SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

JULY 1951

VOL. LV

No. 7

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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July, 1951

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A HOUSE DIVIDED?

"You will hear more about this subject when you get over to the other side." How many times did we hear these words, and how greatly did they seem to magnify the few hundred yards which separate Charterhouse Square from the Hospital. And once we have made the crossing, how seldom we retrace our steps even for the briefest of visits. Any bonds, therefore, which tend to unite these two parts of the Medical College, are to be welcomed. Perhaps the strongest of these is sport. All the clubs have active members from both Charterhouse and the Hospital, and such occasions as the Seven Aside competition and Sports Day show how much the teams owe to their pre-clinical members. But there are other bonds. We have watched the growth of the Hostel with interest, and we shall welcome its opening not only as an added amenity for students, both clinical and pre-clinical, but also as a further link between Bart.'s of West Smithfield and Bart.'s of Charterhouse Square.

The Hostel however is only the first stage of a carefully planned programme of rebuilding of the Charterhouse site, of which the successive stages are to follow each other without break. In these days, when plans may fall victim to restrictions and their execution to shortage of materials, it is impossible to forecast the date of completion of any scheme such as that which the Medical College now has in hand. But we are told that when the workmen finally leave Charterhouse Square they will leave a site transformed from its present make-shift character into a series of buildings fully adequate to the needs of modern medical education. The area of the site has been extended by the purchase of land between the northern bound of the present building and Clerkenwell Road, and a further purchase is contemplated.

The new buildings will include laboratories, lecture-theatres, animal rooms and rooms for research. Important as all these are, it is to be hoped that Charterhouse Square will also provide for the recreational needs of its students. Only at Chislehurst are recreational facilities fully adequate to the needs either of clinical or pre-clinical students; in general they compare badly with those of other hospitals. Their deficiencies provide a major cause of the apathy of so many students towards student activities. A college, if it is to provide not merely for technical training but also for the other equally important aspects of university life, must have facilities for its members to meet in leisure hours to pursue their interests and to air their opinions. In a resident university the students' own rooms are the hub of college life; in the non-resident the need for common rooms is pre-eminent.

As we watch the new buildings rise in Charterhouse Square it is interesting to reflect how long has been the history of this site and how varied the uses to which it has been put. In the 14th century it was a burial ground for victims of the Black Death. Later in the same century the fifth Carthusian monastery in this country was founded there, in spite, it is said, of the strong opposition of the Master of St. Bartholomew's Hospital. After the dissolution of the monasteries the buildings were used as a storehouse for the equipment of the King. In the 16th century the land had a succession of owners and on it a fine country mansion was built, to which Queen Elizabeth came as guest. Early in the following century the land and its buildings were sold to Thomas

Sutton for £13,000, and became Charterhouse School and a home for the aged poor. When the School moved to Godalming in 1872, the site was taken over by Merchant Taylors and remained in their hands until a part of it was purchased by this Hospital for its Medical College in 1921. By this purchase the site, once that of an ancient Carthusian monastery, became linked with the still older monastic foundation of Rahere. It is hoped that with the completion of the present building programme this link will be even firmer, and Charterhouse will be able to take an increasingly important place in our affairs as a centre not only of scientific but also of social life.

CORRESPONDENCE

P.M.-MANSHIP

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

Your notes on Wardsmanship remind me of the finest example of P.M.-manship that I can remember.

In the course of a teaching round, Sir Thomas Horder, as he then was, asked the clerk of the case whether he had arrived at the diagnosis; without a second's hesitation the clerk replied, "Sarcoma of the Stomach"!

Surprise was succeeded by admiration when no amount of persuasion or argument could shake him in his diagnosis, as he stubbornly persisted in upholding it, but would give no reasons.

To our admiration was added amazement when at a subsequent post-mortem his diagnosis was found to be correct. To Sir Thomas's enquiry as to how he had arrived at it, he replied simply: "It was revealed unto me in a dream"!

Yours, etc.,
W. C. HOGSHOUND.

SO TO SPEAK . . .

Festival exanthem
"In floodlit Trafalgar-square a nose-to-tail procession of vesicles crept slowly along."
— A Sunday newspaper describing the early days of the Festival of Britain.

The scourge of sanity
". . . it deals with such social diseases as mental health, tuberculosis and venereal disease." *— From a Public Health lecture.*

Breviter
"c/o Baby stuck to frying pan." *— Casualty note.*

Q & A in S.O.P.'s
Q: "How would you deal with the hole in a perforation?"
A: "I should excise it."

Take up thy bed . . .
"I have been teaching for 17 years, and this is the first time anyone has spontaneously helped me to move the couch."
— Physician in M.O.P.'s.

THE WORK OF DR. R. G. CANTI

The research work of the late Dr. R. G. Canti at this Hospital is the subject of a film to be shown at the Festival of Britain Exhibition of Science, South Kensington.

The planners of this Exhibition have arranged a series of programmes of scientific films to be shown during the months of the Festival. The programmes are to be changed periodically, and the dates on which Dr. Canti's film may be seen were not known at the time this *Journal* went to press.

THE PROBLEM OF PNEUMOCONIOSIS

By COLIN B. MCKERROW

IT was only when I came to write this account of the pneumoconiosis of coalminers that I realised fully in how many ways the subject could be treated. Emphasis might be laid on pathology, on diagnosis, on methods of investigation, or on the social aspects of the disease. But as this is fundamentally a medical problem surely it is best to start with the patient and to tell his story, for this will place the problem in its true perspective. I will give an account of one patient, not that there is anything unusual in his story, but rather because it is also the story of thousands who suffer as he does. They are all victims of a chronic respiratory disease, often progressive, which takes away their livelihood and finally may be fatal from a respiratory infection or from congestive heart failure.

This patient, admitted to Hospital early this year, complained of breathlessness, cough and a pain in the chest. The history began in 1941 when, at the age of thirty-five, he developed a cough and began to lose weight; and he found that when he and his fellow workers made their way up the steep gradient to the coal-face, for he was a collier in those days, he was breathless and he could not keep up with the others. That summer after a holiday he felt better, but soon the symptoms returned with increasing severity. Only in 1944 did he seek medical advice. The Medical Board to which he applied certified him as suffering from pneumoconiosis and he left the mines with a disability pension.

Nearly a year passed before he found work at which he was not troubled by his breathlessness. He became a fitter testing oil-engines. For the next three years his health seemed to change little; he was subject to frequent colds, during which his chest became tight and wheezy, but apart from these he had no illness which kept him from work. But in 1947 a fresh symptom appeared. He suddenly experienced a feeling of fulness in the chest and immediately coughed up what he describes as about a pint of jet black sputum. On three occasions in the next few days he brought up this copious black material. Fears lest the oil fumes in his factory were affecting his chest led him to give up his job, and finally he obtained light work assembling furniture in a "Remploy Factory", a factory for the employment of the disabled. Now, ten years after the onset of symptoms, he notices that his breathlessness is increasing although he can still carry on light work. His main complaint is of recurrent chest infections which completely incapacitate him and which, on this occasion, necessitated his admission to Hospital.

On examination the patient was slightly cyanosed, and he had an audible expiratory wheeze. The physical signs in the chest indicated a fibrotic lesion drawing the trachea towards the right, and there was generalised evidence of bronchial spasm. Noteworthy features were the hyperresonant percussion note and poor air entry at both bases. X-Ray showed that a large area of both lung fields was occupied by dense irregular opacities and that the trachea and diaphragm were distorted by fibrous adhesions. The bases were unusually translucent. No tubercle bacilli were found on repeated examination of the sputum.

With chemotherapy the patient's symptoms quickly subsided and in a few weeks he was able to leave Hospital, his dyspnoea perhaps a little worse than it had been before this attack.

Men such as these, so numerous in South Wales, may also be found throughout the country, for many migrated from the coalfield during the years of depression to seek work elsewhere. And so it is not surprising that they are seen from time to time in the London hospitals.

The Disease.

For over one hundred years it has been known that miners may suffer from a disease of the lungs which seemed to be associated in some way with their work, as evidenced by the black spit which they coughed up. One has only to talk with a few South Wales miners to realise what a serious place the disease occupies today in the life of the community. They all know about "the dust"; almost all have relatives or friends who suffer from it. An idea of its prevalence can be gained by considering the number of men who have been certified by the Medical

Panels. These panels under the Ministry of National Insurance have responsibility for the diagnosis of pneumoconiosis in coal-workers and for the assessment of disability on which compensation is based. Any miner who considers that he may have pneumoconiosis can make application to appear before them. From 1931 to 1948 more than 22,000 men have been certified in Great Britain, and about 19,000 of these were in South Wales. In addition many men with the disease have not been before the medical boards, and it has been estimated that in 1947 there were over 40,000 ex-miners with pneumoconiosis alive in South Wales. In the majority of these the disability may be small, but in many it will increase with advancing age.

The term "pneumoconiosis" may be applied to pulmonary disease arising from the inhalation of many types of dust, but this account is concerned only with the disease seen in coalworkers. The term embraces all stages of the condition from slight non-progressive changes on the X-Ray film of a man feeling perfectly fit to the disease in a patient breathless on the slightest exertion.

It is justifiable to divide the disease into two forms, "simple" pneumoconiosis due to the deposit of dust in the lungs, and a "complicated" form often called "progressive massive fibrosis" in which an infective process has caused further tissue damage. This differentiation is important as the disability from the simple form may be negligible and furthermore, provided that the man is removed from his occupation before too much dust has been inhaled, it is unlikely that the condition will progress. Histological examination of the lung in a case of simple pneumoconiosis reveals small foci of coal dust which give rise to localised fibrosis. Later the alveoli immediately surrounding these foci break down to form small spaces, a process known as focal emphysema. The condition is quite distinct from generalised hypertrophic emphysema.

Complicated pneumoconiosis differs from the simple form not only in pathology but also because it is nearly always progressive, although sometimes many years pass before serious disability is produced, as in the case described earlier. It is likely that the condition is a highly modified tuberculous reaction in a lung already affected by simple pneumoconiosis. Dense fibrous masses form with gross distortion of the remaining lung tissue, and on an X-Ray they may seem to occupy almost the whole of both lung fields. As the lesion becomes older the fibrous masses tend to coalesce into the upper half of the lung, causing compensatory emphysema at the bases (Fig. 1). Also in old lesions large cavities suddenly appear in the centre

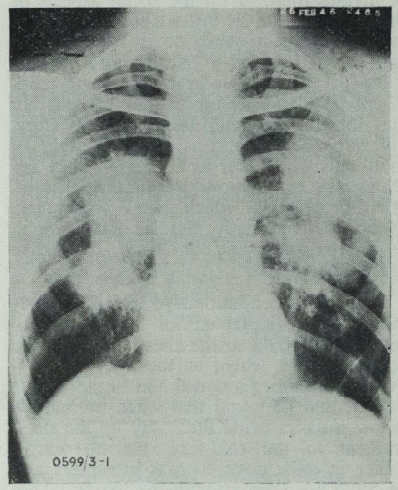

FIG. 1.—Advanced complicated Pneumoconiosis with basal emphysema.

of the masses. This change is accompanied by the profuse "melanoptysis" so characteristic of the disease. The patient whose history has already been given experienced this symptom in 1947, and his X-Ray at that time showed an enormous cavity with a fluid level in the right upper lobe (Fig. 2). Cavity formation causes little constitutional disturbance, and in a few weeks the cavity fills up and is no longer visible.

Research in Pneumoconiosis

In this short article it is impossible to give any balanced account of research in coalminers' pneumoconiosis. It will be possible to mention only a few aspects of recent investigations and particularly some of the work undertaken by the Pneumoconiosis Research Unit of the Medical Research Council. In 1937 the Industrial Pulmonary Diseases Committee initiated an investigation

into the disease in South Wales, which revealed how widespread the condition was among coalworkers, and resulted in the formation of the Pneumoconiosis Unit to investigate all aspects of the problem.

A Bart.'s man, Dr. C. M. Fletcher, was appointed Director, and from a small beginning the Unit has grown to be the largest under the Medical Research Council. It was appreciated from the first that the problem of pneumoconiosis should be investigated on a broad basis. The effect of this early decision is seen in the breadth of the Unit's activities to-day. It is concerned with clinical and physiological aspects of the disease, with the epidemiology, with the analysis of quantity and composition of coal dusts, with pathology, with social problems brought about by the disease, and with methods of treatment and of prevention.

Diagnosis

The diagnosis of pneumoconiosis can only be made with certainty by X-Ray. Radiology is also of the greatest importance in prognosis and treatment since it has been shown that complicated pneumoconiosis

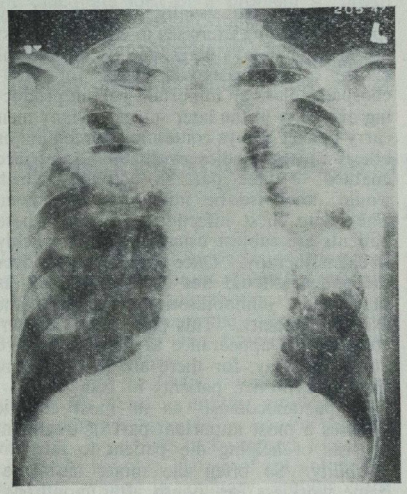

FIG. 2.—Complicated Pneumoconiosis with a large cavity in the right upper lobe.

seldom arises unless a considerable degree of the simple form is already present. Thus radiology should detect the susceptible subject. However, as simple pneumoconiosis can only be recognised by the presence of minute opacities, small defects in radiological technique can easily obscure them or even cause normal lung markings to simulate them. Films used in this work must therefore be of a higher quality than those usually obtained in general hospitals and the technique in exposure and development must be carefully standardised.

To facilitate description of the appearances of simple pneumoconiosis the Research Unit has evolved a quantitative classification which divides the condition into four radiological categories. Progressive massive fibrosis seldom develops except in lungs falling into the last two of these categories. In this connection there remains a further difficulty: it was observed that even with high quality radiographs considerable error in classification could result from day to day variation in the opinion of the radiologist reading them. This variation is not altogether surprising when we realise that we are attempting to classify into stages a continuous process. The error is reduced if the radiologist has a series of standard films to which he can constantly refer, and it is diminished still more if all films are read by at least two observers.

But important though radiology is in making the diagnosis, it tells one relatively little about the disability which the individual may suffer. The dense shadows may occupy a large part of the lung fields, and yet the subject can still do a day's work. Another miner, particularly if his disease is of long standing, may be grossly disabled with little radiological change. An assessment of disability is of value to the Pneumoconiosis Panels in assessing compensation and also to the individual physician who tries to advise a man on his future mode of life.

The Research Unit has therefore considered physiological tests of disability in detail. These studies lie outside the scope of this article, but in brief two groups of questions had to be answered. In what way is function impaired in the lungs of these subjects, and what tests are therefore most suitable for measuring the defect? Secondly, what range of function can one expect in a normal person and to what extent is it altered in different stages of pneumoconiosis? Answers to these questions are provided by analysis of a big experiment in which groups of

normal subjects of different ages and of subjects with pneumoconiosis in different stages were examined radiologically and by a number of physiological tests.

The results indicate that the main defect in pneumoconiosis lies in the "bellows function" of the lungs. The subject is unable to move air in and out of his lungs sufficiently quickly. On the other hand, gas transference in the lungs is relatively little affected. A second interesting finding from this experiment has been the influence of age on respiratory function even in the healthy subject. The deterioration with increasing age seems to have been insufficiently appreciated by physiologists in the past. The examination of the data of this experiment has taken nearly two years, but the results should be of value not only in pneumoconiosis but in many other respiratory diseases.

The Cause.

Why is coal dust potentially dangerous to the miner? Is it the quantity of dust that he inhales that determines the severity of his disease, or is there some specific constituent? The answer to these questions is still uncertain despite extensive investigation. The high incidence of pneumoconiosis in the anthracite pits of South Wales suggested that hard coals containing a high proportion of carbon were more dangerous, but this is yet unproved. The presence of silica in rock adjacent to the coal seams led to the early belief that all cases of coalworkers' pneumoconiosis were in reality silicosis—a belief which is no longer tenable.

Attempts are being made to relate the incidence of disease at various pits to studies of quantity and composition of coal dust. Many practical difficulties arise. For instance the disease in a miner today has been caused by dust inhaled during the last ten or twenty years. And during that period the coalmine itself may have changed greatly as the face moves forward and perhaps one seam is exhausted and work commences on a fresh one. Moreover, the last fifteen years have brought a great increase in the use of mechanical means of cutting coal—machines which may produce far more dust than the pick and shovel.

Nevertheless, in spite of difficulties, it is hoped that this study of disease incidence and dust conditions will yield important information. It can be said at present that no simple relationship exists between concentration of dust and liability to develop pneumoconiosis.

The epidemiology of complicated pneumoconiosis, especially in relation to tuberculosis, is being investigated by a survey of a complete mining valley, the Rhondda Fach. The scheme, which is the largest epidemiological survey of a community ever undertaken, requires radiological examination of the whole adult population of some 20,000 people, and estimates of the Mantoux conversion rate of the school population. Open cases of tuberculosis are being isolated, so that the attack rate of pulmonary tuberculosis in the valley should be greatly reduced. This particular valley was chosen as it is peculiarly isolated and intermingling of its inhabitants with those of other valleys is relatively small. Such a scheme as this presents considerable difficulties in organisation, in obtaining the entire co-operation of the community and in interpretation of data. The first stage of this survey is now complete and its success reflects great credit on the numerous organisations taking part.

Treatment

Even in the advanced case considerable improvement can usually be obtained by special breathing exercises to ensure the best use of the patient's lungs, and by the careful choice of antispasmodic drugs, for bronchospasm plays an important part in producing disability in the later stages. Many men carry pocket sprays containing adrenaline or other antispasmodics with them and are enabled to take part in activities which would otherwise be impossible for them. The acute chest infections to which these patients are subject usually respond quickly to chemotherapy. Once the infection is over the patient should not be kept in bed, as prolonged immobilisation reduces the exercise capacity. This policy gives an unconventional appearance to the Unit's ward during the day, for there are seldom more than four or five patients in bed.

In pneumoconiosis as in most chronic diseases a most important part of treatment consists of helping the patient to face his disability. So often the miner sitting at home workless for month after month has little to do but meditate on his misfortune and to look forward into a bleak future. He may be compensated financially by the Pneumoconiosis Panel but this cannot buy him his self-respect. The greatest need of the disabled miner is work within his capabilities. Considerable progress in providing employment has been made, but much remains to be done particularly for the seriously disabled miner who may be too breathless even to venture out of doors up the steep streets of his village. Yet even he may be capable of work in his home.

A disabled miner living in a village near Pontypridd makes scale models of ancient ships. Although each may take many months to make as they are of beautiful workmanship, they form a worthwhile addition to his pension, and bring him contentment. Unfortunately such examples are rare; far too many men are still without work.

Conclusion

Pneumoconiosis could be prevented if dust in coalmines were effectively suppressed. This is an engineering problem of great difficulty and it is still far from a satisfactory solution. In the meantime the miner will continue to be exposed to the risk of disease and the medical problem of diagnosis and treatment remains.

In this short article it is difficult to give any adequate idea of a problem so broad in its scope and yet so complex. I have said nothing of the extraordinary clinical variations seen in this disease, of experimental pathology or the difficulties in the way of estimating dust clouds. I have scarcely touched upon the social problems, problems of the re-employment of men who may have spent a large part of their lives in a highly skilled occupation and cannot easily adapt themselves to another job. I have made numerous references to the work of the Pneumoconiosis Research Unit, but have made no mention of the people who have done it. For to mention a few of the members of a team would be difficult, for its strength lies in its whole even more than in its parts—in the constant exchange of ideas which makes the group more effective than the individual.

Many more difficulties must be overcome before we can look on pneumoconiosis as a disease of the past—as a tragic memory reminding us that if Medicine is to serve the community properly its place is not only with the sick but also in the lives and work of the healthy.

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SOME REMINISCENCES OF THE INDIAN MEDICAL SERVICE

By S. R. PRALL.

THE Indian Medical Service is no more, and to the present generation of medical students a career in this attractive service is no longer a possibility. Perhaps the Colonial Service in some parts of the Empire offers the nearest resemblance.

On joining the I.M.S. it was obligatory to serve a few years in military employ before permission was granted to transfer to civil employ. If one was lucky enough to get the chance of being in charge of a Cantonment hospital whilst in military employ, one began to get opportunities for surgery. I remember being sent for in the early hours of the morning by the Indian assistant surgeon to deal with a strangulated hernia in a man of over 70. The surroundings and circumstances were somewhat unusual. Do not imagine that in a Cantonment hospital there was an up-to-date operating theatre. Nothing of the kind; there was an ordinary small room for an operating theatre and instruments, dressings and swabs had to be boiled in a pail over a Primus stove. For lighting, we had a hurricane lamp held by a ward boy. Anyway the operation was singularly successful and all went well until I appeared on the morning of the 9th day to remove the stitches, when my Indian assistant surgeon, with a grin on his face, met me to announce that the patient had run away! This Indian assistant surgeon was a keen fellow and he got me out of bed one night to see a man who had been brought in by

a host of relatives with some obstruction to his respiratory tract. He said that the patient had stopped breathing but his heart was still beating; would I come quickly and do a tracheotomy? With all possible speed I duly performed the tracheotomy in the presence of all the relatives, who were congregated round the room. Then the Assistant Surgeon and I worked in relays at artificial respiration. At last there was a flicker of an eyelid and the man began to breathe. He recovered but before I could discover the cause of the obstruction the patient betook himself back to his village with, of course, my silver tracheotomy tube in situ! I had to get the assistance of the police to recover it. The local smith made a tin replica of the tube with which to replace my silver one. Following this episode, the largest crowds I have ever seen at a Cantonment hospital collected at my out-patients, word having gone round that I had brought a dead man back to life! Luckily I was almost immediately transferred to another station, so I did not have to live up to this very embarrassing standard.

Eventually I obtained my heart's desire and was transferred to civil employ. I had a hospital of 80 beds with an adequate Indian staff in a small up country station catering for an area about the size of a small English county. You were your own master and you could do as little as or as much as you liked. The problem was what to do and what not to do. It was quite impossible to do all the surgery that was available, so I evolved the system of doing a series of similar cases, collecting suitable patients at out-patients. In this way one could do a series of prostatectomies, say, until one had had enough, and then go on to cholecystectomies, gastroenterostomies, and so on.

The large number of vesico-vaginal fistulae in young women, the result of child birth, prompted me to try the transplantation of ureters. Any plastic operation, I might add, was utterly out of the question in the cases chosen. The results were most gratifying, and it was interesting to observe that the rice eating Hindu women never developed any ascending infection of the kidneys, even after some years. Whether diet is really a factor or not, I do not know.

One of the horrors encountered was panther "mauls," and no matter what one did for them they were almost invariably fatal. Penicillin of course altered all this, and during my last few years, when penicillin was available, I cannot remember losing a case.

Tetanus was a problem too, but somehow the tetanus in the vast majority of cases did not seem to be so virulent as one was led to believe or had seen in the First World War. In one year I had 38 cases of tetanus and only 2 died. All cases were treated in a darkened room with massive doses of chloretone and intravenous mag. sulph., which had the effect of diminishing the convulsions. After the convulsions had been controlled, recovery was the rule. Very seldom was the money available for the expensive A.T. serum.

The "stones" and cataracts turned up in seasons, that is after the harvest. The former were so numerous that they were done as out-patients. After doing a dozen or so every morning, one soon got very expert with the lithotrite. It is surprising how quickly you can learn even when there is no one to teach you.

One of the pleasant little customs in India is for a husband who discovers his wife to be unfaithful, to cut off her nose. *Mutatis mutandi* a wife, of course, does the same to her husband. Consequently I bethought myself that restoring these noses by plastic surgery would be an interesting pastime. After reading what literature I could get, I adopted the technique of a French surgeon, whose name I have forgotten. I soon got quite adept at this game. I had one very successful case which pleased me very much as I had to replace the whole of the upper lip as well. When I asked the patient on leaving hospital if he was quite satisfied he complained bitterly that hairs were growing on the tip of his nose! You see, that part of the flap came from the hairy scalp.

All good things come to an end and as one became senior, one was transferred to the Presidency town to take charge of a big hospital. Here one was surrounded by surgeons who were Fellows of the Royal College, and one felt rather naked not being one of them. All the fleshpots of surgery were available, excepting, as always, that the standard of anaesthesia was pathetically low. Somehow or other, to me the great spirit of adventure in surgery was lost. Later still, the mixed blessing of teaching Indian medical students became one's lot.

After thirty-three years spent in India, returning to general medical practice and wielding a fountain pen under the N.H.S. is somewhat of an anti-climax, but there is nothing else left open to one, except retirement.

CLINICAL CASE-BOOK

Mr. E. S., aged 23, a dairyman, was admitted in February, 1951, complaining of breathlessness on exertion and swelling of the abdomen.

History of present condition

8 *years ago.*—When aged 15 he fell 10 feet off a haycart, injuring the lower part of his chest. He was in severe pain. Returning to work a week later he was breathless on running and on climbing hills. On one occasion he fainted while chasing a cow.

7 *years ago.*—His abdomen became swollen. He had a paracentesis abdominis at a provincial hospital, followed later by an exploratory laparotomy. His liver was said to be cirrhotic; some enlarged glands were found; his appendix was removed.

He was transferred to another provincial hospital, diagnosed as Hodgkin's Disease and given D.X.R. to the abdomen. He felt less well after this, had oliguria with dark urine, and was given Mersalyl weekly. He returned home and to work.

3 *years ago.*—He returned to hospital with increasing dyspnoea and ascites. A further paracentesis was performed.

2 *years ago.*—He developed ankle œdema during "flu." Subsequently he had occasional ankle œdema in the evenings, especially during an attack of "flu" a few weeks before admission. His work became increasingly difficult and his employer brought him to London for another opinion.

On examination

Healthy appearance; flushed cheeks.

Head and neck. Pulsating neck veins, distended to angle of jaw. One lymph gland felt in each posterior triangle.

Pulse. 84 per min., regular, small volume. Pulsus paradoxus on deep inspiration. B.P. 114/94.

Chest. Lower ribs splayed out by abdominal distension. Lungs normal, except that lower border of resonance to percussion and vocal fremitus was 2 inches higher than usual.

Apical impulse not palpable, but an abrupt diastolic impulse present in 2nd and 3rd

spaces to the left of the sternum. No thrills.

Heart sounds faint. Accentuated and split 2nd sound at P.B. Split 2nd sound at apex. No murmurs.

Abdomen. Enormously distended; 42½ inches circumference at umbilicus. Striae and engorged veins on abdominal walls. Resonant only in central area. Fluid thrill and shifting dullness present. Liver enlarged 4 fingers' breadth below costal margin. Spleen and kidney impalpable.

Limbs. Upper: Fingers flushed and slightly cyanotic; no clubbing. Soft, slightly enlarged axillary glands.

Lower: Slight ankle œdema.

Urine. Dark, scanty.

Paracentesis abdominis yielded 32 pints of clear straw-coloured fluid. 95 per cent of cells in fluid were R.B.C.s, the rest predominantly lymphocytes.

Special investigations

W.R.: negative.
Hb. 70%.
W.B.C. 10,000 per cu. mm.

Chest X-Ray. Heart small; extensive calcification of pericardium.

E.C.G. Inverted " T " waves in all leads.

Diagnosis

Chronic Constrictive Pericarditis.

Treatment

The patient was transferred to Hill End for pericardectomy.

The heart was exposed by removal of the whole left 6th rib and cartilage. The heart was found to be almost immobile due to the thickened pericardium. A plane of cleavage was established between the heart and the pericardium, most of which was excised. In one place the calcification had invaded the heart wall, and over some thicker parts de Vilbis skull forceps had to be used to cut the calcified plaques. A constricting ring of bony material surrounded the inferior vena cava. There was a small aneurysm over the apex of the right ventricle. The operation took two hours.

Progress

After the operation the patient passed a stormy night owing to collapse of the right and partial collapse of the left lung; but this responded well to water-seal drainage.

The subsequent recovery was uneventful. A further paracentesis abdomis yielded 12 pints.

On examination (17 days after operation).

Cheeks less flushed; neck veins not engorged; fingers showed no cyansosis.

Pulse. Volume improved; regular. Slight pulsus paradoxus still present. B.P. 112/62.

Chest. A.B. in 5th space, 4 inches from midline.

Heart sounds louder. No splitting. 2nd sound at P.B. still accentuated.

Lungs. Left base: reduced movements, decreased tactile and vocal fremitus, impaired percussion note, diminished air entry.

On screening, left diaphragm was seen to be rather high, poor movements.

There was surgical emphysema over left chest and abdomen.

Abdomen. No free fluid. Circumference 31½ inches. Liver edge felt at costal margin.

Limbs. No ankle œdema.

Points of special interest

1. This case was wrongly diagnosed for eight years, first as cirrhosis of the liver and then as Hodgkin's Disease. The long history with well-marked physical signs in contrast with his ability to work until the day of admission might have led to the correct diagnosis.

2. It had the following characteristic findings of constrictive pericarditis:

(a) Gradual accumulation of large volume of ascitic fluid, with considerable liver enlargement.

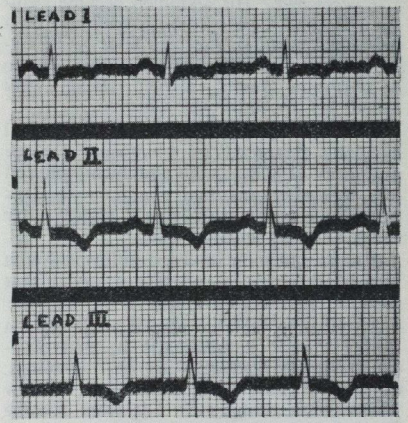
(b) Greatly engorged neck veins, with gross ascites and only slight ankle œdema.

(c) Small heart and absence of nephritis.

(d) Low blood-pressure and pulsus paradoxus.

(e) Pericardial calcification on X-Ray.

(f) Inverted " T " waves in all leads of E.C.G.



3. The history of injury is unusual and suggests:—

(a) The disease may have started with trauma to the heart and pericardium, or

(b) With rupture of a tuberculous gland, liberating the bacillus (probably the commonest causative agent).

The finding of the small aneurysm on the right ventricle might support the theory of injury to the heart itself.

I wish to thank Dr. Bourne for permission to publish this case and for his helpful criticism.

A. R. GIBBS.

THE STORY OF DERMATOLOGY *

By R. M. B. MACKENNA

THE means used by mammalian animals to assist their physiological functions or to relieve the effects of injury may be classified into two groups, *instinctive* and *rational;* the former contains most items and includes actions such as the licking of wounds, the removal—by licking—of foetal membranes and the stimulation by the same method of the first respirations of the new-born (this is well seen in dogs), the migration of certain herds in search of salt, and the eating of unusual foods to relieve abdominal discomfort. When, however, we turn to the matter of " rational " actions, we find ourselves in the deep waters of biological controversy, and having taken counsel with Dr. A. J. Marshall, I am beginning to realise how deep these waters are. That is a pity, for I should have liked to have been able to tell you that in some rational acts undertaken by certain mammals we can detect the dawn of dermatology. There is, for example, the age-old story (never entirely disproved or confirmed) that to rid itself of fleas a fox will walk backwards into a pond carrying a tuft of earth and grass in his mouth. Backwards he goes into the water: deeper and deeper until in desperation the last of his horde of parasites leaps from the sinking peninsula of his nose on to the tuft of grass, whereat the fox lets go of the tuft, gallops briskly out of the water and continues his night's work of robbing poultry yards. It is a good story and one which I would hate to see disproved, although I fear its origin may have been in the fuddled brain of a Sussex smuggler who sat down by a pond very early one morning and consumed more of the French brandy he was engaged in " running " than was good for him; nevertheless, it cannot be denied that water is used (perhaps instinctively) for the purpose of cooling and cleansing the integument and possibly for drowning parasites by many mammals.

Wood Jones (1939) and others (e.g. D. Katz (1937), R. M. Yeates (1933)) have written much that is of interest concerning the hygiene of the integuments of animals, and because—whether " rational " or " instinctive "—these activities must be of interest to dermatologists, I venture to quote from Jones' book:—

" The syndactylous pedal digits of the marsupials are definite hair-combs, put to no other use whatever . . . it is possible for an animal to perform the toilet of its coat by scratching or preening with either the hand or the foot, or with both . . . We know that a dog scratches itself altogether with its hind foot; we know that a cat cleans certain parts of its body with its hand (sic), other parts with the tongue directly, and that it seems to confine scratching with the foot to its "ticklish" spot at the base of the ears. We know that a monkey conducts the toilet of its whole body or the body of its neighbour with its fingers, and here let it be definitely laid down that a monkey's digital toilet is a pure skin and coat toilet, and is not, as it is so commonly assumed, an unending pursuit of parasites. Monkeys are pre-eminent among the Mammalia for being free from ectoparasites. There is no such thing as a monkey flea or a monkey with fleas . . . The ordinary monkey that is so assiduous in its toilet has no parasites to capture, and it will apply the process to a human hand and arm with as much zest as it displays in the case of its neighbour or itself."

Among animals, then, we may surmise that hygiene came before dermatology . . . yet hygiene of the type described is a form of preventive dermatology, and deserves mention in a lecture such as this.

I can tell you nothing of the dermatological practices of pre-historic man, but as our Cro-Magnon ancestors, whose date is fixed geologically about 25,000 years ago, trephined men's skulls, I have little doubt that their art included some quite reasonable dermatological endeavours. There are two practices, however, current in limited areas in these islands today, which must have an origin remote in time. The first is the bathing of wounds with urine: some years ago I heard a workman in Liverpool attribute the fact that a cut finger had become septic to his omission to micturate on the wound immediately after it had been sustained. It seems a pity that this practice—which as a first aid measure carried out by males in full health has more to commend it than many recommended usages—is falling into disuse. The second is the treatment of non-traumatic lesions—by bathing them with urine. During World War II Winner and Cooper-Willis (1946) found that this was still practised by, or at any rate known, as a remedy for chilblains to certain members of

*A lecture given at this Hospital on January 8, 1951.

the A.T.S. It seems unlikely that we shall discover how many races of man have used their own or animals' urine for medical purposes, or for how long this practice has endured. Doughty (1888) in his great work Travels in Arabia Deserta makes several references to the belief of nomadic Arabs in the cleansing properties of camels' urine, which they used for washing babies and for dressing the hair of adults; I have little doubt that the present day successors of the men and women with whom he lived use the urine of their beasts in the same ways as he described.

In the 17th century B.C., the first scientific record in history was compiled. This was the so-called Edwin Smith Papyrus. Historians regard this as the first attempt of which we have knowledge to establish that disease may be cured by the Art of the Physician rather than by the priestly Art of Incantation. For our present purposes, we need not further consider this famous and important document except to note that the author (or authors) recommend the application of fresh meat for one day to a bruise, followed then by an ointment of honey and an astringent herb; so one may infer that the application of a piece of steak to a black eye is evidently more hallowed by tradition than most of us realise.

A hundred years later, in the 16th century B.C., the Ebers Papyrus was written. This was a compilation of the medical lore accumulated during the preceding 500 to 2,000 years, and it was compiled some twelve centuries before the earliest written (Samaritan) version of the book of Leviticus. Pusey (1933) states that the evidence presented in the Ebers and other papyri indicates that the Egyptians recognised dermatitis, pustules and suppurative dermatitis, "scurfs" of several varieties, scabies, ulcers, buboes, tumours, and alopecia areata. They were, of course, familiar with the stings and bites of wasps, spiders, lice, fleas and other vermin. Judging by the Ebers Papyrus they were very interested in cosmetic dermatology, and you can find therein many remedies for the prevention and cure of greyness of the hair and baldness of the scalp. You will also find remedies to remove moles, to prevent or remove wrinkles, to improve the complexion and to beautify the skin. Probably the oldest known prescription is not one designed to defy some fatal disease, but to cure the baldness of Ses, Mother of Teta, King of Upper and Lower Egypt some 5,000 years ago. For this purpose, a bolus of iron, red-lead, onions, alabaster and honey was to be prepared, and taken after the following invocation had been spoken:—

"O Shining One, Thou who hoverest above!
O Xare! O disc of the sun!
O Protector of the Divine Neb Apt!"

Poor Ses! I don't suppose it did her much good; yet had she attended the Skin Department of many leading hospitals in Europe and America today she might well have been given iron tablets to combat her microcytic anaemia, and ultra-violet ray (of course, in measured doses and uncontaminated by most of the rays of the visible spectrum) to stimulate her follicles. Even in modern medicine, man is vulnerable to the gibe "plus ça change, plus c'est la même chose," but she would have been spared the red-lead, the onions and invocation!

The Egyptians used many useful drugs incorporated in all sorts of absurd and often disgusting mixtures. There was much magic in their therapy, but also you will find reference to antimony, calamine, sulphur, red lead, wax, balsam, goose grease, and honey, as well as to aloes, castor-oil, turpentine and poppy pods (opium). They prescribed enemata, gargles and inhalations, employed bandages, and used lotions, ointments, plasters, poultices and suppositories.

Egyptian medicine was pre-eminent for centuries, rivalled but never excelled by the medical knowledge of Assyria and Babylonia. (Of the lore of these latter kingdoms I shall say nothing, except to mention that baked clay tablets, unearthed from a library at Nineveh, show a recipe for restoring the colour of grey hair and a sulphur prescription for the itch: you can see photographs of them in the work by Stubbs and Bligh [1931].)

Moses, that "Child of the Nile," is said to have lived some 200 years after the Ebers Papyrus was written and Elliot Smith has said that the medical information of the Old Testament is essentially the same as that of the Ebers Papyrus. Even so, I do not think that a dermatologist can fail to draw your attention to the 13th and 14th Chapters of Leviticus which deal with the differential diagnosis of leprosy and the steps to be taken to disinfect the house in which leprosy has occurred (scraping off and replacing the plaster as necessary, or even breaking down the house and taking the stones, the mortar and the timber to an unclean place outside the city). And although it is evident to the informed reader that psoriasis, vitiligo, and perhaps impetigo, pustular ringworm and cutaneous leishmaniasis (particularly of the indurated, depressed type) were all readily confused with lepra*, it is obvious, nevertheless, that anyone living under the conditions in which the sons of Levi and Aaron had to function, who suffered from either impetigo or ringworm, was best sent out into the wilderness away from his fellow men until he should be able to summon the priest and claim his right to be cleansed. And, if the priest agreed, there followed this ceremony . . . a mixture of magic and sound sense. Two birds were taken. One was killed in an earthen vessel over running water: the other was dipped in its companion's blood and let loose "into the open field": and the patient was sprinkled seven times with the blood of the bird, then washed his clothes, shaved off his hair (thus ridding himself of lice), and was permitted to come within the camp, but not to his tent. For seven days he was in semi-isolation, and then again shaved off all his hair, even his eye-brows, washed his flesh with water, washed his clothes, and on the eighth day took his he-lamb to the priest for sacrifice as a trespass offering. It was all a good deal more picturesque and impressive than discharge from a skin-ward nowadays.

Slowly the pre-eminence of Egypt waned, and Greece became the centre of learning. Here, as elsewhere, medicine began in magic and superstition. The great Apollo was physician to the Gods on Olympus. His son, Aesculapius became so skilful in healing that Zeus, fearful lest he might make all men immortal, slew him with a thunderbolt: thus Aesculapius became the patron of medicine and of physicians. This myth led to the maintenance of many temples of Aesculapius where the sick were treated by magic, nature cures, the power of suggestion and with drugs. The ministrants in these temples were a priestly order known as Asklepiads. Gradually there appeared a group of Asklepiads who were more physicians than priests. They began to study and argue about

* The reader is referred to interesting papers concerning this matter by Brian Russell (1950) and E. Lipman Cohen (1950).

disease, and to introduce methods of treatment based on their observations and deductions. Thus scientific medicine began. Hippocrates was an Asklepiad of the Temple at Cos; Aristotle (who became famous as a philosopher) was also an Asklepiad and studied varicose veins, leprosy and lice.

In Hippocrates the Asklepiads reached their zenith. He lived from 460-377 B.C., in the Age of Pericles, and even though his contemporaries included men whose work has never been obliterated by time—Aristophanes, Euripides, Plato, Praxiteles, Socrates and Thucydides—he was known as Hippocrates the Great.

The work known as the Corpus Hippocraticum comprises 60 books. Only six or seven of these are the work of Hippocrates. The Hippocratic Collection was an encyclopaedia of Greek medicine edited at Alexandria in the 3rd century B.C.; it contains many references to skin eruptions arising as manifestations of systemic disease, but also includes notes on the anatomy and physiology of the skin and comments on sweating (including reference to "insensible perspiration"). Many skin eruptions from anthrax and erysipelas to urticaria, and from acne to pruritus (including the pruritus that accompanies jaundice) are discussed and described. The modern vocabulary of skin diseases is there: alopecia, ecthyma, exanthemata, gangrene, kerion, lepra, lichen, phagadena, psoriasis . . . all receive mention.

As Pusey (1933) has stated, the Greeks were the first carefully to study biological and clinical facts and to try and correlate them; slowly they divested most diseases from supernatural relations and tried to explain the signs and symptoms as physical phenomena and to relieve their patients by treatment which in those days was rational. "They did not use experimental methods but were indefatigable students of experience." It is the Greek method revised in modern times that has given most impetus to clinical and scientific research.

Alexander the Great desired to fuse Greek and Oriental civilisation, but inadvertently his deeds destroyed the supremacy of the Greek States, for the suppression of political freedom, and the subsequent wars between his Hellenistic successors weakened and destroyed Greek power and civilisation and made the Roman conquest of Greece inevitable; but, as R. C. Trevelyan (1950) has em-

phasised, the results of that conquest were not so disastrous after all. As Horace says "Graecia capta ferum victorem cepit"—"Greece though enslaved, soon made a slave in turn of her fierce conqueror."

Alexander the Great founded Alexandria during his conquests and after 331 B.C. this city became the centre of medicine. Here there was much study of the appearances of diseases and much was added to the knowledge of the symptomatology of skin diseases. The effect of the work done in Alexandria was destined greatly to influence Arabian medicine in the future Mohammedan world, but the direct line of progress was by way of Alexandria and then Rome.

You will remember that Hippocrates is said to have died in 377 B.C., and the Hippocratic collection was compiled in the third century B.C. The next historical name is that of Celsus who was born about 25 B.C. and died about A.D. 45. Celsus was a Roman but his work is largely based on Alexandrine medicine. The sixth of his eight books is concerned with skin diseases; he described forty of these maladies using the same nomenclature as that of the Hippocratic collection, but showing a greater accuracy in observation and including much excellent advice. Thus he emphasised that carbuncle of the face is a dangerous malady, warned his readers of the danger of over manipulating a carcinoma, divided kerion into true kerion, furunculosis and dissecting cellulitis of the scalp, considered "scabies" (which then comprised a multitude of eruptions) and among the impetigines gave the first recognisable description of psoriasis. He described erythema multiforme and connected it with rheumatism, distinguished between senile and symptomatic alopecia, and dealt so faithfully with alopecia areata that although it had been accurately described by many earlier workers the malady has been called "area celsi" to this day.

We have seen that the great contribution of the Greeks was that they instituted the method of building a science on accurate observation. In A.D. 138 Galen was born at Pergamon in Asia Minor. He grew up to be a keen and careful observer and a vigorous thinker, but in his youth he was trained in stoic philosophy and tended to be an inveterate theoriser prone to speculation. By welding the Hippocratic theory of pathological humours with Pythagorean theory of the four elements—earth, air, fire and water—and adding his own conception of the pneuma or spirit which pervaded the body, he developed a highly metaphysical theory of disease which dominated and retarded the development of medicine in Europe for several centuries. Galen studied in Smyrna and Alexandria: he had a great reputation in Rome although it is probable that he was not in that City for more than fifteen years in the whole of his life. He was a great traveller, and probably died in Sicily at the age of 67. Nevertheless, despite his wanderings and speculations, he wrote the first book on dissection, founded experimental physiology and yet had time to study dermatology. The second book of Galen and the sixth book of Celsus are the first vital works on skin diseases. Galen classified dermatological maladies into two simple categories, viz. those of the hairless and those of the hairy parts. This is not so irrational as it may sound; we still speak of "ringworm of the glabrous (hairless) skin" and "ringworm of the hairy parts," but except for this concession to antiquity the classification held sway only until the 18th century.

(To be continued)

KING' BIRTHDAY HONOURS

C.M.G.

Herbert John Seddon, D.M., F.R.C.S., Clinical Director of the Royal National Orthopaedic Hospital.

APPOINTMENTS

The following appointments to the Junior Staff have been made with effect from the dates indicated:—

Special Treatment Centre
Part-time Senior Registrar: Mr. P. Watson (from 1.6.51).

Dr. Bourne's firm
Senior Registrar: Dr. D'A. Kok (from 1.7.51).

Casualty Department (Surgical)
Junior Registrar: Mr. M. F. Hunt (from 1.7.51).

Physiotherapy & Orthopædic Departments
Registrar: Mr. C. W. S. F. Manning (from 15.5.51).

Pathological Department
Junior Demonstrator: Mr. P. Hopper (from 1.6.51).

PARLIAMENT AND THE PROFESSION

1511 — 1946

By W. M. LEVITT

(Continued)

Although the Statute of 1542/43 *threw the door wide open again to unqualified practice, it would appear that not even the stimulus of the resulting competition provided sufficient encouragement to qualified practitioners to put their house in order. For in* 1553, *certain disciplinary powers which had been granted long previously to the President of the College of Physicians were confirmed in a further Act.*

STAT. (1553) 1 Mar. Sess. 2, C. 9.

(College of Physicians.)

An Acte touching thincorporations of the Phisitions in London.

—Where in the Pliament holden at London the xv daye of Aprill in the xiiij yere of the raigne of our late soveraygne lorde King Henrie Theight, and from thens adjourned to Westminster the last daye of Julye in the xvth yere of the raigne of the same King, and ther holden; it was enacted, that a certeyne graunte by letters patentes of incorporacon, made and graunted by our said late King to the phisitions of London, and all clauses and articles conteined in the same graunte shoulde be approved graunted ratified and confirmed by the same Parliament: For the consideration thereof be it enacted by aucthorite of this pnte P'liament, that the sayd statute or Acte of P'liament, withe every article and clause therin conteined, shall from hensforthe stande and continue still in full strengthe force and effecte; any Acte statute lawe custome or any other thing made hadd or used to the contrarye in any wise notwithstanding.

—And for the better reformation of divers enormities happening to the comonwelthe by the evill using and undue administration of phisick, and for the enlarging of further articles for the better execucon of the things conteined in the said graunt enacted; be it therfore nowe enacted, that whensoever the presidente of the Colledge or Comonaltie of the Facultie of Physicke of London for the time being, or such as the said president and colledge shall yerely according to the tenor and meaning of the said Acte aucthorise to searche examine correcte and punishe all offendours and transgressours in the said facultie within the same citie and precincte in the said Acte expressed, shall sende or comit any suche offendour or offendours, for his or their offences or disobedience contrarye to any article or clause conteyned in the said graunte or Acte, to any warde gayle or pryson within the same citie and precincte, (the Towre of London ne xcept,) that then from time to tyme the warden gaolour or keper, wardeines geylours or kepers of the wardes gayles or prisons within the citie or precincte aforesayd (excepte before excepted) shall receyve into his or their prisons all and every suche persone and persons so offending, as shalbe so sent or comitted to him or them as is aforesayd, and ther shall safely kepe the person or persons so comitted in any of their prisons, at the proper costs and chardges of the said person or persons so comitted, without bayle or mayneprise, untill suche time as such offendour or offendours or disobedientes be dischardged of the said imprisonment by the said president, and suche persons as the said colledge shalbe therunto aucthorised; upon payn that all and every suche wardeyn gaylor or keper doing the contrary shall lose and forfeite the double of suche fine and amerciament, as suche offender and offenders or disobedientes shalbe assessed to paye, by suche as the said president and colledge shall aucthorise as aforesaid, so that the same fyne and amerciament bee not at any one tyme above the some of twentye powndes; the moitie therof to be employed to thuse our soveraygne ladye the Quene her heires and successoures, thother moitie unto the said president and colledge: All whiche forfeitures to be recovered by accon of dett bill plainte or information in any of the Quenes her heires and successoures courtes of recorde, against any suche wardeyn gaylour or keper so offending; in whiche suite no essoigne wager of lawe nor proteccion shall be allowed ne admitted for the defendant.

—And . . . all justices maiors shrieffes

bailiefes constables and other ministers and officers within the citie and precincte above written, upon request to them made, shall helpe aide and asist the president of the said colledge, and all persons by them from time to time aucthorized, for the due execution of the said Actes or statutes, upon paine for not giving of suche aide helpe and assistance, to ronne in contempte of the Quenes Majestie her heires and successoures.

Not even by the National Health Service Act of 1946 *are such arbitrary powers conferred on any person as were conferred in the above Statute upon the President of the College of Physicians. This Statute also remains on the Statute Book, and it may be news to many readers of this article that should they become offenders and transgressors against the rules of the College, they may be clapped into any gaol within the City and precincts (the Tower of London alone excepted) on the authority of the President of the College of Physicians. One wonders whether the President is ever tempted to use these powers, and what would be the attitude of the Justices, Mayors, Sheriffs, Bailiffs and Constables if called upon to assist the President in so doing.*

By the end of the seventeenth century, the apothecaries, originally mere vendors of medicines, had achieved a position of such importance in the treatment of disease as to rival the physicians. The important status achieved by the apothecaries is shown by the preamble to the Statute of 1694.

STAT. (1694) 6 & 7 WILL. & MAR. C. 4.

(Apothecaries.)

An Act for exempting Apothecaries from serving the offices of Constable Scavenger and other Parish and Ward Offices and from serving upon Juries.

WHEREAS the art of the apothecary is of great and general use and benefitt by reason of their constant and necessary assistance to his Majesties subjects which should oblige them solely to attend the duty of their professions yett by reason that they are compelled to serve several parish ward and leet offices in the places where they live and are frequently summoned to serve on juries and enquest which take upp great part of their time they cannot performe the trust reposed in them as they ought nor attend the sick with such diligence as is required. And whereas King James the First by his letters patents under the great seale of England did incorporate the apothecaries exerciseing that art within London and seven miles compasse by the name of the master wardens and society of the art and mystery of apothecaries of the City of London. Bee it therefore enacted . . . etc.

The practice of the profession of apothecary was regulated by the comprehensive Apothecaries Act of 1815, *which provided for the qualification of persons seeking to become apothecaries. A committee of experts of the Society of Apothecaries was established with power to grant certificates of qualification, and it was further provided that no person might practice as an apothecary without examination and certificate. All apothecaries must now be qualified in medicine, surgery and midwifery (Medical Act,* 1858, *Sec.* 40, *& Apothecaries Act,* 1907, *Sec.* 3).

21 & 22 VICT. Ch. 90, Medical Act, 1858.

Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners: be it therefore enacted. . . .

The Medical Act of 1858 *did at last provide an effectual means to enable "the King's liege people . . . to descerne the uncunying from the cunyng." It established the Medical Register and the General Medical Council. It also conferred certain privileges upon registered medical practitioners, e.g., exemption from jury service, and it provided that none but registered medical practitioners could sue for fees, and that no unregistered person might use the titles of physician, doctor of medicine, surgeon or certain other titles.*

9 & 10 GEO. 6. Ch. 81, National Health Service Acts, 1946.

1. (i) It shall be the duty of the Minister of Health to promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of England and Wales and the prevention, diagnosis and treatment of illness. . . .

(ii) The services so provided shall be free of charge.

33. (i) It shall be the duty of the Executive Council . . . to make, as respects their area, arrangements with medical practitioners for the provision of personal medical services for all persons in the area who wish to take advantage of the arrangements. . . .

(ii) Regulations may make provision for defining the personal medical services and for securing that the arrangements will be such that all persons . . . will receive adequate personal care and attention.

SPORT

CRICKET CLUB

v. **ST. THOMAS'S HOSPITAL,** April 28, at Chislehurst. Match Drawn.
St. Thomas's Hospital 177 for 3.
St. Bartholomew's Hospital 175 for 7.
(Ross 39, Foy 33, Waterhouse 32 n.o.)

v. **R.N.V.R.,** May 6, at Chislehurst.
Match Drawn.
R.N.V.R. 222 for 3.
Bart.'s 212 for 5.
(Clappen 62 n.o.; Ross 53; Hodgson 43.)

v. **INNS OF COURT,** May 12, at Chislehurst.
Match Drawn.
Bart.'s 179 for 5 (Ross 120).
Inns of Court 135 for 4 (Smith 105 n.o.; Taylor 3 for 50).

1st Round Cup Match

v. **LONDON HOSPITAL,** May 16 at Hale End.

In recent years the Hospital has often relied on the bowlers in Cup matches not only to take the wickets, but also to make the runs. This match against the London ran true to form.

The Hospital batted first and were soon in trouble. Hodgson was bowled by a beautiful ball from Jenkins, Tomlinson was l.b.w., and Braimbridge, forgetting his cupmanship in the toils of captaincy, was bowled taking a yahoo at a ball on the leg stump. Ross made an impeccable 29 and then carefully guided a ball from Scanlon into gully's hands. The score was 60 for 4 with the bowlers well on top.

The Hospital bowlers then took over. Clappen and May played invaluable innings before lunch but left soon after with the score at 120 for 6. Roche, assisted by Haigh, continued the good work, striking the ball very firmly to get 22. Foy then came in and middled the ball from the very outset, fiercely dispatching any good length ball to the leg boundary and treating the long hops with extreme respect. His 30 was a great effort and was the highest individual score of the match. Ford, as behoved the owner of a cap of many colours, played some attractive shots while assisting Foy in a stand of 45 for the ninth wicket. The innings closed at 194.

London Hospital had to face some good outswing bowling by Taylor, and quickly lost three wickets, two of which fell to Taylor. Ross bowled his straight breaks accurately before tea, and brought off a nonchalant one-handed caught and bowled from a very hard hit. After tea Foy and Haigh took over; Foy was practically unplayable, bowling quick off breaks. He got one wicket with a huge break back, at which the batsman did not attempt a shot. Haigh, as always, bowled his left hand slows with accuracy, and used his arm ball with deadly effect in the strong wind, as his figures of 4 for 16 will vouch. The London was soon all out for 73—a great bowling performance.

SCORES

St. Bartholomew's Hospital

H. B. Ross c. Jenkins, b. Scanlon	29
D. C. Hodgson b. Jenkins	4
J. D. W. Tomlinson l.b.w., b. Whitehead	11
M. Braimbridge b. Scanlon	7
A. G. May b. Scanlon	21
J. A. Clappen b. Scanlon	25
D. W. Roche c. Watt, b. Eadie	22
P. G. Haigh l.b.w., b. Eadie	12
B. N. Foy b. Whitehead	30
F. D. C. Ford c. Rogers, b. Whitehead	20
J. H. K. Taylor not out	0
Extras	12
	194

Whitehead 3 for 57; Jenkins 1 for 34; Scanlon 4 for 57; Eadie 2 for 34.

London Hospital

H. Bedson, run out	7
J. Scanlon l.b.w., b. Taylor	5
D. Evans b. Taylor	3
P. Whitehead c. and b. Ross	0
P. O. Bodley b. Foy	24
D. G. Eadie c. Tomlinson, b. Haigh	17
R. Mather not out	9
D. Salter l.b.w., b. Foy	2
R. Rogers b. Haigh	3
D. Jenkins hit wkt., b. Haigh	1
P. Watt b. Haigh	0
Extras	3
	73

Taylor 2 for 23; Ford 0 for 6; Ross 1 for 14; Foy 2 for 11; Haigh 4 for 16.

v. **ROMANY C.C.,** May 20, at Chislehurst.

Romany C.C. 282 (Foy 4 for 86; Clappen 3 for 44.)

Bart.'s 184 (Ross 83; Cairns 62).

The Hospital were well beaten by the Romany C.C., being handicapped by lack of variety in the

bowling, although Foy, Ross, Clappen and Braimbridge toiled manfully against a strong batting side. Runs came quickly for Romany who were all out for 282.

Against accurate bowling, the Hospital batsmen never got in front of the clock in spite of attractive batting by Ross and Cairns, who put on 125 for the second wicket.

With 40 minutes to go, the Hospital score was 153 for 3. Cairns got out, and there was then a procession of batsmen to and from the wicket. The Romany won with three minutes to spare, Walter Goold taking 9 wickets for 50.

v. **INCOGNITI,** May 23, at Chislehurst.
Incogniti 249 for 6 (Bluett 100).
Bart.'s 186 for 3 (May 69; Biddell 53).

ATHLETIC CLUB

The 1951 season opened with a match at Hounslow on May 12, against Imperial College and Guy's Hospital. We fielded rather a weak team and were beaten into third place, but the meeting did show us that P. McDonald, J. A. McKinna and J. Laurent were useful acquisitions to the Club.

Our results in the University Championships were not nearly as good as on previous occasions, and we gained places in only four events. Congratulations to Arthur Wint who set up new records in both the 440 yards and 880 yards, and to L. Pringle who finished second in the 100 yards. J. Snow finished fifth in the pole vault and proved himself a worthy successor to J. Nielsen.

Sports Day

The 68th Annual Sports were held at Chislehurst on Saturday, May 26.

Rain has been a regular feature of Sports Day for many years, and this year proved to be no exception. Rain started falling just after lunch, and continued almost incessantly for the remainder of the day, thus compelling the crowd of spectators to take shelter in the grandstand.

E. M. Rosser inevitably won the 120 yards hurdles, and went on to win the high jump, despite an injured ankle—it is most unfortunate that this injury will prevent him from assisting us in the United Hospitals' Championships. L. Pringle completed a fine double in the sprints, equalling the record for the 100 yards, and narrowly beating B. D. Lascelles in the 220 yards. P. McDonald won the 120 yards handicap off scratch, a feat not very often accomplished; and Arthur Wint, running beautifully, set up a new record for the 440 yards, in spite of the unpleasant conditions.

Three teams from the Ladies' Section of the Club took part in a relay race during the afternoon, and we hope that this will become an annual event.

We should like to thank Mrs. J. P. Hosford, who presented the prizes, Mr. J. P. Hosford, who controlled the sports admirably and all the other members of the staff who braved the elements and so generously gave of their time and talent.

Finally we should like to pay tribute to the hard work put in by Mr. and Mrs. White in preparing the ground so well and to the successful manner in which they dealt with the needs of the more thirsty individuals during the Dance which was held in the pavilion during the evening.

RESULTS

100 yards: L. Pringle (10.2 secs; equals record), P. McDonald, B. D. Lascelles.
220 yards: L. Pringle (24.2 secs.), B. D. Lascelles, P. McDonald.
440 yards: A. S. Wint (50.4 secs.; new record), B. R. Wheeler, J. Laurent.
1 mile: K. A. Clare (4 mins. 53 secs.), J. A. Stainton-Ellis, D. M. Stainton-Ellis.
3 miles: D. M. Stainton-Ellis (17 mins. 3.3 secs.), L. Cohen, G. Middleton.
120 yards Hurdles: E. M. Rosser (16.4 secs.), I. H. Cochrane.
120 yards Handicap: P. McDonald (scr.) (12.5 secs.), J .K. Murphy, J. Laurent.
Javelin: L. Cohen (134ft. 3½in.), A. G. Smart, P. D. Matthews.
Weight: M. N. Khurshid (33ft. 1½in.), D. Craggs, L. Pringle.
Discus: M. N. Khurshid (98ft. 1in.), L. Cohen, G. Middleton.
Long Jump: P. McDonald (19ft. 1in.), B. D. Lascelles, H. Poirier.
High Jump: E. M. Rosser (5ft. 1in.), P. D. Matthews, D. M. Stainton-Ellis.
Pole Vault: J. T. Snow (7ft. 9½in.), V. R. Chuck, J. J. Eastwood.
Relay: Clinicals (1 min. 37 secs.), Senior Preclinicals.

TENNIS CLUB

2nd VI v. R.M.A. Sandhurst 2nd VI, May 19.
Result : Lost 2-7.
Scores : Graham and Pearsons—2-1
Malpas and Edmunds—0-3
Murrell and Hodgson—0-3

Cup Match, 1st VI v. Guy's 1st VI, May 23.
Result : Lost 1-8.

As soon as we started it was very obvious that our opponents were good but we didn't think that we should lose the majority of sets 6-2 and 6-1—indeed we ought not to have done so. Our chief weakness lay in service—especially a firm and reliable second service, and in placing the ball, for any weak shots or bad placing were unceremoniously killed by Guy's.

Individually, M. J. A. Davies and H. B. Ross were our best pair—beating their second pair after a very long and tiring three-set match. C. W. H. Havard and D. E. Pearsons rarely got going and were making rather a lot of mistakes as were L. Dowie and Y. N. P. Forget who, however, kept the game fast and exciting.

In Frost, Opie and Searle, Guy's have a very fine trio with most excellent support from the others and it will be a considerable surprise if they do not win the Cup this year.

Scores :

M. J. A. Davies and H. B. Ross	4-6	6-4	2-6
		12-14	
	1-6	6-4	2-6
C. W. H. Havard and D. E. Pearsons			
	1-6	2-6	0-6
	2-6	4-6	2-6
L. Dowie and Y. N. P. Forget	1-6	3-6	1-6
	1-6	3-6	1-6

HOCKEY CLUB

Junior Cup Match v. Guy's Hospital

The final of the Inter-Hospitals Junior Cup was replayed on Wednesday, April 25 on the St. Mary's Ground, and resulted in a 4-1 win for Bart.'s.

After the 2-2 draw last time it was with some trepidation that Bart.'s fielded a side weakened by the absence of Haigh and Whitting.

With the temperature in the 70's and on a good fast pitch, Bart.'s took some time to settle down. Guy's pressed from the start and the Bart.'s defenders seemed unable to clear the ball from their circle. Then, suddenly, one of the few Bart.'s break-aways was rewarded by a goal. John Hill, on the edge of the circle, received a good pass from the wing and scored with a good first time shot, 1-0.

This, on the whole, was against the run of the play, and served to inspire Guy's to greater efforts. They pressed harder and harder and on many occasions might have scored. However just before half-time they equalised, 1-1.

The first ten minutes of the second half was all Guy's; it was only solid defence by the backs and the goal-keeper that kept the score equal. Then suddenly the trend of the game changed, Bart.'s became the attackers and outplayed Guy's in every way.

Without exception every member of the team played well. Pedersen was untiring in attack and defence and was the outstanding forward on the field. Eastwood played an extremely hard game and it was his accurate passing which enabled our forwards to take the initiative. Tony Baker captained the side most ably, and kept up the morale during the earlier stages of the game when Guy's were most determined to score.

This win was a most fitting climax to a successful season, both on and off the field. This is due to the tactful captain, Tony Baker, and to the cheerful atmosphere of the team as a whole.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

Third M.B. B.S. Examination for Medical Degrees

April, 1951

Honours

Dormer, A. E. (Distinguished in Obstetrics & Gynæcology)

Pass

Apthorp, G. H.	Dick, D. G.	Holbrook, B. W.	Sims, A. J.
Birch, G.	Dodson, J. W.	Horton, I. A.	Steinberg, V. L.
Bendas, I.	Drysdale-Anderson, R. J.	Ibbotson, R. N.	Taylor, J.
Brown, B. St. J.	Dunn, F. M.	John, A. H.	Taylor, W. N. A.
Cassells, M. J.	Farley, J. D.	Jones, K.	Trevan, A. C.
Chuck, V. R.	Finch, C. P.	Jones, R. F.	Venables, P.
Clulow, G. E.	Freier, S.	Manning, G. E.	Wendell Smith, C. P.
Coldrey, J. B.	Fuller, A. P.	Montagnon, J. L.	White, W. T.
Coldrey, P. A.	Gould, G. T.	Mortiboys, W. H.	Wilkinson, B. R.
Collymore, H. W. M.	Hale, B. C.	O'Brien, M. J. C.	Williams, D. K.
Connell, P. H.	Hambling, M. H.	O'Sullivan, D.	Williamson, P. J.
Cooray, M. P. M.	Harland, D. H. C.	Parrish, J. A.	Wimborne, D.
Corbet, J. L. M.	Hart, C. J. R.	Pittman, J. C.	Wyatt, H. J.
Courtenay, P. H. E.	Hodgson, D. C.	Rosen, I.	
Dadswell, J. V.		Rushton, D. H	

Supplementary Pass List

Part I			
Blake, A. S.	Fallows, L. G.	Johnson, R. J. R.	Stanton, T. J.
Briggs, J. H.	Fildes, P. G.	Leigh, J. G. G.	Waddy, G. W.
Butcher, R. H. G.	Gobert-Jones, J. A.	McKinna, C.	Waterhouse, J. P.
Charles, H. P.	Goodspeed, A. H.	May, A. G.	Watson, L. P. F.
Chitty, W. A.	Green, A. N.	Moore, I. D.	Weston, T. F. T.
Cohen, H.	Haigh, P. G.	O'Reilly, P. B.	Whelan, N.
Cohen, M.	Hazelton, S. F.	Parker, R. B.	Wilkinson, W. H.
Cracknell, D. D.	Heckford, J.	Picthall, G.	
Evans, E. W.	Hooker, D.	Scott, A. E. R.	
Part II			
Albright, S. W.	Cox, W. H. A. C.	Lumley, P. W.	Thomas, G. E. M.
Barnes, J.	Fildes, P. G.	Matthews, P. D.	Wright, A. N. H.
Beattie, A. O. C.	Gill, R. B.	Picthall, G.	
Briggs, J. H.	Harman, C. O. D.	Scott, A. E. R.	
Part III			
Jarvis, H. C. M.	Rosser, E. M.	Smith, D. P. Q.	Whittard, B. R.
McKinna, C.			

SOCIETY OF APOTHECARIES

Final Examination

March, 1951

Pathology

Dean, D. W. J.

Medicine

Dean, D. W. J. Hewson, J. P.

CURRENT PERIODICALS IN THE HOSPITAL AND COLLEGE LIBRARIES

C.=Charternouse Branch Library.
Chem.=Chemistry Department.
D.=Dunn Laboratories.
E.N.T.=Ear, Nose and Throat Department.
K.=Kanthack Library.
M.=Medical College Library.
S.=Sassoon Department.

This list includes only those periodicals still current, dates after most titles indicating the period from which there is a continuous run. Sassoon Dept. journals and unbound copies of those taken by the E.N.T. Dept. are housed in the Medical College Library.

Abstracts of World Medicine, 1947 (M.D.).
Abstracts of World Surgery, Obstetrics and Gynæcology, 1947 (M.).
Acta Oto-Laryngologica, 1949 (E.N.T.).
Acta Radiologica, 1936 (S.).
American Journal of Anatomy, 1901 (C.).
American Journal of Medicine (D.).
American Journal of Obstetrics and Gynecology, 1931 (M.).
American Journal of Physiology, 1939 (C.), (D.).
American Journal of Roentgenology, 1924 (S.).
American Journal of the Medical Sciences, 1909 (M.).
A.M.A. Archives of Neurology and Psychiatry, 1935 (M.).
Anæsthesia, 1946 (M.).
Analyst, 1930 (K.).
Anatomical Record, 1906 (C.).
Annales de l'Institut Pasteur, 1887 (K.).
Annals of Otology, Rhinology and Laryngology, 1949 (E.N.T.).
Annals of Surgery, 1909 (M.).
Annals of the Royal College of Surgeons of England, 1947 (M.; D.).
Annotated Bibliography of Cortisone, A.C.T.H. and Related Hormonal substances, 1950 (M.).
Annual Review of Biochemistry, 1932 (Chem.; K.).
Annual Review of Microbiology, 1947 (Chem.).
Annual Review of Physiology, 1939 (Chem.).
Antibiotics and Chemotherapy, 1951 (M.).
Applied Physiology (D.).
Archives of Biochemistry, 1942 (C.).
Archives of Disease in Childhood, 1926 (M.).
Archives of Internal Medicine (D.).
Archives of Otolaryngology, 1949 (E.N.T.).
Archives of Pathology, 1928 (K.).
Australian and New Zealand Journal of Surgery, 1931 (M.).
Biochemical Journal, 1906 (C.); 1926 (K.).
Biological Abstracts, 1947 (C.).
Blood, 1950 (K.).
Brain, 1889 (M.).
Bristol Medico-Chirurgical Journal, 1887 (M.).
British Chemical and Physiological Abstracts, A III, 1938 (C.).
British Empire Cancer Campaign, Annual Report, 1928 (M.).
British Heart Journal, 1938 (M.).
British Journal of Cancer, 1947 (M.).
British Journal of Dermatology and Syphilis, 1944 (M.).
British Journal of Experimental Pathology, 1920 (K.).
British Journal of Nutrition, 1947 (C.).
British Journal of Ophthalmology, 1947 (M.).
British Journal of Pharmacology and Chemotherapy, 1946 (C.).
British Journal of Radiology, 1947 (C.; M.).
British Journal of Surgery, 1913 (M.).
British Journal of Urology, 1929 (M).
British Medical Bulletin, 1943 (M.).
British Medical Journal, 1936 (C.); (D.); 1860 (M.).
Brompton Hospital Reports, 1932 (M.).
Bulletin de l'Institut Pasteur, 1903 (K.).
Bulletin of the British Scientific Instrument Research Association (D.).
Bulletin of the Medical Library Association, 1931 (M.).
Chemical Abstracts, 1941 (C.), 1947 (Chem.).
Chronicle of the World Health Organisation, 1947 (M.).
Ciba Symposia, 1942 (M.).
Circulation (D.).
Cleveland Clinic Quarterly (D.).
Clinical Journal, 1892 (M.).
Clinical Science (D.;M.).
Collected Papers of the Mayo Clinic and the Mayo Foundation, 1905 (M.).
Conquest, 1950 (M.).
Current List of Medical Literature, 1947 (M.).
Current Researches in Anæsthesia and Analgesia, 1927 (M.).
Endeavour, 1942 (C.).
G.E.C. Journal (Chem.).
Glasgow Medical Journal, 1871 (M.).
Great Britain, Ministry of Health Annual Report, 1949 (M.).
Guy's Hospital Reports, 1836 (M.).
Indian Heart Journal, 1949 (M.).
Indian Journal of Medical Research, 1914 (M.).
Indian Journal of Medical Sciences, 1947 (M.).
International Abstract of Surgery, 1914 (M.).
International Medical Digest (D.).
Journal of Anatomy, 1867 (C.).
Journal of Applied Physics, 1947 (C.).
Journal of Biological Chemistry, 1916 (C.).
Journal of Bone and Joint Surgery, A and B, 1948 (M.).
Journal of Clinical Investigation (D); 1934 (K.).
Journal of Clinical Pathology, 1947 (M.).
Journal of Comparative Neurology, 1908 (C.).
Journal of Endocrinology, 1947 (M.).
Journal of Experimental Medicine, 1926 (K.).
Journal of Hygiene, 1901 (K.).
Journal of Immunology, 1926 (K.).
Journal of Infectious Diseases, 1904 (K.).
Journal of Laryngology and Otology, 1949 (E.N.T.).
Journal of Nutrition, 1940 (C.).
Journal of Obstetrics and Gynæcology of the British Empire, 1902 (M.).
Journal of Pathology and Bacteriology, 1892 (K.); 1937 (M.).
Journal of Pediatrics, 1947 (M.).
Journal of Pharmacology and Experimental Therapeutics, 1939 (C.).
Journal of Pharmacy and Pharmacology, 1949 (C.).
Journal of Physiology, 1878 (C.).
Journal of the American Chemical Society, 1944 (C.).
Journal of the American Medical Association, 1926 (M.); (D.).
Journal of the Mount Sinai Hospital, New York, 1936 (M.).
Journal of the Royal Army Medical Corps, 1903 (M.).
Lahey Clinic Bulletin (D.).
Lancet, 1943 (C); (D); 1824 (M.).
Medical Annual, 1894 (M.).
Medical Directory, 1845 (M.).
Medical Journal of Australia, 1933 (M.).
Medical Press, 1945 (M.).
Medical Register, 1860 (M.).
Medicine (D.).
Medicine Illustrated, 1949 (M.).
Nature, 1932 (C.).
New England Journal of Medicine, 1951 (M.).
New York State Journal of Medicine, 1945 (M.).
New Zealand Medical Journal, 1916 (M.).
Nucleonics, 1947 (Chem.).
Nutrition Reviews, 1942 (C.).
Ophthalmic Literature, 1947 (M.).
Pharmacological Reviews, 1949 (C.).
Physiological Reviews, 1925 (C..)
Post-Graduate Medical Journal, 1925 (M.).
Practitioner, 1868 (M.).
Proceedings of the Royal Society of Medicine (D.); 1907 (M.).
Proceedings of the Staff Meetings of the Mayo Clinic (D.); 1937 (M.).
Quarterly Cumulative Index Medicus, 1927 (C.); 1922 (K.); 1940 (M).
Quarterly Journal of Medicine (D.); 1907 (M.).
Radiology, 1943 (S.).
Registrar General's Statistical Review of England and Wales, 1948 (M.).
St. Bartholomew's Hospital Journal, 1893 (C.; M.).
St. Thomas's Hospital Reports, 1870 (M.).
School Science Review, 1947 (C.).
Science, 1938 (C.).
Science Progress, 1947 (C.).
South African Journal of Clinical Science, 1950 (M.).
South African Journal of Medical Sciences, 1935 (M.).
Surgery (D.).
Surgery, Gynæcology and Obstetrics, 1914 (M.).
Texas Reports on Biology and Medicine, 1943 (C.; M.).
Thorax (D.); 1946 (M.).
Transactions and Studies of the College of Physicians of Philadelphia, 1938 (M.).
Transactions of the Association of American Physicians, 1886 (M.).
Transactions of the Medical Society of London, 1890 (M.).
Tubercle, 1929 (M.).
Tuberculosis Index, 1946 (M.).
Ulster Medical Journal, 1936 (M.).
West London Medical Journal, 1932 (M.).

BOOK REVIEWS

BASIC PRINCIPLES OF CLINICAL ELECTROCARDIOGRAPHY, by Hans H. Hecht. U.S.A.: Charles C. Thomas. Oxford: Blackwell. 1950. pp. ix + 88. figs. 32. Price 15s.

If the whole subject of clinical electrocardiography were to be described in 80 pages it would not be possible to allow more than two or three pages for the basic principles. Dr. Hecht has written his whole monograph on the basic principles alone. Such a detailed knowledge of the electrocardiogram is not at present required for either final or higher qualifications in medicine. The subject matter of this book should however be familiar to those who wish to interpret electrocardiograms or to teach about them, and will be of interest to anyone wishing to understand something of the great changes which have developed in this subject during the last decade.

ENDOCRINE DIAGNOSIS, by H. Ucko. Staples, pp. xvi + 513, figs. 84. Price 42s.

It has been the reviewer's experience that it is very hard to write a book on endocrine disorders which is suitable for the general practitioner and general physician, as well as for the endocrinologist. In the first instance, recent developments have shown such rapid changes in the whole outlook on the subject, that by the time a book is published, under present difficulties, much of its contents may be out of date. Although the author has tried to give additional information under the heading of Addenda the book will hardly escape this fate.

Secondly, it is appreciated by all those who have done endocrine studies and research, that it is very much more difficult to offer strict definitions, will circumscribed clinically clear and fool-proof pathological explanations, in this particular branch of medicine than in many other branches. For these reasons many textbooks on endocrinology suffer from the fact that they are intended to serve too wide a circle of the medical profession. Those who have to lecture on the subject to students, post-graduate classes, and to discuss problems with other colleagues, are fully aware of these difficulties.

On the other hand, an interesting attempt has been made in this book to deal with the differential diagnosis of endocrine symtoms and signs, including the endocrine influence on the different body structures, and on the mechanism of the major events of life. This is done in the first part of the book. The second part contains a more systematic description of the endocrine glands and their diseases. Accordingly, a certain amount of overlapping has been unavoidable.

A great number of useful tables have been included in the book, although the present writer has a certain prejudice against too much tabulation except for examination purposes or encyclopaedias.

It is not intended, however, to criticise too harshly a book into the writing of which obviously so much hard work has been put. As an interesting new approach to the problem of the perfect

textbook on endocrine disorders it is to be commended.

MEANING AND PURPOSE, by Kenneth Walker. Penguin Books, 1950, pp. 203. Price 1s. 6d.

Mr. Kenneth Walker writes lucidly and discursively, and will be applauded by many for his condemnation of strict empirical materialism; nor does he presume to formulate a model philosophy. The book was published in 1944, and it was reissued in Pelican form.

MEDICAL DICTIONARY (German - English; English-German), by F. S. Schoenewald. Lewis, 1949; 1951, pp. 241 and 240. Price 35s. each volume.

The first half of this dictionary was issued as long as two years ago, and the second has been awaited with keen anticipation. Dr. Schoenewald was favourably placed to undertake this work, and he has performed it with admirable skill and thoroughness. The style of the dictionary is that of the O.E.D., with an idiomatic example given of the single word in each of its several usages; and the contents are by no means only medical. Anyone who can afford these books will have access to the greater part of the world's medical literature.

EXPERIMENTAL PHYSIOLOGY FOR MEDICAL STUDENTS, by D. T. Harris, H. P. Gilding and W. A. M. Smart. 5th Edition, 1951, Churchill, pp. viii + 305, figs. 266. Price 21s.

This is the second edition of this book that has appeared since the end of the war; apparently the publishers have felt that it fulfils a need. Experiments are clearly described, and they will certainly be more meaningful after reading the relevant passages. Too much space is devoted to redundant material and to line engravings of the instrument makers art of Edwardian days. Though this is a good book for a reference library, it is not worth 21s. of a student's money for the occasional use it would get.

LECTURE NOTES ON EMERGENCY DIAGNOSIS WITHOUT LABORATORY AID, by Hans L. Baur. Blackwell, 1951, pp. xiii + 68. Price 6s.

In this small book Professor Baur turns our attention back to the faculties upon which earlier diagnosticians had to rely, before the development of the enormous field of specialised investigation, that is now reckoned to be so essential. Chapters with homely titles such as Facies, Attitudes, and Abnormal Odours record for us some of the art of our predecessors, that we are wont to forget. When abroad, or far from aid, it is to Professor Baur's little book we shall turn, and the larger volumes will be forgotten.

AIDS TO CLINICAL PATHOLOGY, by D. Haler, 2nd Edition, 1951, Baillière, Tindall & Cox, pp. viii + 397, figs. 22. Price 8s. 6d.

It quite inconceivable that anyone should read straight through this book. Its compass, which includes post mortem technique and chapters on parasitology, covers the essentials, though its lack of readability will probably mean that it is not read at all.

INFANT FEEDING AND FEEDING DIFFICULTIES, by Philip Evans and Ronald Mackeith. Churhill, 1951, pp. viii + 255, illus. 64. Price 12s. 6d.

Here at last is a book devoted to infant feeding that is full and clearly written, up-to-date, beautifully presented and bound, with good illustrations, diagrams and apt quotations. It is very well worth its price for those who are interested.

AIDS TO PSYCHIATRY, by W. S. Dawson. 6th Edition, Baillière, Tindall & Cox, 1950, pp. viii + 329. Price 6s.

Students confronted for the first time with the jargon of psychiatry react in two ways. There are those who shy and determine to learn no more than the essentials for rare examination questions—to wit schizophrenia, manic depressive psychosis and the anxiety neurosis—and those who are intensely interested. Both types will find this book very useful for their purposes. It is well classified with the psychiatric "patter" lucidly explained for the uninitiated.

PRACTICE FOR SALE

Old Bart.'s man, wishing to sell house and practice in St. Vincent, British West Indies (turnover £3,000), invites enquiries.

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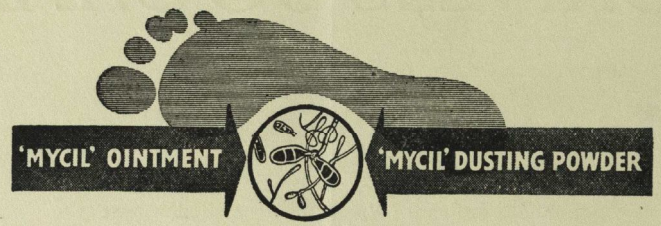

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AUGUST 1951

VOL. L V

No. 8

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editor: A. N. GRIFFITH.
Assistant Editor: G. F. B. BIRDWOOD
Manager: E. A. BOYSE.

August, 1951

CONTENTS

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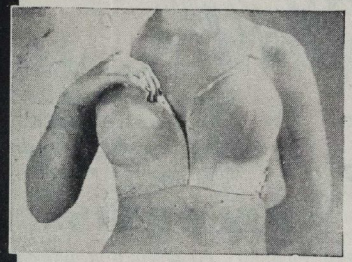

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Vol LV AUGUST, 1951 No. 8

"1851"

QUEEN VICTORIA is as dead as the proverbial Queen Anne. Before it is possible to judge her reign we must first meet her subjects and her country as complete strangers. It is impossible for us to assess the period of 1851 without seeing it within the perspective of a hundred years. Our imagination necessarily plays upon the picture we have, interpreting it within our experience, so that the country is a dream land, and characters but puppets of our fancy. They are, for the most part, figures of fun: self-opinionated bearded giants, smoking cigars beneath huge potted palms: or consumptive young ladies, slowly wilting beneath a gasogene.

This year Britain has been on show to the world, and 1851, the year we celebrate, has stood on trial. On the whole judgment has been favourable, more favourable, perhaps, than that of those people of 2051, who, looking back at our prosperity, may say, "Here lived decent godless people, their only memory the asphalt road, and a thousand lost golf balls."

Infected with Festival spirit, we have in this issue of the Journal included a small nine-page 1851 supplement, in which the matter and the style of presentation represents that of a hundred years ago. Despite the *St. Bartholomew's Hospital Journal's* record, it does not yet date back one hundred years, and it has been necessary to draw upon other medical material. In reading through the *Lancet* and other centenarian publications, one is very struck by the critical atmosphere and optimistic outlook of that day. The doctors were in no sense the typical "Aunt Sallies" we take them for, with quaint or crude ideas. 1851 was a lean year for medical discovery and was more a year of consolidation, in which medicine was becoming more organised and its standards generally raised. Chloroform had come, though antiseptics had yet to arrive. Dogmatic tradition, that had slumbered too long between the leaves of ancient text-books, was being aired and corrected. That most British habit of writing to *The Times* was then, as now, a popular vent for opinion on dangers of vaccination, homoeopathy, and crippling increases in income tax.

Doctors were supporting the work of the Analytical Sanitary Commissions in their enormous expense and labour in exposing adulterations and setting standards of purity for every domestic commodity from coffee to pepper, and from water to salt. Reports were printed for the public. At 14, Fleet Lane, "Noted old Mocha" coffee had "no adulteration," but "Rich old Mocha" had "chicory, a good deal," and "Finest Turkey Coffee" had "much chicory, some roasted corn, and very little coffee." Advice was given that it was safest to buy pure coffee berries.

Water supplies were examined and almost invariably were found to be polluted, a finding to which considerable point was added by the publication of John Snow's classic paper on the mode of transmission of cholera, part of which is reproduced as a clinical article in our Supplement.

The new chloroform was now in vogue. "There lies the patient, under the influence of the Lethean vapour, revelling perhaps in dreams of happiness, whilst the operator is engaged in removing his limb." In the view of a leader writer in the *Lancet* it was used too frequently, and he wags an admonishing finger to those who would "carve their way into practice." "With the grave

thinkers and great operators of our time, the resort to the knife has always been regarded as an opprobrium upon the skill of the surgeon; not so with some young gentlemen who would vainly aspire to walk in the footsteps of a Cooper or a Liston. Let them remember, however, that these eminent members of our profession owed less of their just fame to their successful use of the knife than to the exercise of those aquirements, and that sagacity which enables them to select the proper cases for operation."

The material for the "Notes" has been abstracted from the Hospital records, and the "Advertisements" from medical journals or, in the case of more lay ones, from the precious, paper-bound instalments of Dickens' novels.

The facts and perhaps a little atmosphere are included in this supplement. But it is the breathing of life into these dry bones, the most amusing and rewarding part, we leave to you.

CORRESPONDENCE

THE DAY OF THE LEECH

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

Dear Sir,

The day of the leech is not yet over, for this small animal, when applied to the temple, produces a relief of the pain and congestion of acute secondary glaucoma that is not achieved by any other means, and, for this purpose, this treatment is still occasionally prescribed at Bart.'s and elsewhere. Until the last war a large glass jar of leeches was kept in the dispensary, where all could see them swimming around. Then the practice was discontinued, perhaps because it was thought that high explosive might disperse them round the hospital and also, as Dr. Amsler rightly states, they were Flemish leeches and replacements were, therefore, not possible.

Now the practice has been revived and I, for one, am glad to see them back, for I always felt they added a note of interest and gaiety to the dispensary, which it otherwise seemed to lack. They themselves have little enough to be gay about, for they rarely get a meal and then are made to disgorge immediately by being put in saline.

The original prescription—"Hirudines duo in loco doloris," written preferably with a quill pen, I no longer reproduce, as it is not always understood, and I note with interest the flutter that goes round all but the steadiest of the nursing staff when this treatment is ordered. For even in our ancient foundation, the number of people, who know how to apply the leeches and how to make them let go, grow less with the years. At one eye hospital in London the Ward Sister admits their efficacy and is pleased to use them occasionally, but does her best to bring the treatment up-to-date by refusing to return them to the dispensary, each one being killed after use, thus ensuring that every patient has a brand new leech.

No, Sir, the day of the leech is not quite over and we may only have to wait a decade for it to be written up as new and modern treatment.

Yours faithfully,
SEYMOUR PHILPS.

104, Harley Street, W.1.
June 13th, 1951.

THE EDITOR OF THE JOURNAL

M. B. McKerrow, who has completed six months as Editor of the JOURNAL has resigned. He is succeeded by A. N. Griffith. G. F. B. Birdwood has been appointed Assistant Editor.

THE JOURNAL

Contributions for the *Journal* should reach the Editor by the 1st of the month for inclusion in the issue of the following month.

THE STORY OF DERMATOLOGY

By R. M. B. MACKENNA
(continued)

Celsus and Galen came at the end of the Graeco-Roman period, and because Roman medicine was largely derived from the Greeks, we need not occupy our time by further consideration of this period. When Constantine was converted and was considering the advisability of making Christianity the official religion, he moved the seat of his Empire from Rome to Byzantium (A.D. 330) which then became known as Constantinople. The western part of the Roman Empire was exposed to innumerable invasions by Germanic tribes from the North and the Dark Ages which resulted were a time of chaos and devastation. Rome was taken five times and thrice sacked. Unity in Western Europe was broken and lost. The only lights of civilisation which gleamed in the darkness were due to the exertions of the Church. The See of St. Peter in Rome rose to a position of unchallenged spiritual authority and proceeded to claim temporal as well as spiritual power. The medical lore of the Graeco-Roman period was carefully preserved at Byzantium, but little of value was added to our knowledge of skin eruptions except some observations on small pox.

Whilst from the fourth to the fourteenth centuries European civilisation was dominated by a scholasticism that was impotent in science, arabic speaking Persians and Jews continued in the Dominion of the Caliphs, from Mesopotamia to Spain, the tradition of Greek medicine. These men observed carefully, recorded minutely, were discriminating in diagnosis, and founded pharmacology. In chemistry they introduced distillation, filtration, sublimation and the use of water baths; in materia medica they introduced syrups, elixirs, flavouring extracts, alcohol and aldehydes, senna, camphor, rhubarb, musk, cassia, cloves, sandal wood and cubebs. They discovered nitric and hydrochloric acids and refined iron, copper, lead, tin, mercury, silver and gold.

The three great names of Arabian medicine are Rhazes, the Persian of Baghdad (865-925) who was much interested in skin diseases but is chiefly remembered for his vivid and classical description of small pox and also for his work in differentiating measles from variola. This, perhaps, is not impressive to us, but the history of the evaluation of the exanthemata is an amazing matter. From the days of Leviticus leprosy had been recognised as being contagious, but the contagiousness of many "infectious fevers" was long unrecognised. Rhazes apparently did not know that small pox was a contagious malady, and in the 17th century Sydenham denied that it was contagious, despite the fact that Gilbertus Angelicus had shown its true nature in the 13th century. As late as 1866 Hebra did not know that chickenpox was not a mild variety of small pox.

Avicenna of Baghdad (980-1037) was recognised through the Middle Ages as having been an authority of skin diseases. Avenzoar (1113-1162) of Cordova, the greatest of the Mohammedan physicians of Spain described the itch mite and almost discovered its role in the production of scabies.

In Mediaeval Europe, either as a result of the return of the Crusaders or as a delayed result of the return of Roman legions from the East, leprosy became pandemic. The period of greatest prevalence was from A.D. 1000 to 1400 but after 1450 it rapidly subsided. The physicians of the late Middle Ages showed much ingenuity and great powers of observation in the study of the cutaneous symptoms of leprosy.

Except to note that lenses were invented between 1350 and 1450 and printing between 1440 and 1450 we need not linger over the period of the Middle Ages, merely noting that according to Pusey, for 1000 years from A.D. 500 the greatest contribution of Europe to medicine was the institution of nursing and the development of hospitals; but concerning this I would like to point out that despite the great work of religious orders in caring for the sick, the hospital system of Europe is not—as usually stated—entirely attributable to the devout work of Christians. The Roman Army did not leave its wounded to perish, unless hard pressed in warfare. We know little about it, but apparently there was a scheme of evacuation of sick and

wounded through camp reception stations to the major centres (Roman military hospitals existed near Vienna, at Bonn and at Baden in Switzerland) with (I surmise) the possibility of further evacuation to a Military Hospital at Rome.*

IN 1493 Christopher Columbus returned from his discovery of the New World. After watering at Lisbon he sailed in the Niña to Barcelona, for the court of Ferdinand and Isabella, his royal patrons, had moved to that city. Within a few months the Spanish Physicians were describing the cutaneous manifestation of the New Disease. At first, because of the rupial manifestations which were frequent in a population that had no inherited resistance to the malady, some thought the manifestations were those of atypical scabies, and in accordance with Arabian precepts and the teaching of Roger of Palermo (1170) used mecurial salves.

Thus commenced the mercurial treatment of syphilis, a therapy which—despite its deficiencies—may have saved Europe from disaster. Incidentally and in parenthesis, it is worth noting that Roger of Palermo was quite correct. Ung. hyd. ammon. dil. well rubbed into the skin will cure scabies quickly, and probably an ointment containing "pure" mercury will do the same: the only disadvantage is that the patient may develop the malady known in the Middle Ages as the bloody flux, i.e. haemorrhagic colitis, from irritation of his bowels by the mercury excreted therein. In the wars of those days, particularly as a result of the Siege of Naples (1495), syphilis became pandemic in Europe; the French called it the Neapolitan Disease, and others, with kindly courtesy, named it the French Disease or Morbus Gallicus. The history of the Pox is a branch of specialised knowledge which has great interest; the spread of the malady profoundly influenced European history. For purposes of information I refer you to any full history of the life of Henry VIII, to the works of Shakespeare, Pepys' Diary, the biography of Benvenuto Cellini (a neglected work which most men greatly enjoy reading, available in the Worlds Classics series) and to the most interesting paper by Williams, Rice and Lacaro in the Archives of Dermatology and Syphilis (1927) on "The American Origin of Syphilis."

From the standpoint of the dermatologist, the interest of European physicians in the cutaneous manifestation of syphilis was one of major importance for it continually emphasised the lesson which under the teaching of Hebra was to be forgotten, to wit that dermatology is but a branch of medicine and is not a peculiar art divorced from the realm of the general physician.

The 16th century was the most productive intellectual period in history, and even dermatology was of interest to the great. Ambroise Paré (1510-1590) wrote on the skin diseases of childhood and also gave a description of *Sarcoptes scabiei;* Fallopio wrote of tumours and ulcers. Jean Tagault, one of the ablest French surgeons, wrote a complete work on dermatology in six volumes as a side line to his usual activities, and attempted to construct a rational classification.

The microscope came into use in the 17th century. G. C. Bonomo of Padua with D. Cestoni, a pharmacist, wrote a letter in 1687 to Redi of Arezzo, the Father of Helminthology. They described how poor women used to pick out on the point of a pin little "bladders of water" from the skin of their scabious children and cracked them like fleas upon their nails, and how scabby slaves at Leghorn did the same. They described how they took one of these white globules, examined it under the microscope and found a very minute living creature resembling a tortoise. Now the Arabians, Paré, and others had observed the itch mite, but it was Bonomo and Cestoni who wrote "... this contagious disease (scabies) owes it origin neither to the Melancholy Humour of Galen, nor the corrosive acid of Sylvius, nor the particular Ferment of Van Helmont, nor the Irritating Salts in the Serum of the Lympha of the Moderns, but is no other than the continual biting of these animalcules in the skin."

* Mr. R. C. Trevelyan, who was so kind as to give me his comments on these and other matters, writes: "It is clear that the Romans developed a system of military hospitals, and medical treatment, which they probably took over from the Greeks, and in part perhaps from the Buddhists. It seems that there were hospitals long before there were Christians. The Temples of Saturn, as well as the Aesculapian temples were hospitals of a sort, most of which were destroyed by the Christians." The article on Hospitals in the Encyclopædia Britanica (xith edition) contains a well informed and scholarly section on this matter. The essay on Charity and Charities in the same work also merits attention.

In the 17th century the microscopical anatomy of the skin was described by Malpighi, and by 1750 much was known of the epidermis and corium, the glandular and nervous systems of the skin, and something of its appendages.

Jean Astruc (1684-1766) a Royal Physician of Paris, is the founder of modern dermatology, for he applied his knowledge of the histology of the skin to practical purposes and was the first histo-pathologist. For example, it was he who discovered the relation of acne lesions and boils to the sebaceous follicles. He also summarised and clarified all the knowledge of syphilis up to his time.

The diseases attributed to men's occupations are an interesting study. Hippocrates described lesions on the rumps of horsemen. Early in the 16th century Paracelsus and Agricola described cutaneous lesions in metal workers, but it was Bernardino Ramazzini who in 1750 published at Modena his great work on Diseases of Tradesmen which included references to occupational dermatoses. He was the greatest physician in Italy of his day and an associate of Malpighi and Morgagni. "Diseases of Tradesmen" is always quoted as being the foundation of industrial medicine.

The period from 1750 to 1825 was the period of system building during which classification was all important. Doing no justice at all to continental colleagues, we pass at once to Robert Willan, who in 1785 presented a plan for the classification of skin diseases before the Medical Society of London. He probably took the ground work of his thesis from Joseph Plenck of Vienna, who in 1776 had classified cutaneous maladies upon the basis of their symptoms. Willan is the accepted founder of British Dermatology despite the prior claim of Daniel Turner. He was of Quaker stock, came to London in 1782 and the next year was appointed physician to the Public Dispensary in Cary Street. Bright, Addison and Bateman were among his pupils, the last named continuing Willan's work after Willan's death and completing his book of Cutaneous Diseases. Willan applied to dermatology the methods of Thomas Sydenham, to wit very accurate observation of his cases, and philosophical comparison of case with case and type with type. His studies led to a clearer conception of most dermatoses, and although his classification, being based on the local features of skin diseases, could not stand the test of time, he did succeed in grouping together a multitude of eruptions under the generalisation "eczema" (a name which he did not create, for it had been used since A.D. 543). In general he was a thoughtful and successful clinician, a good teacher, and after his death in Madeira in 1812, his disciple William Bateman kept his memory green. These two men had great influence both at home and abroad; Biett and Cazenave in France and Klaatsch in Germany were much influenced by their views

To be concluded.

IN OUR LIBRARY — XVI

JOHN MOYLE'S "THE EXPERIENCED CHIRURGION" 1703

By JOHN L. THORNTON, *Librarian*

NAVAL and military surgeons in the sixteenth and seventeenth centuries served in a hard school, where improvisation was frequently necessary to cope with eventualities, and where inventive minds could contribute usefully to the advancement of surgery. One recalls with pride the achievements of such men as Ambroise Paré (1510-1590), William Clowes (1544-1604), John Woodall (1556-1643) and Richard Wiseman (1622-1676), who tended the wounded with loving care, and wrote of their experiences for the guidance of the younger surgeons following in their footsteps. John Moyle also wrote of his surgical experiences on the high seas, and although he was not in the same class as the above-mentioned surgeons, his writings provide interesting information from the viewpoint of the average surgeon, rather than of the outstanding master of his craft.

Little is known of the life of John Moyle (died 1714) other than can be gleaned from his writings. These mention places he visited, battles in which he was engaged, and his

prefaces sometimes contain a little personal information. He retired from the sea about 1690 on a pension ("being aged, and otherwise cared for by the Government, God bless Her Majesty"), and spent his latter years writing of his experiences. Apparently he published *Abstractum chirurgiae marinae, or an abstract of sea surgery* in 1686, but mentions only his *Chirurgus marinus* (1st edition 1693; 4th edition 1702) when compiling *The experienced chirurgion*, published in 1703. It is possible that he considered the second work to be the second edition of the *Abstractum*, but this we have been unable to confirm. Moyle was also the author of *Chirurgic memoirs*, 1708, which contains his portrait (reproduced in *Brit. J. Surg.*, 3, 1915, opposite p. 586; see also pp. 585-591, and *Dictionary of National Biography* for additional information on John Moyle).

Our Library contains Moyle's third book (which he terms the second), entitled: *The experienced chirurgion: deliver'd under the following heads, I. Preternatural tumors and ulcers. II. Insuper affects. III. Wounds and contusions. IV. Fractures of the skull. V. Luxations and sprains. VI. Fractures of the limbs and other bones. . . . By John Moyle, Sen. one of Her Majesty's Ancient Sea-Chirurgions.* [*etc.*] London, 1703.

Dedicated to Queen Anne, the book was intended "for the use of all young chirurgions, especially those that practice at land," and is of interest as presenting the results of many years practical experience, during which period the author had little time to appreciate the ideas and advances of his contemporaries. He completes the surgical portion with this Postscript: "I have now completed this *Specimen chirugiae*, (I thank my God) and I have Communicated to you the most material Things of Chirurgery. But I am grown aged, and 'tis like may write no more. Let me now therefore add but one unevitable Word as a Superest, and my ultime (as to this subject). See that together with your Skill, you discharge a good Conscience towards your patient, in dilligently using the best Means you know: And withal invoke the Divine Blessing on your sedulous Endeavours; for (remember) the Success is from God only." (pp. 293-4.)

This is followed by "A Collection of the most approved Remedies now in Use for the Cure of most Distempers incident to Humane Bodies by Sea or Land; taken from Dr. Fuller's and Dr. Bates's Pharmacopoeia, Mr. Boyle's Receipts, etc." This contains some fascinating prescriptions. For example:—

"Goddard's Drops."

"Take humane Bone or rather Skulls well dried, break them into bits, and put them into a Retort, to which join a large Receiver well luted, and distill first with a gentle fire, then increasing to a stronger; so will you have a Phlegm, Spirit, Oyl, and volatile Salt; shake the receiver to loosen the volatile Salt, from the sides; then close the receiver, and set it in Earth to digest for 3 Months; afterwards digest it in a gentle heat for fourteen days, than [*sic*] separate the Oyl for use.

For this Medicine King Charles the Second is said to have given several hundred Guineas. They are excellent in all diseases of the Brain and Nerves, as Head-Ach, Apoplexy, Palsy, falling Sickness, Fits of the Mother and Spleen. Dose from drops 6 to 12 or 20." (p. 306.)

A gargle designed to alleviate scurvy contains more promising ingredients:

"Garg. Scorbutic, and Antiscorbutick Gargle.

Take of the root of Madder one ounce. Pillitory of Spain, Winteran bark, of each 2 Drams; Honey-suckle, Sage, Sanicle, Columbines, of each one handful; boyl them in 2 Pints and half of lime Water to 28 Ounces, and add to it Spirit of Scurvy grass half an ounce, Honey of roses 4 Ounces. For all Scorbutick Ulcers of the Gums and Mouth." (p. 310.)

Attention is also given to the treatment of rickets:

"Cerevisia ad Rachitidem, A Drink for the Richets.

Take Osmond Royal (or male fern) Liquoricc, Sassafras of each one Ounce; the bark of the Ash-Tree, the bark of Wood-Ivy of each half an Ounce, tops of Tamarisk, Hearts-tounge of each 4 handfuls, live hog-lice or sows [wood-lice] 250, the pulp of Raisins 4 Ounces, to be put into a Gallon of Ale, and Drunk every day. 'Tis an extraordinary Specifick in this Distemper." (pp. 302-3.)

These and other prescriptions suggest that stomachs must have been stronger at that period, and emphasize John Moyle's words that then, perhaps even more than at the present time, "Success is from God only."

CLINICAL CASE-BOOK

A CASE OF GARGOYLISM

Historical

The condition was first described by Dr. J. Thompson of Edinburgh, but the term Gargoylism was introduced by Ellis, Sheldon and Capon in 1936, to describe the syndrome of chondro-osteo-dystrophy associated with characteristic facies, corneal opacities, hepato-splenomegaly and mental deficiency.

Aetiology

Probably a disorder of lipoid metabolism, as lipoid deposits have been found in the brain, cornea, liver and spleen.

Patient

Peter A., aged 6½ months. He was admitted with acute asthma and bronchiolitis, but apart from illustrating the fact that gargoyles are prone to respiratory infections, this aspect of the case is not referred to, since this report concerns his general structure and bodily development.

History

Normal pregnancy and delivery. Birth weight 8¾lb. Development normal, apart from spasmodic attacks of asthma, until the age of 4 months, when mother noticed prominent base of spine. Child does not yet sit up on his own, but he can hold his head up.

On Examination

Well covered infant. Appears intelligent.

Skull.—Large and asymmetrical. Skull circumference 19in. (normal at 6 months 17in.). Anterior fontanelle widely open and admits four fingers.

Face.—Eyes wide set, but no other abnormalities. Bridge of nose flat and wide. Nares face anteriorly. Lower part of face heavy and asymmetrical. Ears low set. Mouth, no teeth. Tongue normal.

Neck.—Short.

Chest.—Thorax small, with flaring of lower ribs.

Abdomen.—Distended. Muscles weak.

Liver palpable 3 f.b. below costal margin.

Spleen palpable 2 f.b. below costal margin

Spine.—Marked Dorso-lumbar kyphosis.

Limbs.—Short. Limitation of extension of knees and elbows. Hands "Trident" type.

Weight.—16lb. 4oz.

Special Investigations

X-rays, *Skull*—Enlarged. Wide sutures. Sella rather wide. Bones of vault thinned.

Long Bones.—Short and Broad, cortex poorly formed. Epiphyseal ossification backward.

Vertebrae.—Dorso-lumbar kyphosis. Slight beaking of L.I.

Comment

This child has certain marked features of gargoylism, namely the large head, wide set eyes, low set ears, flat bridge of nose with nares facing anteriorly, and the heavy lower part of the face which combine to give the characteristic facies of a gargoyle. These will become more grotesque as the child develops coarse bushy eyebrows and fine silky hair.

The narrow thorax with flared lower ribs, and the distended abdomen due to the lax muscles and hepato-splenomegaly are typical.

The skeletal changes giving rise to short limbs with limitation of extension at knees and elbows, and to the dorso-lumbar hyphosis with "beaking" and "spoon-shaped" vertebrae; also the skull changes are characteristic of this condition.

Other features of gargoylism not shown by this patient are corneal opacities, herniae and mental deficiency, but the latter is often not apparent until about 1 year old.

The typical hands of a gargoyle are broad and "clawed," but this patient has the "trident" type of hands found in achondroplasia, although he does not show other signs of this condition.

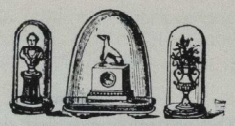
I wish to thank Dr. Franklin for permission to publish this case and for his helpful criticism.

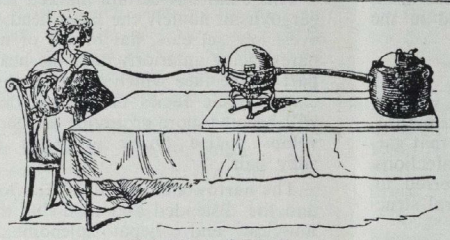
H. J. SHIMMIN

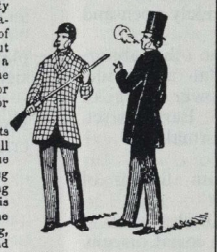
KING'S BIRTHDAY HONOURS

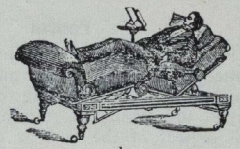
C.B.E. (Civil Division)

Evan Stanley Evans, M.B., B.S., F.R.C.S., Chairman, Queen Elizabeth Training College for the Disabled, Leatherhead, Surrey.









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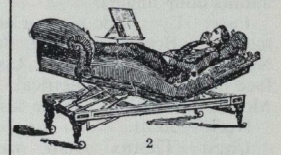

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St. Bartholomew's Hospital

JOURNAL.

Vol.— No.—] August 1851 [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.

St. Bartholomew's Hospital Journal.

August 1st, 1851

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

WHAT shall be done with the Crystal Palace? is a question now asked in every quarter, and by all ranks of society. The reply, that no Goth, Vandalic, or sacrilegious hands, will ever be permitted to pull down so fairy-like and beautiful a structure, is almost unanimous. Such being the state of public feeling, it appears wholly superfluous to adduce any arguments on the subject; the only point now remaining at issue being, how to appropriate the building most advantageously? This we propose discussing on the present occasion; and as any inquiry of that kind involves important hygienic principles, interesting to the entire community, their investigation consequently comes within the legitimate province of a medical journal.

Considering the variable character of our climate, especially during winter and spring, and the advantages of possessing a locality of sufficient extent, where all may be able to breathe an atmosphere untainted by smoke, and of equable temperature, whatever may be the prevalent weather, besides having a place in which the eye is gratified by the sight of plants and flowers at all seasons; whilst the mind may be at the same time improved, by contemplating the products of nature, interesting works of art, and the great results of human ingenuity, the proposition of converting the palace of glass into a perpetual garden and museum, containing the productions of various climes, is decidedly the most feasible; and if carried out judiciously would prove highly advantageous. . . . The contemplation of nature in all its beauty, embellished by art and science, which a properly arranged garden or museum always produces upon the minds of visitors, would likewise have a beneficial influence upon the feelings and intellectual faculties, not only of those who came for study or mental recreation, but also on persons attracted thither for the sole purpose of physical enjoyment. But although it seems by no means desirable to convert the proposed garden into a mere receptacle for invalids, or to make it like a large nursery for the juvenile population of London, no individual will deny, were it even used chiefly for such purposes, that the plan would still constitute a great boon to every member of the commonwealth. To the former class, such as dyspeptic, hypochondriac, and nervous persons of both sexes, who are often afraid to go out of doors, particularly in doubtful weather, lest they should catch cold or suffer injury to health, a promenade of the kind proposed would often prove highly sanative; whilst to young people an hour or two spent in bodily movement, when breathing pure air, and admiring surrounding objects, could not be otherwise than invigorating to their physical frames and mental faculties.

. . . Another suggestion of moment, which has been made by some parties, deserves more than a passing notice—viz., the proposal of admitting equestrians within its precincts. To any proposition of that kind there are most serious objections. Indeed, in our estimation the garden ought to be exclusively restricted to pedestrians, and those using wheeled chairs, who, being

invalids, cannot otherwise enjoy locomotion. No animals whatever should be allowed to enter, since they contaminate the atmosphere, and would besides prove a great nuisance to the general company. To change the Glass Palace into an immense riding-school, or make it only another Rotten-row under cover, would be a most disagreeable annoyance; and to permit parties, whom a facetious alderman calls "fast women in wide-awakes" to canter about, to be ogled at by ancient and juvenile beaux, whether cavaliers or on foot, is wholly inadmissible. Against such a proceeding we enter our protest, and hope it will never be entertained. Equestrians of all degrees at present possess ample space for manoeuvring in the Park rides or Kensington-gardens, where they have already become sufficiently formidable to nursery-maids and old ladies. To these fashionable regions they ought to confine their future feats. The presence of riders in the Crystal Palace would disturb the pedestrians, besides being a desecration.

John Snow on the Mode of Communication of Cholera.

THE most terrible outbreak of cholera which ever occurred in this kingdom, is probably that which took place in Broad Street, Golden Square, and the adjoining streets, a few weeks ago. Within two hundred and fifty yards of the spot where Cambridge Street joins Broad Street, there were upward of five hundred fatal attacks of cholera in ten days. The mortality in this limited area probably equals any that was ever caused in this country, even by the plague; and it was much more sudden, as the greater number of cases terminated in a few hours.

There were a few cases of cholera in the neighbourhood of Broad Street, Golden Square, in the latter part of August; and the so-called outbreak, which commenced in the night between the 31st August and the 1st September, was, as in all similar instances, only a violent increase of the malady. As soon as I became acquainted with the situation and extent of this irruption of cholera, I suspected some contamination of the water of the much-frequented street-pump in Broad Street, near the end of Cambridge Street; but on examining the water, on the evening of the 3rd September, I found so little impurity in it of an organic nature, that I hesitated to come to a conclusion. Further inquiry, however, showed me that there was no other circumstance or agent common to the circumscribed locality in which this sudden increase of cholera occurred, and not extending beyond it, except the water of the above mentioned pump.

On proceeding to the spot, I found that nearly all the deaths had taken place within a short distance of this pump. There were only ten deaths in houses situated decidedly nearer to another street pump. In five of these cases the families of the deceased persons informed me that they always sent to the pump in Broad Street, as they preferred the water to that of the pump which was nearer. In three other cases, the deceased were children who went to school near the pump in Broad Street. Two of them were known to drink the water; and the parents of the third think it probable that it did so. The other two deaths, beyond the district which this pump supplies, represent only the amount of mortality from cholera that was occurring before the irruption took place.

The result of the inquiry then was, that there had been no particular outbreak or increase of cholera, in this part of London, except among the persons who were in the habit of drinking the water of the above-mentioned pump-well.

I had an interview with the Board of Guardians of St. James's parish, on the evening of Thursday, 7th September, and represented the above circumstances to them. In consequence of what I said, the handle of the pump was removed on the following day.

The additional facts that I have been able to ascertain are in accordance with those above related; and as regards the small number of those attacked, who were believed not to have drank the water from Broad Street pump, it must be obvious that there are various ways in which the deceased persons may have taken it without the knowledge of their friends. The water was used for mixing with spirits in all the public houses around. It was used likewise at dining-rooms and coffee-shops. The keeper of a coffee-shop in the neighbourhood, which was frequented by mechanics, and where the

pump-water was supplied at dinner time, informed me (on 6th September) that she was already aware of nine of her customers who were dead. The pump-water was also sold in various little shops, with a teaspoonful of effervescing powder in it, under the name of sherbet; and it may have been distributed in various other ways with which I am unacquainted. The pump was frequented much more than is usual, even for a London pump in a populous neighbourhood.

There are certain circumstances bearing on the subject of this outbreak of cholera which require to be mentioned. The Workhouse in Poland Street is more than three-fourths surrounded by houses in which deaths from cholera occurred, yet out of five hundred and thirty-five inmates only five died of cholera, the other deaths which took place being those of persons admitted after they were attacked. The workhouse has a pump-well on the premises, in addition to the supply from the Grand Junction Water Works, and the inmates never sent to Broad Street for water. If the mortality in the workhouse had been equal to that in the streets immediately surrounding it on three sides, upwards of one hundred persons would have died.

There is a Brewery in Broad Street, near to the pump, and on perceiving that no brewer's men were registered as having died of cholera, I called on Mr. Huggins, the proprietor. He informed me that there were above seventy workmen employed in the brewery, and that none of them had suffered from cholera—at least in a severe form—only two having been indisposed, and that not seriously, at the time the disease prevailed. The men are allowed a certain quantity of malt liquor, and Mr. Huggins believes they do not drink water at all; and he is quite certain that the workmen never obtained water from the pump in the street. There is a deep well in the brewery, in addition to the New River water.

In the "Weekly Return of Births and Deaths" of September 9th, the following death is recorded as occurring in the Hampstead district: "At West End, on 2nd September, the widow of a percussion-cap maker, aged 59 years, diarrhoea two hours, cholera epidemica sixteen hours."

I was informed by this lady's son that she had not been in the neighbourhood of Broad Street for many months. A cart went from Broad Street to West End every day, and it was the custom to take out a large bottle of the water from the pump in Broad Street, as she preferred it. The water was taken on Thursday, 31st August, and she drank of it in the evening, and also on Friday. She was seized with cholera on the evening of the latter day, and died on Saturday, as the above quotation from the register shows. A niece, who was on a visit to this lady, also drank of the water; she returned to her residence, in a high and healthy part of Islington, was attacked with cholera, and died also. There was no cholera at the time, either at West End or in the neighbourhood where the niece died.

A very important point in respect to this pump-well is that the water passed with almost everybody as being perfectly pure, and it did in fact contain a less quantity of impurity than the water of some other pumps in the same parish, which had no share in the propagation of cholera. We must conclude from this outbreak that the quantity of morbid matter which is sufficient to produce cholera is conceivably small, and that the shallow pump-wells in a town cannot be looked on with too much suspicion, whatever their local reputation may be.

Whilst the presumed contamination of the water of the Broad Street pump with the evacuations of cholera patients affords an exact explanation of the fearful outbreak of cholera in St. James's parish, there is no other circumstance which offers any explanation at all, whatever hypothesis of the nature and cause of the malady be adopted.

. . . With regard to effluvia from the sewers passing into the streets and houses, that is a fault common to most parts of London and other towns. There is nothing peculiar in the sewers or drainage of the limited spot in which this outbreak occurred; and Saffron Hill and other localities, which suffer much more from ill odours, have been very lightly visited by cholera.

All the evidence proving the communication of cholera through the medium of water, confirms that with which I set out, of its communication in the crowded habitations of the poor, in coal-mines and other places, by the hands getting soiled with the evacuations of the patients, and by small quantities of these evacuations being swallowed with the food, as paint is swallowed by house painters of uncleanly habits, who contract lead-colic in this way.

An objection that has repeatedly been made to the propagation of cholera through the medium of water, is, that every one who drinks of the water ought to have the disease at once. This objection arises from mistaking the department of science to which the communication of cholera belongs, and looking on it as a question of chemistry, instead of one of natural history, as it undoubtedly is. It cannot be supposed that a morbid poison, which has the property, under suitable circumstances, of reproducing its kind, should be capable of being diluted indefinitely in water, like a chemical salt; and therefore it is not to be presumed that the cholera-poison would be equally diffused through every particle of water. The eggs of the tape-worm must undoubtedly pass down the sewers into the Thames, but it by no means follows that everybody who drinks a glass of the water should swallow one of the eggs.

. . . The best attempt at explaining the phenomena of cholera, which previously existed, was probably that which supposed that the disease was communicated by effluvia given off from the patient into the surrounding air, and inhaled by others into the lungs.

. . . The low rate of mortality amongst medical men and under-takers is worthy of notice. If cholera were propagated by effluvia given off from the patient, or the dead body, as used to be the opinion of those who believed in its communicability; or, if it depended on effluvia lurking about what are by others called infected localities, in either case medical men and undertakers would be peculiarly liable to the disease; but, according to the principles explained in this treatise, there is no reason why these callings should particularly expose persons to the malady.

. . . No brewer's man or brewer's servant is mentioned as having died of this malady, although these men must constitute a very numerous body in London. . . . The reason of this probably is, that they never drink water, and are therefore exempted from imbibing the cholera poison in that vehicle.

The measures which are intended to prevent disease should be founded on a correct knowledge of its causes. For want of this knowledge, the efforts which have been made to oppose cholera have often had a contrary effect. In 1849, for instance, the sewers of London were frequently flushed with water,—a measure which was calculated to increase the disease in two ways: first, by driving the cholera evacuations into the river before there was time for the poison to be rendered inert by decomposition; and second, by making increased calls on the various companies for water to flush the sewers with—so that the water which they sent to their customers remained for a shorter time in the reservoirs before being distributed. It should be remarked, also, that the contents of the sewers were driven into the Thames by the flushing, at low water, and remained flowing up the stream for four or five hours afterwards. Flushing the sewers was not repeated during the recent epidemic, but increased quantities of water were distributed by some of the Companies, and at more frequent intervals, causing the water-butts to overflow for hours together into the drains, and producing nearly the same effect as flushing the sewers; in addition to which, the water in the butts of the Southwark and Vauxhall Company's customers was prevented from settling, as it might have done if less frequently disturbed.

I feel confident, however, that by attending to the precautions, which I consider to be based on a correct knowledge of the cause of cholera, this disease may be rendered extremely rare, if indeed it may not be altogether banished from civilized countries. And the diminution of mortality ought not to stop with cholera. The deaths registered under the name of typhus consist chiefly of the typhoid fever mentioned above. Its victims are composed chiefly of persons of adult age, who are taken away from their families and connections. In 1847 upwards of 20,000 deaths were registered in England from typhus, and in 1848 upwards of 30,000 deaths. It is probable that seven times as many deaths have taken place from typhus as from cholera, since the latter disease first visited England in 1831; and there is great reason to hope that this mortality may in future be prevented by proper precautions, resulting from a correct knowledge of the mode of communication of the malady.

ST. BARTHOLOMEW'S HOSPITAL

Smithfield.

Physicians—Dr. Hue, Dr. Roupell, and Dr. Burrows.

Surgeons—Mr. Lawrence, Mr. Stanley, and Mr. Lloyd.

Assistant-Physicians—Dr. F. J. Farre, Dr. Jeaffreson, and Dr. Black.

Assistant-Surgeons—Mr. Skey, Mr. Wormald, and Mr. Paget.

Physician-Accoucheur—Dr. West.

MEDICAL PRACTICE		SURGICAL PRACTICE	
Six months ...	£10 10	Six months ...	£15 15
Nine months ...	12 12	Twelve months ...	21 0
Eighteen months	15 15	Three years ...	26 5
An unlimited period	31 10	An unlimited period	31 10

The hospital contains 580 beds, of which 400 are devoted to surgical cases and diseases of the eye, and 180 to medical cases and diseases of women. In 1850-51, 85,168 patients were relieved, including 5,642 in-patients, 18,958 out-patients, and 60,568 casualties.

The clinical clerks to the physicians are elected from the most diligent students.

Dresserships, three months £12 12*s.*; six months, £18 18*s.*; twelve months, £26 5*s.*

The entrance to the medical or surgical practice confers the right of attending the courses of clinical lectures by the physicians and surgeons.

Clinical lectures are delivered weekly during both the winter and the summer sessions. On medicine, by Dr. Roupell and Dr. Burrows. On surgery, by Mr. Lawrence, Mr. Stanley and Mr. Lloyd.

Examinations after death are made in the Pathological Theatre, at eleven. Of medical cases, by Dr. Kirkes, registrar to the hospital; of surgical cases, by the house-surgeons, under superintendence of the surgeons.

Surgical operations, on Saturday, at one o'clock.

The Abernethian Society meets every Thursday evening.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON

Nulla est alla pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et interse comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL

Cases of Poisoned Pustule of the Lip.

(Under the care of

Mr. STANLEY and Mr. LLOYD.)

IF in this country very sad cases of glanders, dissection wounds, etc., are but too frequently met with, as resulting from the absorption of some morbid poison, we seem, on the other hand, to be free from the terrible disorder, called by our continental brethren, "charbon, or pustule maligne," which is likewise supposed to owe its origin to some infectious animal matter. But if this disease be rare, we now and then see another which bears a strong analogy to it—namely, a pustule developed in some part of the face, mostly the lip, the intense inflammation of which is excited by a poison not altogether perhaps belonging to the animal kingdom, but exercising (whether it be a mineral or a vegetable production) a severe irritation on the spot where it happens to become deposited.

The previous condition of the patient has doubtless some influence on the rapid development of symptoms; but there must certainly be a great morbific power in the particles which give rise to the violent local manifestations, and the typhoid character of the accompanying fever. Examples of such an affection, as involving the lip, have lately been noticed at St. Bartholomew's Hospital, and though the cases at first looked very much like instances of malignant pustule, it was evident that all the characters of the latter disease were not present.

* * *

CASE 1.—Henry R——, aged eighteen, a lad of average stature and pale countenance, was admitted into Darker ward, under the care of Mr. Stanley, February 25, 1851. The upper lip on the right side of his face is much swollen, its surface of a livid redness, exhibiting a few scattered points, whence some purulent-looking matter exudes. The patient complains of a dull, aching pain in the right side of his face, though in tolerable health otherwise. Skin warm and moist; tongue humid, covered with a brown fur in the centre, and papillae prominent; pulse 80, soft, and very compressible.

His employment is that of a turner. Eight days ago he noticed a pimple on his upper lip, about the situation of the junction of the skin with the mucous membrane. On the same evening he scratched off the head of this pimple, and fancies that some of the rosewood dust came in contact with his lip. From the time of its commencement, the sore has gradually been getting worse, with a great deal of throbbing pain, preventing the patient from having any rest at night. Breathing tranquil.

The house-surgeon made a crucial incision into the swollen lip, and another longitudinal one at its lower part. Beef-tea, wine and bark were prescribed, and a poultice applied to the inflamed spot. On the next day the patient was doing very well; there was more discharge from the lip, and the inflammation and pain had diminished. The same treatment was continued. From this time the lip improved, and the patient was discharged in a few days quite well.

CASE 2.—James C——, aged thirty-six, was admitted into Darker ward, February 3, 1851, under the care of Mr. Stanley. Both lips were much swollen, and covered at their edges with pustules; the skin and cellular tissue were red, hard, tense, and oedmatous, and appeared in a state of phlegmonous inflammation. This was more extensive round the upper than the lower lip. The whole of the right cheek above the mouth was swollen, and the right eyelid puffy; countenance not distressed; skin warm and soft; tongue furred, but moist; pulse 144, sharp and compressible; complains of thirst, and loss of appetite; bowels not open for two days.

The patient is a bone and ivory brush maker, and has frequently to handle brass-wiring, which is often coated with verdigris. He was very intemperate in his younger days, but has not drunk to excess for the last eight years. His mouth was quite well six days ago, when a small pimple appeared on the lower lip, which pimple, in shaving he cut off. The next day his lip was stiff, swollen, and painful, and it has been gradually becoming worse since.

Several incisions were made into the subcutaneous tissue of the lips, and the whole face was directed to be covered with wet lint, kept moist with cold water. Wine, beef-tea, bark, and morphine. On the next day the patient was much better, had slept well, the lower lip was much less swollen, but the upper, as well as the surrounding part of the cheek, were still much inflamed; pulse 100; tongue furred and moist; bowels open by house medicine.

A few more incisions were now made into the upper lip, and the wine, brandy, beef-tea, and bark continued. On the third day it was found that the patient had passed a tolerably quiet night, but he wandered a little, and at four a.m. he was evidently worse. Countenance pale and anxious; skin warm and soft; pulse 120, sharp, but with some power. The patient takes all his stimulus; there is pain in the face; the right cheek is more inflamed and swollen; the eyelid is again puffy, but the lower lip improved; respiration frequent and loud, and small crepitation is heard behind in the lower lobes of both lungs; not audible in front.

Incisions were again made into the cheeks, which bled rather freely. The bark was continued, but opium and ether given every sixth hour. On the fourth day the countenance was anxious; pulse 120, sharp, but not without tone; cheek painful, and much as on the preceding day; the patient became worse through the day in spite of various stimulants; the pulse feebler every hour, and he was evidently sinking. Leeches to the cheek relieved him a little, and some laudanum made him sleep for three or four hours. He died on the fifth day, the face having become pale and dusky on the affected side.

Post-mortem examination two hours after death.—Body warm, and not emaciated; rigor mortis not set in; the blood that flowed from the divided vessels coagulated almost directly; the right pulmonary pleura was coated by recent layers of yellow fibrine, which readily peeled off. There were deposits of pus in the inferior lobe of the left lung, and the right was partly hepatized; there were likewise purulent deposits in the kidney; liver and spleen healthy.

Notes.

After several years of labour Mr. Paget has nearly completed the cataloguing of the Pathological Museum. This has been delayed nearly two years owing to the great increase in size of the collection.

The catalogue will be divided into:—

Firstly, Natural Human and Comparative Anatomy.
Secondly, Malformation and Congenital Defects.
Thirdly, Microscopic Specimens.
Fourthly, Models.
Fifthly, Coloured Drawings.
Sixthly, Diagrams.

It is hoped the catalogue will be complete and printed on or near the 1st October next.

The twelve lectures upon Natural Philosophy to be given next year will be by the Revd. Walter Mitchell.

With much regret we have to announce the resignation of Mr. Paget as Warden of the College. He has held this post with the greatest success since the opening of the College in 1843. Dr. Black, one of the Assistant Physicians will succeed him.

Nineteen new students have been admitted. Although the college is not quite full, there is a greater number of fresh entries than in former years. The Warden reports the conduct of those now in College to be marked by close observance of the Regulations, by attention to their studies and by economy in their expenditure.

The number of students attending the Medical School for the Session 1951-52 are:

For the 1st year	100
For the 2nd year	64
For the 3rd year	66
	230

Miss Blackwell, the first female student at St. Bartholomew's Hospital, who came over from America to attend the Wards and other Departments, is travelling back to America.

Before leaving she called upon Mr. Paget to express her thanks for the permission which had been generously granted to her, and for the great attention she had received from every individual connected with this establishment.

Correspondence.

MORE WONDERS IN MEDICINE

To the Editor of THE LANCET.

SIR,—In your journal of the 7th June, under the title of "More Wonders in Medicine", you speak of a new way to cure sciatica by cauterizing the lobe of the ear.

* * * *

The originator of the practice will not, I fear, have much claim on the gratitude of future generations. In my opinion, and in that of my friends who watched the cases with me, no real benefit was derived from the ear-frizzling, in those cases of sciatica the genuineness of which admitted not of a doubt. Of course the sudden and painful application of the *fer rouge* astonished the poor sufferers, and sometimes made them leap out of bed as if *le diable* had been getting in on the other side. The malingerers were cured, but the honest patients expressed themselves as being but little better on our next visit.

I recollect, some twelve or fourteen years ago, a man applied for admission into the Liverpool workhouse, feigning to be deaf and dumb, when the resident surgeon, after a short examination suddenly applied the red-hot poker to his cheek, and the utterance of a few elegant epithets, which seemed to come from the very bottom of his grateful heart, left no doubt as to the skill of the chirurgeon and the potency of the remedy.

I am, sir, your humble servant,

Oakham, June, 1851. D. MACKINDER.

OPIUM-TAKING

To the Editor of THE LANCET.

A CORRESPONDENT in a late number of THE LANCET requires to know the best method of weaning a patient from the bad habit of opium-taking: I can afford him a little personal experience upon the subject. . . . I remained for eight years without opium, until, about four years ago, I unfortunately had a sharp attack of English cholera, with very considerable hæmorrhage, and I was compelled to fly to morphia. In three days all the dreadful accompaniments of opium-taking had returned, and nothing less than four grains of muriate of morphia would satisfy me, and by that single illness my health and strength were so shaken that I could not leave off any opium until about six months ago, when I became much restored, and of course began to reduce the opium; but by degrees, and am now only taking one grain, which I have no doubt will very soon be got rid of. The means of leaving it off now are very different to the last, and I would strongly recommend the same to any one under similar circumstances. I make a large bottle full (three pints), and measure out my dose daily, never exceeding on any account, and each time fill up the bottle with water, mixed with a little spirit of nutmeg, and by that means I really do not feel the loss. I have lately entirely cured a young lady who had got into the habit of taking two grains of acetate of morphia daily, and unknown to her, I entrusted the secret of diminishing the dose to her mother, to whom I gave a quart bottle of solution of acetate of morphia, four grains to the ounce, and also gave her some spirit of nutmeg, and directed her, each time she measured out her daughter's daily dose, to fill it up with spirit-and-water; by this means in three or four months she was quite cured, and was very much pleased with the result of the deception, as she was perfectly unconscious of any alteration until told.

MEDICUS.

Replies to Correspondents.

C.D.—The fraud is on the decline; but there will ever be wanting fools as long as there are sharpers. Mesmerism, like Perkins's tractors, has plenty of old women in its ranks.

H. Smith.—We cannot insert the puerilities forwarded to us. Surely Mr. H. S. can find plenty of employment in some more congenial sphere.

Juvenis.—We should recommend our correspondent to persevere with his professional studies. If he has spare time he can then, with advantage, pursue his literary labours.

Anti-Homœopath.—When a homœopath seeks the aid and countenance of a physician or surgeon of high character it is more certain that it is but for the purpose of using him as a catspaw. It, therefore, behoves all who care about their reputation and esteem legitimate medicine, to keep aloof from such rogues.

A governor of St. Mary's Hospital.—The antecedants of the gentleman alluded to are not very brilliant. We believe, however, that he once amputated a leg.

A Member of the Pathological Society.—A homœopathist amongst the members of the Pathological Society. Impossible! What would he want there? If such as they exist it will be necessary to call attention to the fact.

A young Student.—Dissection cannot be commenced too early.

E.Z.—The fellow will be exposed.

A Sufferer.—Consult a respectable surgeon. The quack will ruin your health.

Moonlight.—It is well known, and proved, that the sun-rays, reflected from the moon, do elevate the mercury of the thermometer.

A.B.—We are decidedly of the opinion that the *speedy* application of a stout horsewhip to the tough hide of this impudent quack would be the most appropriate fee that he could receive.

CAMBRIDGE GRADUATES CLUB

THE Sixty-First Dinner of the Cambridge Graduates Club of St. Bartholomew's Hospital was held on Friday, March 9 at Frascati's Restaurant with Dr. A. C. Roxburgh in the Chair and eighty-three other members and guests present. After the loyal toast, the Club was proposed by the Chairman, who referred to the loss by death of Dr. Herbert Morley Fletcher, Professor A. B. Appleton, Dr. A. E. A. Carver, Sir Arthur Hall, Dr. C. D. Henry, Dr. Thomas A. Mayo and Dr A. B. Ward. Dr. Morley Fletcher has been the doyen of the Club and it was recalled how, for very many years, he had held post-prandial open house, so that many members had the happiest memories of his hospitable fireside. There were thirty-two new members, including three women, and the President welcomed those attending the dinner. Honours during the year had been many, but perhaps the most striking academic distinction of the Club was that both a past and a present president of the Royal Society, each awarded the Order of Merit, could be numbered among its members, in the persons of Sir Henry Dale and Professor E. D. Adrian.

Dr. A. W. Spence, who had recently been mistaken for a very exalted member of the Church, proposed the guests in a most amusing speech—his first at this dinner, but clearly not his last. He referred particularly to the presence of Sir Holburt Waring and Sir Thomas Dunhill. Sir Holburt had first attended 55 years before and had continued a regular guest for very many years. Dr. Hinds Howell replied for the guests in a characteristic speech.

In proposing the health of the Chairman with his accustomed humour, Dr. Geoffrey Evans admitted that they had been schoolboys together but made not other revelation. In reply, the Chairman was equally discreet.

The Chairman thanked the Secretaries, who briefly replied, and the company broke up, many to repair to Dr. Geoffrey Evans's beautiful Adam house in Mansfield Street, where "Hairy Rouchy" was recited by Mr. Vick and songs were accompanied by Mr. Alan Richards.

SO TO SPEAK . . .

"About 36 hours after death they suddenly collapse."
—Found in the Editorial desk.

Philosophy for our time

"He does not worry about his job as it is difficult to be sacked from the Civil Service."
—From a case history.

Speed

"On the second day they met he woke up to find himself married to her."
—Psychiatry Dept.

1851 SUPPLEMENT

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Acknowledgments

The passages from the *Lancet* are reproduced by the courtesy of the Proprietors.

We also gratefully acknowledge the assistance of Dr. Whitteridge, Archivist to St. Bartholomew's Hospital, and John L. Thornton, Librarian.

STAFF APPOINTMENTS

The undermentioned appointments to the Medical Staff have been made with effect from the dates indicated:—

Surgical Professorial Unit
First Assistant ... ... Mr. D. J. Robertson (vice C. J. Longland) from 1.10.51
Registrar ... ... Mr. G. W. Taylor (vice R. M. Walker-Brash) from 13.8.51
Junior Registrar ... ... Mr. C. F. Noon (vice M. Potter) from 1.10.51

Orthopaedic Department
Senior Registrar ... ... Mr. E. Shephard (vice R. S. Henderson) from 1.8.51.
Registrar ... ... Mr. A. H. G. Murley (vice E. Shephard) from 1.10.51 (or earlier)

Dental Department
Senior Registrar ... ... Mr. G. H. Hinckley (vice D. Weinstock) from 1.10.51

Pathology Department
Resident Pathologist ... ... Dr. D. A. Dawson (vice Dr. J. Vaughn) from 1.10.51

HOUSE APPOINTMENTS

JULY 1 TO DECEMBER 31, 1951

At St. Bartholomew's Hospital

	Senior	Junior
Dr. Bourne	Miss E. S. Tomlinson	I. A. Horton
Dr. Cullinan	J. G. Wallace	J. A. Parrish
Dr. Spence	H. E. Milligan	H. J. Wyatt
Dr. Scowen	G. C. Jenkins	A. E. Dormer
Prof. Christie	C. C. Molloy	R. G. Huntsman
Mr. J. B. Hume	W. V. Brooks	B. St. J. Brown
Mr. R. S. Corbett	P. C. Steel	J. A. Williams
Mr. J. P. Hosford	J. C. M. Currie	P. Venables
Mr. Naunton Morgan	I. Blakeway	R. F. Jones
Prof. Sir J. Paterson Ross	Miss I. G. Smith	M. Braimbridge
Casualty House Physician	A. C. Trevan	
Children's Department	G. Hurst	F. M. Dunn
E.N.T. Department	D. F. A. Aubin	
Skin and V.D. Departments	G. C. R. Morris	
Eye Department	D. W. Hill	
Gynae. & Obst. Dept.	Interns: J. F. Hale (Midwifery) B. I. Brest (Gynae.) Junior H/S: C. P. Wendell Smith	
Anaesthetists	C. Todd (S.R.A.) W. J. Wright J. L. Milligan	
Dental Department	J. M. Leitch	
Orthopaedic Dept. (Accident Service)	J. C. Pittman	

At Hill End Hospital

E.N.T. Department	D. I. Pedersen	
Orthopaedic Department	J. L. M. Corbet	L. R. H. Gracey
Thoracic Department	R. P. Holmes	N. G. Rothnie
Neuro-Surgical Department	J. I. Burn	
Anaesthetists	P. J. Roffey M. Wise	

At Alexandra Hospital

R.M.O. ... ... W. T. White

SCHOLARSHIPS AND PRIZES

Entrance Scholarship in Science	M. A. Bedford
Entrance Scholarship in Arts	N. E. C. Coltart
Jeaffreson Exhibition	J. M. Read
Helen Cave Memorial Scholarship	J. C. Garnham
Epsom Scholarship	R. A. Gould
Junior Scholarship in Anatomy and Physiology	1st Scholarship: Not awarded 2nd Scholarship: J. J. Misiewicz
Bentley Prize	J. H. Smith

EXAMINATION RESULTS

CONJOINT BOARD

Pre-Medical Examination **June, 1951**

Chemistry
Millard, F. J. C.

Physics
Millard, F. J. C.

Biology
Millard, F. J. C.

First Examination **June, 1951**

Anatomy
Dormand, G. S.

Pharmacology

Hooker, D.	Third, A. J.	Stathers, D. N.	Luke, M. F.
Nash, D. J. R. F.	Lewis, J. A.	Thomas, G. E.	Taylor, M. G.

SPORT

BOAT CLUB

The London University Winter Regatta was held in December and our second eight, which had won the Inter-Hospitals' Junior Cup, was entered in the Senior Division. Although regarded as likely winners of the event they failed to come up to expectations, and were narrowly beaten in the semi-final, having previously beaten the London School of Economics.

Two eights were entered for the London University Allom Cup Regatta on May 12th. The first eight were unlucky in having to put in two substitutes at the last minute, and consequently were unable to race as effectively as had been hoped. We were beaten by University College, the eventual winners of the cup. Our second eight, however, retrieved the honour of Bart.'s by reaching the final of the Junior Division, after eliminating St. George's Hospital and King's College II. We found University College II a fitter and more polished crew, and were beaten by a length.

At Whitsun the 1st Eight paid a social visit to Cambridge, and on Whit Monday we raced Clare College over a two-minute course. We surprised Clare, who are second on the river at Cambridge, by holding them all down the course, and it was only in the last quarter minute that they were able to draw ahead to win by half a length.

Junior crews were also entered for Hammersmith, Richmond, Chiswick and Thames Ditton Regattas, and the most that can be claimed is that these crews gained racing experience. At Thames Ditton, however, we returned the fastest time of the day in beating Twickenham R.C. in our first heat.

BOXING CLUB

The Boxing Club, prominent in the years before the war at the Inter-Hospitals Championships, was reformed this season. The following officers were elected at the Annual General Meeting last November.

President—Dr. E. B. Strauss
Vice-Presidents—Dr. C. F. Harris, Dr. J. H. Coulson, Dr. A. J. Robinson.
Captain—J. L. M. Corbet
Hon. Secretary—A. M. Keil

Training was carried out in the Gymnasium at Charterhouse Square on Tuesday evenings. Visits, by arrangement with U.H.A.B.C., were made to St. Mary's and Guy's Hospitals.

Some members of the Club took part in an inter-college tournament at King's College and all won their bouts.

In the Inter-Hospitals Championships the only Bart.'s entrant, J. Gibbs, was runner-up in the Light Welterweight. It is hoped that in the coming season a full team will be entered.

The Boxing ring, owing to the kindness of the Medical College has now been repaired and it is expected that matches will be held in the gymnasium in the coming season.

We would like to congratulate Dr. C. F. Harris and Dr. Strauss on being elected Vice-Presidents of the U.H.A.B.C.

GOLF CLUB

Beveridge Cup match

With a commendable display of confidence, the team forgot to take with them the cup which they have held for the last two years. This gesture, however, did not meet with the reward that it merited for Guy's romped home easy winners with Bart.'s a rather tired second.

Our hopes rested, for the main part, upon the well tried triad of Gracey, Fiddian and Rushton, who have been the bulwark of Bart.'s golf for the last few years. Unfortunately they seemed to have lost their inspired touch for the nonce, and none of them managed to return scores in the 70's. Top form was shown by B. Deering, who returned two rounds of 86 and 86. He shows signs of being a very reliable player and should be very useful in the future.

The match was played on the high and west courses at Moor Park where the pleasantness of the day and lovely condition of the course did much to mitigate the disappointment of not winning.

FENCING CLUB

v. Westminster Hospital

In May we had our first match against another hospital and scored a resounding victory, winning by 14 fights to 2.

Scorers for Bart.'s were :—

W. M. Beatley—4 wins, 0 losses.
G. W. Middleton—4 wins 0 losses.
D. H. Eaton—3 wins, 1 loss.
E. Henderson—3 wins, 1 loss.

Total—14 wins 2 losses.

v. Chelsea Polytechnic

This was our return match with Chelsea who had narrowly beaten us in the de Beaumont Foil Trophy. This time we were again defeated in a three-weapon match, by the barest of margins (13—14), the last and crucial fight being decided on the last hit. In fact, we won both the Foil and the Sabre but lost the Epée—this was the first time we had fenced Epée in a match, and we were therefore at some disadvantage.

Total scores were :—

Foil—5 wins 4 losses.
Sabre—5 wins 4 losses.
Epée—3 wins 6 losses.

Notes on the Season

Our Foilists and Sabreurs again maintained their good form and seem to be gaining confidence with every match. The general standard of fencing of the team and club generally has improved greatly during the season, and we hope to be able to field a strong team next year in the inter-Hospitals Cup.

WOMEN'S HOCKEY CLUB

At the annual general meeting held on Tuesday, June 19, at Charterhouse Square, colours were awarded to Miss Caldwell and Miss Bott. The past season has been quite a successful one, nine matches being won against eleven lost. The team was usually successful against other hospitals, but lost to the larger clubs and colleges. Several members played for the United Hospitals team.

The following officers were elected for next season :—

Captain—Miss Kay Reid.
Vice-Captain—Miss Maheira Bott.
Secretary—Miss Joan Wetherall.
Match Secretary—Miss Jean Cree.
Treasurer—Miss Rosemary Stephenson.
Committee Member—Miss Diana Pippet.

LADIES TENNIS CLUB

The Club has enjoyed a very successful season to date. It is the policy of the Club that as many members play for the first team as possible, and this policy appears amply justified by results. However, attempts to run a second team were not so successful.

This year there was an Oxford Tour, which was a happy innovation and which we hope to repeat next season, with also a trip to Cambridge. It is hoped that the Club will have an opportunity to return the hospitality of Lady Margaret Hall and Somerville Colleges.

The Club has this year run its first knock-out competition for members. This was not completed at the time of going to press.

Officers

Captain—Miss P. J. Lindop.
Hon. Secretary and Treasurer—Miss M. Robinson.

MATCH RESULTS

First Team

v Guy's Hospital. Lost.
v. Chislehurst Beavers. Won 8—1.
v. Bedford. Lost.
v. Royal Free Hospital. Won 8—1.

Oxford Tour

v. Lady Margaret Hall. Won 7—2.
v. Somerville. Won 5—4.

Inter-Collegiate Cup

1st Round: v. Maria Grey. Won 6—3.
2nd Round: v. Q.M.C. Won 5—4.
3rd Round: v. Royal Free Hospital. Lost (unfinished).

BOOK REVIEWS

DISEASES OF THE HEART AND CIRCULATION, by Paul Wood. Published for *The Practitioner* by Eyre & Spottiswoode, 1950, pp. xxx + 589, many illus. Price 70s.

It is probably true, as suggested by the remarks on the folder of this book, that there has been no entirely satisfactory text-book on diseases of the heart published in this country since the beginning of the war, 'welding classical cardiology with the newer data discovered by means of modern electrocardiography, angiocardiography, cardiac catheterisation, and other modern techniques'. Dr. Paul Wood has gone far to supplying this very real need. His book is particularly valuable as a guide to these modern developments in cardiological diagnosis. In addition there is much valuable factual information richly reinforced by references on most of the important problems of diagnosis and treatment.

The arrangement of the book could have been considerably improved. Writers of books on heart disease are always faced with this difficulty of arrangement, since heart disease may present problems which are primarily those of an active disease, primarily those of failure, primarily those of rhythm or mechanical disability, or primarily those of treatment. Unless a strictly logical picture is visualised in advance with regard to this question of arrangement, a book on cardiology is apt to show considerable illogicality in design. The most obvious method of such arrangement would seem to be, first to consider the various questions related to the history and physical and special examination, secondly to deal with heart failure, thirdly to discuss the causes of such failure, whether these are muscular, pericardial, endocardial, or the result of an abnormality in rhythm, and then to describe in order the various types of myocardial, pericardial, endocardial, and vascular disease, dealing subsequently with the subjects of cardiac rhythm and those matters which are less closely related logically to the primary design.

It is not clear why in the book under review the disorders of cardiac rhythm are placed first and before the chapter on heart failure, or why congenital heart disease should appear between the

subject of syncope and that of rheumatic disease, nor is the relationship between pericarditis and the subjects which precede and follow it obvious, these subjects being bacterial endocarditis and syphilitic disease of the heart. Further attention to this question of arrangement in a new edition would greatly enhance the form of the book.

Generally speaking, the great merit of Dr. Paul Wood's book is the clear representation of electrocardiography and the valuable stress on the physiological principles involved in various types of cardiovascular disease. Emphasis seems to have been laid on this rather than on the clinical aspect of the subject. History-taking, for example, is restricted to one page, which would seem to be inadequate. It is always easy for a reviewer to be hyper-critical but the following points of detail have been noticed. On the whole, reproduction of the X-Ray films is distinctly poor. This is a technical matter for the publishers when a fresh edition is produced. Dr. Wood defines the apex beat as the site of the maximum cardiac impulse. Few physicians in this country would agree with this definition. It is not infrequent to find that the maximum cardiac impulse is in the epigastric notch and it sometimes can be felt over the pulmonary conus, but these points could hardly be called the cardiac apex beat. The apex beat is that point in the chest interspaces furthest to the left and furthest down at which the cardiac thrust can be definitely located. On page 158 the text does not make at all clear the physiological reasons for orthopnoea: 'As the right auricle is nearer the head than the feet, the pressure within it rises when the body is tilted head up, owing to the influence of gravity. The right ventricle responds according to Starling's Law and pumps more blood into the lungs in the horizontal than in the vertical position'. The meaning of this is not clear. A further considerable literary blemish is the use in the text of letter abbreviations instead of full descriptive terms. To describe atrial septal defect as A.S.D. is unworthy of work of this degree of excellence.

There is much in the way of clinical observation which would greatly enhance the value of Dr. Wood's text-book. Many examples could be quoted. The following two are taken from the chapter on angina. In the description of the provocation of pain in angina of effort on p. 376 there is no reference to the long-noted observation that a patient by keeping on exercising can not infrequently walk off the pain. Nor in the section on treatment is it said that the use of nitrites to prevent pain is not dangerous, although some doctors and many patients fear to use this drug in case they will remove what seems to be a warning symptom.

It would seem that in the successful attempt to provide a valuable book stressing the physiological aspects of the subject and those of electrocardiography and radiography, much equally valuable clinical matter has failed to find its proper place. The chapters on cor pulmonale and hypertensive heart disease are particularly good and reflect the high standard of the book throughout. Treatment in the various sections is adequately dealt with.

Geoffrey Bourne.

A MANUAL OF PHYSICS, by J. A. Crowther. 5th Edition, 1950, Oxford, pp. xxii + 594, Figs. 305. Price 21s.

This has been a basic text-book for Pre-clinical students since the first edition appeared in 1919. Unfortunately a fourteen-year interval between the fourth and present editions reduced somewhat its popularity, for it ceased to comply with examination requirements and was not topical. In this edition the necessary changes have been made, and new material of practical importance to the student's clinical work included. It should regain its place as a standard text.

PLASTIC SURGERY, An Introduction for Nurses, by C. R. McLaughlin. Faber & Faber, 1951, pp. xi + 125, Figs. 32. Price 12s. 6d.

Surgeons writing for nurses are apt to produce a simplified account of their own craft without telling the nurse the solution to some of the problems that arise on her side of the work. Mr. McLaughlin's book is not open to such criticism. It tells how to prepare and give feeds to facio-maxillary cases, how to irrigate their mouths, and how to remove hare-lip stitches. The section on burns is particularly good, especially the account of the general disturbances of physiology. Methods of dealing with burns are shown as secondary to the problem of dealing with the burned patient. A few more diagrams of special plastic theatre instruments would have been helpful to the nurses. However, this book makes no claim to being an exhaustive manual on the subject, and in the field it sets out to cover is successful and not too expensive.

MODERN SURGERY FOR NURSES, by F. Wilson Harlow. 2nd Edition, 1951, Heinemann, pp. xxiv + 799, figs. 429. Price 25s.

The authors, editor and publishers are to be congratulated on not having increased the size or the price of their book in its new edition. Revising a surgical text-book is exceedingly difficult; efforts at being abreast of the time may mean inclusion of procedures whose popularity has gone again before the book gets into print, and if new information is included, some material has to be omitted to make room for it. This new edition, however, is a great improvement on the old, especially the chapter on X-ray diagnosis. The section on the chest and heart is also modernised, and might well have included mention of surgery of the great vessels in the chest. An omission your reviewer would like to see made is that of the rather arch quotations in the section headings.

A WARD POCKET BOOK FOR THE NURSE, by H. M. Gration. 3rd Edition, 1951, Faber & Faber. Price 5s.

The revised edition of this small book has been brought more up to date and some essentials have been added.

To be of real help generally, however, the nurse must definitely combine it with her practical experience of procedures.

BAILLIERE'S NURSES MEDICAL DICTIONARY, by Margaret Hitch. 12th Edition, 1951, Baillière, Tindall & Cox, pp. xii + 496. Price 5s.

This well known dictionary has now become too large for the nurse's pocket and will have to go on the library shelf. It provides very good value for 5s. in concise information. Sometimes accuracy

has been lost in brevity: for instance A.C.T.H. is not synthetic cortisone, and spina bifida is not synonymous with meningocele. There are some misprints, as on pp. 48 and 91.

AIDS TO ORTHOPÆDIC SURGERY AND FRACTURES, by I. E. Zieve. 3rd Edition. 1950. Baillière, Tindall & Cox, pp. viiii+284 Price 6s. 6d.

In this, the third edition of this book, a very useful survey of the whole field of orthopædics is provided in the small compass of 275 pages, sexto decimo. The classification and methods described are essentially orthodox and standard teaching. It can be recommended to the student for revision purposes, being however, less useful than its would have been if simple line diagrams had been included.

A COMPANION TO MANUALS OF PRACTICAL ANATOMY, by E. B. Jamieson. 7th Edition, 1950. Oxford (Geoffrey Cumberlege), pp. viii+736. Price 18s.

There have been few changes in this edition; indeed in the last two editions of this book and the reason is not hard to find. Dr. Jamieson's Companion is one of the few texts which successfully manage to combine conciseness, clarity and reasonable English. Applied anatomy is, of course, minimised, but perhaps a description of the fascial spaces of the palm might not be out of place in a future edition. The student owes Dr. Jamieson a great deal for his Companion and his Illustrations.

THE ESSENTIALS OF MODERN SURGERY, edited by R. M. Handfield-Jones & A. E. Porritt. 4th Edition, 1951, Livingstone, pp. xv + 1263, illus. 644. Price 55s.

This edition published only three years after its predecessor maintains the high standard of the work. The authors have done well to include much new material on the antibiotics and surgical reticuloses, without increasing the size of the book. While the pages on the sulphonamides and penicillin are admirable, it seems a pity that present day delays in printing make the notes on the more recent antibiotics already outdated; but so general a criticism should only serve to show what an excellent production this edition is. Some of the pictures have been replaced, and among the many remaining it would be hard to find one which did not serve a definite purpose in enhancing the text. As its title claims, this book contains the essentials of its subject almost without exception, and at the same time retains its previous length and its readability in a new edition.

PRACTICE FOR SALE

Old Bart's man, wishing to sell house and practice in St. Vincent, British West Indies (turn over £3,000) invites enquiries.

Replies should be addressed to the Manager of the JOURNAL.

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