ever. For the winners Niall, Taylor, and Masterman played a good game. For the losers A. C. Edwards and D. G. Greenfield were prominent.

ST. BART.'S.		GUY'S.	
H. E. Thomas.....	goal	T. H. Wilkes.....	goal
L. B. Scott.....	backs	H. N. Grosse.....	backs
A. H. Blossome.....	backs	F. Franklin.....	backs
H. W. Masterman.....	half-back	H. D. Traill.....	half-back
F. E. Taylor.....	forwards	T. R. S. Ash.....	forwards
A. M. Amies (capt.).....	forwards	A. C. Edwards.....	forwards
E. M. Niall.....	forwards	D. G. Greenfield (capt.).....	forwards

Referee.—W. Feddon, St. George's Hospital.

After the interlude by members of the Bath Club, the members of the winning teams were presented to the Duchess of Portland by the President of the evening, Mr. Fripp. Her Grace congratulated each of the teams upon their success, and presented them with the cups. Three cheers were then given for the Duchess, to which the Duke (for her Grace) responded. Cheers were given for the Duke and for the lady guests. These brought the evening proceedings to a close; but for the Hospital men a treat was in store. Mr. Fripp, after the guests had gone, offered to swim any Hospital man present two lengths of the bath. The men were rather taken back at first, but when Mr. Fripp repeated his offer, it was taken up by Mr. Fay Bennett, one of the Bart.'s vice-presidents, though he had not swum for over twelve months. Bennett allowed Fripp 2 secs. start. With a good dive off, Fripp made the most of his 2 secs.; but Bennett was quickly on him, though never able to overhaul him. The last length was swum amid great excitement, Fripp just winning by a foot. This was regarded by the Hospital men as one of the best events of the evening, as it is not often they have the chance of competing against one of the Staff, though let us hope this will not be the last event of its kind, but only the commencement of a series.

UNITED HOSPITALS v. SURREY COUNTY.

Played at Camberwell Baths on the evening of July 13th. United Hospitals were first on the ball, and after some very even play, Hughes, by a nice shot, scored for the Hospitals. On restarting the County had slightly the better of the game, though they threw away a good many openings by Martin indulging in some long shots from more than three-quarter way, which went all of them very wide. Clarke, from a neat pass up, scored for the County, another goal being quickly added by Ryshe, who received the ball by a neat piece of play from Martin. Just before half-time, Sayer, who received the ball from a save by the County goal-keeper, took it down nearly the length of the bath, fairly outpacing his man, and notched the fourth goal for the County. Nothing further occurring, half-time found the score 4-1. On resuming, the Hospital men got well together, and by means of some close passing, enabled Feddon to score. Here

Martin again indulged in some long shots, none of which scored. Cooke, outpacing his man, took the ball well down the bath and scored. Butler next flicked a goal from a pass from Byshie. The play was now even, and nothing further was scored until the Hospitals obtained a corner, when Niall passed out to Feddon, who obtained a goal. No side was then called, leaving the County winners of a very good game by five goals to three.

Teams: Surrey: J. Ramsden (Nautilus) (goal), T. Sayer (Nautilus) and H. S. Martin (St. James's) (backs), F. Cooke (Cygnus) (half-back), W. A. H. Buller (capt.) (South London H.), R. F. Clarke (Nautilus), and E. H. Byshie (St. James's) (forwards). United Hospitals: H. E. Thomas (St. Bart.'s) (goal), A. H. Bloxsome (St. Bart.'s) and V. B. Nesfield (St. Mary's) (backs), R. Newly Smith (London) (half-back), W. Feddon (St. George's), A. H. N. Hughes (Westminster), and E. M. Niall (St. Bart.'s) (forwards).

SHOOTING CLUB.

THE INTER-HOSPITAL MATCH.

The above match was shot at Runemede Range, Staines, on Wednesday, June 14th, in fine weather, and resulted in a win for the Hospital by 8 points, St. Thomas's Hospital being second. The highest score of the day was made by Marshall of St. Thomas's Hospital, who compiled the excellent total of 100. The conditions were 7 shots at each of the following ranges, 200, 500, and 600 yards.

The following are the individual scores:

ST. BART.'S.		ST. THOMAS'S.	
T. H. Gandy.....	90	C. de Z. Marshall.....	100
O. E. Lord.....	88	N. Carpmel.....	87
R. J. Morris.....	86	F. D. Vaughan.....	83
W. R. Read.....	84	I. E. Weekes.....	76
A. C. Brown.....	75	R. B. Perkins.....	73
C. R. Brown.....	73	H. R. Beale.....	69
Total.....	496	Total.....	488

ST. MARY'S.

J. M. Pooley.....	88
A. De Morgan.....	77
C. Speers.....	65
W. A. Trumper.....	58
H. C. Taylor.....	56
N. Gibbons.....	13
Total.....	357

ST. BART'S RIFLE CLUB PRIZE MEETING.

On July 5th the Annual Prize Meeting took place on the Runemede Ranges, near Staines. The wind came from the left front, and varied a good deal in its force; the light was variable as well, conditions detrimental to high scoring with the rifle.

The first stage of the Waring Challenge Cup—15 shots at 500 yards—was won by R. J. Morris with a total of 70, W. R. Read being second with 68. The following are the best scores:

	300 yds.	500 yds.	600 yds.	Total.		
Morris, R. J.....	54	45	55	55	54	70
Read, W. R.....	54	45	53	53	53	68
Brown, A. C.....	53	43	45	53	45	64
Lord, O. E.....	35	45	35	43	55	61

THE CLUB COMPETITION.

Conditions.—Seven shots at 200, 500, and 600 yards; any position, one sighter allowed. The first place was again secured by R. J. Morris with 97 points, closely followed by C. R. V. Brown with 93. The best scores are as follows:

	200 yds.	500 yds.	600 yds.	Total.
Morris, R. J.....	30	34	33	97
Brown, C. R. V.....	28	32	33	93
Read, W. R.....	32	33	23	88
Brown, A. C.....	30	29	27	86

The Aggregate Challenge Cup presented by Messrs. Benethink was won by R. J. Morris with a total of 167 points; next in order came—

Read, W. R.....	156	Brown, C. R. V.....	147
Brown, A. C.....	150	Lord, O. E.....	143

The Inter-hospital Challenge Cup was competed for at Risley on Thursday, July 13th, and resulted in a win for St. Thomas's Hospital by 8 points their total being 387, Bart.'s being second with 370. This being 21 points better than our score of last year; Guy's Hospital, last year's winners, came third with 344. W. R. Read made the highest score in the match, 69 points, which with his score in the first stage at the Hospital Prize Meeting, secures him the Waring Challenge Cup for the year.

Following are the scores in the Inter-Hospital Match:

ST. THOMAS'S.		ST. BART.'S.	
N. Carpmel.....	68	W. R. Read.....	69
F. D. Vaughan.....	67	C. R. Brown.....	67
C. de Z. Marshall.....	66	O. E. Lord.....	64
H. F. Weekes.....	66	A. C. Brown.....	62
—Uproot.....	61	R. J. Morris.....	59
H. R. Beale.....	50	C. S. Frost.....	58
Total.....	387	Total.....	379
Guy's.....	344		

The Abernethian Society.

THE Midsummer Address was given by Dr. Klein, F.R.S., in the Anatomical Theatre on Thursday morning, July 7th, Mr. A. R. J. Douglas, F.R.C.S., being in the chair. There was a very good attendance of members, the nursing staff being also present.

Dr. Klein took for his subject "The Relation of Bacteriology to Medicine," and in the course of an extremely interesting discourse, showed how no branch of science had been of more service to medicine than bacteriology during the last twenty years. He divided his address into three parts.

First: How it had altered the ideas of some diseased processes, quoting as examples septicæmia, sapremia, and tetanus, and showing how the present knowledge as to the causes of tuberculosis and tetanus was obtained solely by the help of bacteriology.

Secondly: The diagnostic value of bacteriology. Diphtheria has been shown to be due to a certain bacillus, and whenever this bacillus is found in a person's throat, that person is liable to the disease. Withal's test of the blood of a person supposed to be suffering from typhoid fever, it has enabled us to say whether that person is suffering from the disease even before the end of the first week. Dr. Klein then went on to explain and show how it had enabled us to say for certain whether a person had died from cholera or not, showing by means of some beautiful slides the different bacteria which the cholera bacillus might be taken for, and how it grows differently in gelatine and peptone solution. Dr. Klein quoted instances of the value it had been in diagnosing suspected cases in Grimby, Hull, &c., and also in the case of the floor-cleaner in the House of Commons, who died of cholera in 1893, many people doubting that it was a case of true cholera, but it was clearly proved by means of bacteriology that it was.

Thirdly: How it had furnished us with a means of preventing and immunising against certain diseases. He explained the process how this was brought about by administering a subfatal dose to an animal, and then by means of gradually increasing the dose until the animal could receive a dose which, if it had been administered to it straight away, would have been fatal to it. It was then found that if some of the immunised animal's blood be mixed with an otherwise fatal dose of the particular microbe, and the mixture injected into a fresh animal, the latter did not take the disease, this being called "passive immunity," the immunised animal from which it was derived being in a state of "active immunity."

Dr. Klein then remarked upon the vast amount of work which had been done, and how during the evening he had only touched upon the mere essentials, and how much still remained to be done, and this by those who were listening to him that evening.

The address was profusely illustrated by means of Dr. Klein's own lantern slides. These, by their beauty and unique workmanship, elicited great applause. To pick out any one in particular as being better than the rest would be almost impossible, but the ones exhibiting a giant-cell filled with tubercle, pus cells filled with bacteria obtained from a guinea-pig which had been inoculated with some sewerage deposits, and the typhoid bacillus with flagella obtained from an oyster, were unique examples of their kind.

We hope that the members of the Society who were unable to be present at the address may have an opportunity at no distant date of seeing it in print.

Mr. Douglas, in thanking Dr. Klein, referred to the rarity of the occasions upon which Dr. Klein had addressed the Society. He remarked that Dr. Klein's book upon the relations of micro-organisms to disease was a work of its kind published in any language.

Rev. G. Henslow, proposing a vote of thanks to the lecturer, remarked that he had noted that Hodges, in his book upon the plague (1720) refers to the habit then in use of using the salts of heavy metals, plants with strong alkaloids, and plants with odours upon persons afflicted with the plague. Quite lately he had noticed that small quantities of the essential oils in water were being used as antiseptics.

Dr. Klein rose and thanked all for the kind attention with which they had listened to his address, and the appreciation they had shown of his slides.

The meeting then adjourned to the library, where refreshments were served.

Annual Summer Concert.

THIS Concert is given by the members of the Junior Staff and of the Musical Society. It is a function which most members of the first body look forward to with a mixed feeling of pleasure and dread. The pleasure is that they are able to entertain their friends; the dread is caused by the fact that they have to parade on the stage and sing at the end of the Concert. With that combination of shyness and inability to understand a note of music which is inborn in fully one third of their number, one can understand what a trial this public appearance on the stage is. The Concert this year was a success, and a decided success at that. It is usual in speaking of these functions afterwards to remark that "it went off very nicely," but this time even the most captious critic would find little on which to vent his spleen.

The musical part of the Concert was excellent, and through the great kindness of Signorina Giulia Ravogli in coming to sing for us, a cachet of excellence was given to the whole thing. The secretaries had arranged that the square should be lit up with fairy lights and Japanese lanterns, and that the refreshments should be served in the open air under the trees. Several of the sisters, with that kindness for which they are always so well known, lent a lot of Japanese lanterns, and Messrs. Clarke kindly sent down a number of fairy lights for the illumination. The fountain was covered with coloured lights, which looked very pretty reflected in the water, and the shelters—those very useful shelters which have been compared to cab shelters by people with a base mind—looked very well with their roofs outlined with lights.

It was a bold move to have the refreshments in the square, as a shower of rain would have spoiled the whole thing; but the weather, though not absolutely idyllic, was kind, and on the evening of the Concert not a drop of rain fell, though it poured with rain on the nights preceding and following June 29th.

We understand that on previous occasions the "Junior Staffs" have wished to light up the square. We have no doubt they had great difficulties to contend with, and we are sure they will appreciate all the more the energy of the present secretaries in overcoming them. The first part of the Concert opened with a quintet, performed by Messrs. Pollard, Myers, Knobel, Nixon and Dr. Womack. Schumann composed one pianoforte quintet and one pianoforte quartet; both equally famous and good. The first movement of the quintet was played. It was full of melody and well worked out. Dr. Shadwell sang "Oft in the still night," one of Moore's plaintive Irish melodies, and as an encore gave Hatton's "To Anthea." It formed a good contrast to the previous song, and was sung with spirit.

A wild and fantastic "Mazurka," by Wieniawski, was given by Mr. W. B. Knobel on the violin. It was a difficult piece with much "double stopping."

Dr. Samuel West is a well-known and much appreciated member of the Musical Society; he sang "Come into the garden, Mand," which he followed with an Irish song as an encore.

The next item of the programme was a duet by Signorini Sofia and Giulia Ravogli. It was unfortunate that owing to temporary illness Signorina Sofia Ravogli was unable to come, but if anything

could reconcile the audience to her absence, it was the delightful way in which Signorina Giulia Ravogli responded to the many encores. Her first song was an Italian song, a "Zingarella," and as an encore she sang "Kathleen Mavourneen." The first part closed with two glees by the Choral Society. The first one "The Wanderer's Night Song," is by C. Wood. The Society have sung several of his glees on previous occasions. He is a fellow of Caius College, Cambridge; the only musical fellow in either University.

In the second glee, "The Lass of Richmond Hill," the chorus made a false start, otherwise their rendering of it was very good. During the interval everybody went and sat or walked round the square, where refreshments were served. It looked most charming with its crowd of ladies in pretty dresses, and the varied nurses' costumes, all lit up by the dancing lights.

The second part started with a duet from Bach's concerto for two violins, rendered by Messrs. C. S. Myers and W. B. Knobel; it is very famous and exceedingly beautiful. It is to be regretted that so few heard it, as the audience made such a noise coming in from the square.

Mr. Percival Wood sang "Who is Sylvia?" It is one of the most famous songs of Schubert, and he was most energetic; he wrote between 500 and 600. As an encore he sang a song written by Mr. S. P. Pollard, who is the conductor of the Bart's Musical Society, and also a member of the Junior Staff. Mr. Wood was in very good voice, and his songs were much appreciated.

Mr. Myers next played "Spanish Dances," by Moskowski; like the violin solo in the first part, they are difficult and fantastic, but very pleasing.

Signorina Giulia Ravogli next sang a song from Faust, and in answer to hearty encores gave two songs—one Spanish and the other Italian, accompanying herself on the guitar.

The Choral Society then sang a glee "The Two Cupids," by Batson. It was good music of a not very exciting order.

The last item was a song and quartet by Scott Gatty, "Far away o'er dere," sung by the Junior Staff. It was very kindly received, and an encore was met by singing "God save the Queen," in which the audience heartily joined.

Eighth Decennial Contemporary Club.

THE Annual Dinner of this Club was held at the Cafe Royal, Regent Street, on June 28th. The chair was taken this year by Dr. Christopher Addison, Professor of Anatomy at University College, Sheffield. Forty-five members of the Club sat down, and a very successful gathering was the result. In his opening remarks, after the usual loyal toasts, the chairman made reference to the appeal which Bart's always makes to old students, despite the conservatism which usually attaches to old institutions. It was to be regretted that deficiency of space prevented Bart's matching newer and smaller schools in laboratory accommodation and equipment. But even with its difficulties in this direction, it was second to none in its efforts towards the progress of the science and art of medicine. The chairman proceeded to deplore the rise of what he termed a "generation of pot-boilers,"—men who get up "a case" and write an article on it, presenting a synopsis that could be found in any respectable text-book. Those padded books that came from across the Atlantic, and contained what could be as well said in a couple of pages, were the work of this class of person. The chairman concluded by proposing "Our Noble Selves."

Dr. Jobson Horne, in proposing "The Health of the Chairman," referred to the time when Professor Addison showed himself to be no mean carpenter for, as a dresser at Bart's, he invented an ingenious crutch. He was glad to say this Club stood in no need of a crutch at present. It was kind of Dr. Addison to have come so long a distance to preside that evening. Dr. Horne, in protesting against disparaging remarks against Bart's, wondered how any one could accuse that worthy institution of lack of progress when he had that very day seen a large collection of medical members of the Women's Congress in the Square.

Dr. Morley Fletcher referred in fitting terms to the death of Professor Kanthack, one of the members of the Club, and an energetic secretary.

Dr. Fletcher proposed and Mr. Waring seconded as Dr. Kanthack's successor Dr. Drysdale, who was unanimously elected.

Dr. Fletcher then proposed and Mr. Langdon Brown seconded the toast of "The Honorary Secretary."

Mr. Waring replied. A message of condolence was sent from the Club to Mrs. Kanthack for the loss of its distinguished member.

Mr. Percival Wood sang, Mr. Myers rendered some excellent violin solos, and Mr. Pollard presided at the piano.

Junior Staff Appointments.

The following nominations for Junior Staff appointments have been agreed upon.

HOUSE PHYSICIANS. October, 1899—

Dr. Church (1899) E. Talbot, M.A.(Cantab.), M.R.C.S., L.R.C.P.
Dr. Gee J. G. Forbes, M.B., B.C.(Cantab.).
Sir Dyce Duckworth P. W. Rowland, M.B.(Lond.), M.R.C.S., L.R.C.P.
Dr. Henley A. M. Ware, M.A., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P.
Dr. Brunton J. H. Rhodes, M.R.C.S., L.R.C.P.

HOUSE SURGEONS—

Mr. Willett October (1899) W. T. Storrs, M.R.C.S., L.R.C.P.
April (1900) G. V. Bull, M.R.C.S., L.R.C.P.
Mr. Langton October A. W. Dickson, M.R.C.S., L.R.C.P. (1st F.R.C.S.).
April ... G. E. Gask, M.R.C.S., L.R.C.P. (1st F.R.C.S.).
Mr. Marsh October H. F. Parker, M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P.
April ... Y. S. A. Bell.
Mr. Bustin October H. Vaughan Pryce, M.R.C.S., L.R.C.P. (1st F.R.C.S.).
April ... F. C. Borrow, M.R.C.S., L.R.C.P. (1st F.R.C.S. and Int. M.B. Lond.).
Mr. Walsham ... October T. A. Mayo, M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P. (1st F.R.C.S.).
April ... J. A. Willett, M.R.C.S., L.R.C.P. (2nd M.B. Oxon).
Intern October T. C. Little Jones, M.R.C.S., L.R.C.P.
Extern October M. A. Cholmeley, M.R.C.S., L.R.C.P.
January P. Wood, M.R.C.S., L.R.C.P.

Reviews.

ASEPTIC SURGERY, by CHARLES BARRETT LOCKWOOD, F.R.C.S. Second Edition. (Messrs. Young J. Pentland, London. Price 4s.)

The notes which formed the basis of this little book originally appeared, as many may perchance remember, in these columns. No greater service could have been rendered to the progress of surgery than their collection and re-publication in permanent form. This was done in 1896; but the popularity of the work and the seal of confirmation which time has set upon Mr. Lockwood's principles both demanded a second edition at this early interval.

We believe that the circulation of this excellent little

vade mecum to success in surgery has brought Mr. Lockwood the taunt of (to use a vulgar expression) "giving the show away." Now were we permitted to repeat such a vulgarism, we should feel inclined to say that all men who seek to advance the science or art they are making their life's work, do so best by an honest and careful exposition of the results of their thought and experiment; in other words, by "giving the show away."

As for the *motif* of the work before us, who knows Mr. Lockwood knows the method of his book. There is a maximum of fact, oft times hammered out by dint of long and careful experience, and a minimum of theory—always to be regarded with suspicion if not actual distrust. The "aseptic method" that appeals to Mr. Lockwood is the "mixed one, but with an abiding faith in the efficacy of heat, and a profound scepticism as to the power of chemicals." The directions with regard to the preparation of patient, nurses, assistants, instruments, theatre, &c., are even more explicit in this edition than in the first; and for every attempt towards being explicit all who earnestly desire to obtain for themselves the grand results which Mr. Lockwood can boast must offer sincere thanks.

We have but one fault to find with an otherwise perfect text-book (for so it deserves to be called); and that, we should think, the assistance of a proof-reader might have altogether prevented. There are scattered here and there a few sentences that read loosely, not to say inaccurately, as though the author were too busy a man to choose the best words for the purpose in hand. Thus, "the physical resemblance of these various kinds of pus is so close that they could not be discriminated by it alone," though of obvious meaning to the initiated, may prove a stumbling-block to the beginner. To give "Potassio mercuric iodide, Hg. I₂" as a synonym for biniodide of mercury is a double error. But we have no desire to quibble; we welcome the book most heartily, and wish it all the success of which we know it to be worthy.

Correspondence.

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

DEAR SIR,—The wishes of most of us have been ably expressed by "Radical Cure," and I am sure that it is only the initiative that is wanted to bring about the drastic remedies required.

A new hospital year will commence in October—a fit opportunity for the adoption of a new *régime*—and I would like to suggest that a general meeting be called as early as possible, that the School authorities be asked to be present, as well as members of the Abernethian Society and Amalgamated Clubs, and the whole subject thoroughly threshed out.—I am, Sir, yours, etc.,
"INTERCOLUMNAR FASCIA."

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

DEAR SIR,—Bystanders see most of the game, and their criticisms are often valuable. During the Past & Present match at Winchmore

Hill this summer I heard it discussed as a reproach that our pavilion—not in itself a model of architectural beauty—might cease to be a blot on an otherwise picturesque ground, if covered with creepers.

I venture to submit, sir, to those in authority, through the influential medium of your columns, that this suggestion is worthy of consideration, and would remind you that ornament in the right place is the secret of art, and that even the Venus of Milo was partially robed. I am, Sir, yours truly,
ARDOR VITAE.

A Parody from "The Geisha."

I.

Doctor when him qualify
He think him mighty big,
Go down east end, cure him sailor
(Smellée like a pig),
No like sailor—take him practice
Downee west end town;
People no come ringee door-bell,
Makee doctor frown.

Poor old doctor man
Muchee makee swear,
Plenty make, morphia take,
Makee drown him care,
Then he try him back a gee-gee,
Plentee money drop;
Poor old doctor man,
Chop, chop, chop.

II.

Doctor he no money makee
Allee lifey long,
Makee plenty diagnosee,
Diagnosee wrong,
When he do big opelation
Man he muchee die,
Coroner he talkee, talkee,
Makee doctor sigh.

Poor old doctor man
Muchee makee jump,
Whisky drinkee plenty lot
Flavoured from the pump.
Sickee man no longer come
Makee shuttee shop;
Good-bye, doctor man,
Chop, chop, chop.

F. W. GALE.

Appointments.

BENNETT, W. E., F.R.C.S.(Eng.), has been appointed Honorary Surgeon to the Royal Orthopaedic and Spinal Hospital, vice Charles Warden, retired.

CROWLEY, R. H., M.D., (Lond.), appointed Medical Officer to the workhouse of the Bradford Union.

FECEN, C. M., M.R.C.S.(Eng.), L.R.C.P.(Edin.), D.P.H.(Dub.), appointed Medical Officer of Health to the Croydon Rural District Council; also Physician to the Isolation Hospital, Beddington Corner, Mitcham.

HARRIS, H. Elwin, B.A., M.B.(Cantab.), F.R.C.S.(Eng.), L.R.C.P.(Lond.), has been appointed Surgeon to Out-patients at the Bristol Royal Hospital for Sick Children and Women, vice C. Wintle, resigned.

HUGGINS, Sydney P., M.B.(Lond.), M.R.C.S., L.R.C.P., has been appointed an Honorary Medical Officer to the Holloway and North Islington Dispensary.

KNIGHT, Henry Ernest, M.D.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.), appointed Honorary Surgeon to the Rotherham Hospital and Dispensary.

MILES, W. E., has been elected Assistant Surgeon to the Cancer Hospital (Free), Brompton. Mr. Miles has also been elected Surgeon to Out-patients at the Gordon Hospital for Fistula.

MITCHELL, Henry, late Surgeon-Major Royal Horse Guards, is appointed Major in the 2nd Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment, June 7th.

PARKER, H. T., M.D.(Lond.), Medical Inspector of Prisons, appointed Principal Medical Officer of Egyptian Prisons.

WEEKS, H., M.B.(Lond.), M.R.C.S., F.R.C.P., appointed Ship's Surgeon to P. & O. ss. Valetta.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Second Examination. Part II.—Alexander, J. F., Atkinson, H. W., Carroll, F. R.

Third Examination. Part I.—Rainbridge, F. A., Branson, W. P. S., Burnand, W. E., Elliott, H. St. C., Gillespie, T., Nixon, J. A., Truman, B. R. B., Willoughby, W. M.

Third Examination. Part II.—Bassano, H. F., Browne, G., Hay, K. R., Kemp, J. H., Mayo, T. A., Parker, H. F., Rose, F. A.

CONJOINT BOARD IN ENGLAND.

Diploma in Public Health.—Griffiths, J. H., M.D., B.S.(Lond.), and Woodfield, T. H., M. B. (Lond.).

Second Examination for L.R.C.P. and M.R.C.S.—Rivaz, P. M., Stanger-Leathes, H. E., Meaden, A. A., Serpell, H. H., Mills, H., Farley, G. F., Butler, H. B., Connolly, N. A., Cheese, F. W., Petrie, A. S., Ellis, E. S., Ellis, F. H., Harvey, F., Kellond-Knight, H. A., Williams, E. C., Levick, G. M., Young, C. A., Jackson, F. W., Keed, C. R., Nicoll, C. V.

SOCIETY OF APOTHECARIES OF LONDON.

Primary Examination. Part II.

Anatomy.—Dudley, S. R., Moses, D. A. H.

Primary Examination. Part I.

Chemistry.—Watson, G. H.

Materia Medica and Pharmacy.—Furkis, D. W.

Births.

FLETCHER.—On July 21st, at 98, Harley Street, W., the wife of Herbert Morley Fletcher, M.D., of a daughter.

GIMSON.—On 14th June, at Springfield House, Chelmsford, the wife of W. Douglas Gimson, of a son.

LOWE.—On June 20th, at Sheringham, Norfolk, the wife of Godfrey Lowe, M.R.C.S., L.R.C.P., L.S.A., of Lincoln, of a son (prematurely) stillborn.

MURRELL.—On June 7th, the wife of G. F. Murrell, M.B., of Craven Road, Reading, of a daughter.

SPICER.—On 19th June, at 282, Camden Road, N.W., the wife of Frederick Spicer, M.D., of a son.

Marriages.

AUDEN—BICKNELL.—On June 27th, at All Saints', Notting Hill, W., George Augustus Auden, M.A., M.B., B.C.Cantab., of Bootham, York, to Constance Rosalie, daughter of the late Rev. R. H. Bicknell, M.A., Vicar of Wroxham, Norfolk.

MARSHALL—COVEY.—On June 8th, at the parish church, New Alresford, Hants, by the Rev. John Heberden, assisted by the Rev. A. A. Headley, Howard Marshall, of Barrack Hall, Beahill, younger son of the late J. F. Marshall, The Elms, Sunderland, to Florence Mary, younger daughter of Charles E. Covey, of The Lindens, Alresford, Hants.

ROUGHTON—GADSBY.—On June 12th, at St. Peter's, Rayswater, by the Rev. C. I. Acland and the Rev. R. Rumsey, uncles of the bride, the Rev. H. C. Rosedale, vicar, and the Rev. G. Terry, senior curate, Edmund Wilkinson Roughton, B.S., M.D., F.R.C.S., of 38, Queen Anne Street, Cavendish Square, W., son of the late Robert Roughton, R.N., to Ethel Houlton, younger daughter of Robert Seppings Godfrey, Registrar of the Supreme Court, and of 6, Ladbroke Gardens W.

CORFIELD—BURN.—On the 5th inst., at St. Stephen's, Clapham Park, by the Rev. S. Wainwright, D.D., assisted by the Rev. Commander Roberts, R.N., Edward Carruthers Corfield, M.R.C.S. Eng., L.R.C.P. and L.S.A.Lond., of Gothic House, Upper Tooting, to Helen Beatrice, only daughter of William Darnett Burn, M.D. Lond., B.Sc., of "Beechwood," Balham.

WEDD—DEAPER.—On July 1st, at St. James', Kidbrook, Blackheath, by the Rector, the Rev. J. C. Leeke, Gilbert Wedd, M.A., M.B. (Cantab.), son of John Wedd, of Manchester and Wilmslow, to Bessie, daughter of George Draper, F.R.G.S., Blackheath, London.

ACKNOWLEDGMENTS.—M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Medical and Surgical "Review of Reviews," The Broadway, St. George's Hospital Gazette.

St. Bartholomew's Hospital



JOURNAL.

VOL. VI.—No. 11.]

AUGUST, 1899.

[PRICE SIXPENCE.]

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, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY, Advertising Agent, 29, Wood Lane, Uxbridge Road, W.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

AUGUST 14th, 1899.

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

TWELVE months ago the late Professor Kanthack gave, as his mid-cessional address before the Abernethian Society, a stirring appeal for greater attention to the study of clinical pathology. On another page we publish a *verbatim* account of Dr. Klein's lecture upon "The Relation of Bacteriology to Medicine," delivered in similar circumstances last month. It is a matter of rare good fortune that we enjoy at St. Bartholomew's the teaching and reputation of one who is in the very foremost rank of bacteriologists, just as up till the calamity that befell us and medicine generally last Christmas, we enjoyed those of one of the most brilliant pathologists. So much so that we realise at once in reading any public utterance of Dr. Klein's, that we are reading the words of

one who speaks with authority, and therefore brings a sense of finality with his conclusions that is very welcome.

But this sense of finality may just as likely be of the form "At present we cannot say," as "It is quite certain;" it is failure to grasp the idea that the former of these conclusions is no whit less important to the progress of science than the latter that characterises the superficial mind. We have heard of a well-known consultant who made a long journey into the country, the net result of which was to tell the patient's doctor, himself a skilled and careful man, that his view that the case was a very obscure one was quite correct. It is only a person ignorant of the ultimate value of combining intelligent forbearance with skilled observation who would find anything to jeer at in the incident. It is part of the work of the well-balanced scientific mind to exercise a restraining influence upon the impetuosities of its less cautious fellow-workers. And this influence is nowhere more needed than in the field of bacteriology, for the greater the promise of any branch of medicine, the greater the temptation to anticipate results.

The subject of the diagnosis of diphtheria by microscopic examination of the throat exudation after cultivation on a nutrient medium, is one of very great importance. It has for some time been held to be a *sine qua non* in every suspicious case. Yet it is quite obvious from Dr. Klein's remarks that such mere examinations of the morphological characters of a bacillus, apart from inoculation experiments, are totally untrustworthy in any individual case:

"Now there grows in the throat normally a microbe, which is related to the diphtheria bacillus like a sweet almond is related to a bitter almond. I show you here a culture from this bacillus. It is the bacillus known as Hoffmann's bacillus. It gives different results in culture, though morphologically it belongs to the same group; it does not produce any disease in the animal. Therefore, if you find that a throat bacillus gives different results under culture, and that when inoculated into the guinea-pig it does not produce disease, you have no right to regard it as the diphtheria bacillus. I will show you in succession a true diphtheria bacillus and a Hoffmann's bacillus. The latter was found in an ulceration on the udder of a cow. Remember, then, that Hoffmann's bacillus is not pathogenic."

This strikes a fatal blow at the former proud contention of some bacteriologists, that the microscope was the final

and irrevocable appeal as to the malignancy or otherwise of a faecal exudation. More than this, it throws us back to a position we ought, of course, never to have quitted, be the victories of bacteriology what they may, the position of allowing great weight to careful clinical observations. Again Dr. Klein says:

"In the case of a person who has had diphtheria and has recovered, it is your duty to see that the throat has become free from the diphtheria bacillus before allowing that patient to mingle with others. It may not be free of the bacillus for several weeks, or even months, but you are bound to keep that patient back and not allow him to mingle with others, and not to allow a child to go back to school until the diphtheria bacillus has disappeared from the throat."

Our comment upon which paragraph is the pertinent and practical inquiry, What would we do for beds in Radcliffe if this rule were strictly adhered to? For that it is not is a fact we can assert from personal experience.

Just as it is borne in upon us that the bacteriology of diphtheria is not the simple thing we might have been tempted to regard it, so with tuberculosis. Hoffmann's disturbing discovery has its parallel, though it would seem to a less important degree, in Pfeiffer's observations on the *B. pseudo-tuberculosis*; we have but taken the case of diphtheria as an instance that bears out our prefatory remarks. If in the past we have strayed beyond the limits of our facts let us confess as much; if it is essential to resort to the guinea-pig for a decisive answer to a question the microscope can no longer be held capable of giving, let us acknowledge the futility of any attempt to decide by the older method. Nor must we despair because the simpler process is proved defective. Here, as always, it is a matter of tools, and we must wait patiently for their arrival. There is hope in Napoleon's old maxim that "la carrière ouverte aux talens," so that in a few years we may find the question can be settled by a test, compared with which even the microscope is a cumbrous machine. Meantime, if the result of it all is the discovery that bacteriology, the latest and most hopeful child of medicine, grows like all her other children that grow to strength and health—slowly,—so much the better for the man that it is to be. We hold no brief for Truth, neither are we responsible for the fact that the particular branch of it we seek to study happens to be wrapped in thicker darkness than most others. But we can well afford to remember who it was that said of Art that it is long.

Uric Acid Gravel.

(The substance of a Clinical Lecture delivered by
Dr. GEE, June 23rd, 1899.)

DEFINITION.—Uric acid crystals passed with the urine, *i. e.* precipitated within the body. Healthy urine tends to throw down uric acid after it has stood some hours after emission; but if crystals form very soon after emission it is almost the same thing

as if formed before emission, *viz.* gravel. The crystals, being usually deeply coloured with urinary pigment, are easily seen, but in pale urine the gravel is almost white, and may be easily overlooked. If the crystals are very small, the microscope is necessary to determine their nature.

Uric acid gravel is often associated with oxalate of lime crystals (oxaluria).

Both uric acid and oxalate gravel cause hæmaturia. In either case the presumption is that the crystals form in the kidney, for it is difficult to believe that they could cause hæmorrhage by passing over a mucous membrane. This, of course, is always supposing the patient has not got a stone.

Oxalic acid is related to uric acid, and is produced from uric acid by oxidation; uric acid boiled with water and peroxide of lead breaks up into oxalic acid and allantoin.

The serious thing about gravel is the liability of a patient suffering from it to stone.

Relations.—No doubt closely related to gout. If biurate of soda be precipitated into the tissues, this constitutes gout.

If uric acid be precipitated in the urine, this constitutes gravel.

But gout and gravel are not the same disease, for many gouty people never have gravel, and many people who suffer from gravel never develop gout.

People suffering from gravel sometimes have a tendency to gall-stones, obesity, and diabetes. All these are connected, perhaps, with similar antecedents, *e. g.* too much food, too little exercise.

Gravel occurs in people who are in all other respects in perfect health.

Gravel occurs at all ages.

History of Uric Acid.—Uric acid exists in the healthy body in solution only as a quadrurate. So also in healthy urine—ordinary lateritious sediment in urine is quadrurate of soda. Quadrurate of soda in presence of pure water breaks up into biurate and uric acid. In healthy urine this decomposition is prevented by the presence of other salts—chlorides, sulphates, phosphates of sodium, potassium, ammonium, calcium, magnesium, and especially dipotassic phosphate, K_2HPO_4 .

There are no reasons for believing that uric acid kept in solution in the body is noxious in any way. It becomes noxious only by being precipitated as a solid—as gouty deposit, or as gravel; and then it acts mechanically as a foreign body, not chemically as a poison.

The origin of uric acid is very doubtful, and the best physiologists are very cautious in what they say upon this point. All we can say is this: the urine of birds and reptiles consists of solid quadrurates and hardly any urea. The urine of mammals and frogs consists of urea and a very little quadrurates.

Uric acid eaten by mammals seems to be converted into urea. Urea eaten by birds is converted into uric acid.

Glandular substance containing much nucleoprotein, as the thymus of the calf, when eaten, increases the quantity of uric acid in the urine.

Flesh—muscular tissue—has not this effect. It increases the urates as all albuminous (animal or vegetable) foods do, but in no special manner.

Fat, sugar, and starch do not increase the uric acid in urine.

Uric Acid Gravel.—The immediate causes, *i. e.* in the urine itself, are—

- (i) Deficiency of salines.
- (ii) Deficiency of pigment—doubtful if often a cause.
- (iii) Excess of uric acid relatively to the water of the urine. There may be an absolute deficiency and yet gravel; but, of course, the probability of gravel is much greater in the former case.

The quantity of uric acid passed is very different in different people, but is pretty constant in the same person. The average in health is half a gramme, more or less, in twenty-four hours; seldom more than one gramme.

The only diseases known to increase the quantity much are—

- (i) Leucæmia.
- (ii) Crisis in fever (? due to associated leucocytosis).
- (iii) Excessive acidity of urine—this is the commonest and the chief cause.

Treatment.—The deficiency of salines is easily remedied by table salt.

Excess of uric acid can only be determined by quantitative analysis. If it is suspected, the amount of food taken, and especially the amount of albuminous food, should be lessened. But in this connection I have notes of a patient who, on the "Salisbury treatment" of beef-steaks and hot water, not only reduced his corpulence, but also removed the tendency to uric acid gravel. Alcohol should be but sparingly taken; spirits and water are better than wine. The general rules of health, with regard to fresh air and exercise, should be enforced.

Excessive acidity should be corrected by seeing that a sufficient amount of water is drunk; distilled water is better than ordinary water. Aerated water is best avoided. Water is best taken in the after part of the day and before bedtime. If much is drunk on an empty stomach before meals it is apt to cause flatulent dyspepsia. Cold water is less flatulent than hot.

Find out when the patient passes the gravel—for patients do not always pass gravel all day long,—and give 10–40–60 grains of potassium citrate about that time. Roberts says the most dangerous time is two or three hours before breakfast, but this is not constant in all patients. Potassium citrate depresses the heart's action and makes it irregular in some patients. So this must be watched for.

Piperazine and bitartrate of piperadin are not nearly as good as potassium citrate. Lithia is not so good as potash. Salicylate of soda is useful.

But, after all, this is treatment only of the effect, not of the cause, of the disease. What is the cause? No answer can be given, except that in many cases the patient is out of health in some manner apart from the uric acid gravel, and we must improve the state of health as much as we can. Especially the patient often suffers from what we are obliged to call by the vague name of nervous debility; in such cases a thorough rest and change of scene will do most good.

A Case of Bilateral Chylothorax following Injury.

By T. P. LEGG, M.B., F.R.C.S., Senior Resident Medical Officer, Royal Free Hospital.

THE following case of injury to the chest, accompanied by rupture of the thoracic duct and accumulation of chyle in both pleural cavities, is of interest on account of the rarity of the condition.

The patient, a man aged 62, was admitted to the Royal Free Hospital, under the care of Mr. Berry, on December 8th, 1898. The history was that as he was getting out of a tram the shaft of a cab struck him on the back of the right shoulder, causing him to fall on his face, the wheel passing over him from left to right.

On admission he was unconscious and collapsed, but speedily recovered with the help of stimulants. On examination a large bruise was found on the outer side of the right hip; there was no evidence of injury to the abdominal and pelvic viscera. The second left rib was fractured near its junction with the cartilage, and above the left clavicle was a bruise. In the cervico-dorsal region there was much bruising and tenderness on pressure and on movement of the head; there was no deformity of the vertebral column. Examination of the chest revealed no evidence of injury to the heart or lungs, and there was no hæmoptysis. There was no paralysis of the limbs.

On December 10th he was much worse, had had a very restless night, and was with difficulty kept in bed. His urine had to be drawn off by catheter. His pupils were unequal, the right being the larger; both reacted readily to light.

On the 12th his breathing became very laboured, there being no movement of the chest on either side, whilst the diaphragm was acting excessively, the lower ribs being drawn inwards on inspiration. The front and sides of the left chest were absolutely dull to percussion; there were no vocal vibrations felt and no breath-sounds heard. The heart was not displaced. The abdomen was somewhat distended, but except for this nothing abnormal was detected in it. The retention of urine had passed off, and instead the patient passed his urine in frequent small amounts—about two ounces at a time. There was no incontinence of feces, and no paralysis of the limbs. The temperature was 97.6°, and the pulse 104.

The restlessness and delirium remained a marked feature till death, which occurred on the morning of the 14th, the physical signs not changing, except that the diaphragm acted more vigorously and the abdomen became more distended.

Post-mortem.—There was a fracture of the second rib on the left side two inches from the sternum, and the second rib on the right side was fractured close to the spine. On opening the chest the left pleural cavity was found filled with four pints of thick milky fluid; in the right pleural cavity there was a pint of similar fluid; in the peritoneal cavity there was a pint and a specific gravity of 1.020. Microscopically it consisted of much granular matter and globules, which appeared to be fat. On shaking with ether it cleared up completely.

The left lung was collapsed, and the right lung was emphysematous. There was no blood in the pleural cavities, and no lymph. The heart was dilated. The œsophagus and abdominal viscera were uninjured. The spinal column was fractured at the junction of the third and fourth dorsal vertebrae obliquely through the disc and upper part of the latter bone; the spinal processes were uninjured, and only the ligaments held the two portions of the column together. The cord was uninjured, and there was no hæmorrhage into its coverings. The skull and brain were normal.

The most interesting features of this case are the character of the fluid contained in the pleural cavities, and its amount. The chemical and microscopical examination leave no room to doubt that it was chyle, and that it was derived from the thoracic duct. Unfortunately the thoracic duct was not found at the post-mortem, though a prolonged search was made for it, the bruising and extravasation of blood at the root of the neck and in front of the vertebral column being great; hence the exact spot where it was torn was not determined.

Then as to the amount and the rate at which it accumulated: on December 10th there is a note that air "can be heard entering both lungs," and on the 12th there is evidence of a large collection of fluid in the left chest.

Injuries to the thoracic duct are evidently very rare. Keen, in a paper read before the Philadelphian Academy of Surgery in April, 1894, gives an account of four cases of wounds of this viscus during surgical operations on tumours of the neck. One of the cases died, and three recovered; one of the latter cases lost as much as three pints of chylous fluid per diem, and rapidly emaciated. On pressure being applied to the part from which the fluid escaped, and maintained for some days, the fluid ceased to flow, and the patient made a rapid recovery. In this same paper is quoted a case of a girl aged nine years, who was pushed violently against a window-sill, and injured at the level of the third rib; in the course of two weeks marked orthopnea and cyanosis followed, the heart being pushed over to the left side, and the liver pushed downwards two fingers' breadth below the costal margin. The right chest was punctured in the fifth space, and a litre of fluid like milk withdrawn, which was shown to be chyle. Ten days later the dyspnoea was again so great that puncture was a second time contemplated, but was not done, as the child began to improve, and made a complete recovery. In the *Medical Record*, vol. xl, No. 5, is an account of a case under the care of Dr. Eyer, where rupture of the duct followed a severe crush of the upper part of the abdomen. In this instance the rupture occurred where the duct passes through the diaphragm.

Kirchner* states that there are, including doubtful cases, only seventeen instances of injury to the duct on record, either in the neck, chest, or abdomen. Six resulted in chylous ascites, nine in chylothorax, and in one the lymph collected under the mediastinum.

Death does not necessarily follow injury to the duct, as

* Kirchner, 'Arch. f. klin. Chir., Berlin, 1885, vol. xxxij, p. 156.

is evident from Keen's cases, in which the duct was wounded during surgical operations in its neighbourhood, or from external violence, as in Kirchner's case. The danger arises from the wound in the duct not being closed,—leading to (1) the escape of the chyle externally and the consequent starvation, or (2) compression of the heart and lungs from the accumulation of chyle in the pleural cavities. In the former instance the treatment would be either the direct application of pressure forceps to the site of the escaping fluid, if this can be seen, as was done in one of Keen's cases, or plugging the wound. In the latter the treatment would be to tap the chest, which would at any rate relieve the symptoms for the time being, and to repeat the operation if necessary.

The Relation of Bacteriology to Medicine.

The Mid-Sessional Lecture delivered before the Abernethian Society, St. Bartholomew's Hospital, July 6th, 1899,

By Dr. KLEIN, F.R.S.



ADIES AND GENTLEMEN,—In no branch of science has the influence of modern bacteriology been of greater importance and of more successful practical application than in the medical branch. By modern bacteriology I mean bacteriology as practised within the last twenty or twenty-five years by the use and application of exact methods, by which its teachings and its results permit of direct experimental proof. To illustrate this influence of bacteriology on the practical application of medicine, I shall in the course of this lecture mention some of the more striking results of bacteriological work; and in order to be able to do so in the space of time at my disposal, I propose to show you by a few examples—first, in what way bacteriology has altered our conception of the nature of some disease processes, and in consequence how it has modified our plan of prevention and treatment; secondly, I hope to show you how it has enabled us in many instances to make correct diagnoses; and thirdly, how it has furnished us with more reliable means by which those disease processes can be prevented or even cured.

In the first place, then, as to the conception by physicians and surgeons of the nature of some disease processes. I will mention three instances which will amply illustrate the change that bacteriology has brought about. In 1872 Dr. Sanderson (now Sir John Burdon Sanderson) and myself brought before the Pathological Society of London the results of researches—experimental researches—by which we tried to show that what is spoken of as sapremic intoxication of wounds—that is to say, a wound goes to the bad, certain chemical products are there originated which, absorbed into the system, cause febrile changes, hæmorrhages in certain organs—we tried to show that this is an entirely different process from true or septicæmic infection, in consequence of which a living thing or microbe is introduced from the outside into the wound, where it multiplies and enters further into the circulation, and therefore, by its multiplication and by its chemical effects within the body, is creating that condition which is spoken of as blood-poisoning, generally ending fatally. Well, we tried to show by a number of experiments the distinction between the two, and that both are dependent upon bacteria. One kind of bacteria like putrefactive bacteria, which are capable outside the body of creating these chemical substances which, when introduced into the body, produce that condition of sapremia. We also tried to show that it was another set of bacteria which are capable of multiplying within the body, and thus are capable of setting up septicæmia. Now there were present at that meeting a great many well-known physicians and surgeons, all occupying a prominent place in the profession. I will not say the great

majority, but at any rate a good many of them, "pooh-poohed" the whole thing, as if this were something which was "on our brains." I remember the words of one eminent physician that: "Sanderson and Klein have got bacteria on the brain." They would not have this explanation of septicæmia being an infective process, although at that time physicians and surgeons were well aware to a considerable degree of wounds going bad and septicæmia or blood-poisoning setting in. They thought, and it was according to the conception then prevailing, that it was a condition over which we had no control—a condition which rests with the patient to a large extent. I ask you to look at the condition of things now. Why, the foundation of the surgical treatment of wounds is this idea—to exclude and prevent the entrance of outside living things that might multiply within the body and cause septicæmia. What is the result of this altered conception? You hear spoken of aseptic and antiseptic surgery, or Listerism; call it what you will, it is based always upon this idea, viz. to exclude and prevent the entrance of extraneous living things that might be about, which are not necessarily about, but which might be about. I remember, as a student, Professor Volkmann dreaded when he had to perform an operation; he called Vienna hesitating to make an operation at certain times; why, he did not know, and others did not know, but wounds were continually "going to the bad," so that even a simple amputation would lead to death. Look now at the kind of operations performed, such as ovariectomy, and what a large percentage of good results are obtained! These could not be done in former years because the idea had not been grasped that all this septicæmic infection can be prevented, be it pierperal septicæmia or surgical septicæmia; it can be prevented by the vigorous exclusion of extraneous germs.

Now let me illustrate to you the kind of septicæmia about which you will have an opportunity of reading in one of the next issues of one of the medical journals. It is one of very recent birth, and therefore I thought it might interest you to see the results of it. When introduced under the skin, a small amount of deposit, such as common sewer filth, is capable of setting up an abscess—a closed abscess. In some instances it is capable of doing more than that, namely, it can produce purulent septicæmia, purulent peritonitis, purulent pleuritis, and pericarditis. These cavities being filled with purulent products, crowds of one particular microbe can be found in the exudation. I show you in this slide a cover-glass film of the purulent matter of subcutaneous abscess produced in this way. It is an acute process, and you have pus cells with nuclei, many of the pus cells being crowded with these minute bacteria; but they are also free in the fluid. In the next slide I show you a representation of purulent matter from peritonitis; some of the cells seem ready to burst with them. These are taken with a magnification of 1000. In the next slide is a similar preparation of the pus of the pericardial cavity. In the next there is shown a beautiful preparation, brought back only to-day by Mr. Norman, showing the pus cells filled with this microbe. It is an organism which occurs in sewage, and when introduced into the living animal it produced these local abscesses, or, in addition, a general infection of the peritoneal or pericardial cavities. It can be easily isolated in cultures. A small particle of this exudation was diluted with salt solution or water, and a small trace of it was rubbed over the surface of gelatine, and the slide shows the result. You can see small translucent discs, which are here enlarged. The next slide shows the same thing under a higher magnification. You see that the colonies have a slightly thicker centre, and that they are more transparent at the margin. Early colonies, under a high magnification, are seen, composed of bacilli, some very short, some longer, even cylindrical and filamentous. If you make a preparation from the purulent effusion of the pericardium or pleura or peritoneum, and stroke it over the surface of a prepared gelatine, you get in the course of seven or eight days along the line of inoculation a broad band of translucent material, with knobs in the centre. Here is, then, an illustration of how when filth finds entrance into a wound, it might set up all these changes which I have mentioned.

Now there is another disease of quite a different nature. When I was a student I remember a particular operation being performed. A lad came to the hospital with a contracted palm. It was due to some accident some months or years before; it was so contracted that the fingers of that hand were practically useless. The operation proposed was to cut out the cicatrix, to keep the wound open, and to allow it to heal over while the palm was kept in a flat and normal condition. The cicatrix was accordingly cut out, and a piece of wire inserted so as to keep the hand from reverting to the same position during healing. The lad got tetanus and died. Well, that was due, it was said, to the severe inflammation set up in the nerve

sheaths. It was not the prevailing view then that tetanus or lock-jaw was an infectious disease, but we know it now to be so. It is due to a particular bacillus which lives in manure and soil, and any material which has been so polluted entering a wound is capable of setting up this condition of tetanus. This tetanus bacillus has been isolated and studied in all its cultural characters and physiological functions. Here I show you cylindrical rods with peculiar terminal spores, and these spores are not easily affected either by heat or by chemical reagents. These are the organisms which, when they find entrance into a wound, set up the disease known as lock-jaw.

The tetanus bacilli are capable of elaborating a chemical poison, which, absorbed into the system, sets up the whole train of symptoms which characterise lock-jaw. It is not found in the tissues affected, but it remains growing and multiplying, and producing these chemical products at the seat of the wound. If you examine them more carefully with particular stainings you can see that they possess numbers of flagella, as your late teacher, Dr. Kanthack, conclusively proved. The microbe is very easily recognised in cultures kept anaerobically (it does not grow when exposed to the air). When it grows in the depths of grape-sugar gelatine it produces a very characteristic growth in the track of the needle, the growth appearing as a whitish filamentous mass, and the gelatine containing it becomes slowly liquefied. Now what I want to show you is that tetanus is an infectious disease, and when it appears it is due to the introduction of the spores of tetanus bacillus into wounds, and is not caused in any other way; and if these spores are found in the wound, it can at once be settled that the case is one of tetanus. Quite recently your teacher of pathology, Dr. Andrews, showed the practical application of this truth. In the north of Scotland there occurred in certain jute factories several cases of fatal tetanus, and one of the factory inspectors of the Home Office inquired into the matter, and found that these fatal cases of lock-jaw that occurred were associated with wounds caused by accidents at a particular machine. The inspector took some of the dust from underneath the machine or about the machine, and brought it to Dr. Andrews. Dr. Andrews inoculated that dust, or a small quantity of it, into mice subcutaneously. I may say that the mouse is very susceptible to tetanus, for only a small particle of the material which contains the spores of tetanus introduced into that animal produces very typical symptoms of tetanus. He inoculated this mouse with dust from the jute factory then, and the mouse died from tetanus, showing all the symptoms of that disease, and in the wound which he created by the inoculation he found this tetanus bacillus and its spores. You see our present conception of tetanus enables us to say that what we have to do is to be careful about this dust. I have not time to enter further into that now.

There is a third case I want to mention to you, and that is tuberculosis. Formerly you were taught that tuberculosis, pulmonary tuberculosis, or consumption, as it was known in the early sixties, is a disease due to some weakness of the lung, weakness transmitted from the parents to the children. That if you have this weakness given, such a person is liable to become tuberculous. Well, what causes tuberculosis? That is another matter. Vitiated air, living in closed rooms, bad food; all these have been brought forward as contributing towards the production in these weak-lunged individuals of the disease consumption. Villmin then showed by direct experiment that this process of tuberculosis, not only of the lungs but of all the viscera, can be produced artificially, in guinea-pigs particularly, by injection subcutaneously or by feeding with tubercular matter,—that is to say, with the matter derived from the lungs of a tubercular person. As you can readily imagine, that created amongst pathologists a very considerable sensation, because it was the first time that it was shown that tuberculosis is inoculable, and that therefore it must be an infectious disease. Then Salmonsén and Cohnheim showed that if tubercular matter is introduced into the anterior chamber of the eye of, say, a rabbit, which is very suitable to these experiments, it always, after a week or two, sets up a particular disease. A crop of small tubercles appeared on the iris, which gradually became more numerous, and led late on to general tuberculosis in all the viscera. Therefore they formulated the axiom that all matter which is capable of producing this iris-tuberculosis must be of tubercular derivation, or only the matter derived from previously tuberculous persons is capable of setting up this iris-tuberculosis in the rabbit. Further, you know of the great and startling discovery published by Koch, that the whole process is due to a specific bacillus, the *Bacillus tuberculosis*, about which everybody knows now; it is a definite species of microbe which is found present in these tubercles, be they tubercles of the mesenteric glands, or the spleen, or the liver, or the

lymphatic glands. If this material be cultivated artificially, as it can be, and then used, if you like in the smallest amount, by being injected into animals, tuberculosis is produced, and the tubercles so produced contain the same tubercle bacilli. When Koch had thus completed, from A to Z, the proof that it is this tubercle bacillus which is the cause of the disease tuberculosis, our conception of tuberculosis underwent a complete alteration. Now we say that tuberculosis is an infectious disease; the sputum of tubercular patients teems with tubercle bacilli; therefore guard the sputum, prevent it from having access to other persons. We know there is a disease in cattle, very characteristic pathologically, in the lungs and pleura and diaphragm particularly, called "the grapes," because they are tuberculous masses on stalks which resemble to a certain extent the appearance of the fruit. That is tuberculosis, because the caseous deposits contain this tubercular bacillus in abundance, and the matter from these masses is capable, on inoculation of ingestion, of producing general tuberculosis. Now a tubercular cow is sometimes tubercular in the udder, and in such a case the milk contains tubercle bacilli, and it is capable of setting up tuberculosis. If the milk of such a cow be drunk, the tubercle bacilli will find their way into the alimentary canal, and then you have the disease produced known as *tuberculosis mesenterica* in children, which consists of tubercular deposits in the Peyer's patches and mesenteric gland, and from the mesenteric glands they spread to other viscera. Therefore beware of the sputum of tubercular patients, beware of tubercular milk, and here you have the essence of the way to prevent tuberculosis from spreading. This is entirely due to our altered conception of tuberculosis as an infectious disease. Do you remember very vividly the late Sir Andrew Clarke asking me, "Do you seriously mean to say that you can recognise tubercle under the microscope?" I said, "Not only I, but my laboratory assistant can do so. Anybody can do it easily. You know that this can be done by a particular mode of staining." Sir Andrew said, and so did others, "After our working hard for years to try to recognise the early stages of tuberculosis, do you mean to say that this labour of ours is comparatively futile, and that you can tell whether a case is tuberculosis or not by simply staining the sputum, and looking at it through the microscope?" I said, "We do more than that, we not only look at it under the microscope, but we test its effect on the animal, and if the matter produces tuberculosis in the animal we say tuberculosis was the original disease." But you have to be careful. Not everything that stains like the tubercle bacillus is necessarily the tubercle bacillus. It is known that there are other kinds of bacilli which have this peculiar character, which we term acid-fast. For instance, it is shared by the leprosy bacillus. When you stain tubercle and leprosy bacilli once with hot fuchsin the stain is retained even after washing in 33 per cent. nitric acid, and in this respect they are unlike many of the common bacteria. They retain it even after being dipped in strong nitric acid, 33 per cent. strength. But if we inoculate the tubercle bacillus subcutaneously we find the lymph glands swell, and in a week or two there are caseous deposits; these extend to further lymph glands, and ultimately reach the abdominal viscera and thoracic viscera, where similar firm nodules appear, and these become necrotic and caseous. In all these deposits you find the same tubercle bacillus. But be careful, because I shall show you presently a series of slides which will show you a similar series of events in the animal produced by a different means. It has been noted that rodents, rabbits and guinea pigs—sometimes even in their viscera nodular deposits which caseate, which become necrotic, but which are not tubercle and not associated with tubercle bacillus at all. Therefore these deposits were called pseudo-tuberculosis. Thus it may be that many a deposit in the post-mortem room that used to be called tubercle is not really tubercle. As a matter of fact, deposits in the spleen or in the liver, or even in the lung were found which did not contain the tubercle bacillus: although a caseating process, they are due to a different organism. A Pfeiffer was the first to isolate this organism, and he called it the *Bacillus pseudo-tuberculosis*. I have found this organism present in river water which had been polluted with sewage. I will show you a few lantern slides to illustrate these points about the *Bacillus pseudo-tuberculosis*. First of all we will look at the real tubercle bacillus; it is a film specimen from the expectoration of a case of pulmonary tuberculosis. You see these acid-fast bacilli in clumps. Next I show you a slide of a section through the lung from a case of acute military tuberculosis of a child. You see a large infundibulum filled with caseous matter, and there are present in either small or large groups these tubercle bacilli. The magnification is too low to show the individual bacilli. In the next slide there is a young tubercle just beginning in the alveolus of the lung; in the exudation around you have epithelioid

cells, all filled with the tubercle bacilli. The next slide shows a specimen of tuberculosis of cattle; you see the noted giant cell, a huge cell with its nuclei, and in the interior there are crowds of tubercle bacilli. In the next slide you see a similar preparation, a giant-cell with a row of nuclei in the periphery, and you notice the peculiar zone-like arrangement of the tubercle bacilli.

Next I show you the culture of the tubercle bacillus. It grows very slowly, two or three or four weeks being required for a single colony to reach this membranous appearance. Next I show you individual young colonies slightly magnified. Each spot where the tubercle bacilli were deposited on the medium becomes a colony of these tubercle bacilli. Next I show you a section through the liver of a guinea-pig which had been infected with the *Bacillus pseudo-tuberculosis* derived from a river. You see the typical tuberculous deposits, some of them already caseating and necrotic. The liver is permeated by these tubercles. Here is another slide showing the liver tissue and the bile-ducts and large vessels. Further, here is a slide representing a section through a Peyer's gland of the intestine, the infection having been brought about by feeding. The appearances here are very much the same as in true tubercles of the Peyer's gland, but the organism producing them is different in the two diseases. Next I show you an enlarged lymph gland nearest to the seat of inoculation, the tissue of it containing an abundance of this pseudo-tuberculous bacillus. Further, also, in the pancreas and omentum, full of these caseating tubercles, you find an abundance of the *Bacillus pseudo-tuberculosis*. Next I show you a preparation from a tubercular pancreas, the animal having been subcutaneously infected with the *Bacillus pseudo-tuberculosis*. The lymph cells are soon to be full of this organism. Next you see the same thing under somewhat higher magnification; you see the vessels and tissue are crowded with these bacilli. In an ordinary gelatine culture the *Bacillus pseudo-tuberculosis* grows well; in a day or two you see small, translucent, angular, patch-like colonies. When cultivated in broth it grows in a peculiar way, forming chains, as shown in this slide, from a fresh preparation. You will see that these matters are of very great importance when you come to judge of true tuberculosis.

I now come to the second part of my subject, namely, the diagnostic value of bacteriology. Here I will give you only a few instances where bacteriology has played a very important part. At one time, when a physician found a membrane on the tonsils or pharynx with much inflammation, he called it diphtheritic, or a false or pseudo-membrane of diphtheria, or diphtheria proper. When he did not find much inflammation, and only a small purulent condition, he did not call it diphtheria at all, but called it follicular tonsillitis. He distinguished also one kind of croup or exudation of the larynx from another kind. Now bacteriology has taught this, that the disease which is associated with a particular microbe—particular in its morphological as well as in its cultural respects and in its effects when introduced into animals—is always diphtheria. In former times diphtheria was a definition based on clinical facts; at present diphtheria is not defined in this way. Whether that false membrane is present in the throat or not, when you do find in an inflamed throat or on any other inflamed surface this particular organism, having these morphological, biological, and physiological characters, you may take it for granted that this is diphtheria—the infectious disease,—and you have to guard against its spread by treatment and isolation of this particular patient. In former years the spread of diphtheria in schools was attributed to a peculiar increase of virulence of a simple sore throat. Whatever that means I could not tell you, but that is what was said. This school influence on the spread of diphtheria was understood to be this, that the child that has only simply sore throat may go to school, and it was found that in that school the sore throat is communicated to other children and increases in virulence. What the school had to do with that nobody could say. The idea was that, so long as the child went to school, the sore throat became worse, and other children got diphtheria. The explanation at the present time of this school influence is this,—the first child had diphtheria from the beginning, not simple sore throat. It had the diphtheria bacillus in its throat, but it did not show itself as a clinically typical diphtheria. It over and over again happens that physicians from the country send material to be examined. They say, "Somebody might suggest, or has suggested, that it might be diphtheria. I do not believe it is; there is no sign of diphtheria in the house." An examination is made and the bacillus is found, and the disease is declared to be diphtheria. The physician accepts the verdict, but reserves his opinion. If he does not isolate that patient for a short time, other cases are sure to follow in the same house. You have the same in hospital. The nurse will tell you their own story about it. Occasionally a sore throat will break out. The larynx is examined,

and we find the same diphtheria bacillus. It is a mild form, but you may be sure that if the diphtheria bacillus is in the throat it is dangerous for others. Of course a person may not have diphtheria, but he may be moving in air infected with diphtheria; this person may harbour the diphtheria bacillus in his throat, and the disease may declare itself later on, or may be even communicated to others. In the case of a person who has had diphtheria and has recovered, it is your duty to see that the throat has become free from the diphtheria bacillus before allowing that patient to mingle with others. It may not be free of the bacillus for several weeks, or even months, but you are bound to keep that patient back and not allow him to mingle with others, and not to allow a child to go back to school until the diphtheria bacillus has disappeared from the throat.

I show you in the next slide a cover-glass film of a particle of a typical diphtheria membrane. You see it is already practically a pure culture of the diphtheria bacillus. You will notice that they are peculiar pointed bacilli, some of them typically club-shaped. Next I show you a section from a diphtheritic membrane, of which the superficial part has become necrotic; there are deeply-stained masses of bacilli to be seen all through the depth. In a surface culture the colonies of the diphtheria bacillus appear as rounded discs, with thicker yellowish centres and film margins, as shown in this slide.

Here is another slide showing you the same thing under a higher magnification. Sometimes in cultures these bacilli assume the character of clubs very conspicuously. I show you an agar culture where the bacilli show the typical segregation of their protoplasm and well-developed clubs. Still more pronounced are these "clubs" in a culture (shown in this slide) from the milk of a cow that had been infected subcutaneously with diphtheria, thus showing that the bacilli may pass out from the milk of a cow. A number of cases of epidemics of milk not due to the human subject find in this way their explanation.

The diphtheria bacillus has certain morphological and certain definite cultural characters, as has been just now stated; but in addition it has this peculiar character, that when introduced subcutaneously into the guinea-pig it sets up a definite disease, a local tumour, with hemorrhage and death, in from thirty to forty-eight hours, and there is great congestion and hemorrhage into the internal viscera, but generally no bacilli beyond the seat of inoculation. That is the characteristic of the disease produced in the animal; and if you are dealing with cultures or with material from the throat of a suspected case, and you can produce with these cultures this disease in the guinea-pig, you are fully justified in saying it is diphtheria.

Now there grows in the throat normally a microbe, which is related to the diphtheria bacillus like a sweet almond is related to a bitter almond. I show you here a culture from this bacillus. It is the bacillus known as Hoffmann's bacillus. It gives different results in culture, though morphologically it belongs to the same group; it does not produce any disease in the animal. Therefore, if you find that a throat bacillus gives different results under culture, and that when inoculated into the guinea-pig it does not produce disease, you have no right to regard it as the diphtheria bacillus. I will show you in succession a true diphtheria bacillus and a Hoffmann's bacillus. The latter was found in an ulceration on the udder of a cow. Remember, then, that Hoffmann's bacillus is not pathogenic.

Now in your clinical studies you will occasionally find cases of diphtheritic ulcerations, not only in connection with the typically diphtheritic throats, but also in the conjunctiva, and sometimes in wounds of the skin or other parts of the body. You also do sometimes find in these situations—viz. in ulcerations of the skin—a diphtheria bacillus. I show you here some slides of the pseudo-diphtheritic bacillus which was derived from smallpox crusts. This pseudo-diphtheria bacillus is spoken of as the xerosis bacillus; it is not pathogenic, and it has cultural characters by which it can be shown to be different.

I now want to say a few words about typhoid fever. You know that, no matter whether the physician can or cannot diagnose typhoid fever, the bacteriologist is capable of telling him with approximate certainty whether it is typhoid. If he finds that a certain reaction is given by the patient's blood, the reaction which is spoken of as Widal's test, he knows it to be typhoid fever. You no doubt know that in the case of typhoid fever the blood or the blood-serum is capable of agglutinating the bacilli in a typhoid culture. I will show you examples of this agglutination. The bacillus of typhoid fever is one of definite morphological, cultural, and physiological characters. I show you a slide of a section through a spleen in a typical typhoid fever case. You see groups and masses of the typhoid bacillus. A needle dipped into the spleen and smeared over gelatine

gives rise to a pure culture of colonies of the bacilli. In the next slide is a young colony in which the bacilli are cylindrical. In the next slide they are flagellated. Next I show you a highly magnified single bacillus with flagella. This Widal's test that I spoke of consists in this; you take a culture or an emulsion of typhoid bacilli—a turbid broth or turbid bouillon emulsion of an agar growth. When examining such a culture or emulsion under the microscope it is seen to teem with motile bacilli. You mix the serum or the blood of the typhoid case with the above broth culture in definite proportions, say one in twenty, or one in fifty, or even more. After ten to thirty minutes the turbid fluid becomes clear, and a deposit is accumulating at the bottom. Only typhoid bacilli give this reaction. The bacilli sink down to the bottom of the tube in compact masses, leaving the fluid clear. But in cultures of *Bacillus coli*, for instance, this typhoid blood produces no such effect. If you take the typhoid culture, and you add a drop of blood from the patient who is supposed to be suffering from typhoid fever, and if the agglutinating effect is produced, you may be practically certain that it is typhoid fever you have to deal with. Here I show you such agglutination as it appears under the microscope, by which you will see that the sediment is composed of agglutinated masses of the bacilli. That diagnosis by means of agglutination is a very important matter; and I want to tell you a story in connection with this very point. An outbreak of a febrile disease occurred in the west of England, and at that time there happened to be also an influenza epidemic. The question was, is this only a spreading of the influenza, or is it something else? Is it typhoid? Well, the medical officer of health suspected it to be typhoid, and Widal's test enabled him very soon to declare it was typhoid. How did the patients get the typhoid? On inquiry it was found that these cases of typhoid were due to a particular milk supply, but only to that milk supply. Well, where did the milk come from? He traced it to a certain dairy farm. (Of course I am telling you in a few words the results of elaborate and painstaking researches.) But how did the dairy farm milk become infected? The conditions of the farm were very good, especially the water-supply; everything was in very good condition. But the medical officer happened to find out at the back of the milking sheds a little brook. It was suggested that the milkers, for one reason or another, did occasionally wash the pails with water from the brook. This brook, no doubt, had infecting matter in it. That brook was traced a quarter of a mile further up, to a point where some cottages stood near. On inquiry there it was found that there in a cottage a man had diarrhoea, as also his daughter, some time previously. By putting two and two together it appeared possible that these had been cases not of simple diarrhoea, but of typhoid fever. Allowing for the period of incubation of the disease caused in the above consumers of the incriminated milk, and comparing it with the time when the cottagers suffered from "diarrhoea," it became evident that there was a striking accord between the two events. Now it is a characteristic of Widal's test that it will not only succeed with the blood during the acute stage of typhoid fever, but also the blood of a case of typhoid after recovery. The medical officer sent me the blood of one of these cottagers who had had the diarrhoea, and Widal's test gave a positive result. Therefore the conclusion is justified that the dejecta of these cottages were the origin of the infection of the milk with typhoid. These cottages have sanitary (or insanitary) arrangements of a very primitive character. You need not go to China to see such primitive insanitary arrangements; you can in many parts in England see similar things. All filth is emptied straight into the brook, and from the brook further below water for cooking and cleansing purposes is obtained.

Next, with reference to cholera. You know the distinction between true epidemic infectious cholera, called Asiatic cholera, and the sporadic or English cholera. The two diseases are in many instances clinically not distinguishable from one another, but yet they are bacteriologically well defined. In Asiatic cholera you have a microbe—the cholera vibrio—which always responds to certain tests. This does not occur in the sporadic cases, which not seldom occur in the summer and autumn months in England; and during those months—July, August, and September—I get material sent to me by the Local Government Board which is derived from a person who died very rapidly—in sixteen or seventeen hours—from all the symptoms of typical cholera, and declared by the medical attendant to be cholera. Yet bacteriological investigation shows that it is not Asiatic cholera. Of course, precautions should be at once taken against the spread of the disease, whether it is afterwards declared to be Asiatic cholera or whether it is simply the sporadic form. Asiatic cholera is capable of producing epidemics; the sporadic form does not spread. In Asiatic cholera there is the definite cholera vibrio, which has definite cultural

and morphological and physiological characters, which can be easily recognised. I remember in 1893 there occurred several cases of cholera in Grimsby and several cases in Hull, and there was great danger of its spreading. I remember the case that occurred in Kotherham. A person died very rapidly under symptoms of cholera—that is to say, in twenty hours, having had the typical symptoms of Asiatic cholera—vomiting, purging with rice-water stools, cramps, sunken face, falling voice, cold extremities, suppression of urine, collapse, and death. But that is a series of symptoms which occur also quite independently of Asiatic cholera, and are then spoken of as constituting sporadic or non-infectious cholera. At the time I referred to, the material sent to me was, after bacteriological and morphological examinations, pronounced to be material derived from a case of true or Asiatic cholera. People asked, "What cholera? Where could it come from, and how could it have been imported?" The answer to this was, "Whatever the origin and source of the infection in this instance, this is a case of true cholera." Before two days had passed another case occurred, and then a third and fourth, and further cases happened in succession. Then it was admitted to be Asiatic cholera.

A duster at the House of Commons in Westminster was taken ill suddenly with symptoms of cholera, and died. An inquest was held, the rice-water contents of the intestines were sent to me, and after bacteriological inquiry I said, "This is true cholera." The medical and lay press of London, and I do not know what other journals, were astonished and doubtful. "Cholera?" they asked; "where could it come from?" It was, nevertheless, a case of true cholera; and several other cases occurred at that time in different parts of London. It did not spread because, it being treated as a suspicious case from the first, and the bacteriological examination showing it to be true cholera, all precautions were taken under the direction of the medical officer of the London County Council.

If you have to examine fluid rice-water stools, which, on microscopical examination, show slightly turbid, contain gelatinous mucus flakes, and if on examination in fluid specimens of these flakes they are seen to contain numerous curved or comma-shaped bacilli, some of them S-shaped, arranged like fish in a stream—i. e., one behind another (see lantern slide), you are justified in suspecting the case to be Asiatic cholera. If you then make cultivations with a flake in a solution of 2 per cent. peptone or 1 per cent. 37° C. the peptone is turbid; and if to that peptone you add a few drops of pure sulphuric acid, and it produces a pink coloration—nitroso-indol or cholera red,—and you inject a small trace of this culture into the peritoneal cavity of a guinea-pig, and it dies within twenty hours or so of acute peritonitis, you may be almost certain that it is cholera. The slide which I showed you just now was from an undisputed case of cholera which occurred in Slingsby in 1893. Next I will show you a similar specimen from the cleaner in the House of Commons, which I mentioned. You will thus see that they are exactly similar. I also show you slides of the plate-culture of cholera vibrios in gelatine. The colonies are masses of bacilli in otherwise fairly clear liquefied gelatine. This slide shows a plate-culture of pure colonies of cholera vibrios in different phases of growth, some far advanced in liquefaction, others less so. There is another slide showing the growth of the microbes along a stab in gelatine made with a needle dipped into the infected matter. Next I show you a slide from a peptone culture of cholera. You see the typical curved organisms.

I must now tell you another story in illustration. In the autumn of 1893, at a time when cholera had been declared to be present in Hull and Grimsby, in Cleethorpes, and cases occurred also in Doncaster and Derby, there occurred an epidemic of true cholera near a sort of halfway public-house near Ashburn. That halfway public house was utilised by all sorts of tramps and pedlars, &c., people travelling from one large locality to another. This public-house was standing high up on the road, and its yard was rather on a slope, at the bottom of which slope was a well. Sanitary arrangements there were none to speak of, or only of a primitive and insufficient nature. As you might imagine, the above assortment of tramps could, and as a matter of fact did, pollute this well. There was a row of cottages near to the public-house, and the people of these cottages, not having a well of their own, used the public-house well. You can thus understand how an extensive outbreak of cholera occurred in these cottages, the percentage of cases being very high. There is no doubt that cholera had been imported there. Some of the water of that well I had the opportunity to examine. It was turbid, and on letting it stand there was a lot of flocculent deposit, which could be seen without magnifying power. We had

no difficulty in finding the typical cholera vibrio in the flocculent deposit, both by microscopic examination as also by the culture tests. Thus it was shown that the water was the origin of this outbreak. Now when a cholera culture is introduced into the peritoneal cavity of the guinea pig it produces a fatal peritonitis in twenty-four hours. But it is possible to so graduate the dose that you do not produce a fatal result, the animal recovering. Then if you again introduce a dose of cholera culture, not too large, you may again produce the disease, which also passes off. After having repeated these inoculations two or three times you find you can introduce into the peritoneal cavity of this animal a multiple fatal dose (that is to say, a dose which would kill several such animals freshly inoculated) without causing death. That is to say, the previous inoculations have rendered the animal immune. Well, if you test the blood of such an animal a fortnight after it has recovered from the last inoculation you will find it shows a peculiar effect on the cholera comma bacillus, and on that only. That is to say, if you have an emulsion of the cholera culture, and add to it a drop of blood from the animal, it shows agglutination just as if it were typhoid distributed and motile, but after you add are at first uniformly distributed and motile, but after you add a drop of blood of the immunised guinea-pig the bacilli clump together "agglutinate," and lose their motility. If you mix a drop of the cholera immunised animal's blood with a dose of cholera culture, and inject the mixture into a fresh guinea-pig, that guinea-pig does not die; the blood of the animal which had been immunised by successive injections of cholera culture has become endowed with the property of producing agglutination, and is capable of neutralising a fatal dose injected into a non-immunised animal. The immunity of this latter is called passive immunity, as distinct from the immunity of the animal that yielded the blood. It is the same active immunity against a second attack of a particular disease which is possessed by a patient who has passed through one attack of disease, e.g. scarlet fever; i. e., by the first attack a condition is produced in his blood which prevents him having an attack of that same disease again. The immunity in each of these instances is due to some substance being present in the blood after the attack which renders the individual safe against succeeding infection. I show you a slide of peritoneal fluid from a guinea-pig which has been infected by intra-peritoneal injection of the cholera vibrio. The animal died of peritonitis within twenty hours, and crowds of these cholera vibrios fill the peritoneal exudation.

There are other vibrios besides the cholera vibrio, and if you make an emulsion of these other vibrios, and add to them blood from a cholera immunised animal no effect results, whereas distinct agglutination is produced in cholera culture.

By producing successive attacks of the disease by sub-fatal doses, and injecting the blood of such an animal into another animal, you inject something which is germicidal, which can destroy the pathogenic germ, and it can thus prevent the growth and multiplication of the disease-producing germ. I show you a slide from a guinea-pig which has been thus immunised. If you examine microscopically the peritoneal fluid of such an immunised guinea-pig ten or fifteen or twenty minutes after the injection into its peritoneal cavity of cholera culture, you do not find any complete cholera vibrios, the microbes are granular and broken down, thus showing the germicidal action of the immunised animal's tissues which I mentioned above. But there is even more than this; the blood of the immunised animal has not only the power to destroy and kill the special microbes, but it is also capable of neutralising the poisons created by the microbes. Every pathogenic microbe has this specific chemical function, that it produces certain specific poisons or toxins, and the blood of an animal immunised against a particular disease is capable of acting as an antitoxin, as a substance which neutralises the toxin produced by the specific bacteria of that particular disease. Thus we inject into a child suffering from diphtheria some of the diphtheria antitoxin; thereby we may, and often do neutralise the diphtheria toxin circulating in its blood, and by thus neutralising the toxin in the child has a chance of recovering.

Now, gentlemen, I cannot keep you any longer; I have only epitomised a large amount of the work which has been done, giving you the essential parts of it. That work, however, which I have brought before you is small as compared with what yet remains to be done. It is you, who form a portion of the band of workers in the present generation, who will have to carry on these investigations further.

A Case of Sudden Death from Hemorrhage into the Lateral Ventricles.

By B. R. B. TRUMAN, B.A.



THE case I am referring to is that of a young gentleman of about twenty one years of age, who some time ago was staying in the same house as myself. He had had an attack of influenza about a month previously, and was up in town with his friends for a change. He was apparently in good health a day or two before his death, but he was liable to attacks of epistaxis from time to time. Not long before he had soaked two handkerchiefs with blood. On the day in question he went to the opera with his friends; but soon after he had taken his seat he said he felt rather "funny in the head," and would go home, and added that he would be all right when he got outside, and insisted on his friends staying to see the performance and not coming with him. This much was learnt from his friends. On that same evening, at 9.15, I heard a noise in the hall, and went out, and found him lying on his face and convulsively jerking about in a pool of lightheaded brown vomit. He had also passed his urine. The hall door was closed, and his latch-key was sticking in the lock outside, showing that he had just been able to walk home and open the door, and had then fallen down in a fit before he had time to remove the key, the door apparently blowing to after him. There was no odour at all in his breath. He was not able to speak or utter any sound; but when I went up and bent over him, and turned him on his back, he tried to raise himself and give me his hand. But I found it impossible to raise him, as he had no power of his own, and sank down if I relaxed my support. His face and hands were pale and clammy, and his face and the roots of his hair were damp with a profuse sweat. I got assistance, and had him taken to his room, and sent for a doctor. After getting him on to his bed and loosening his clothes, we examined him more fully, and found no external wound whatever on his head, and only a few very slight bruises on his arms and body, as the result of his fall. His jaw was clenched, and his tongue was not bitten; but there was some blood in his mouth, which had apparently oozed from the gums. His pulse was regular, moderate volume and tension, and not quick. His breathing was stertorous. His right pupil was contracted to a pin-point and fixed, and his left one was dilated fully and fixed. His convulsive movements had not ceased, but were less violent than they originally were, and his jaw became more relaxed. After a short time his pulse became very irregular, rapid, and feeble, his breathing shallower, and his movements very much less. He rallied from this, and his heart became regular again, and his pulse slower and stronger. After about ten minutes, however, he had another relapse, and his pulse again became very irregular, rapid, and feeble, and his heart sounds could hardly be heard. His movements had by this time almost completely stopped. His breathing was very feeble and shallow, and his right pupil was dilated fully, like the left, and both were fixed. In this condition he died at about 11.20 p.m. An inquest was held, and a post-mortem made on the body. On opening the skull, both lateral ventricles were found distended with blood. I was not able to see the post-mortem, but the doctor I called in told me that the kidneys were healthy, the capsules stripping off readily, and that the other organs also were quite free from disease, and said that he thought the blood in the ventricles was due to an oozing, probably of a hæmophilic origin. To support this view there was the oozing from the gums and the epistaxis that had occurred shortly before death. I was not able to ascertain whether he came of a "bleeder" family or not. A hæmophilic oozing from the choroid plexus into the lateral ventricles seems to me to be best account for his death, although the only other evidences of that diathesis were the oozing from the gums and the epistaxis.

Notes.

THE Winter Session will commence on Monday, October 2nd. The Annual Dinner of Old Students will take place in the Great Hall at 6.30 p.m. the same day, Dr. Thomas Lauder Brunton in the chair.

THE Opening Address of the 1899—1900 Session of the Abernethian Society will be given by Dr. Church at 8 p.m. on Thursday, October 5th, in the Anatomical Theatre. We shall be able to announce Dr. Church's subject in our September issue.

MR. JAMES BEKRY has been appointed Surgeon to the North London Hospital for Consumption and Diseases of the Chest, *vice* Mr. Watson Cheyne, resigned.

MR. WALTER JESSOP has been appointed Honorary Surgeon-Oculist to the Royal Masonic Institution for Girls, London.

MR. T. J. HORDER has been appointed Physician to Out-patients at the Great Northern Central Hospital.

MR. E. P. PATON has been appointed Assistant Surgeon to the Westminster Hospital.

MR. P. J. CAMMIDGE has been appointed Assistant Demonstrator of Pathology to the Leeds Medical School (Victoria University).

DR. H. T. PARKER has been appointed Principal Medical Officer of Egyptian Prisons, after holding the post of Medical Inspector for a period of eighteen months.

An enterprising firm of manufacturing chemists has recently sent round a pamphlet on the use of eucaine as a local anæsthetic, presented with compliments to the medical profession. The first article in this present proves to be copied *verbatim et literatim* from an article published in these columns two years ago. The source of the extract is certainly stated, but we should be curious to know how far copyright in these matters extends.

We are glad to see that the youngest of our contemporaries, the *Charing Cross Hospital Gazette*—mourned as dead by all except its fond parents, the editors—has been roused from its lengthy trance into a third number, the late issue of which is owing to "the occurrence of certain unexpected and unavoidable events." Once more all the London Medical Schools have one thing in common: a more-or-less-monthly journal. We wish our Charing Cross friends *bon voyage* with their second venture.

We notice that an attempt (as yet abortive) has been made to amalgamate the United Sports Club, Debating Society, and Gazette at the Westminster Hospital. Since this scheme would render our contemporary, *The Broad Way*, subject to the censorship of the Dean of the School, or at least to that of a more rigid committee than at present, there is considerable resistance on the part of the Gazette, whose editors cling to the freedom of their

press with commendable pertinacity. As they put their case, "The system on which the Gazette is at present being conducted was originally drawn up by the unanimous vote of the students and staff at a general meeting, when the present committee was elected and given full control and management of the Gazette." It seems that two days later the Dean announced to one of the editors that he must serve upon the Committee "in order to know what copy will go into each number." This suggestion was not adopted, whereat the Dean seems to have taken refuge in threats. A second general meeting was held to "make matters quite clear," and it was unanimously decided "that the Gazette was an independent organ, under the sole control of the students, and no one but the students." Then came a pause, followed now by this amalgamation proposal, the acceptance of which would naturally be fraught with gain to the several clubs, but with undoubted limitations to the chartered liberalism of *The Broad Way*.

WHAT the outcome will be seems doubtful. Mr. Tubby is not the first tactician who has arrived on the field of action two days late and attempted to rectify his loss of time afterwards. Our own conditions of journalism, as our readers know—or ought to—be different from those of *The Broad Way*, and they are probably as near the ideal conditions for the purpose in hand as is possible. There have been times when we chafed and fretted under the guarded supervision of our Warden's censorship, but the recollection of how aptly our above-named contemporary has sometimes verified its title forces us to admit that our own system has its merits.

We notice from the *Nursing Record* that a discussion was held on "The balance of power in hospital administration" at the Matrons' Council Conference. The subject was introduced in a very reasonable spirit by Miss Mollett, but the discussion which followed was not thus characterised throughout. A certain Miss Palmer, of Rochester, U.S.A., showed clearly that in her case any attempt at a "balance of power" had been replaced by an autocracy; she stated that her duties included the recommending of the appointment of four resident physicians. She went on to say, since the change in the administration the hospital had come out of debt, and had a surplus account for the first time in its history. (Applause.) There had been no internal friction of enough consequence to be reported. When young men applied for appointments they came to her, and she told them they must make up their minds to be subordinate to a woman; if not, they had better make their application elsewhere. She told them she not only expected them to perform their professional duties satisfactorily, but to conduct themselves like gentlemen in the hospital. Surely a very feminine view of the "balance" of power obtains in American hospitals. It is perhaps not

surprising that in a meeting composed of matrons the conclusion appears to have been reached that "a good deal of difficulty would be done away with if the matron were really recognised as head of the house."

The *Medical Press and Circular* contains some nice cool reading for the hot weather on the subject of "Nurses of the Latest Fashion, A.D. 1899," contributed by Mr. Frederick Gant, F.R.C.S., a Consulting Surgeon to the Royal Free Hospital. Type No. 1 is introduced as "Satan in petticoats," *alias* "Nurse Lucretia," a "money-seeking, fortune-hunting woman," who "gains admission to the house of sickness and death simply to play a game best suited to carry out certain diabolical purposes. Nurse Lucretia is of Borgia blood, cold, calculating, cruel. She would vary the deprivations of an incestuous nature; she would seduce husband or son, even in the room adjoining the departing spirit of wife and mother." After this we are prepared for anything, so that to read of her "administering slow poison, preferably by (accidental) over-doses of some potent medicine, . . . to gratify the only love she ever feels—her passionate love of money," is a disappointing anticlimax. A female Borgia should be capable of evolving more uncommon and more gruesome crimes than mere criminal poisoning.

STILL, perhaps the portrait is quite clear-cut enough as it is. To say it is not a true likeness because we hardly recognise it is to pit our limited experience against that of a consulting surgeon, which would be sheer fatuity, of course. If not, we were going to say that so far as our observations go,—but there, we are reminded of our youth with its illusions, and so forbear; besides, a consulting surgeon ought to know. Anyway, we shall await "Type No. 2" with anxious interest, though we cannot promise, however strong the language may be, that we and our illusions will be induced to part company: literature of *The Bitterness of Babylon* class never did attract us much.

Amalgamated Clubs.

UNITED HOSPITALS ATHLETIC SPORTS.

ST. BART'S (4 firsts, 3 seconds)	1st.
ST. MARY'S (4 firsts, 2 seconds)	2nd.

The U.H.A.C. Sports took place on Wednesday, July 12th, at the Stamford Bridge Grounds. St. Bart's were successful in regaining the Challenge Shield, which since 1894 has been in other hands. The competition between ourselves and St. Mary's was exceedingly close—the destination of the Shield remaining undecided up to the very last event. In justice to St. Mary's, however, it must be said that they were unfortunate not to win, for their representative in the quarter fell, and they consequently did not obtain their anticipated victory in this race. The whole afternoon the weather was almost perfect, a slight breeze adding to the comfort of the spectators, though interfering perhaps with some of the times.

The attendance was not very different from that of the last few years, if anything there were rather fewer spectators than usual.

The Bart's students present numbered perhaps a couple of dozen. However, their enthusiasm largely made up for their fewness, and at times it seemed as though there were more.

100 Yards.—C. E. H. Leggatt (St. Mary's), 1; F. W. Sime (Guy's), 2. Won by two yards. Time, 11 sec. We had no representative in the final heat of this race, but Leggatt's win was rather a surprise, and lowered our chances of winning the Shield. A head-wind will account for the poor time.

Half-mile.—H. E. Graham (St. Bart's), 1; C. H. R. Coltart (Westminster), 2. Won by four yards. Time, 1 min. 59 $\frac{1}{2}$ sec. A very good race. Graham and Coltart were never far apart, but Graham took the lead half a lap from home, and though Coltart almost got level again at the top of the straight, he could never quite get on terms. The time is a United Hospital record, the previous best being A. G. Butler's 1 min. 59 $\frac{1}{2}$ sec. last year. Graham has since shown that he can do even better by winning the half-mile for Oxford and Cambridge against Harvard and Yale in 1 min. 57 $\frac{1}{2}$ sec.

Putting the Shot.—A. E. Lister (St. Bart's), 33 ft. 10 in., 1; R. F. C. Thompson (St. Thomas's), 33 ft. 2 in., 2; G. A. West (St. Bart's), 32 ft. 4 in., 3. Lister's win was rather unexpected, but thoroughly deserved.

120 Yards Hurdles.—W. M. Fletcher (St. Bart's), 1; C. E. H. Leggatt (St. Mary's), 2. Won by five yards. Time, 10 $\frac{1}{2}$ sec.

220 Yards.—F. W. Sime (Guy's), 1; T. St. Clair Smith (St. George's), 2. Won by one and a half yards. Time, 24 sec.

High Jump.—C. E. H. Leggatt (St. Mary's), 5 ft. 7 $\frac{1}{2}$ in., 1; J. E. Lascelles (St. Mary's), 5 ft. 6 $\frac{1}{2}$ in., 2.

Throwing the Hammer.—C. I. Graham (St. Mary's), 99 ft. 11 in., 1; W. M. Fletcher (St. Bart's), 97 ft. 4 in., 2; J. A. West (St. Bart's), 91 ft. 4 in., 3. Both Graham and Fletcher had been doing well over 100 ft. in practice.

One Mile.—H. E. Graham (St. Bart's), 1; E. F. Fisher (London), 2; F. S. Lister (St. Bart's), 3. Won by twenty yards. Time, 4 min. 50 $\frac{1}{2}$ sec. The first three laps were run very slowly, and all the men kept pretty well together. Graham took the lead about 200 yards from home, and won very easily.

Long Jump.—C. E. H. Leggatt (St. Mary's), 23 ft. 4 $\frac{1}{2}$ in., 1; B. N. Ash (St. Bart's), 18 ft. 11 $\frac{1}{2}$ in., 2; S. Pern (St. Thomas's), 18 ft. 0 in., 3. Leggatt's jump was against the wind, and is yet only two inches behind Fry's jump in 1894, of which so much is heard, and which was the British Amateur record until last year. It is, of course, a United Hospital record. Leggatt also jumped 23 ft. 1 in.

440 Yards.—T. St. Clair Smith (St. George's), 1; L. D. Bailey (St. George's), 2; T. Bates (St. Bart's), 3. Time, 53 $\frac{1}{2}$ sec. J. E. Lascelles (St. Mary's) was looked upon as the probable winner of this event, but he unfortunately fell after running 150 yards. He is certainly capable of doing well inside 53 sec., and his accident probably lost his hospital the shield.

The result of the quarter-mile race left St. Bart's and St. Mary's equal, with four wins and two seconds each. The three-mile race alone remained. We had three men entered, and St. Mary's only one. It was soon discovered, however, that the St. Mary's man was a non-starter, consequently if only Bart's could secure second place in the three miles they would win the shield, while if they failed to secure a place they and St. Mary's would be joint holders.

The race was run very slowly; one of our men dropped out about halfway, but the other two were always near the front. At the last bend five or six men were still together. In the *sprint down* the straight Ash (St. Bart's) took second place, and succeeded in keeping it to the end, so making St. Bart's the winners of the shield for the year.

Three Miles.—A. E. Oakley (Middlesex), 1; B. N. Ash (St. Bart's), 2. Won by six yards; eight yards between second and third. Time, 16 min. 55 $\frac{1}{2}$ sec.

The prizes were afterwards presented by Mrs. George Turner, wife of the President of the Club. The latter has very kindly presented a Challenge Cup for the High Jump, for which the thanks of all hospital athletes are due to him.

SHOOTING CLUB.

UNITED HOSPITALS RIFLE ASSOCIATION'S HONOURABLE

ARTILLERY COMPANY.

Shot at Ilford, June 13th, 1899.

U.H.K.A.

	200 yds.	500 yds.	600 yds.	Total.
Pt. Carpmal (St. Thomas's) ...	33	31	28	92
Corpl. Read (St. Bart's)	33	34	25	92
Pt. De Morgan (St. Mary's)	26	29	25	80
Pt. Gandy (St. Bart's)	32	25	22	79
Pt. H. C. Brown (St. Bart's)	28	23	19	70
Pt. Weekes (St. Thomas's)	23	22	18	63

Grand Total ... 476

H.A.C.

Capt. Carpenter	30	30	30	90
Pt. Trask	32	28	33	93
Pt. Blizzard	29	32	30	91
Sergt. Duncan	33	31	26	90
Domb. Mate	30	33	26	89
Staff-Sergt. Kent	25	28	35	88

Grand Total ... 541

Counted out:

Pt. Glanville	31	29	23	83
Major Munday	31	28	23	82

The United Hospitals lost by 66 points.
The United Team was two short, so the H.A.C. very courteously agreed to only count the best six scores.

Annual Distribution of Prizes.

THE certificates, medals, hooks, and other prizes awarded in the various Scholarship and Prize Examinations during the year 1898-9 were distributed by Sir Thomas Smith, Consulting Surgeon to the Hospital, on Thursday, July 20th, in the Great Hall.

The chair was taken by the Treasurer, Sir Trevor Lawrence, who was supported by several members of the Visiting and Teaching Staff. The audience was not smaller than is usually the case upon these occasions.

After a few preliminary remarks by the Treasurer, the Warden read the following report:

"The prosperity of the Medical School during the past year has been in every way fully maintained. The number of students who entered during the year 1898-9 was 189, as compared with 188 the preceding year. Of this number 100 entered for the full course, as compared with 97 in the preceding year. St. Bartholomew's still maintains the lead amongst the metropolitan schools in the number of entries. The total number of students in attendance for the year has been 576.

During the past year no change has taken place in the members of the Hospital Staff. In the Skin Department Dr. Ormerod has replaced Dr. West, and in the Casualty Department Mr. Horder has succeeded Dr. Batten. Dr. Calvert has been appointed Joint Lecturer of Materia Medica, Pharmacology, and Therapeutics.

But we have to mourn the death of our former Lecturer on Pathology—Dr. Kantack, Professor of Pathology in the University of Cambridge. He died last Christmas-time, a great loss to the scientific world in general, and infinitely regretted by all his friends.

In the Medical School several changes have occurred. Mr. Furnivall resigned his position of Demonstrator of Anatomy on his appointment as Assistant Surgeon to the London Hospital. A many-sided man, he has been in many ways missed in the Hospital. He was not only an admirable teacher, but, as athlete himself, he also took an active interest in all the athletics of the place, and we were very sorry when he left us.

Mr. Phillips has been elected a Demonstrator of Anatomy; Mr.

Murdy, Mr. Rawling, and Mr. Douglas have been elected Assistant Demonstrators of Anatomy.

Mr. Langdon Brown has succeeded Mr. Gladstone Clark as Assistant Demonstrator of Physiology. Mr. Elmslie and Mr. F. N. White have been appointed Assistant Demonstrators of Biology, and Mr. Horne and Mr. F. A. Bainbridge have been elected Assistant Demonstrators of Pathology. Mr. R. C. Bailey has succeeded Mr. Eccles as Demonstrator of Operative Surgery.

It is with very great regret that we have to announce that Mr. James Berry, after so many years of earnest and successful work spent in the service of the Hospital and Medical School, has resigned his position of Demonstrator of Practical Surgery, and he has been succeeded by Mr. H. J. Waring. Mr. Berry's resignation must be regarded as a very great loss to the School.

The Treasurer's research student, Mr. F. J. Cammidge, has been appointed Assistant Demonstrator of Pathology at the Leeds Medical School, thus affording another example of the advantage this studentship gives to our men.

Among the distinctions won by St. Bartholomew's men during the past year, the foremost place must be given to our Senior Physician, Dr. Church, who in March last was elected President of the Royal College of Physicians, the highest distinction a physician can obtain in his profession.

The University of Edinburgh has conferred an Honorary LL.D. on Dr. Lauder Brunton.

The Royal College of Physicians has appointed Dr. Horton-Smith as their Gulstonian Lecturer for next year.

And we had among us during the last few days one who in another way, and in a far distant country, has added himself to the long list of distinguished men whose deeds make up the fame of this Hospital—Lieutenant Hugo, of the Indian Medical Service. In the late Indian frontier war he remained, at imminent risk of his own life, for three hours under fire in attendance on a wounded officer, whom he finally carried off the field into safety; and for this Lieutenant Hugo received the Distinguished Service Order. And it is such things as these which make us proud that we are St. Bartholomew's men.

In examinations the record of the School has been unusually brilliant.

At the University of London eleven men have taken the degree of Doctor of Medicine, Dr. Hussey and Dr. Briggs both obtaining marks qualifying for the gold medal.

Mr. J. S. Sloane has taken the degree of Master of Surgery, Mr. J. P. Maxwell and Mr. J. L. Maxwell the degree of Bachelor of Surgery, the former carrying off the gold medal. Ten men have taken the degree of Bachelor of Medicine, and in the Honours Examination four out of the five gold medals awarded found their way to St. Bartholomew's. Mr. J. P. Maxwell secured the Scholarship and gold medal in Obstetric Medicine—a success accentuated by the fact that now for six years in succession this Scholarship and gold medal has been won by a St. Bartholomew's man.

Mr. T. J. Horder's success was phenomenal. He was awarded a gold medal in Medicine, a gold medal in Obstetric Medicine, and a gold medal in Forensic Medicine—a record almost unequalled in the history of the University.

In the University of Cambridge eight men have taken the degree of Doctor of Medicine, and nineteen have passed the first part and twelve the second part of the final examination for the degree of Bachelor of Medicine.

At the Royal College of Surgeons fourteen men have passed the final examination for the Fellowship.

With regard to the Army and Naval Medical Services, St. Bartholomew's has fully maintained its reputation. Especial mention may be made of Mr. Meakin, who at Netley has been awarded the Montgomerie medal and prize for Surgery; of Mr. A. L. Scott, who has won the Parkes Memorial medal in Hygiene; and of Dr. Boyan, who secured the first place in the November examinations for the navy.

In the inter-hospital games we have done very well. Sir Trevor Lawrence has again shown the interest he feels in our students by giving a cup for the St. Bartholomew's man who does best in the inter-hospital athletic sports. It may very well be, therefore, that he is responsible to some extent for the fact that the Inter-Hospital Shield once more adorns the table in the library.

In conclusion, sir, the Medical Officers and Lecturers beg to thank the Treasurer and Governors of the Hospital for the interest they take in the welfare of the Medical School—an interest which, during this past year, has received practical illustration in the re-benching of the Physiological class-room, the improvements made in the Science workroom, and in the fitting up of the new physical laboratory.

Sir Thomas Smith then proceeded to distribute the prizes to the successful students as follows:

Jeaffreson Exhibition	...	T. J. Faulder.
Preliminary Scientific Exhibition	...	A. F. Forster.
Junior Entrance Scholarship in Science	...	C. C. Robinson } .Æq.
		J. Burfield }

Senior Entrance Scholarships in Chemistry and Physics Not awarded.

Senior Entrance Scholarships in Biology and Physiology	...	L. J. Picton.
Shuter Scholarship	...	H. W. Atkinson.
Junior Scholarships in Anatomy and Biology	...	A. Hamilton } .Æq.
		T. H. Harter }
		C. C. Robinson }

Junior Scholarship in Chemistry and Histology	...	1. E. C. Williams.
		2. H. V. Wenham.

Treasurer's Prize—

1. C. C. Robinson.	...	6. J. W. Cleveland.
2. A. Hamilton.	...	7. A. J. Forster.
3. J. Burfield.	...	8. T. H. Harter.
4. W. S. Aldred.	...	9. H. V. Wenham.
5. T. W. Chaff.	...	

Senior Scholarship in Anatomy, Physiology, and Chemistry	...	F. Gröne.
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Foster Prize—

1. N. E. Wakefield.	...	5. J. Corbin.
2. W. P. Yatts.	...	6. F. H. Noke.
3. H. E. Stanger-Leathes.	...	7. T. C. Neville.
4. H. R. Kidner.	...	8. E. B. Smith.

Harvey Prize	...	N. E. Wakefield.
Prox. acc.	...	H. R. Kidner.
Wix Prize	...	E. C. Williams.
Hiches Prize	...	S. G. Mostyn.

Kirkos Scholarship and Gold Medal	...	C. J. Thomas.
Bentley Prize (Surgical)	...	Not awarded.
Brackenbury Medical Scholarship	...	C. J. Thomas.

Brackenbury Surgical Scholarship	...	F. C. Borrow.
Matthews Duncan Medal and Prize	...	C. J. Thomas (prize).
Sir George Burrows Prize	...	G. V. Bull.
Skyner Prize	...	H. Davies.

Lawrence Scholarship and Gold Medal	...	Not awarded.
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After a short speech from Sir Thomas Smith congratulating the successful students in that happy vein peculiar to our esteemed Consulting Surgeon, a vote of thanks was proposed to Sir Thomas by Dr. Church, and to the Chairman by Mr. Langton. The proceedings then terminated.

John Wesley as a Physician.



FRIEND of mine a few days since lent me a copy of the twentieth edition of *Primitive Physic, or an Easy and Natural Method of Curing most Diseases*, by John Wesley, M.A. Printed by J. Parramore, Moorfields, and sold at the Rev. Mr. Wesley's new Chapel in the City Road, and at all his preaching houses in town and country (20th Edition, 8vo, 1781).

The perusal of this work leads one to fear that the eminent divine would have laid himself open in the present day to condemnation for wholesale quackery, and his experiments in the region of medicine would have damaged his reputation as a representative of the Nonconformist conscience.

That Wesley showed caution in dealing with some drugs appears from his postscript to the edition of his book dated 1755. He says: "It is because they are not safe, but extremely dangerous, that I omitted (together with antimony) the four Herculean drugs, opium, bark, steel, and most of the preparations of quicksilver, except in a very few cases. . . . Instead of these I have ventured to recommend to men of unbiassed reason such remedies as air, water, milk, honey,

treacle, salt, vinegar, and common English herbs. . . . And this I have done on principle, whereby I desire to be governed in my actions, 'Whatever ye would that men should do unto you, the same do unto them.'

By this quotation the good man wished it to be understood that he would have submitted in his turn to some of the treatments he advocates below, we should assign to him a foremost place among our English heroes.

Let us glance in passing at his etiology. He says, "The passions have a greater influence on health than most people are aware of. All violent and sudden passions dispose to, or actually throw people into, acute diseases. The slow and lasting passions, such as grief and hopeless love, bring on chronic diseases."

His nomenclature of disease is hardly that adopted now-a-days by the Royal College of Physicians. Here are a few specimens.

A sanguinous apoplexy.	A rash fever.
A serous apoplexy.	A worm fever.
Canine appetite.	Flegm.
Baldness.	Stoppage in the head.
Chops in women's nipples.	The litæ passion.
Dilious cholick.	Lethargy.
An habitual cholick.	Old age.
Convulsions of the bowels.	To one poisoned.
Eyes bleared.	Coldness of the stomach.

The following are a few of the choicest from among his collection of recipes:

3. *A Tertian ague*.—Apply to each wrist a plaster of treacle and soot. To use the cold bath, going in cool, immerge at once, but not head foremost.

5. *A Quarant ague*.—Apply to the suture of the head, when the fit is coming, wall July flowers, beating together leaves and flowers with a little salt.

7. *The apoplexy*.—In the fit put a handful of salt into a pint of cold water, and, if possible, pour down the throat of the patient. Let two strong men carry patient upright, backwards and forwards about the room.

8. *Canine appetite, or insatiable desire of eating*.—If without vomiting is often cured by a small piece of bread and wine applied to the nostrils.

9. *The asthma*.—Live on boiled carrots only for a fortnight. This seldom fails.

11. *To cure baldness*.—Rub the part morning and evening with onions till it is red, afterwards rub with honey.

12. *Bleeding at the nose*.—In a violent case go into a pond or river. (Tried.)

26. *A cancer of the breast*.—A bleeding cancer was cured by drinking twice a day a quarter of a pint of the juice of goose-grass, and covering the wounds with its leaves. Or, take horse spurs (viz. the warty growth on the inside of horses' fore-legs), beat to powder. Infuse two drachms in two quarts of ale and drink half a pint every six hours, new milk warm. It has cured many. (Tried.) Or, apply goose dung andcelandine beat together and spread on rag. A cancer under the eye was cured by drinking tea water, and applying a plaster of tar and mutton fat.

42. *Bilious colic*.—Give a spoonful of sweet oil every hour.

47. *Windy colic*.—Parched peas eaten freshly have had the most happy effect when all other means have failed.

49. *A consumption*.—Every morning cut up a little turf of fresh earth, and lying down breathe into the hole for a quarter of an hour. I have known a deep consumption cured thus. Mr. Masters; of Evesham, was so far gone in consumption that he could not stand alone. I advised him to lose six ounces of blood every day for a fortnight if he lived so long, and then every other day, then every third day, then every fifth day for the same time. In three months he was well (Dr. Dover).—Tried. In the last stage such a healthy woman daily. (Tried by my father.)

55. *Cativeness*.—Breakfast twice a week on water-gruel and currants.

74. *The dropsy*.—Mix half an ounce of amber with a quart of white vinegar. Heat a brick (only not red-hot) and put into a tub. Pour them upon it and hold the parts swelled over the smoke. The water will come out incredibly. (Tried.)

94. *White speck in the eye*.—On going to bed put a little ear-wax on the speck. This has cured many.

102. *Intalling of the fundaments*.—Apply a cloth covered thick with brick-dust.

105. *A fever*.—Snear the wrists five or six inches long with treacle, and cover it with brown paper; or apply treacle plasters to the head and soles of the feet.

117. *A bloody flux*.—Take a large apple, and at the top pick out all the core and fill up the place with a piece of honeycomb (the honey being strained out); toast the apple in embers and eat it, and this will stop the flux immediately.

135. *Hoarseness*.—Rub the soles of the feet before the fire with garlic and lard well beaten together overnight. The hoarseness will be gone in the morning.

136. *Hypochondriac or hysterical disorder*.—Take an ounce of quicksilver every morning, and fifteen drops of elixir of vitriol in the afternoon.

139. *The litæ passion*.—Hold a live puppy constantly on the belly (Dr. Sydenham).

150. *Lucæ venerea*.—Take an ounce of quicksilver every morning and a spoonful of aqua sulphurata in a glass of water at five in the afternoon. I have known a person cured of this when supposed to be at the point of death, who had been infected by a foul nurse before she was a year old. I insert this for the sake of such innocent sufferers.

151. *Lucy*.—Give decoction of agrimony four times a day.

152. *Raging madness*.—Let them eat nothing but apples for a month.

154. *The measles*.—Immediately consult an honest physician.

177. *The pleurisy*.—Take half a drachm of soot.

189. *Ring-worms* (vulgarly called tetters).—Apply rotten apples or pounded garlic.

191. *A rupture*.—Take agrimony, springwort, Solomon's seal, and strawberry root (a handful of each); boil two hours in two quarts white wine; strain, and drink a large glass every morning. It commonly cures in a fortnight. A good tuss, meantime, is of great use.

192. *A rupture in children*.—Boil a spoonful of egg-shells dried in an oven and powdered in a pint of milk. Feed the child constantly with bread boiled in the milk.

193. *A windy rupture*.—Warm cow-dung well; spread thick on leather, strewing some cummin seeds on it, and apply hot.

220. *A stitch in the side*.—Apply hot treacle on a hot toast. (Tried.)

226. *Stoma (In prostrant)*.—Eat a crust of dry bread every morning. (Tried.)

250. *Bite of a viper*.—Rub the place immediately with common oil. *Querc*.—Would not the same cure the bite of a mad dog? Would it not be worth while to make a trial on a dog?

281. *The whites*.—Live chastely, feed sparingly, sleep moderately, but not lying on the back.

284. *Flat worms*.—Take hings of tin and red coral equal parts; pound together into a fine powder, 1 drachm of which make into a bolus with conserve of the tops of sea wormwood. To be taken twice a day.

Cold bathing cures coughs, gravel, inflammation of ears, navel, and mouth, asthma, blindness, cancer, clia cough, gout, incubus, surfeits (at the beginning), stone in the kidneys, St. Vitus's dance.

Electrifying cures St. Anthony's fire, feet violently disordered, lameness, ophthalmia, shingles, toothache, and wens.

Fasting spittle, outwardly applied each morning, has sometimes relieved and sometimes cured blindness, corns (when mixed with chewed bread and applied each morning), deafness, scorbutic tetters, sore legs, warts. Taken inwardly, it relieves or cures asthma, cancers, gout, gravel, leprosy, palsy, rheumatism, stone, swelled liver.

The best way is to eat about an ounce of hard bread or biscuit every morning, fasting two or three hours after. This should be done in stubborn cases for a month or six weeks.

* I advise all in or near London to buy their medicines at the Apothecaries' Hall; they are sure to have them good.

It is plain, judging from the foregoing extracts, that the author had quite as much courage of his convictions medical as we know he had of his convictions religious; for although the word "trial" is appended to but few of the treatments recommended, he shows no hesitation in prescribing the most astounding remedies in his book.

But what are we to say of finding John Wesley among the vivisectionists—among those who "wantonly inflict suffering upon dumb animals," as evinced by his suggestion that a dog might be exposed to the bite of a mad brother in order that a certain cure might be tried? Lord Coleridge and Miss Cobbe would, I fear, had they lived in his day, have pilloried him.

I regret that space forbids my including any more pharmaceutical gems from this book. I feel that any student who reads the work from start to finish will experience a regret that the *materia medica* of Wesley's day is not of his own. It would be so much more easy to remember the cure prescribed by Wesley for dropsy than to commit to memory the intricacies of, say, the serum therapy of to-day, or even the formula of our old familiar Tinct. Campb. Co. C. W. E.

The Country Doctor.

Air, "Soldier an' Sailor too."

(With apologies to Mr. RUDYARD KIPLING.)



S I was a-goin' 'ome to bed, through a muddy country lane,
I seen a man in a oilskin cape, a-trudgin' through the rain,
'E 'adn't a match, an' 'is pipe was out, an' 'I ses to 'im,
'"Oo are you?"

An' 'e ses, "I'm a doctor, the country doctor, surgeon an' midwife too!"
Now 'e never gets paid for 'arf 'e does, an' 'e does the work of two,
An' 'e isn't one of the gentefolks, an' 'e ain't like me nor you,
'E's a sort of a bloomin' chameleotype, surgeon an' midwife too.

An' I seen 'im again all over the shop, a-playin' all sorts of rags,
Like actin' a fractured collar-bone with a couple of touch-line flags.
An' the parsons owe 'im money, for their wives give 'im work to do,
Though 'e's only the doctor, the country doctor, surgeon an' midwife too.

An' the Poor Law Board they sits on 'im, an' tries to dock 'is screw,
Though 'e 'as 'is bread and cheese to git the same as me or you,
They think 'e's a 'aughty philanthropist, surgeon an' midwife too.

An' I seen 'im again with a knife an' things, an' the sweat was on 'is brow,
'E was trying to mend the guts of a bloke as 'ad spiked 'isself in a row;

'Twas late at night an' 'e 'adn't no light, to see what 'e 'ad to do,
An' 'is pal was a doctor, a country doctor, surgeon an' midwife too.
'E 'adn't got far with 'is little job, 'e wasn't but 'alfway through,
When the bloke sits up an' asks for a drink, the same as it might be you;

Ho! they ain't no special anesthetutes, surgeon an' midwife too.

But there wasn't a call to do as you done when you 'ad the gout in yer toe,

An' you fetched him out in the dead of night, an' 'e 'ad six miles to go,

For you've had it before, and you'll 'ave it again, and you know just what to do.

You don't want the pore old country "doc," dispenser an' staff nurse, too.

You pays 'im? What? Yes, tuppence a week, an' you're earnin' "thirty-two."

'An' 'e 'as to subscribe to your football club, which you're too mean to do,

Because 'e's the doctor, the country doctor, surgeon an' midwife too.

Now I never believes in them specialist thieves, what stammer, and grunt, an' blow,

As 'll watch yer die with a winkin' eye for a 'undred pound or so;
An' when it's "Clocks!" an' "Oooo turn nex?" which I 'opes it won't be you!

Let's stick to the doctor, the country doctor, surgeon an' midwife too.
An' when you come to the Bar of Gawd, an' 'E says "Oo passed you though?"

(For 'e 'ates Peculiar People an' the Christian Science crew.)
Just mention the doctor, the country doctor, surgeon an' midwife too.
E. G. B. A.

Reviews.

A MANUAL OF SURGICAL TREATMENT in six parts, by Prof. WATSON CHEYNE and F. F. BURGHARD, F.R.C.S. (Messrs. Longmans, Green & Co., 1899, price 10s. 6d.)

The authors propose in this work to deal especially with the treatment of disease, and they assume that the reader is familiar to a large extent with diagnosis and pathology. In this, the introductory volume, dealing with general subjects, such as inflammation, suppuration, and so forth, it is clearly very difficult to discuss treat-

ment in any but general terms. Thus, to mention that acute inflammation may be treated locally by bloodletting, heat, cold, or free incisions will not help the student much, but, at any rate, will not lead him far astray. But in dealing with chronic inflammation the authors are more explicit, and in one passage advise the use of the actual cautery for certain cases of hip disease with starting pains. It is easy with a white-hot cautery to burn one oere in front and another behind such a joint, but until the posterior sore was healed we can imagine that the sufferer would prefer the starting pains, and would regard a lengthy course of savin ointment with distrust. We hope that the reader will try the effect of a weight extension before proceeding to the use of the cautery.

If it is assumed that the practitioner is familiar with the diagnosis and pathology of various diseases, it does not seem too much to assume that he is conversant with the microscopical phenomena of inflammation, and could dispense with the well-worn definition. The treatment of ulceration is described at considerable length, and is well worth reading, while the classification of the varieties of gangrene is also very good, although the description of Raynaud's disease is meagre and inaccurate; the statement that it is most probably connected with uterine disorders hardly accounting for the male cases.

In the chapter on the treatment of wounds the authors are seen at their best, though to describe five methods of healing is unnecessary, for healing by blood-clot and under a scab are surely only varieties of healing by first intention. We cannot agree with the proposed treatment of burns of the third and fourth degree. In bad cases, to give a general anæsthetic while the burnt area is cleansed with a strong solution of carbolic acid and sublimate, would add greatly to the shock so constantly present, and in the case of children would convert many dangerous into rapidly fatal cases.

There are many points of less importance with which we disagree, some of them occurring in an otherwise excellent article. We venture to recall a few of them. Slapping the face with a cold wet towel after a cleft palate operation seems as likely to excite hæmorrhage as to arrest it, and in the case of a harelip the method would require previous practice on the part of the medical attendant.

In the chapter on tetanus we think that the prognosis of the chronic variety, 20 per cent. recoveries, is far too gloomy; one of the causes of death mentioned has, at any rate, the charm of novelty—we refer to pressure of the trachea on the spine in bad cases of opisthotonos.

Dr. Frederick Silk contributes a chapter on *Anæsthetics*, which treats briefly of the various modes of administration, the complications which may arise, and the treatment of these complications. Under the heading of the administration of ether there is no mention of the length of time during which that narcotic should be used. We think this a most important omission. It is a usual custom at this hospital never to continue the use of this drug for more than about half an hour, and in our opinion it is owing to the abuse of this rule that other fatalities and complications such as collapse arise. After the half-hour chloroform is used if the period of anæsthesia is to be lengthened. We disagree also with the objection to the use of lint in chloroform anæsthesia. If properly used the lint should not, and does not, get sodden.

The combination of gas and ether is thought only worthy of small print, but it gives the best of results, getting the patient quickly and easily under the anæsthetic.

The chapter on syphilis is short but to the point. We quite agree as to the inability of excluding the "primary sore." Smokers will not like the "dictum" that owing to the various affections of the throat, tongue, and mouth, this habit must be abstained from. It is a point which is frequently forgotten but of great importance, both on account of the local irritation and of the frequent source of infection which the pipe after contact with condylomata must be. In "chaneroid," considering the admirable results of the more simple treatment, it does not seem necessary to resort to fuming nitric acid except in cases of phagedæna. The use of iodoform, recommended by the authors for venereal sores, is to be strongly deprecated. You may as well write "syphilis" on a man's back as apply iodoform to his sores. There are other odourless but equally good antiseptic powders.

In those cases where phimosis is marked and the prepuce œdematous, it is better to perform circumcision than to slit the prepuce as recommended. Such half-measures lead to much discomfort and pain during the frequent dressings which are necessary, and are certainly not so efficacious as the more complete operation. Thorough use of antiseptics will minimise any risk of infection through the raw surface.

Stress is laid on the necessity of very thorough treatment of in-

fect ed inguinal glands which are breaking down. Excision of the whole mass is advocated. We doubt, however, if many patients would consent to this. The same objection applies to the treatment of chronic subcutaneous tubercular abscesses, where not only is it considered necessary to excise the particular gland or glands affected, but all the neighbouring glands, all sinuses, and all adherent skin. The excision of the sinuses especially must be a tedious and lengthy operation, and unnecessary when we consider the excellent results produced by scraping and swabbing out with pure carbolic acid.

The treatment of abscess in *Pott's disease* by incision, evacuation, injection of iodoform emulsion and sewing up is strongly recommended. We have seen several successful cases, and even though failure is by no means uncommon we shall certainly try a second, and, if necessary, a third time, as is urged by the authors.

The chapter on *Tinuous* tells us nothing new. However, it is obviously quite impossible to treat this subject thoroughly in such a work as this.

Nævus, on the other hand, is very carefully gone into, and the account is well worthy of careful study.

Cysts are merely touched upon, but we hope to meet with them again in another volume.

Looking at the book as a whole, we think that, excellent as it is, it cannot become very popular. The authors admit in their preface that nothing can replace experience, and we think that if treatment must be learnt from a text-book it will be far more easily remembered if, at the same time, the student is furnished with a short account of the pathology and symptoms of the disease in question.

The printing and binding of the book are good.

THE ELEMENTS OF VITAL STATISTICS, by ARTHUR NEWSHOLME, M.D. Lond., F.R.C.P. (Messrs. Swan Sonnenschein & Co. Third edition. Price 7s. 6d. net.)

Dr. Newsholme has presented us with by far the most complete and explicit account of the methods of vital statistics we have hitherto met with. Not only does he give us the history of the various methods of obtaining data in connection with human statistics, but he supplies excellent criticism as well, and collects an enormous mass of information with regard to important details that will prove of great value for reference. Above all, Dr. Newsholme has given us a text-book on the subject which will render the task of the student a matter of much greater facility than before.

The work is so complete, and the ground covered is so extensive, that we give a short résumé of the most important subjects dealt with.

The first chapter deals with the methods of estimating population, detailing the various sources of error from ignorance, female caprice, and other causes, and placing the mathematics of the subject before the student in a manner which he cannot fail to comprehend. In this chapter, as in the succeeding one, the graphic charts employed are most carefully executed, and show at a glance the various ratios they are designed to depict. We cannot too emphatically recommend the careful study of charts of this kind, as the curves present a picture which is far more readily impressed upon the mind than mere tables of figures or other data.

Then follow accounts of the various methods of registration, classification of causes of death, &c. The chapters on marriage, birth, and death rates are very complete, but what appeals to us as being perhaps the best chapter in the book is that on corrected death rates. In our experience there has often been a considerable difficulty among students for the Public Health Examination in grasping precisely what effect age and sex distribution have upon a local death rate; this chapter deals most fully with the subject, and leaves the reader with as clear a knowledge of the necessary corrections and their application as could be desired.

The chapters on the relation of male and female mortality, and on infantile mortality, are no less excellent, and we recommend the student to a careful study of the mistakes which are often made of arranging the death rate of two or more localities on their individual death rates instead of on the total deaths per total population.

The reservation of an entire chapter to the consideration of "statistical fallacies" strikes the reader, at the first glance, as being somewhat strange. But the opportunity of quoting Quetelet's four chief rules for the proper employment of figures, and the exposure of errors following their infringement, quite justifies the author.

In conclusion we again repeat our recommendation of the book to all students of this increasingly important subject.

HYGIENE AND PUBLIC HEALTH. By ARTHUR WHITELEGGE, M.D., B.Sc. Lond., F.R.C.P. (Messrs. Cassell & Co. Revised edition. Price 7s. 6d.)

A revision of this excellent little manual gives us a concise

account of the subject that will probably maintain the previous reputation of the work. We note on p. 319 that the anæsthetic *Bacillus enteritidis sporogenes* (Klein) is mentioned as "associated with localised epidemics of diarrhoea due to milk, with summer diarrhoea, and with English cholera," though the word "associated," we presume, is used to avoid any statement as to causal relations. An appendix is added, dealing with Dr. Klein's investigations upon oyster infection by sewage. We fail to find any reference to the notification of cases of lead, phosphorus, arsenic, and mercury poisoning. We thoroughly recommend the book to students.

Correspondence.

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

DEAR SIR,—Dr. Gee, in the very useful clinical lecture published in your last issue, made a statement which very considerably interested me, viz. "round and tape worms are also uncommon, at least in England."

My experience is in accord with Dr. Gee's with respect to tape-worms, but with respect to round-worms, however true his statement may be for other parts of the country, it does not apply to this neighbourhood. During two and a half years my experience has been that in children from two to fourteen years they are very common. I am somewhat at a loss to account for this.

The water-supply for the surrounding district is almost entirely obtained from wells which are unprotected from contamination by surface water, and I suspect that the ova are conveyed in this manner to the wells, and so to the children.

Although round-worms are very common in this district, convulsions in children due to irritation produced by them are certainly rare, although I have met with one or two such cases.

I am, sir, yours truly,
JOHN CURRIE.

Coleford, Gloucestershire.

[Dr. Currie's experience quite confirms, and is not at variance with, Dr. Gee's,—that "young children, under two years, are not very liable to worms."] Dr. Currie seems to have overlooked the worms we have italicised.—ED.]

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

SIR,—I have just read with much interest your editorial in the *Journal* of May, 1899, discussing the advantages of young medical men entering the Royal Army Medical Corps.

Permit me to say that I agree thoroughly with you in the suggestions put forward in the editorial as to the probable cause of the want of status of officers of the R.A.M.C.

I was for six months a contract surgeon attached to the R.A.M.C. During that time I was attached to four different regiments, and in all of them I was treated with unvarying courtesy by my brother officers. I had a most enjoyable time, and I was sufficiently well paid. My objection to the R.A.M.C. is that there is too little work, but this is not likely to be an insuperable objection to most people. In addition there is no scope for initiative, but this again very much narrows the area of responsibility.

Of course everybody gambles, but I remember that even when I was House Surgeon at Bart's I heard an occasional growl—Sincerely yours,
JOHN J. GRACE.

Hilo, Hawaii, July 11th, 1899.

Examinations.

UNIVERSITY OF LONDON.

Intermediate M.B.: Entire Examination.

Honours Examination.—Elmslie, R. C., obtained Second Class Honours in Anatomy, First Class with Exhibition and Gold Medal in Organic Chemistry, and First Class in Materia Medica and Pharmaceutical Chemistry. Young, E. E., obtained Second Class in Materia Medica and Pharmaceutical Chemistry.

First Division.—Noke, F. H.
Second Division.—Martin, E. L., Ward, V. G., Waterfield, V. E.
Physiology only.—Amsler, A. U., Harvey, F. G., Raw, H. H.

Preliminary Scientific Examination. Entire Examination.
First Division.—Maples, E. E., Finzel, H., Pickering, W. C.
Chemistry and Physics.—Travers, E. F.
Biology.—Charles, C. P., Godsell, T. W., McHanschell, H., Moss, D. E., Powell, N. B., Wilson, H. W.

Intermediate Science and Preliminary Scientific conjointly.
Zoology.—Gauvain, H. J.

CONJOINT BOARD.

Final Examination for M.R.C.S., L.R.C.P.

The following have completed the examinations:—Slater, A. B., Woodpill, H. G., Bull, G. V., Fletcher, A. J. M., Cudden, Hayes, A. H., Thornley, R. H., Bainbridge, F. H., Curl, S. W., Mayo, H. R., Greaves, H. S., O'Hea, J., Croft-Hill, A., Brewer, A. H., Hartley, J. D., Thomas, H. S., Danks, W. S., Frost, C. S., Bell, V. S. H., Andrew, A. J., Pentreath, H. M., Scholberg, P. H., Thompson, A., Bailey, B. E. G., Scott, S. R., Bennett, W. F.

Practical Pharmacy.—Williams, A. S., Arnes, G. C. J., Ainger, W. B., Arnold, L. A., Aubrey, G. E., Corbin, J., Coudrey, T. R., Hallows, A., Hodgson, F. C., Ingonville, J. G., Kingston, C. S., Leonard, N., Miller, G. W., Nicholas, C. F., Plews, J. M., Salt, A. P., Speerby, A. J. L., Square, W. R., Tosswill, L. R., Turnley, J. E. L. A., Wilson, N. M., Payne, E. M. B. (*Materia Medica, old regulations.*)

Chemistry.—Aldred, W. A., Ash, B. N., Bell, J. H., Bell, K. D., Douglas, R. J., Drury, G. D., Edmond, W. S., Giragoian, V. H. J., Gray, H., Gribbon, E. A., Haggard, T. B. A., Lathbury, E. B., Whitehead, F. E., Wade, A. R., Thurston, L. V., Payne, E. M. B. (*old regulations.*)

Elementary Biology.—Binns, J. B., Thomas, H. E., de Morini, J. L. K., Fernih, C. H., Gray, L., Smith, J. E.

Indian Medical Service.

Browse, G., 8th, 2342 marks; Matthews, E. A. C., 9th, 2947 marks; Beit, F. V. O., 16th, 2172 marks; Long, W. C., 18th, 2085 marks.

Royal Army Medical Corps.

Richards, F. G., 5th, 2150 marks; Harvey, F., 8th, 2102 marks.

Appointments.

BERRY, James, B.S., F.R.C.S., has been appointed Surgeon to the North London Hospital for Consumption and Diseases of the Chest, *vice* W. Watson Cheyne, resigned.

BEST, F. H. de Graves, M.R.C.S., L.R.C.P., appointed Public Vaccinator for the Cheshunt district of Edmonton Union.

CAMMIDGE, P. J., M.R.C.S., L.R.C.P., late Treasurer's Research Student in Pathology and Bacteriology, appointed Assistant Demonstrator of Pathology, Leeds Medical School (Victoria University).

COLES, Charles, M.D.(Lond.), Medical and State Med., has been appointed Medical Officer of Health to the Leicestershire and Rutland Combined Districts.

FREEMAN, W. T., M.D.(Durb.), F.R.C.S.(Eng.), has been appointed Surgeon in charge of the Department for Diseases of the Skin at the Reading Dispensary.

HALL, Arthur J., B.A., M.R.(Camb.), M.R.C.P., appointed Professor of Pathology in University College, Sheffield, *vice* Dr. Duncan Burgess, appointed Lecturer in Medicine.

HATFIELD, K., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Senior Resident Medical Officer at the Bradford Workhouse Infirmary.

HORDER, Thomas J., M.B., B.Sc., M.R.C.P., appointed Physician to Out-patients to the Great Northern Central Hospital.

HORNE, Jobson, M.B., B.C.(Camb.), appointed Honorary Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.

JESSOP, W. H. H., M.B.(Camb.), F.R.C.S.(Eng.), has been appointed the Honorary Surgeon-Oculist of the Royal Masonic Institution for Girls, London.

KNIGHT, Henry Ernest, M.D.(Lond.), M.R.C.S., L.R.C.P., appointed Honorary Surgeon to the Rotherham Hospital.

PATON, E. Percy, M.S., F.R.C.S., has been appointed Assistant Surgeon to the Westminster Hospital.

SKEDDING, Henry, M.B., B.C.(Camb.), M.R.C.S., L.S.A., appointed Assistant Surgeon to the Bedford County Hospital.

THOMPSON, H., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Derby Royal Infirmary.

WINKFIELD, C. F., M.R.C.S., L.R.C.P., appointed House Physician to the Radcliffe Infirmary.

Births.

DAY.—On July 10th, at Surrey Street, Norwich, the wife of Donald D. Day, F.R.C.S., of a son.

EDELSTEN.—July 29th, at 370, Brixton Road, S.W., the wife of Ernest A. Edelsten, M.A., M.B.(Oxon.), of a daughter.

HUXLEY.—On August 6th, at 39, Leinster Gardens, W., the wife of Henry Huxley, of a son.

NEWINGTON.—On June 6th, at The Grange, Edenbridge, the wife of C. W. H. Newington, M.R.C.S., L.R.C.P., of a son.

ROGERS-TILLSTONE.—On July 10th, at East Malling, Kent, the wife of J. M. Rogers-Tillstone, M.R.C.S., L.R.C.P.(Lond.), of a daughter.

Marriages.

BEST—MORE.—On June 9th, at Holy Trinity Church, Rothwell, Northants, by the Rev. W. S. Parker, assisted by Rev. R. H. B. Crossinwater, Frederick Henry de Graves Best, M.R.C.S., L.R.C.P., eldest son of F. A. Best, M.R.C.S., L.S.A., of Torquay, to Elizabeth Beatrice Williamson (Bessie), only daughter of James More, M.D., of Rothwell.

MARSH—DALRYMPLE-HAY.—On the 18th July, at St. Saviour's, St. George's Square, by the Rev. Edwin Price, M.A., Vicar of Bishop Auckland, uncle of the bride, assisted by the Rev. H. Washington, M.A., Vicar, Howard Marsh, of 30, Bruton Street, W., to Violet, daughter of Admiral Sir John Dalrymple-Hay, Bart.

WYLLYS—EVERINGTON.—On the 30th July, at the parish church Castleacre, by the Rev. Romaine Harvey, of Birstall, Yorkshire, assisted by the Rev. J. T. Powell, Vicar of the parish, William, eldest son of William Edward Wyllys, of Great Yarmouth, to May Edwards, youngest daughter of William Devas Everington, of Castleacre, Norfolk.

St. Bartholomew's Hospital



JOURNAL.

VOL. VI.—No. 12.]

SEPTEMBER, 1899.

[PRICE SIXPENCE.]

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, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTH, Advertising Agent, 20, Wood Lane, Uxbridge Road, W.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

SEPTEMBER 14th, 1899.

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

IT will be quickly seen by a glance through our columns this month that our chief feature is one which anticipates the advent amongst us of those hundred or so new students we speak of as "the entry." Our September number is essentially a holiday number,—from necessity, perhaps, as well as from choice, if the truth were told, for when many of our contemporaries make no pretence of publishing at all during the vacation months, we may be excused for confessing to a difficulty in filling our pages with the kind of matter that is customary. With most of the staff away, clinical contributions are unobtainable, and with the various clubs in abeyance during the holidays,—cricket finished, football not yet begun,—athletic news falls to a minimum.

We have taken advantage of the interregnum to give our readers, and especially the new section of our readers mentioned above, a fairly complete account of those various institutions that are part and parcel of our social life at St. Bartholomew's. It may be remembered that the gentle Pagan, to whom we are indebted for our motto, follows up his invocation to serenity under Fortune's frown with an invitation to such innocent diversions as are granted to mankind. We seek to do the same, and trust that the attempt we make to give our new colleagues and fellow-students some idea of our social organisation and its management may prove of use to them, as perhaps to others who are not very clear upon these matters.

The principle of amalgamation, as applied to the various clubs connected with the Metropolitan Medical Schools, is now so well recognised, that it is only at one or two of the smaller schools that the old order of things still remains. The advantages are sufficiently obvious,—they are chiefly those connected with finance. Periods of weakness alternate with periods of strength in most clubs, and a central system of finance is able to tide over the former until the latter come round again. Moreover new clubs grow more healthily and more securely under such management than if left to individual efforts to support them. Then the question of club grounds is another very important consideration; a ground can be secured and kept going by a set of amalgamated clubs that could not be held independently of outsiders on any other principles. Several other considerations might be adduced, but they all come within the scope of the old adage that connects union with strength.

It will be noticed that certain of our "social organisations" are outside this amalgamation scheme. But, with one exception, there are points connected with each of these that render amalgamation a matter of considerable difficulty, and preclude the possibility of their either benefiting, or being benefited by, the central body. For neither the Amateur Dramatic, nor the Musical, nor the Photographic Society is in any sense a game, and each must, when all is said and done, depend for its success upon personal

interest and effort. The exception is the Chess Club, which, however, it is hoped, will be amalgamated during this coming season.

We close these remarks with a word of hearty welcome to all those students who, before we go to press again, will have come into our midst. For five years—or more—we shall rub shoulders with them, if not in the Square, in the columns of the JOURNAL. We trust our "social organisations" may prove means by which both their work and their play, throughout this not inconsiderable fraction of their lives, may be rendered interesting and helpful and thorough.

Ankylostomum duodenale and Ankylostomiasis.

By W. MACLACHLAN McDONALD, L.R.C.P., M.R.C.S.,
Acting Surgeon and Resident Medical Officer,
Holberton Institute, Antigua, West Indies.

DISTRIBUTION.—Ankylostomiasis may be said to occur in all tropical and subtropical countries. In Europe it is known as "Miners' anæmia," or "Tunnel disease," from the severe epidemic that occurred among the workmen at the St. Gotthard tunnel in 1880.

It has never been proved to occur in England, but perhaps it has not been looked for with sufficient care.

Even in some tropical countries it is not recognised till carefully looked for. Here in Antigua this disease was not recognised at all till four months ago, when a few cases were investigated by the writer, and proved to be ankylostomiasis. Since then fifty-three cases have come into the hospital, showing how prevalent this disease may be without being recognised. These cases were formerly looked upon as examples of "pernicious anæmia."

The parasite.—The ankylostomum inhabits the small intestine of a man, particularly the duodenum and jejunum, and sometimes the upper part of the ileum.

The male and female do not differ much in size; they are about one third of an inch in length and one twentieth in breadth. They attach themselves by means of their powerful buccal suckers to the mucous membrane of the duodenum and jejunum, from the blood of which they obtain a plentiful supply of nourishment.

When alive their colour is white, but reddish brown when full of blood. When dead they are grey. The eggs are regularly oval, and have a thin transparent covering, through which the yolk can be seen to be segmented.

Symptoms.—Those of a progressive anæmia. All the patients give a history of having been unable to do any work for many months. There is puffiness of eyelids, face, and extremities; no pitting on pressure; the skin is dry and harsh, and of a greenish-yellow colour. Conjunctivæ pale, or rusty, or black. Tongue and gums anæmic, with black specks from old hæmorrhages; finger-nails anæmic.

All the patients complain of general debility, severe palpitation, and a "beating in the head," as they call it; breathlessness; syncope; dimness of vision; burning in pit of stomach. Retinal hæmorrhages are found. Heart: there is usually a well-marked systolic murmur, a thrill, and often some dilatation. Women always suffer from amenorrhœa.

Diagnosis is easily made by means of the microscope. In all suspicious cases the fæces should be examined under the microscope, where the ova are easily recognised.

Ankylostomiasis is easily diagnosed from beri-beri by absence of paralysis; from malaria by absence of enlargement of the spleen, ague, and the plasmodium in the blood; from Bright's disease by absence of albumen in the urine.

Pathological Anatomy.—The bodies of the victims look plump and puffy, and are not wasted; there is plenty of subcutaneous fat. There may be a small amount of general œdema.

All the organs are terribly anæmic. The heart is dilated, flabby, and in a state of fatty degeneration, as are many other organs.

The parasites are found attached by their suckers to the mucous membrane of the duodenum, jejunum, and upper part of the ileum. Many minute extravasations of blood are seen in the mucous membrane, showing where the parasites had been attached.

Treatment.—On the ova of the ankylostoma being found under the microscope the patient should have a full dose of calomel at night, and in the early morning before any food is taken, three twenty-grain doses of thymol should be given at an hour's interval between each dose. The thymol is best given in pills or in cachets. In four or five hours another dose of calomel should be given to get rid of any excess of thymol. It is not safe to give castor oil after thymol, as the thymol is soluble in the castor oil, and symptoms of poisoning may be set up. I have had one case that showed slight symptoms of thymol poisoning on taking castor oil after thymol.

While the patient is taking thymol all alcoholic drinks should be stopped, for thymol is freely soluble in alcohol, and fatal cases of poisoning have occurred by the neglect of this precaution; otherwise thymol is a perfectly safe drug.

This treatment should be repeated twice a week for two or three weeks, when most likely no more ova will be found. In the meantime the patient should have a generous diet, with wine and tonics of iron and arsenic.

Most patients within a week will state that they feel better and stronger, and in three or four weeks they leave the hospital and return to work in a fairly vigorous state of health. All the cases do not do so well. Some do not improve; they hang on in the same feeble condition; others go downhill steadily. These are the serious cases

that have been brought into the hospital in a collapsed condition. The bad cases never do well; their internal organs are too far degenerated from the prolonged and severe anæmia.

Some cases are very disappointing, even after several doses of thymol; they still pass the ova. One of the very bad cases, although the patient had been in the hospital for about six weeks, and had taken thymol on several occasions, gradually sank and died. On a post-mortem being made numerous ankylostoma were found attached by their suckers to the mucous membrane of the duodenum and jejunum, proving that thymol does not always get rid of the ankylostoma.

Prophylaxis.—Firstly, proper and sufficient latrine accommodation should be put up in every estate and village, and measures taken to compel those who are unwilling to use them to do so.

Secondly, rain water for drinking purposes should be supplied by means of pipes to every range of labourers' houses on each estate and village.

This would be of considerable benefit in checking the ravages not only of intestinal parasites, but also of dysentery, typhoid, malaria and filaria.

If these two measures were carried out, the improvement effected in the health and efficiency of the people would very soon repay any expense entailed.

General Remarks.

(a) The ova of the ankylostomum may be found in the fæces of patients that show no symptoms whatever. But the majority of patients show most marked symptoms of anæmia, prostration, and debility. Besides this, ankylostomiasis often complicates cases of starvation, dysentery, diarrhœa, Bright's disease, heart disease, &c., and, of course, in these cases the diagnosis and proper treatment are of vital importance.

(b) *Its prevalence.*—Here in Antigua, in the hospital of 150 beds there have been 53 cases in the last four months, and these are the only severe cases that have come into the hospital on account of being unable to work from general debility; there must be many more cases with less marked symptoms going about the country.

(c) *The severity of the symptoms.*—All these cases had been unable to do any work for many months, from debility, palpitation, and breathlessness. Four out of the fifty-three had collapsed on the road from syncope, and were brought into the hospital by the ambulance, one of these cases never rallying, but dying in three days. There have been six deaths in the hospital in four months from ankylostomiasis.

Besides the fatal cases, there are at present in the hospital ten cases that are in an absolutely hopeless condition. They show no improvement on treatment, and it is certain that their internal organs are beyond repair from the severe

and prolonged anæmia. They are almost helpless, being unable to walk from giddiness, palpitation, and syncope.

(d) *Response to treatment.*—If the cases are taken early and treated with thymol, and then with iron and arsenic, the patients are quickly restored to normal health and vigour.

Several of the cases, although they were in the prime of life, had not done any work for many months. After about three weeks' treatment they have returned to work in almost perfect health.

Formerly we attributed practically all cases of anæmia to one of two causes—either malarial cachexia or chronic Bright's disease, both most hopeless conditions to treat. Now we know that many of these cases of anæmia are caused by the ankylostoma, and can be quickly restored to normal health by a few doses of thymol.

The more we are on the look-out for ankylostomiasis as a cause of anæmia the fewer cases will we have to classify under the other two causes, and the fewer incurable cases will there be.

The subject is undoubtedly a most important one, for if we find that the recognition of the presence of ankylostoma in our anæmic cases enables us to quickly restore to perfect health patients who would otherwise drift into hopeless invalidism, a burden to themselves, their relations, and the State, we shall surely be doing useful work, not only for the individuals we treat, but for the whole colony.

Furthermore, ankylostomiasis is an important disease from the standpoint of the employer of native labour. The sickness and inefficiency which it causes among the natives, not to mention the deaths, are often financially a serious matter to the planter.

Rarer Forms of Contracted Pelvis.

By G. A. AUDEN, M.A., M.B., B.C. Cantab.

OPPORTUNITIES for the study of the mechanism of labour in the rarer and more irregular forms of contracted pelvis are so infrequent that the record of such cases possesses some interest.

I am indebted to Dr. Dakin for permission to publish the notes of the following cases, which were under his care at the General Lying-in Hospital, Lambeth.

CASE I. KYPHOTIC PELVIS.—Premature labour in 34th week. C. S.—25, secundipara. Admitted October 2nd, 1898.

History.—At the age of four injured her back by a fall; six months later was an in-patient at St. Thomas's Hospital, where she was fitted with a plaster jacket. Transferred to the Evelina Hospital, where she remained one year. Here a psoas abscess was opened and drained. A discharging sinus remained, and she attended as an out-patient for three years. She remained well until the age of eighteen, when she was an in-patient at St. Bartholomew's for five months suffering from bronchitis. In the following year she was re-admitted into Harley, where the sinus was reopened, and she remained for three months.

that an "adduction muscle is a muscle which draws a limb back to a straight line."

"Amœboid—one of the simplest form of animals,"—as simple, indeed, as is the use of Greek suffixes.

"Anger—a passion, said to increase the bile." This, we notice, is "for the Advanced." Our knowledge of cholagogues is lamentably elementary, despite the assertions of prominent therapists.

"Ampulla—something blown into a swelling,"—a definition that is provokingly moderate and forbearing.

"Beating of the Heart—the heart striking against the ribs, caused by the contraction of the aorta."

"Blood the stream of life, an alkaline fluid made by digested food;" and yet they try and persuade us that physiology is not a simple science.

"Colour Blindness—the inability to distinguish colours, arising from some imperfection in the humours of the eye."

"Cones of the Retina—rod-like or conical bodies standing on the retina." We turn to the letter R, and meet with—

"Rods and Cones of the Retina—minute elevations in the retina about $\frac{1}{10000}$ inch in breadth." Why "cones" should be "Advanced" and rods "Elementary" seems uncertain, and the point of distinction between the shape of the two elements is rudely dismissed.

"Contraction of the Heart—the heart contracts only a half at a time, in this differing from all other muscles."

"Cornea—a horny, transparent, watch-glass-like formed substance in the front of the eyeball, fitting into the sclerotic coat."

"Coughing—a sudden convulsion of the lungs."

"Crusta Petrosa—stony matter coating the fangs of the teeth."

"Crystalline Lens—the second humour of the eyeball, something like jelly. Office to focus the eye."

"Erect Position of Man—obtained by a multitude of muscles acting in opposition to each other."

"Evaporation lessens heat; hence, if the pores be open, a man can bear a heat in a Turkish bath, or oven, which would roast dead flesh."

"Eyebrows—arched prominences over the eyes covered with hair, to shade the eyes and prevent perspiration, &c., running into them."

"Eyelids—flaps of cartilage covering the eyeball, and fringed with eyelashes which sweep the eye." The necessity for the sweeping process becomes apparent on reading that—

"Light is caused by luminous particles striking on the eye." Truly we are "fearfully and wonderfully made."

"Nuclei—bodies found in white blood corpuscles, unstriped muscular fibre, and veins."

"Number of Air-cells in the Lungs—about 600,000,000."

"Olfactory Nerve—the nerve of smell, a mere prolongation of the brain." There is a fine scorn about this that makes one almost ashamed of smelling.

"Only Opening into the Lungs—through the trachea."

The scorn is changed to grievance; yet when one thinks of the myriads of microbes lying in wait, and the paltry sentinels that guard the entrance, the "only opening" seems quite enough.

"Os Externum—a bone at the entrance of the uterus" (!)

"Patella—a sesamoid bone forming the knee-cap, held in its place by fourteen ligaments." No wonder the fragments separate so easily when it is fractured!

"Sight—a sensation of the brain, caused by irritating the optic nerve by the waves of light."

"Stimulous or Irritation—an affection of the nerves which causes them to act on the muscles."

"Stomach—the chief organ of digestion; an oblong bag about a cubic foot in size, holding 5 to 7 pints." Here's good news for the winebibber! And finally—

"Functions of the Body—1st, to waste and decay; 2nd, to excrete and get rid of waste matters; 3rd, to receive food to replenish the waste." In other words,

Behold, before ye,
Humanity's poor sum and story;
Life,—Death,—and all that is of Glory.

Problems in Diagnosis.

(For P.M. Examination see p. 192.)

T. N., æt. 35, an engine driver, was admitted on August 17th for hæmaturia. There was nothing remarkable in his past history beyond a severe head injury received while at work eighteen months previously. The hæmaturia began three or four months before admission, and had never been accompanied by any pain. The amount of blood was variable, sometimes considerable; while at other times he said his water was "almost clear." He had never passed clots or gravel.

On admission he was rather emaciated, and stated that he had lost flesh since the hæmaturia had begun. His appetite and digestion were very fair, his pulse regular. He said his bowels were regular; they were opened twice on the afternoon of admission, and three times the next morning.

Abdominal palpation did not reveal any swelling or tenderness; per rectum the prostate and vesiculae seminales seemed normal. Nothing further was discovered by the passage of a sound. The urine was acid, and contained a large quantity of blood, and not more albumen than could thus be accounted for. Microscopical examination showed many red corpuscles and some squamous epithelial cells.

No pus nor casts seen on repeated examination. The morning after admission his temperature rose to 101°, and he complained of abdominal pain. His pulse was 100; he vomited greenish fluid frequently, and his bowels ceased to act. He became distended, and the vomiting persisted. Enemata were returned unaltered as soon as administered. The distension increased, the liver dulness disappeared, and the pulse became small and thready. Incessant hiccough was a troublesome symptom. He passed only five ounces of blood-stained urine in twenty-four hours.

An exploratory laparotomy was decided upon on August 22nd. On opening the abdomen in the middle line some purulent fluid with a slightly fecal odour escaped. The intestines were matted with adhesions, and the pus apparently came from the pelvis. The appendix was felt to be normal. A loop of distended small intestine was drawn into the wound, stitched there and opened, a glass tube being inserted and a large quantity of liquid feces allowed to escape. A drainage-tube was introduced into the pelvis, and the outer end secured in a Keith's dressing.

August 23rd.—Patient very much more comfortable. The vomiting ceased, and during the night the bowels acted naturally four times. He passed 31 ounces of urine of a slightly smoky colour, the clearest since admission. The distension is much less. Not much fluid has escaped from the Keith's tube.

24th.—Patient still continues to be comfortable. Temperature normal; pulse 84. No vomiting or distension. Urine 40 ounces only, slightly smoky.

25th.—Drainage-tube removed. Bowels acting naturally. Comfortable, but distinctly weaker. Takes milk and soda-water by mouth without difficulty.

26th.—Intestinal tube out to-day. Urine again contains a good deal of blood and amorphous urates. No vomiting. Patient much weaker. Bowels opened three times.

27th.—Stitches removed. Patient passed a little rather bright blood per rectum. Urine blood-stained. Is in no pain, but is evidently sinking.

28th.—Failed to retain nutrient enemata to-day. Is almost moribund.

30th.—Died early this morning.

Notes.

The Opening Address of the 1899-1900 Session of the Abernethian Society will be given by Dr. Church at 8 p.m. on Thursday, October 5th, in the Anatomical Theatre. Dr. Church's subject is "The Progress of Medicine during the Reign of Queen Victoria." Visitors of both sexes are always heartily welcomed at these opening addresses.

DR. CLAYE SHAW will give a course of lectures on "Mental Diseases and Psychology," for the M.D. and M.S. Examinations of the University of London. The lectures will commence on October 11th (Wednesday), at 11 a.m., in the Medical Theatre.

A course of clinical demonstrations will also be held at Banstead Asylum in conjunction with the lectures. Arrangements will be made in due course.

HEARTIEST congratulations to the Manager of the JOURNAL upon the occasion of his recent marriage.

On page 191 we give some particulars of a scheme recently stated for the formation of a "League of St. Bartholomew's Nurses." The idea seems to us to be an excellent one, and if the working details are judiciously arranged it should be a great success. There must be many nurses who would be glad to avail themselves of some means by which they may keep in touch not only with such others as chanced to be their Hospital colleagues, but also with their professional *alma mater* itself. Only one of the suggested motives of the "league" seems to us of doubtful value, and that is the one dealing with "misconduct." The spirit of the Inquisition is a rock upon which more than one club (for such we suppose the "league" virtually to be), however fairly launched, has eventually struck. However, we do but make a hint. We wish the scheme all the success and favour it merits, and we hope to be able to record its progress from time to time.

We are glad to receive Mr. McDonald's account of ankylostomiasis in Antigua. We believe we are correct in

saying that Mr. McDonald was the first to discover the great prevalence of the disease in that part of the West Indies. We should like to suggest to our contributor the great interest that would attach to a careful set of blood counts from the cases he describes. Such a research might tend to settle the question as to whether "pernicious anemia" is a disease *sui generis*, with pathognomonic features in its blood-count, or whether the same may be seen in some of these cases of great and slowly progressive anemia from numerous small hæmorrhages. With so much material, as we said, such a research should be not without interesting results.

In our last issue we referred to Mr. Frederick Gant's romantic dissertations upon "Types of the Modern Nurse," published in our contemporary the *Medical Press and Circular*, and we owned to some feeling of interest as to the papers which were to follow. We regret to say, however, that, beyond expressing our surprise at any Fellow of the College of Surgeons stooping to write such articles, and any magazine of repute accepting them, we feel the less said about them the better. Mr. Gant becomes too offensive to quote, and too absurdly ridiculous to discuss. Were we ever doubtful of it, we are now quite sure there comes a time in many a man's life when the kindest thing his friends can do is to prevent him from doing anything; or if they fail in this, to cover him by a plea of mental irresponsibility. We know nothing whatever about Mr. Gant, but we strongly suspect a dearth of watchful friends.

THE current number of the *Nursing Record* has an annotation in reply to our criticism on "The Balance of Power in Hospital Administration." As, however, the writer concedes our whole point with regard to the appointment of the resident staff, there is not much more to be said. She says, "But with regard to the domestic management we really must be excused for saying that it is manifestly absurd for a medical man to attempt to control the domestic department in conjunction with his own duties." This we never denied; we only protested against the "manifest absurdity" of a matron recommending candidates for the medical appointments. Such recommendations should only come from qualified medical men. We hope that all the "young men" who are so unfortunate as to have to apply for appointments to Miss Palmer, of Rochester, U.S.A., and are told they "must make up their minds to be subordinate to a woman," and behave themselves like little gentlemen, will adopt the alternative clause in her advice, and "make their application elsewhere." Such a maternal course would speedily bring the committee to their senses. If the Matrons' Council are going to adopt the preposterous pretensions of Miss Palmer in their propaganda, they will only excite the "thin end of the wedge" argument in opposition to many useful reforms.

But we have more faith in their common sense than to believe that they will.

* * *

SINCE our last issue the vegetarians have been very much *en evidence* in the Memorial Hall. The most prominent feature of the "National Congress" is, of course, the presidential address. We take the liberty of culling a few extracts from this interesting speech, relying for our quotations upon our contemporary *The Vegetarian*.

* * *

Conspicuously placed, and specially interesting to us as medical students and practitioners, is the paragraph setting forth the "signs of the times, as evidenced by the . . . hospitals that care for the sick, and provide relief to those in suffering and in pain: the St. Francis Hospital in London, conducted for the last two years on vegetarian principles, has now become firmly established in favour, and I am glad to say that the out-patients during eighteen months have exceeded 8000, and a good work is being done. A good many of the in-patients have been sent to our 'Oriole' Hospital at Loughton, and I cordially invite anyone who is unaware of the nature and extent of our work in this direction to come down to our Harvest Festival on Saturday next to see what is being done to treat the sick on vegetarian lines. Dr. Oldfield is not here to-night, but will be with us to-morrow, and will give you his experience of the advantages of such treatment.

"The results of this vegetarian treatment have been satisfactory and more successful than would have been anticipated. We have now three doctors at that hospital experimenting and taking clinical record of special diseases to see how far these can be treated on vegetarian lines. The hospital was specially founded for the treatment of that dread disease, cancer. We have had considerable experience of this disease, and although we cannot claim that we have established an infallible method of curing it, we have been able to do this,—we have been able to relieve pain, and sometimes to remove the growth. In spite of the difficulty attached to the diagnosis of cancer, there have been undeniable cases which have been diagnosed as cancer which our treatment has cured. (Applause.) In a certain number of cases we have been able to assuage pain, and anyone who has experienced that worst of diseases will understand the appreciation we have had of this treatment. We have had fatal cases, but in each of these we have received expressions of gratitude and appreciation of the devotion shown to the patients, and of the manner in which they were treated. This will come before you more fully in the course of the report which will be presented to you."

* * *

Now Mr. A. F. Hills is not only President of the Vegetarians, he is also a leading spirit amongst the Anti-vivisectioners; so that the evident sense of satisfaction he derives from the contemplation of "three doctors at that

hospital experimenting" upon patients may seem somewhat strange, especially when one knows that the Anti-vivisection Society makes much capital out of pamphlets setting forth the horrors of so-called "hospital experiments." But the inconsistency is only astonishing to such as are unacquainted with the illogical possibilities of the Anti-mind. But to return to the President's address: the following paragraph, in addition to its utter irrelevancy, is worth a dozen cogent arguments against the principles of the speaker.

* * *

"Think of it from the scientific, from the hygienic point of view. How many of our doctors are seeking in every possible direction for the assuagement of suffering by all kinds of queer devices! If we could imagine a stranger coming to the world and being suddenly informed of these matters, we feel sure he would be revolted at some of the medical practices which are being put into force to-day. The medical fraternity say that each disease has its own special microbe, which, finding a nidus or nest, produces disease. They say that all diseases are distinct, no disease being produced except from itself, scarlet fever producing scarlet fever, and so on. It is, however, when they strive to introduce other matter to exterminate that disease that we differ from them. Against such a theory as that you may well advocate vegetarian practices. We have had practical demonstrations of the futility of many of these devices. We have had Jenner's vaccination theory; that is fast losing ground, although many magistrates take extreme views on the question of conscientious objection to the practice. Take the case of the German professor, Koch, who claimed to have discovered the cure for consumption; that has all died away now, and the same remark applies to the claims of Royce (*sic*), the French professor, who thought he had discovered a cure for diphtheria. Take the case of Pasteur and his cure for hydrophobia. We know well the discredit attached to the Pasteur Institution in Paris to-day."

* * *

Here the President's anti-vivisection bias is evidently displaying itself. But he quickly rights himself, and returns to the platform of meaningless ineptitude, to leave left which was foolish, and to stick to which is always a sure means of gaining the "much applause" that greeted the following effusion:

* * *

"I see that either fish or flesh or fowl, or stimulants—alcohol or tobacco—are but means of stirring up the forms of life and exhausting them. They cannot increase your stock of vital reserve. (Hear, hear.) And the great art of life is to increase vitality. If you want to be an athlete, if you have vital reserve you can increase muscular development, as Sandow has taught us.

"If you want to be a scholar, you must have a vital reserve for brain determination.

"If you want to secure power of soul, you must be content to live more and more highly, and think more highly, and you will find you will rise on the stepping-stone of your dead selves to higher altitudes (*sic*).

"I believe that is the true result of the vegetarian doctrine.

"Beginning, perhaps, with the beggarly elements of eating and drinking, it leads us on by degrees to those of God. In conclusion I would say to you, there is much to be done.

The fields are ripe to the harvest,
The labourers are few.

It behoves you to be more self-sacrificing than ever, to give more of your means, your money, your time, or your capacity. It will come back to you abundantly; you will find that God is watching over you, that His sun is shining upon your life, and that your soul is filled with the peace that passeth all understanding.

With a touching allusion to the higher, nobler life that would permeate England as these principles grew and England became more human, and the golden day that would come on apace, Mr. Hills concluded his address amidst much applause, having spoken for a little over an hour."

* * *

The most obvious criticism upon which remarks is that if the "true result of the vegetarian doctrine" be such a gross disregard of the Queen's English, and such a painful yet comic desire to improve quotations from the poets, the less we see this result "permeating England" the better. There would seem to be a point at which "high thinking" and "plain living" part company, and Mr. Hills, at least, appears to have strayed far past that point. Moreover, we do not feel called upon to apologise for the Creator's ordidness in condemning even a vegetarian president to "the beggarly elements of eating and drinking," but we might point out that it is quite open for that gentleman to "strike" against such a vile necessity. But we hope he will not: the September issue of our JOURNAL would be the duller without him.

* * *

As regards the rest of the "sittings," want of space compels us to curb our desire for annotation. A Miss Woods quoted the "case of a lady friend who was converted to vegetarianism, and who, becoming ill, consulted a non-vegetarian doctor; she was ordered back to a meat diet, and it was then found that she had lost the power of digesting meat. The inference was plain," said Miss Woods, "that our bodies refuse that which is gross and unnatural." A plainer inference, which did not strike Miss Woods, is that a ruined digestion will sometimes refuse anything. The inevitable "Dr." Allinson "pointed out that the average death age was forty-eight years, whereas it should be something ranging from ninety to one hundred and twenty-two; and he said he believed the

food question had much to do with some of this deficiency." Considering the nicety of the calculation, we are surprised at the toleration shown in the platitudes which follows it.

* * *

Dr. Loretta Kress "could not understand God making man 'very good,' and then telling him to eat anything that was not good for him." She "also maintained that man was instinctively a vegetarian. If they tested a little child by offering a luscious peach in one hand and a raw beef-steak, covered with blood as it was, in the other, they would find the child would choose the peach. She had never known the results of any similar experiment to differ from her own." This is really too delightful! But we should not jeer at finding the vegetarians fired with an enthusiasm for the experimental method. A control experiment, substituting a kitten for the gory steak, would be interesting, and the result might act as a justification for another substitution, said to occur sometimes in the making of rabbit-pie. "The paper concluded with an interesting account of experiments proving that vegetarian animals, if fed upon flesh, assimilated in nature to the animal eaten." This must be what "Professor Brownson Allcott" means when he says that "if he ate pig he became pigified, if he ate ox he became oxified, and so on." But then, if the choice were offered a man, either to become an ox or an onion, a pig or a potato, it is difficult to see quite wherein the preference for the vegetable lies. This is the point where the argument fails,—always excluding the "high thinking" hypothesis until we have better proof of its favouring the vegetable than is afforded by the President's speech.

* * *

A Mr. Pengelly "pointed out that with an increased demand for cereals would follow the absorption (!) of many of the unemployed"—a statement that is not without a smack of cannibalism, and ought to have been hooted rather than cheered.

* * *

The result of it all, we note in the editorial of *The Vegetarian*, was disappointing. "Long rows of empty benches are horribly depressing; and when the people who do occupy the first three or four rows of seats are the same throughout the Congress week, one cannot expect to obtain from the meetings any real reflection of universal vegetarian opinion. . . . The same familiar people told the same familiar chairman that they had never been so well in their lives as they had been since they discarded meat-eating and devoted themselves to vegetarianism. Some speakers . . . spoke of their conversion in a Biblical spirit, and described themselves with much fervour as brands plucked from the burning; while others suggested various patent ways of their own for getting the yielding flesh-eating public to become confirmed and enthusiastic vegetarians. There was, in fact, . . . a certain dullness throughout the whole proceedings."

All of which seems true enough, except the last sentence, and that, as we have endeavoured to show, is far from being the case to any person with a sense of humour. But it is difficult to take our vegetarian friends seriously, as it is difficult to take any collection of people seriously who try to convert an amiable individual crotchet into a rule of universal application. It is far easier, and probably just as kind, to dismiss them with a nickname and a joke, as the *Pall Mall Gazette* succeeded in doing: "The Amalgamated Nebuchadnezzars, officially known as the Vegetarian Federal Union, are holding their annual revels in the Memorial Hall. . . . At the present show there are not only vegetarian foods, but vegetarian soaps, and plasters, and boots. And why not? On the whole, we would quite as soon live on the boots as on any of the rest of it."

Our Social Organisations.

THE September number of our JOURNAL gives us a fitting opportunity for some comprehensive account of the various social organisations connected with our School. Before our next issue appears an addition of some hundred odd "freshmen" will be made to our numbers, and it is chiefly for their benefit that the following survey has been drawn up, since to these, apart from some attempt of this nature, our clubs and other institutions must be little less than chaos. Were any apology needed this of itself would be ample; moreover, no such compilation has before appeared in print.

Prior to the year 1892 all the Hospital Clubs existed separately, on their own merits, and their prosperity was entirely due to the individual efforts of their respective officers. In this year an amalgamation scheme of the Athletic Clubs governed by a Central Finance Committee, which had been mooted two years previously, was finally settled, and thenceforward the following began a common existence:—the Rugby Football Club, the Association Football Club, the Cricket Club, the Boating Club, the Boxing Club, the Swimming Club, the Athletic Club. The success of this venture became quickly evident, and a short account of the results was published in 1894.

Since the original amalgamation several additions (the Lawn Tennis Club, the Hockey Club, the Shooting Club) and alterations have taken place, and of these changes and further progress no account up to date has yet been published.

The Abernethian Society joined in the amalgamation scheme, and in October, 1894, the Finance Committee began the publication of a monthly journal as the official organ and property of the Amalgamated Clubs. The system thus roughly sketched has now been in operation seven years, and has amply justified its existence. In the summer of 1894 arrangements were completed by which

the Clubs secured the present ground and pavilion at Winchmore Hill.

In addition to those clubs which are amalgamated there are the following self-regulating bodies which receive no support from the Amalgamated Finance Committee, and concerning which some account is also appended:—the Musical Society, the Amateur Dramatic Club, the Photographic Club, the Chess Club.

With these prefatory remarks we proceed to a more detailed account of the following:

THE ABERNETHIAN SOCIETY.

THE HOSPITAL JOURNAL.

THE AMALGAMATED CLUBS:

The Cricket Club.
The Rugby Football Club.
The Association Football Club.
The Swimming Club.
The Lawn Tennis Club.
The Athletic Club.
The Boxing Club.
The Hockey Club.
The Shooting Club.

THE SELF-SUPPORTING CLUBS:

The Musical Society.
The Amateur Dramatic Club.
The Photographic Club.
The Chess Club.

THE ABERNETHIAN SOCIETY.

For the history of this, one of the oldest medical societies of London, we fall back upon a short account by Dr. Norman Moore, published in this JOURNAL six years ago:

"In 1795 'The Medical and Philosophical Society' was formed at St. Bartholomew's Hospital. John Abernethy, assistant surgeon to the Hospital (elected in 1787, and lecturer on Anatomy, Physiology, and Surgery, was the founder, and was aided by Dr. Richard Powell, an Oxonian, who became physician to the Hospital in 1801, and by many of the students.

"The objects of the Society were the reading of medical or scientific papers, their discussion, and the maintenance of a library. The meetings were held on Tuesday evenings from the first week of October to the last week of April, in a room of the Medical School, and sometimes in the Lecture Theatre, which had been built in 1791 to accommodate the large number of students attracted by Abernethy's lectures. Regular minutes, containing full abstracts of the papers and discussions, were kept. The first volume of these minutes is not in the possession of the Society; the second includes the period from April 30, 1799, to October 13, 1807; while the third extends from October 13, 1807, to April 25, 1815. The volumes from 1815 to 1848 have been lost, though some accounts remain. From 1848 the minutes are complete.

"The earliest list of the officers of the Society contains those elected April 30, 1799, to serve in the fifth session, 1799-1800.

Presidents:

Mr. Jno. Abernethy.	Thomas Bradley, M.D.
Richard Powell, M.D.	Mr. James Macartney.
Mr. Joseph Hurlock.	Mr. William Blair.

Librarian and Treasurer: Mr. John Haslam.

Secretary: Mr. J. C. Hunt.

Members of the Council:

Mr. Vincent.	Mr. Brown.
" Beveridge.	" Rees.
" Thomas.	" Wood.

"Of these Mr. John Abernethy is the most famous in the existing Society and in the outer world. He was born 3rd April, 1764, in London; and his father, John, was a merchant, son of John Abernethy, a Presbyterian minister in the north of Ireland. This preacher, some of whose sermons are still read, was nine years old at the time of the famous siege of Londonderry. He had been sent to Scotland that his education might not be interrupted by the troubles of the times; but his mother, whose house was in Londonderry, remained in that city, and all her other children died within the walls before the siege was raised. Her grandson entered at St. Bartholomew's in 1779. He was elected assistant surgeon in 1787, became full surgeon in 1815, and resigned in 1827. There had been occasional teaching at St. Bartholomew's from early times, but Abernethy turned the Hospital from a place of scattered, unsystematic instruction into a teaching institution, academic in its proportions and in its methods, a college larger than the medical faculties of some universities. He made some contributions to professional knowledge, but the chief effect of his industrious life was the impetus which he gave to medical education at St. Bartholomew's. He died 28th April, 1831, and it was probably after his resignation that 'The Medical Society of St. Bartholomew's,' as it had come to be called, adopted the name of its founder, who was certainly president till 1815, and probably till his death. The first document in the possession of the Society in which it is called 'The Abernethian Society' is a balance-sheet of the year 1836. A fine portrait of Abernethy, by Sir Thomas Lawrence, hangs in the Great Hall, and a silver cup given to him by his pupils is always used as a loving-cup at the annual dinner of the medical officers and teachers. A surgical ward bears his name. Thus in all parts of the medical commonwealth of St. Bartholomew's he is honourably commemorated, and his will always be *clarum et venerabile nomen*. Dr. Richard Powell, who was physician to the Hospital from 1801 to 1824, was educated at Winchester and at Merton College, Oxford, and died in 1834. He wrote some sound medical books and papers, and one interesting essay on the early history of the Hospital. He

took an active part in the discussions of the Society. His portrait is in the Hospital committee-room. Mr. Joseph Hurlock was apothecary to the Hospital. Dr. Thomas Bradley was a graduate of Edinburgh, but a native of Worcestershire. He was editor of *The Medical and Physical Journal*, and while president of the Society was physician to the Westminster Hospital. He died in 1813. Mr. James Macartney was a celebrated anatomist, and his museum of bones and other specimens is preserved in the University of Cambridge. Mr. Vincent became surgeon to the Hospital in 1816, and his portrait is to be seen in the Great Hall.

"The first paper recorded in the minutes is one read Oct. 1, 1799, by Dr. Bradley, on Gout. Cases in the wards were often discussed from the first. The meetings were well attended and regularly held, except on one occasion, Tuesday, Feb. 24, 1807, when, as the minutes record, 'in consequence of the gates of the Hospital being surrounded by the populace, members could not obtain admission.'

In 1895 was celebrated the Centenary of the Society, and in an address given upon that occasion Dr. Moore continued the history of the Society up to date, and in the lecturer's opinion "the Society has never flourished more vigorously than it does at the present day. It is a valuable part of the intellectual life of our Hospital, animated by a spirit which I have ventured to trace up to our foundation. It depends for its success upon the efforts of students whose delight is in their work—students of a kind of which there have been many here, from the days of Harvey to our own time. Its name helps to preserve the fame of a teacher who has never been surpassed in the successful endeavour to interest those whom he taught, who never spared pains to make his subject clear to himself, and so to them, and whose splendid example, acting on successive generations of teachers, has maintained this School of Medicine in a condition of zeal and efficiency worthy of the ancient and famous Hospital of which it is an essential part."

The Society is governed by two Presidents, two Vice-presidents, a Treasurer, two Hon. Secs., and two Additional Committeemen, all elected by ballot at an Annual General Meeting. The meetings are held on each Thursday evening at 8 p.m. during the Winter Session.

The Society receives from the Finance Committee one guinea for every student who joins it.

As stated in our preface, every member of the Amalgamated Clubs is eligible as a member of the Abernethian Society, the only necessary formality being a proper induction by the President at a meeting of the Society.

THE HOSPITAL JOURNAL.

The ST. BARTHOLOMEW'S HOSPITAL JOURNAL was founded in 1893 as the organ of the Amalgamated Clubs, of the Hospital, and of the School, its first number appearing in October of that year. The paper is managed by a

Censor (the Warden), an Editor, and a Publication Committee consisting of six representatives of the teaching and student sections of the Hospital, and including the two secretaries of the Amalgamated Clubs. These officers, with the exception of the censor, are elected annually by the Finance Committee.

The expenses of the JOURNAL, which include a yearly honorarium to the Editor, are met entirely by the proceeds of its sale and advertisements.

"The objects of the JOURNAL are, FIRSTLY, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

"SECONDLY.—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, &c., to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

"THIRDLY. To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

"FOURTHLY.—To give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art before they plunge into literary work in a wider sphere in after life.

"FIFTHLY.—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital."

A copy of the JOURNAL is forwarded to each member of the Amalgamated Clubs, and will be found addressed to him on inquiry at the Cloak Room. Communications from students are heartily welcomed by the Editor.

THE AMALGAMATED CLUBS.

The essential feature of the amalgamation is a central committee, whose chief function is the control of the finances. Every student who enters to the full hospital curriculum is a compulsory subscriber, and thereby becomes a life member, receiving from the Warden a membership card to that effect, which also entitles him to a reduced return ticket to the club grounds at Winchmore Hill, and a copy of the HOSPITAL JOURNAL; he also becomes eligible for admission to the Abernethian Society. The subscription is £8 8s., and these subscriptions constitute the source of annual income, to which, however, is added yearly £100

by the School Committee; this grant is occasionally supplemented to meet exceptional demands.

The Finance Committee consists of a President and two Treasurers, nominated by the School Committee, two Secretaries, elected by the students at an Annual General Meeting, a representative of the Abernethian Society and of each of the several clubs elected by their committees, and the Editor of the JOURNAL for the time being. At the Annual General Meeting twenty form a quorum, and at the meetings of the Finance Committee, five, of whom one must be the president or a treasurer.

Any alteration in the rules of the Amalgamated Clubs may be affected by due notice to the secretary (signed by not fewer than fifty members), who then calls a Special General Meeting to consider the matter, at which meeting not fewer than 100 members must be present.

The work of this executive is a consideration of the estimates for the expenses of the various clubs, the issuing of grants to them, and the auditing of their accounts. To the senior secretary falls the management of the club ground and arrangements connected with it, in which he is assisted by his junior colleague, whose duty it also is to collect reports from the various secretaries of the doings of their respective clubs for publication in the JOURNAL.

The Cricket Club.

The Cricket Club is regulated by a President, Captain, Vice-Captain, and Hon. Secs., and a Committee of seven, two selected from each year except the fifth, from which there is only one representative. These officers are elected at an Annual General Meeting, twelve forming a quorum.

The Club matches are all arranged for the Summer Session. May and July inclusive, and, as a rule, are played every Wednesday and Saturday.

There are First and Second Elevens, and the names of gentlemen chosen to play by the Captains are posted in the School Hall about three days before each match. The Club also competes for the Inter-Hospital Cricket Cup, the teams for which are chosen by the Committee.

The Club receives an annual grant of about £25 from the Finance Committee.

One of the features of its season is the Past *v.* Present match, which takes place generally in June, and affords an opportunity for a general reunion and reception at Winchmore Hill.

The Rugby Football Club.

The record of this Club dates back to 1873. Its Executive is similar to the Cricket Club, *viz.* a President, four Vice-Presidents, a Captain and Vice-Captain, a Captain of the Second Fifteen, a Committee of eight, and two Hon. Secs. These are elected annually at a General Meeting, twelve forming a quorum. At Committee meetings five form a quorum.

There are two Fifteens, each of which, as a rule, plays

two matches a week, Wednesday and Saturday, through the football season, with the exception of the three weeks at Christmas. The names of gentlemen chosen to play by the Captains are posted in the School Hall two or three days before each match.

The Club also competes for the Inter-Hospital Cup, teams for which event are chosen by the Committee. One of the features of the Club is the voting of Presentation Caps to the members of the First Fifteen at the end of each season. Both voters and recipients must have played in at least a half of the season's matches.

The Club receives an annual grant of about £21 from the Finance Committee.

The Association Football Club.

The records date back to 1879. It is regulated by a set of officers similar to the Rugby Club. There are two elevens, and matches are arranged on Wednesday and Saturday of each week of the season, excepting three weeks at Christmas. Teams are notified as for the Rugby Club. Both the Senior and the Junior Inter-Hospital Cups are competed for. A yearly grant of about £16 is made by the Finance Committee.

The Swimming Club.

The management of this club is in the hands of a President, one or more Vice Presidents, a Captain, a Water-polo Captain, a Treasurer, an Hon. Secretary, and a Committee of eight, who retire annually but are eligible for re-election. The office of Captain is competed for. The present headquarters of the club are the Northampton Institute Baths, St. John Street Road, Clerkenwell. The Club enters for the Inter-Hospital Water-polo Cup and Team Races, the teams for which are chosen by the Committee. An annual grant of about £13 is made to the Club.

The Lawn Tennis Club.

This club is regulated by a President, a Captain, a Committee of six, and two Hon. Secretaries, three forming a quorum at Committee meetings. The Secretaries arrange the matches and choose the players, except at the Inter-Hospital contests, when the teams are selected by the Committee. Matches are arranged during the season, May to July, for every Wednesday and Saturday. The Finance Committee makes an annual grant of about £13.

The Athletic Club.

This club provides for the athletic meetings, which consist of the usual events, *i. e.* races, jumps, hammer-throwing, &c., and also arranges with the other hospitals cross-country runs. It is regulated by a President, four Vice-Presidents, two Honorary Secretaries, and two Committeemen, who are elected annually at a general meeting in May.

The cross-country runs take place on Saturdays during the Winter Session. The Hospital Sports are held in the

Summer Session, and members are also elected to compete in the Inter-Hospital meeting held a little later, for which a Challenge Shield and Challenge Cups are offered. In addition, Sir Trevor Laurence presents a Cup to the Bart's man who secures the most marks in this competition. Their grant from the Finance Committee is about £40, and they also receive donations and prizes for the Hospital Sports from various men and London firms.

All inter-hospital matters are managed by the "United Hospital" committees, which consist of representatives of the various clubs from each hospital. Each committee deals only with its own clubs, and arranges the inter-hospital contests and United Hospital matches.

The Boxing Club.

This Club is governed by a President, one or more Vice-Presidents, a Committee of six, and two Hon. Secretaries, all elected annually. The premises of the Club are situated on the ground-floor of the Parochial School buildings, Red Lion Court, Bartholomew Close. Professor Alec Roberts attends every Friday during the season from 4 to 6 p.m. Members can also use the Club premises on Mondays and Wednesdays during the same hours. The annual grant from the Finance Committee is about £22.

The Hockey Club.

This Club was formed in 1896, and is governed by a President, a Captain, an Hon. Secretary, and a Committee of five, all elected annually.

During 1896 the Club played two matches, during 1897 twenty, during 1898 thirty-one, and during 1899 thirty-six.

Matches are played on Wednesdays and Saturdays. The existing President, Dr. Morley Fletcher, has presented a challenge cup for Inter-Hospital competition this year.

The Finance Committee grant amounts to about £3 annually.

The Shooting Club.

The objects of the Club are: (1) To promote marksmanship among students of the Hospital; (2) to shoot matches with other clubs; (3) to compete at Bisley for the Inter-Hospital Cup.

The Club was reorganised in 1894, and was admitted to the Amalgamated Clubs in October, 1895. The Club is governed by a President, three Vice-Presidents, a Captain, a Committee of three, and an Hon. Secretary.

Shooting commences at the beginning of the summer session of each year with practices at Runemede Range, Staines, and matches are held once or twice a week. A prize meeting is held at Runemede Range during July.

The Annual General Meeting is held early in November, the date being posted on the Club notice-board. The Club at present possesses two Lee-Enfield rifles for the use of members. The Finance Committee's annual grant is approximately £10.

The Boating Club.

The Boating Club, which was at the inauguration of the Amalgamated Clubs included in the scheme, has now practically ceased its existence. The difficulties with which it had to contend, such as the distance from the river, and the large expenses, entailed, proved insurmountable. There was also considerable trouble in getting men whose spare time was not taken up with one or other of the above clubs.

The following are the

SELF-SUPPORTING CLUBS:

Musical Society.

The records of this Society date back to 1878, when the executive consisted of a conductor and three members of the two sections of the Society,—vocal and orchestral. Practices were held weekly, and concerts given, much the same as now, and it is of interest to note that a song from Dr. West was an item of the first programme. The orchestral section in these early days was evidently very active, for there are records of entertainments unconnected with the Hospital at which the playing of our orchestra formed a prominent feature. In 1887 the administration of the Society was placed on better footing; the executive now consisted of a President, Vice-Presidents, Treasurer, Secretary, Musical Director, and a Committee of one representative of each year's men. Sir Dyce Duckworth was the first President. In 1894 there was considerable discussion on the question of uniting the Musical Society with the Amalgamated Clubs; it was finally decided that amalgamation was not desirable, and the question was dropped. Practices are held once a week for the vocal section, on Fridays, at 8.15 p.m., in the Inquest Room. The Subscription is 5s. annually to the vocal section, 10s. to the orchestral.

The Almoners and School assist by a subscription of £.27 a year. The Musical Society provides the programme at the Junior Staff Concert held every summer, and also assists at the Dramatic Entertainments held each New Year.

The Amateur Dramatic Club.

This club has existed since 1883, when it was started chiefly owing to the enterprise of Mr. Stephen Townsend. Its prosperity is well testified by the fact that it is now one of the oldest amateur dramatic clubs in London. Candidates for election are proposed and seconded by members of the club, and are admitted by ballot. The Entrance Fee, 5s., and the yearly Subscription, 5s., constitute its annual income. The club is under the management of a President, two Vice-Presidents, a Stage Manager, an Assistant Stage Manager, an Acting Manager, three other members (all of whom sit on the Committee), and an Auditor.

A General Meeting is held in October, when the accounts

are audited, officers for the ensuing year and new members elected, general business discussed, and the play for the Christmas entertainment, given the first week in January, is considered. This play is the chief item in the yearly programme, and is finally chosen and the parts cast by the committee, after which the times of rehearsals are fixed as far as possible to suit the convenience of all the company. The rehearsals generally take place three times a week for about six weeks, from 4 to 6 p.m., in the Great Hall. The ladies' parts are played by members of the club at the Christmas entertainment, which also takes place in the Great Hall, and includes a dress rehearsal to which the Hospital employés and convalescent patients are invited— and two nights, for which tickets are issued to the staff, resident staff, and members. The entire expenses of the entertainment are defrayed by the Hospital authorities. The company is often invited to perform at other institutions. Throughout the year the inquest room is available for smaller entertainments on application to the Hospital authorities, and the club possesses a proscenium, stage, and curtain, which the Hospital workmen erect there when required.

The Photographic Society.

This Society was founded in March, 1890, with the object of "reading and discussing papers, and exhibiting photographs and apparatus, especially relating to the application of photography to medical science and practice."

All gentlemen being amateur photographers, who are, or have been, connected with the Hospital, are eligible for membership.

The special work of the Society is to photograph such cases as are considered suitable by the surgeons and physicians. These photographs are submitted to the Museum Committee, and those that are thought suitable are purchased by that body for preservation in the museum.

In the event of a photograph of a case being required, notice is sent to the Hon. Sec., who arranges with some member of the Society to take it. The negative becomes the property of the Society, but copies are obtainable by members at special rates.

A dark room for the use of members is fitted up in the Biological Laboratory. The necessary chemicals for developing and printing are provided free.

The annual subscription is 2s. 6d., the funds of the Society being mainly derived from the museum purchases.

The annual exhibition is usually held in December, and as one held last May was very successful there seems a probability of this also becoming an annual affair.

Notices of meetings, &c., are posted on the Society's board in the entrance hall of the School.

Chess Club.

This Club was only started this year, and it is thus rather early to talk of its organisation, rules, meetings, &c. Mr.

D'Arcy Power was elected President, and has very kindly given a cup for competition. Mr. Carson and Dr. Horder were elected Vice-Presidents, and Mr. P. Wood Honorary Secretary and Treasurer, and a Committee of five men to represent their different years. Provisional Rules were framed, and the Committee made themselves responsible for the expenses which were connected with the Inter-Hospital Matches, including the entrance fee to the Inter-Hospital Chess Club. The meetings for practice were necessarily rather scattered and irregular, the arrangements being hurried for the purpose of participating in the Inter-Hospital Contest, at which the Club won three matches out of four played, securing second place. An application to be united with the Amalgamated Clubs has been lodged, but the matter is not yet settled.

The Alterations in the West Wing.

ABOUT five months of this year have been devoted to the alterations in the West Wing. Alterations are annually undertaken in one of the Hospital wings, and the usual period of three months has this year been extended to five wherein to accomplish the undertaking. We therefore anticipate great improvements, and in this we think ourselves justified. The West Wing is now as up-to-date as the East and South Wings. The building itself stands as it was; the internal parts alone have been renovated.

At the time of writing order has not yet been restored in all parts of the wing, but rapid progress is being made in the wards, and soon all of them will have their beds occupied, and we shall feel settled once again. The Hospital does not seem quite itself during the annual alterations, and we shall welcome the re-establishment of things.

The general plan of improvement follows that which has been adopted in the East and South Wings. In general terms we may say it has been directed to obtain better ventilation and increased facilities for the maintenance of cleanliness and asepsis, to obtaining an equable temperature in the wards, and to the perfecting of sanitation.

The entrance and staircases have been repainted and repolished, and present a pleasing appearance. The lift has been fitted with iron trellis girds in place of the wooden doors.

In the wards the old floors have been replaced by wooden block polished floors, which look so much better, and which, by their perfectly smooth surface, devoid of chinks and crevices, enable the principles of asepsis to be thoroughly carried out.

The walls are painted a light green, with a dark green dado. The paint dries hard, and has a smooth surface, which can be kept perfectly clean.

Each ward is fitted with new ventilating inlets, two iron gratings being made in the walls of each half-ward, nearly on the level of the floor. These allow about 300 square inches additional entrance of outside air to the ward.

Four heat radiators are fitted in each ward. The coils of a radiator being in front of each ventilator, the incoming air is warmed as it passes over the hot coils.

The amount of air entering can be regulated by an easily manipulated lever.

The old open fireplaces, which have existed for so many years, are now done away with; also the boilers in connection with them. Square-tiled stoves by Doulton, like those in the South Wing, take the place of the open fireplaces.

The tiles of the stove are shaded green, toning with the walls; the fireplace is lined with orange-brown encaustic tiles. The stoves extend some two or three feet into the ward. There is no doubt that, from the hygienic aspect, these stoves present many points of superiority in contrasting them with the open fireplaces. Heat radiates better and more uniformly, so that the temperature of the air is more equable. The amount of fuel consumed is relatively

less, and can be more readily regulated, and so variations of day and night temperature are more easily dealt with. The stoves are much cleaner than open fireplaces: they do away with much of the dust which is associated with all open fires. Being more economy of fuel, there is more economy of labour.

On the other hand, that splendid supply of hot water which could always be drawn from the open fire boilers must surely be missed. A child will probably not have the benefit of having a hot bath by the fire any longer—a custom that has so many conveniences—for now hot water must be drawn from the ward kitchen or the lavatories. And there were other uses for a hot-water supply in the middle of the ward besides bathing small children.

The stoves take away the pleasure associated with the cheerfulness imparted by the open fires. We are aware a deep sentiment is associated with this loss. Perhaps this is so deep that it causes us to discount the immense superiority of the tiled stoves.

New iron bedsteads painted white, with easy running casters, copper-wire network frames, and hair mattresses take the place of the heavy iron bedsteads with flock beds. These new bedsteads will, perhaps, of all alterations in the wing be more appreciated than any others by the nursing staff.

New wooden lockers, stained and polished, with folding bed-table, are now supplied, and are like those in the East and South Wings.

In each ward kitchen an "Express" cooking range has been put up; the oven and boiler are of moderate capacity, suitable for the usual night and day invalid cooking in the wards. We understand these stoves have met with great success.

Larders have been made in the walls of the ward kitchens in the form of cupboards. These cupboards are ventilated through an iron grating ventilator from without. An ice-box, a compartment for the ward milk-can, and shelves of moveable hollow metal rods are the chief features of the cupboard larder, which looks cool and clean, and should be a great boon.

The Sisters' rooms have been rebuilt with fireproof brick; walls have been repainted, and new ventilators inserted.

In the lavatories several important alterations have been made. The baths with wooden encasements have been replaced by baths on pedestals without encasement, so that the floor beneath the bath can be kept thoroughly clean.

New sinks have been supplied, and they possess great advantages over the old ones. They stand about three feet from the floor, and are devoid of wooden framework, so the floor can be kept free from dust, &c. The main feature, however, is a special flushing apparatus, worked by a pedal. In cases of typhoid especially this is of the utmost importance, and we are sure, one which will be highly appreciated.

Extensive preparations for protection from fire have been made throughout the wing.

The League of St. Bartholomew's Nurses.

A PROVISIONAL Committee, with the Matron as Chairman and Sister Faith as Honorary Secretary, has quite recently been formed with the purpose of starting the above League, which it is proposed to constitute an association of past and present nurses of St. Bartholomew's Hospital. From the printed matter which has been kindly entrusted to us by the Matron we gather the following particulars, which we quote, as being a temporary draft of the scheme:

It is proposed that the Association be called "THE LEAGUE OF ST. BARTHOLOMEW'S NURSES."

That the objects of the "League" be—
a.—By union, to encourage the Members to aim at a high standard of work and conduct.

b.—For mutual help and pleasure.
The qualification for Membership will be the Certificate of the Hospital.

At the commencement the Executive will have power to elect a certain number of Nurses, who, although not holding the Certificate, have filled posts of responsibility in the Hospital.

It is suggested that the League be governed by an Executive and Disciplinary Committee which will manage the business of the League, and will present a Report and a Financial Statement at the Annual Meeting of its Members.

It will inquire into, and lay before the Members when necessary, any case of misconduct which may come under its notice.

The Committee shall consist of a Treasurer, Chairman, Secretary,

and twelve other Members, to be elected for a term of three years, and afterwards at such periods as the League may determine.

The Annual Subscription will be 2s. 6d.

It is proposed to form a Benevolent Fund, which will be maintained by Subscriptions and Donations. The Executive Committee will have power to grant sums either as loans or gifts to such Members as may be in temporary difficulties.

There will be an Annual Meeting for the transaction of business, followed by a Social Gathering.

It is proposed to print, from time to time, a list of Members with their addresses and official positions, and such details of their career as they may furnish. It will be sold at a cost which will cover expenses.

We understand that already some 200 Bart.'s nurses have signified their approval of the idea, and their desire to become Members of the League. We make a further reference to the project in our "Notes."

Problems in Diagnosis.

(See p. 182.)

Post-mortem examination (August 30th).—The wound is firmly shut off from the general peritoneal cavity, and communicates with the pelvis, where there is a small collection of pus. Kidneys, bladder, prostate, and vesiculæ seminales normal. The small intestine is obstructed by adhesions shortly above the ileo-caecal valve. In the sigmoid flexure, just where it crosses the ureter, is a ring of epithelioma, which has invaded the ureter; the peritoneum at this point is also involved, setting up the peritonitis. The mesenteric glands in the neighbourhood show secondary malignant deposits.

Reviews.

INTESTINAL OBSTRUCTION, by FREDERICK TREVES, F.R.C.S. New and revised edition. (Messrs. Cassell and Co. Price 21s.)

Very few will see any resemblance in this fine volume to the little book written fifteen years ago by Mr. Treves. In the present work he has largely discarded both the arrangement and the text of the first edition, and has, to the best of our recollection, only retained a few of the diagrams. The result is that the book is now the most complete account of intestinal obstruction in the English language, and is worthy of the high reputation held by the writer for his skill in abdominal surgery.

There are yet many points in the book which we hope to see altered in the next edition. We look upon the book rather as a work of reference on the pathology and symptoms of the various forms of obstruction than as a help to the differential diagnosis and treatment of such cases; and while we can imagine the registrar hurrying to an autopsy with the book beneath his arm, we cannot picture the house surgeon, and still less the practitioner, flying to it for help in an obscure case.

We must now try to justify this statement. The author has allotted to treatment only half the space given up to pathology and morbid anatomy. This very unequal division seems to us unfortunate, inasmuch as the after-treatment of operation cases is entirely omitted, presumably from want of space; moreover, if pathology is thought deserving of so large a place, we should have liked some brief account of the bacteriology of the peritonitis which follows some cases of obstruction, and especially of those "low types of septicæmia in which the poison reaches the system through the peritoneum." Then the actual arrangement of the book makes it a work of some difficulty to follow up any one class of case in which the reader may be temporarily interested, and too often we think that the author spoils the reader's interest in the subject by discursiveness. For example, in the treatment of intussusception he succinctly does not need ten pages to tell us the indications for the employment of forcible enemata and insufflation with air. We do not think Mr. Treves would use Lund's inflator himself, and we wish that the diagram and description had not been dragged from a well-merited obscurity.

While upon this topic we would ask whether any one still employs the long tube or large cucumata as means of diagnosis. We had thought such methods were extinct, and see no point in the warning against their use. We also think that few readers will require to be

warned against the use of abdominal taxis and electricity in acute obstruction. If in place of these remarks Mr. Treves had given us his views on the advantages or disadvantages of Murphy's button in resections of both small intestine and colon, we should have been well pleased. We also look in vain for a short account of the closure by operation of fecal fistulae following enterostomy. These are the chief points in the book to which we take exception.

The vexed question of morphia giving is gone into at length. We gather that Mr. Treves advises its use with as little delay as possible, and then says that its administration may seriously obscure the diagnosis. It may certainly do this, and should only be given, we think, when the patient is continuously under the eye of the surgeon himself. With the administration of opium in cases of intussusception we thoroughly disagree, regarding time after the diagnosis is made as of the extreme importance; and we fail to understand how a volvulus in process of formation, the process being sufficiently advanced to be diagnosed, may be arrested by the prompt administration of morphia.

On many points we are in cordial accord with Mr. Treves. We never remember to have heard or seen elsewhere the dangers of a small exploratory incision and a powerful forearm put so forcibly, and our own experience of puncture of the gut through the abdominal wall leads us to the same conclusions as the author.

To sum up the good points of the book would require more space than remains to us. Some of the more striking are the excellent accounts given of certain rare conditions, such as cysts of the mesentery and idiopathic dilatation of the colon, the particularly good diagrams of peritoneal pouches and meteorism, and the remarks on feeding the patient pending the decision of the surgeon.

The printing and general arrangement of the book are, of course, excellent.

Correspondence.

[We have received a communication from Mr. J. L. Maxwell bearing upon the arrangements connected with the Hospital Scholarships, a matter which is, however, outside the province of the JOURNAL.—ED.]

Appointment.

ORMEROD, E. W., M.B. (Cantab.), M.R.C.S., L.R.C.P. (Lond.), appointed Medical Officer to the Southam Union Workhouse.

Birth.

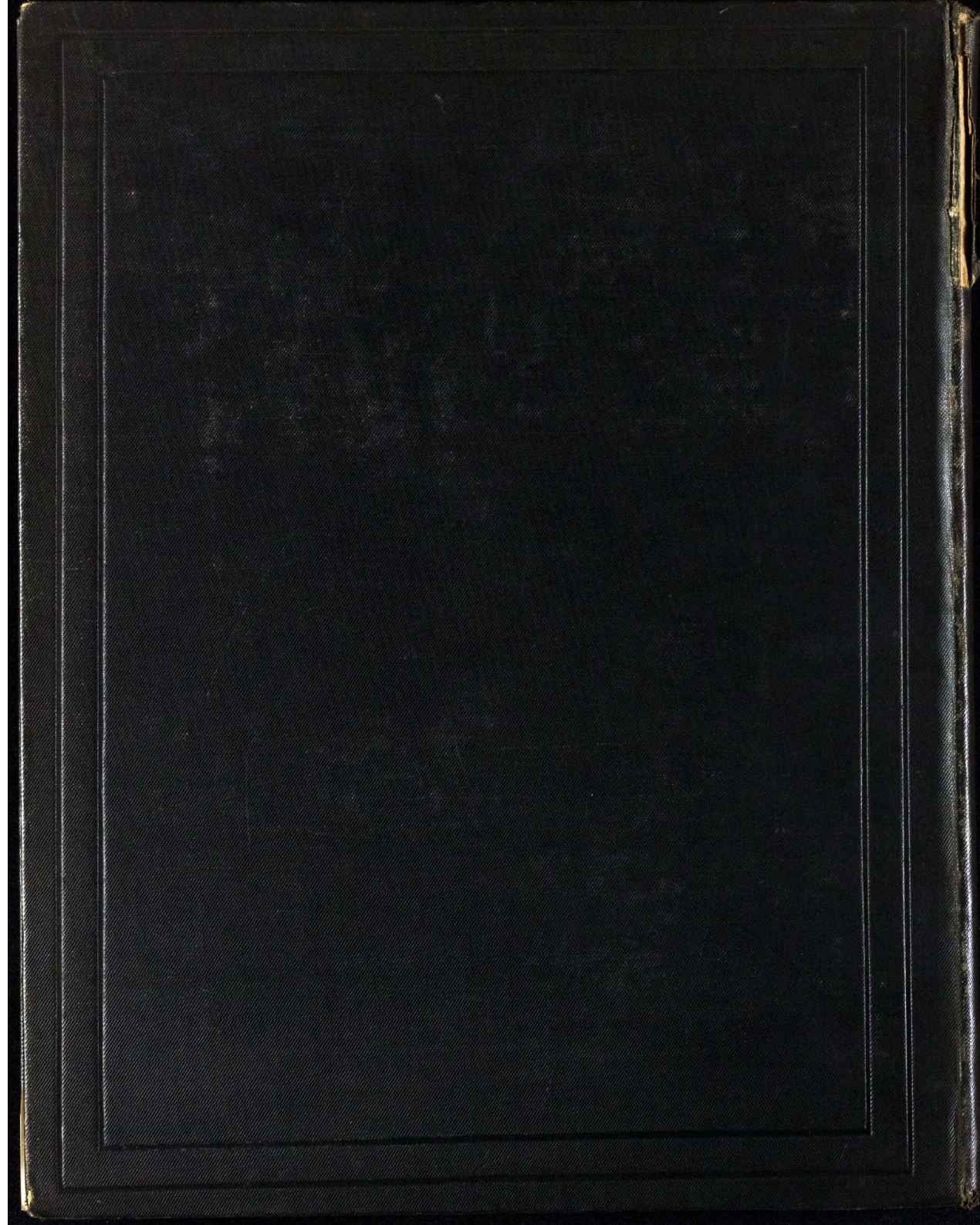
TRINDER.—On August 23rd, at Boshof, Orange Free State, South Africa, the wife of Dr. Alfred Probus Trinder, of a daughter.

Marriages.

SARGANT—WEYNTON.—On September 16th, at St. John Baptist's, Hillingdon, by the Rev. C. M. Harvey, William Edward Sargant, M.R.C.S., L.R.C.P., eldest son of William Sargant, of Lordship Park, N., to Gertrude, only daughter of the late Alexander Weynton.

SCRASE—CHANDLER.—On September 7th, at Westbury-on-Trym, Gloucestershire, by the Rev. Henry Jones, Vicar of Barton Hill, assisted by the Rev. P. H. Pickford, Frank Edward Scrase, F.R.C.S., to Lucy Ann, elder daughter of John Chandler, Redland, Bristol.

ACKNOWLEDGMENTS.—M.R.I. *London Hospital Gazette*, *St. Mary's Hospital Gazette*, *The Nursing Record*, *The Stethoscope*, *St. Thomas's Hospital Gazette*, *Gay's Hospital Gazette*, *Charing Cross Hospital Gazette*, *Middlesex Hospital Gazette*, *The Broadway*, *St. George's Hospital Gazette*, *The Polyclinic*, *The Medical Review* (formerly *The Medical and Surgical Review of Reviews*).





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